



Aged Care  
Standards and Accreditation Agency Ltd

## **Cherrywood Grove Residential Aged Care Facility**

**Approved provider: Principal Healthcare Finance No  
3 Pty Limited**

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 1 December 2014. We made the decision on 26 October 2011.

The audit was conducted on 5 October 2011 to 6 October 2011. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

## Home and approved provider details

### Details of the home

Home's name:	Cherrywood Grove Residential Aged Care Facility				
RACS ID:	2809				
Number of beds:	45	Number of high care residents:	40		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• nil</li> </ul>				
Street/PO Box:	152 Sieben Drive				
City:	ORANGE	State:	NSW	Postcode:	2800
Phone:	02 6361 9228		Facsimile:	02 6361 9679	
Email address:	Nil				

### Approved provider

Approved provider:	Principal Healthcare Finance No 3 Pty Limited
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### Assessment team

Team leader:	Denise Dwyer
Team member/s:	Hiltje Miller
Date/s of audit:	5 October 2011 to 6 October 2011

**Principle:**

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

**Principle:**

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

**Principle:**

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

**Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care  
Standards and Accreditation Agency Ltd

# Site Audit Report

Cherrywood Grove Residential Aged Care Facility 2809  
152 Sieben Drive  
ORANGE NSW

Approved provider: Principal Healthcare Finance No 3 Pty Limited

## Executive summary

This is the report of a site audit of Cherrywood Grove Residential Aged Care Facility 2809 from 5 October 2011 to 6 October 2011 submitted to the Accreditation Agency.

## Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 5 October 2011 to 6 October 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Denise Dwyer
Team member/s:	Hiltje Miller

## Approved provider details

Approved provider:	Principal Healthcare Finance No 3 Pty Limited
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## Details of home

Name of home:	Cherrywood Grove Residential Aged Care Facility
RACS ID:	2809

Total number of allocated places:	45
Number of residents during site audit:	40
Number of high care residents during site audit:	40
Special needs catered for:	N/A

Street/PO Box:	152 Sieben Drive	State:	NSW
City/Town:	ORANGE	Postcode:	2800
Phone number:	02 6361 9228	Facsimile:	02 6361 9679
E-mail address:	Nil		

## Audit trail

The assessment team spent two days on-site and gathered information from the following:

### Interviews

	Number		Number
Facility manager	1	Residents/representatives	10
Clinical manager	1	Laundry staff	1
Registered nurses	2	Cleaning staff	1
Care staff	4	Maintenance staff	1
Catering staff	2	Physiotherapist	1
Recreational officer	1		

### Sampled documents

	Number		Number
Residents' files	8	Medication charts	37
Summary/quick reference care plans	14	Personnel files	9
Wound charts	9	Weight records	15

### Other documents reviewed

The team also reviewed:

- Audit and survey results
- Cleaning schedules for general areas, rooms and kitchen
- Clinical and care assessment documentation including assessments for initial and ongoing resident care needs and preferences such as resident dietary and observation charts including weights, continence, behaviours, sleep skin integrity, pain, mobility, fall risk, toileting, wound assessments and authorisation for restraint forms, leisure and lifestyle
- Clinical care handbook
- Complaints and compulsory reporting registers and compliments and complaints folder (including 26 written compliments since December 2010)
- Contract/visitor sign in register
- Daily care plans
- Dietary preferences and nutritional needs assessments
- Education schedule
- Emergency procedures manual
- Fire detection and fire fighting equipment servicing documentation
- Infection control data
- Maintenance records including scheduled maintenance and a list of equipment
- Manual handling instructions for each resident
- Medication incidents folder
- Medication refrigerator temperature records
- Memos, communication book, diary and newsletters
- Menu
- Minutes of residents', staff, medication advisory and quality risk management and OH&S meetings

- Monthly temperature testing records of warm water systems and regular Legionella testing results
- Orientation folder
- Palliative care box
- Pharmacy contract
- Physiotherapy care plans/physiotherapy assessment forms
- Podiatry records book
- Resident details in evacuation folder at front door
- Residents monitoring charts and records folder
- Residents' information handbook and residents' agreements x 4
- Residents' listing
- Residents' satisfaction surveys 2011 – general and dining
- Restraint authorisations and restraint release charts
- Schedule 8 drug registers
- Staff communication diary and handover sheets
- Staff criminal records checks, reference checks and copies of visas where relevant
- Staff duty statements, appraisals and competency documentation and a list containing details of when individual appraisals are due
- Staff handbook and orientation documentation
- Temperature records of food delivery, storage, cooking and cooked foods

### **Observations**

The team observed the following:

- Activities in progress and activity calendar
- Activity resources
- Charter of Residents' Rights and Responsibilities (displayed)
- Drinks vending machine
- Equipment and supply storage areas including medical supplies and continence aids
- Fire detection and fire fighting equipment with evidence of regular servicing, evacuation plans, emergency contact list phone numbers and exit lighting
- Handover between staff members
- Hospitality services in operation
- Infection control equipment, hand washing facilities and hand sanitisers, outbreak box and material safety data sheets (MSDS)
- Interactions between staff and residents
- Internal and external living environment
- Journal articles and other resource material provided for staff use
- Kits - body spills, chemical spills, influenza and gastroenteritis packs
- Manual handling and mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- Personal protective equipment
- Public telephone



## **Standard 1 – Management systems, staffing and organisational development**

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

### **1.1 Continuous improvement**

*This expected outcome requires that “the organisation actively pursues continuous improvement”.*

#### **Team’s findings**

The home meets this expected outcome

Results of the assessment team’s (the team’s) observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a quality improvement program that uses audits, surveys, meetings, comments, complaints and suggestions to capture feedback from staff, residents and external service providers. There are systems in place for the collection, implementation and evaluation of data and the home was able to demonstrate improvements from identification stage, to the continuous improvement plan and then to completion. Results are reviewed and discussed at the monthly quality, risk management and occupational health and safety (OH&S) committee meeting. Interviews with staff, residents/representatives and review of documents confirmed that the system is functional and responsive to input from several sources. The home provided several examples of improvements made in the last year in all four Accreditation Standards. Planned improvements in relation to Standard One: Management Systems, Staffing and Organisational Development, include:

- An aged care funding instrument (ACFI) person has been employed one day a week to ensure that the home manages residents’ assessments and funding applications appropriately.
- A new position of a regional education officer has been created and filled to provide face to face education and/or power point presentations of educational material to staff at homes in the region.
- An on-line ordering and payment system has been developed for approved vendors
- New manuals for infection control, clinical practices and catering have been developed and are located in appropriate areas.
- New orientation packages have been developed to improve the induction of new staff.
- New educational DVDs have been purchased to make staff education more readily available.
- Stock lists for linen, medical, catering and paper goods have been developed to ensure adequate supplies and timely replacement of goods.
- Position descriptions and duty statements were updated in 2011

### **1.2 Regulatory compliance**

*This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.*

#### **Team’s findings**

The home meets this expected outcome

A review of documentation and interviews with management and staff demonstrates the home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. There is intranet communication between homes within the group and the organisation’s corporate departments to ensure management staff receive updates of all legislation and regulations. Manuals, policies and procedures are updated as necessary. Staff are informed of

regulations, standards and guidelines in the staff handbook, at orientation and through annual compulsory education sessions. Updated information is communicated at handover, staff memos and meetings and through updated policies and procedures. Interviews with staff indicated awareness of current regulations and legislation. Monitoring of compliance includes scheduled internal audits, staff competency assessments, performance reviews, and observation of staff practices. Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, allied health personnel and contractors, as necessary, have national criminal history checks and these are monitored for renewal.
- Visa checks are carried out where relevant before staff commence employment.
- The assessment team observed that policies, procedures, guidelines and flowcharts are reviewed and updated as necessary to ensure continued relevance and adherence to best practice guidelines.
- The home has a system to check that applicable external providers have appropriate registration, insurance and qualifications for the job for which they are responsible.
- The team noted updated policies in response to legislative changes.

### **1.3 Education and staff development:**

*This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".*

#### **Team's findings**

The home meets this expected outcome

The home has documented practices in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively through recruitment and orientation processes and ongoing education. An annual education program is developed after a review of current resident care needs, results of staff appraisals and competency assessments, annual education needs surveys, staff and resident surveys, results of audits and observation of staff practices. Staff are required to attend compulsory training in elder abuse, mandatory reporting, manual handling, infection control and fire safety on a regular basis and attendance at all training is documented. The home offers education through a number of avenues including face-to-face education, self directed learning via the internet and DVDs. The effectiveness of education programs is evaluated through a range of competency assessments, audits, monitoring of staff practices and feedback from staff. The home provides clinical placements for students studying Certificate III in aged care and encourages and supports staff undertaking external courses. All residents/representatives interviewed said they are satisfied that staff provide appropriate care.

Education and training carried out or planned in 2011 relating to Accreditation Standard One includes:

- aged care funding instrument (ACFI), comments, complaints and concerns, discrimination and harassment, incident management and compulsory reporting.
- The clinical manager is to commence a Frontline Management course in 2012.

### **1.4 Comments and complaints**

*This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".*

#### **Team's findings**

The home meets this expected outcome

Information is available for residents and their representatives about the internal and external complaints mechanisms in the residents' handbook, on noticeboards and at various locations

throughout the home. Such avenues include the facility manager's 'open door' policy, resident/representatives meetings, staff meetings, comments/complaints forms, suggestion box, and the Complaints Investigation Scheme brochures. Interested parties communicate their compliments, comments, suggestions and complaints both informally and formally to management on aspects of the home's services. There is a system to provide the complainants with feedback and progress of any investigation in a timely manner and to keep residents' representatives informed of changes to the health care system. All residents and representatives interviewed by the team said that they rarely if ever had complaints, but if they did, they would raise complaints through the manager "who takes notice". A review of complaints mechanisms confirmed this process and indicated that complaints are recorded, addressed promptly and feedback is provided to the parties concerned. A register of reportable incidents is also maintained with details of actions taken.

### **1.5 Planning and leadership**

*This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".*

#### **Team's findings**

The home meets this expected outcome

The mission, vision and values' statements are on display and are included in the resident and staff handbooks. These underline a clear commitment to addressing residents' physical, psychological, spiritual and social needs. The Charter of Residents' Rights and Responsibilities is displayed and is included in the handbooks. The home's audit and quality improvement programs, and staff education, ensure an ongoing commitment to quality care for residents.

### **1.6 Human resource management**

*This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".*

#### **Team's findings**

The home meets this expected outcome

The home has a system in place to ensure there are appropriately skilled and qualified staff to ensure that services are delivered in accordance with the home's philosophy and objectives. The manager advised that residents' care needs as well as feedback from staff members are used in identifying the staffing level needed in the home. Interviews are held with all applicants to assess their suitability to work at the home. The home also ensures that criminal record and visa checks are current before the new staff member commences duty. A system is in place to ensure new staff work for at least one day as a supernumerary person with a more skilled staff member. Position descriptions, policies, procedures, flowcharts and duty statements inform staff of requirements for the delivery of quality care and services. Expectations of staff performance are conveyed through the staff handbook and annual performance reviews. Staff practices are monitored by observation, feedback and audit results and staff development is encouraged. An education program is in place with staff members able to identify at their appraisal any wishes for additional training. Residents and their representatives expressed satisfaction with the care provided by the staff.

## **1.7 Inventory and equipment**

*This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

### **Team's findings**

The home meets this expected outcome

Residents and staff stated there are appropriate supplies and equipment for the delivery of care and services. The team's observations, interviews and document review showed that the maintenance, storage and accessibility of appropriate stocks of goods and equipment including medical supplies, food, furniture and linen is achieved through the implementation of effective reordering policies and procedures. These include procedures for budgeting, trialling if appropriate, purchasing, inventory control, and the maintenance of equipment through a corrective and/or planned preventative maintenance program. Preferred suppliers are used and services are regularly monitored and evaluated. All storage areas viewed showed that there are adequate supplies and there is a stock rotation policy. The team noted items are stored in locked storage areas. The organisation maintains a list of approved external contractors who provide services to the home as necessary.

Please refer also to expected outcome 1.9 External services.

## **1.8 Information systems**

*This expected outcome requires that "effective information management systems are in place".*

### **Team's findings**

The home meets this expected outcome

Residents and representatives are satisfied with the level and amount of information provided to them before entering the home and that ongoing communication and information is clear. The home has systems in place for the generation, storage, archiving, and destruction of records. Interviews carried out by the team and documents reviewed showed that the organisation and the home effectively disseminate information to management, staff, residents and representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through emails, SMS messages, a newsletter, memos, noticeboards, the communication book, handover procedures and meetings. Also through resident clinical records, resident information packages, education sessions, meeting minutes, and policy and procedure manuals. Electronic information is password protected which enables access by designated personnel only and there are daily backup procedures to protect information. All staff sign confidentiality agreements on commencement of their employment.

## **1.9 External services**

*This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".*

### **Team's findings**

The home meets this expected outcome

Residents and representatives are satisfied with the quality of services that are sourced externally. Interviews carried out by the team and documents reviewed showed that the home has an effective system in place to identify preferred suppliers of goods, equipment and services. Where possible local services and suppliers are utilised and all externally sourced services are reviewed regularly to ensure that they meet the organisation's needs and quality goals. The home maintains a 'preferred suppliers' list. Relevant external service providers need to comply with criminal record check requirements and demonstrate current registration or credentialing as appropriate. Staff and residents are encouraged to provide

management with feedback regarding the quality of goods and services. Contracts are reviewed prior to renewal and in response to poor performance.

Please refer also to expected outcome 1.7 Inventory and equipment

## **Standard 2 – Health and personal care**

**Principle:** Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

### **2.1 Continuous improvement**

*This expected outcome requires that “the organisation actively pursues continuous improvement”.*

#### **Team's findings**

The home meets this expected outcome

Please refer to expected outcome 1.1 Continuous improvement for details about the system of continuous improvement in the home. Examples of improvements and results for residents relating to Accreditation Standard Two include the following:

- There is an ongoing purchase of new electrically operated beds to improve residents' comfort and staff safety.
- New commodes, lifting slings and walking belts have been purchased to provide better care for residents.
- A shower chair with a padded seat has been provided to improve comfort for lightweight, frail residents when showering.
- The nurse initiated medications list has been revised to improve medication management and appropriate interventions for residents.
- A palliative care kit has been assembled to enhance comfort and provide support for terminally ill residents.
- New heat packs have been sourced, a policy developed and staff competencies carried out to ensure that the packs are used safely and effectively.
- A new, large weekly handover sheet has recently been developed so that any recent resident changes or other instructions remain on the sheet and are less likely to be overlooked.

### **2.2 Regulatory compliance**

*This expected outcome requires that “the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.*

#### **Team's findings**

The home meets this expected outcome

Please refer to expected outcome 1.2 Regulatory compliance for information regarding the organisation's system to ensure that the home complies with legislation and regulations relevant to residents' health and personal care. The home monitors its compliance with the requirements in Accreditation Standard Two through clinical care auditing and review of clinical procedure manuals. A system is in place to review the currency of health professionals' registrations and that medications are prescribed, ordered, delivered, stored, administered, recorded and disposed of according to relevant drug laws and amendments. Education sessions are held as required.

### **2.3 Education and staff development**

*This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".*

#### **Team's findings**

The home meets this expected outcome

Please refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

A review of the education schedule and attendance lists by the assessment team indicates that topics presented or planned during 2011 include:

- Clinical documentation, manual handling, behaviours of concern, nutrition and hydration, oral and dental care, pain and palliative care, restraint minimisation, skin integrity and wound management, and continence management.
- Three registered nurses (RNs) have attended an infection control course, one assistant in nursing (AIN) is completing a certificate IV in aged care course, a RN and an AIN have completed training in better oral care and the clinical manager has attended a wound management seminar and dementia training.

### **2.4 Clinical care**

*This expected outcome requires that "residents receive appropriate clinical care".*

#### **Team's findings**

The home meets this expected outcome

The clinical needs of residents are identified on entry to the home. Individual plans of care are developed from information collected from the assessments attended. The documentation reviewed by the team shows a paper based system being used to record the residents' care needs. The registered nurses review and evaluate the plan of care every three months. Consultation with the residents' local medical officer of choice and other relevant health care professionals ensures that ongoing needs are met. The home ensures consultation with the resident and their representatives in the care planning process through conversations during their visits, telephone contacts and case conferences. Resident care needs are communicated to staff verbally and via written handover sheets. Staff interviewed demonstrated knowledge of the resident care needs ensuring resident clinical care needs are met. All residents and their representatives interviewed by the team expressed satisfaction with the assistance given to them by the care staff.

### **2.5 Specialised nursing care needs**

*This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".*

#### **Team's findings**

The home meets this expected outcome

There are systems in place to ensure that residents' specialised nursing care needs are identified and met by appropriately qualified care staff. Any complex care needs such as wound or stoma care are assessed and managed by a registered nurse or clinical manager who trains care staff to assist as appropriate. Care staff interviewed say they are provided with education in specialised nursing procedures and demonstrate knowledge and understanding of residents' specific needs. Residents are satisfied with the level of specialised nursing care offered by nursing, medical and other health professionals and related service teams.

## **2.6 Other health and related services**

*This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

The need for referral to other health and related services is identified on entry to the home through the assessment process and further evaluation and referral is arranged as necessary. The team’s review of documentation confirmed that residents are referred to other health and related services as required. Residents may nominate their own health care provider, but the home can also access a number of other health and related services such as dementia consultant, podiatry, optometry, hearing services, speech pathology, dietician, radiology, pathology, dental service, massage, psychiatric services, palliative care, wound care specialist and continence management support. Residents confirm that they have access to and are referred to appropriate specialist as required, and their preferences are taken into account.

## **2.7 Medication management**

*This expected outcome requires that “residents’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

The home demonstrates that the management of medication is safe and meets relevant legislative and regulatory requirements and professional standards and guidelines. A pre-packed medication system is used whereby medications are packed by a pharmacist and administered by a registered nurse. A photo identification of each resident with their date of birth, and clearly defined allergies are on each medication chart. The medication charts are signed in an appropriate manner and between medication rounds the medication trolley is stored in a locked clinical room management. Medication incidents are included in the reporting system. Registered nurses are provided with education and are required to demonstrate competency with medication management. Residents and their representatives confirm they are satisfied with the home’s management of medication.

## **2.8 Pain management**

*This expected outcome requires that “all residents are as free as possible from pain”.*

### **Team’s findings**

The home meets this expected outcome

The home has a system in place to manage resident’s pain and ensure residents are as pain free as possible. All residents’ pain is assessed on entry to the home to identify residents whose condition may cause them to experience pain. Interventions are detailed in residents care plans and on-going assessments documented. A review of documentation shows strategies to manage residents’ pain include attendance to clinical and emotional needs, analgesia and alternative therapies as ordered. Pain relief measures are followed up for effectiveness and referral to the resident’s medical officer and other services organised as needed. Residents interviewed say they are as free as possible from pain and staff respond in a timely manner to their requests for pain control.



## **2.9 Palliative care**

*This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.*

### **Team’s findings**

The home meets this expected outcome

The home can demonstrate that comfort and dignity of terminally ill residents is maintained in consultation with the local palliative care team and the resident’s medical practitioner. Preferences relating to spiritual, physical, cultural, psychological and emotional needs of the residents are considered in care planning and the pastoral care is provided as requested. The home has a private area for consultation with the family and others involved in the resident’s care. Accommodation for the residents’ family/representatives is also provided by the home. Staff interviewed demonstrated an understanding of the needs of a terminally ill resident and their families including ensuring a peaceful, supportive environment. The team were shown letter of support and thank you for the kindness the home and the staff provided. Residents appreciate care services and end of life care is available within the home.

## **2.10 Nutrition and hydration**

*This expected outcome requires that “residents receive adequate nourishment and hydration”.*

### **Team’s findings**

The home meets this expected outcome

The dietary needs of each resident are identified on entry to the home through the admission data sheet, which is documented in the resident’s file and includes the residents’ dietary needs, preferences and allergies and is communicated to the kitchen staff. Changing resident requirements and any dietary changes are recorded and advised to the home’s catering services and documented to support food and fluid preparation. Residents’ weights are monitored monthly, with variations assessed, actioned and monitored. Strategies implemented to manage unplanned weight loss/gain include more frequent weight monitoring and referral to the relevant medical officer. Residents with swallowing difficulties are assessed by a speech pathologist and supplements are provided when a nutritional deficit is identified. Residents’ expressed satisfaction with their meals, which allow residents to have a selection of choices and that they are able to have input into menus.

## **2.11 Skin care**

*This expected outcome requires that “residents’ skin integrity is consistent with their general health”.*

### **Team’s findings**

The home meets this expected outcome

The home has a system in place to ensure that residents’ skin integrity is consistent with their general health. Skin care needs are assessed, monitored and evaluated on an ongoing basis in consultation with residents/representatives, medical practitioner and other health professionals where appropriate. Assessments of skin integrity breakdown, nutritional status, level of mobility and fall risk are completed. Plans of care and progress notes reviewed by the team reflected the assessments and ongoing monitoring of residents’ skin integrity. Wound management information is written on the appropriate forms. Staff observe and report changes to the residents’ skin integrity to the registered nurse as required. The home’s reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in the audit system. A podiatrist and hairdresser visit on a regular basis. Documentation review and staff interviews confirmed there is appropriate education provided. Residents are satisfied with the skin care provided and report that staff are careful when assisting them with their personal care activities.

## **2.12 Continence management**

*This expected outcome requires that “residents’ continence is managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

The home has a system for identifying, assessing, monitoring and evaluating residents’ continence needs to ensure that residents’ continence is managed effectively. These include and are not limited to: individualised toileting programs, catheter/stoma care management and assistance with specific continence aids, which is regularly reviewed and evaluated. Bowel management programs include daily monitoring and the availability of various bowel management strategies such as regular drinks, aperients medication if necessary, and a menu that contains high fibre foods, fresh fruit and vegetable, and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. Staff interviews and observation confirm there are adequate supplies of disposable continence aids of varying types and sizes available for residents. The home’s continence supplier provides ongoing advice and education for staff and residents. Residents/representative interviewed by the team stated general satisfaction with care, inclusive of continence.

## **2.13 Behavioural management**

*This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

Resident’s behaviour management needs are identified on entry to the home and the assessment process includes a medical and nursing assessment and a care plan is formulated. A review of documentation including care plans, the results of regular audits of accidents and incidents and discussions with management and staff show residents who are cognitively impaired are assessed. Care plans and management strategies including one-on-one and group activities are regularly reviewed in consultation with the resident, their representatives and other specialist services to ensure care and safety are provided for all residents and staff at the home. Frequent interactions between staff and residents ensure that residents’ behaviours are monitored and recorded with referrals to the medical officer and external health specialists as appropriate for review. Staff demonstrated they are able to recognise the triggers and early warning signs exhibited by some residents and put in place appropriate strategies to calm and distract the residents. Staff receive education in managing challenging behaviours and work as a team to provide care. The team observed the environment to be calm, residents well groomed, and residents happily participating in activities of interest to them. Residents and their representatives interviewed confirm that staff manage residents’ challenging behaviour well.

## **2.14 Mobility, dexterity and rehabilitation**

*This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.*

### **Team’s findings**

The home meets this expected outcome

The home can demonstrate that each resident’s level of mobility, dexterity and rehabilitation is optimised. Interview with staff and review of documentation reveal that the physiotherapist assesses all new residents for mobility, dexterity and manual handling requirements when moving into the home. A care plan is developed which identified individual strategies including a one-on-one exercise program to assist resident to achieve optimum levels of mobility and dexterity. Residents are reassessed following falls, when there is a change in

their condition and on return from hospital. Residents and representatives say appropriate referrals to the physiotherapist and podiatrist are made in a timely manner as required. The team observed residents assisted by staff participating in games designed to assist mobility and dexterity.

### **2.15 Oral and dental care**

*This expected outcome requires that "residents' oral and dental health is maintained".*

#### **Team's findings**

The home meets this expected outcome

The home's systems for monitoring the residents' oral and dental health is by the needs of the residents being recorded on the residents initial data base and the information from the data base being transferred to the plan of care. Individual care plans are reviewed regularly and evaluated in consultation with the resident, their representatives and others involved in their care. A review of residents' documentation shows residents are referred to specialist dental services as required. Interviews with residents and their representatives and staff indicated residents' oral and dental care needs are identified and strategies are in place to manage these needs.

### **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

#### **Team's findings**

The home meets this expected outcome

Review of documentation indicates vision, hearing and touch assessments are conducted on entry into the home and are ongoing. Individualised information is documented in the nursing care plan, implemented and reviewed as required. The home's recreational officers have implemented a variety of programs and resources to assist residents with sensory loss. These programs are designed to promote independence, sensory stimulation and interaction with others. Residents and representatives say staff are supportive of residents with sensory loss and promote independence and choice as part of daily care.

### **2.17 Sleep**

*This expected outcome requires that "residents are able to achieve natural sleep patterns".*

#### **Team's findings**

The home meets this expected outcome

Residents' sleep patterns are assessed on moving to the home including the use of night sedation. Staff were able to explain and documentation confirmed the various strategies used to support the residents' sleep including: offering warm drinks or snacks, appropriate pain and continence management, comfortable bed and positioning and night sedation if ordered by the medical practitioner. Residents are able to buzz to alert the night staff if they have difficulties in sleeping. Residents are satisfied with the home's approach to sleep management.

## **Standard 3 – Resident lifestyle**

**Principle:** Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

### **3.1 Continuous improvement**

*This expected outcome requires that “the organisation actively pursues continuous improvement”.*

#### **Team’s findings**

The home meets this expected outcome

Please refer to expected outcome 1.1 Continuous improvement for details about the system of continuous improvement in the home. Examples of improvements and results for residents relating to Accreditation Standard Three include the following

- New curtains have been purchased to maintain privacy, improve stock numbers and ensure an appropriate supply when curtains are being laundered.
- A new DVD player for the lounge room has been purchased for residents.

### **3.2 Regulatory compliance**

*This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle”.*

#### **Team’s findings**

The home meets this expected outcome

Please refer to expected outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. Examples of regulatory compliance relevant to Accreditation Standard Three include:

- The home’s adherence to the conditions of the Privacy Act by requiring all staff and volunteers sign a confidentiality statement for maintaining confidentiality of residents’ information.
- The home also provides information about residents’ rights and responsibilities, and the residency agreement which is offered to all residents includes information about residents’ rights and responsibilities, the level of care and services provided, fee structure, and accommodation.

### **3.3 Education and staff development**

*This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.*

#### **Team’s findings**

The home meets this expected outcome

Please refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation reviews demonstrate that staff have knowledge and skills relating to resident lifestyle.

Education sessions relevant to Accreditation Standard Three completed or planned for during 2011 include:

- Behaviours of concern, incident management and compulsory reporting.

- The recreational activities officer (RAO) completed a Certificate IV in leisure and lifestyle in January 2011.

### **3.4 Emotional support**

*This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".*

#### **Team's findings**

The home meets this expected outcome

The home has a system in place to ensure residents receive support in adjusting to life in the home environment. The emotional state and needs of the residents are identified and reviewed on an ongoing basis, and strategies to support emotional needs are evaluated. Residents' records show that residents' social, cultural and spiritual history details are recorded along with their support needs shortly after entry to the home. The information is used to formulate the residents preferred lifestyle and individualised care plan that is reviewed regularly. Residents are able to have familiar and treasured items in their rooms which contribute to their overall health and wellbeing. The team observed staff showing respect and interacting with residents in an understanding and caring manner. Residents and representative spoke highly about the emotion support provided to residents and also their families.

### **3.5 Independence**

*This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".*

#### **Team's findings**

The home meets this expected outcome

Residents' abilities and preferences in relation to independence and lifestyle needs are assessed on entry to the home, and documented in their care plans, which are evaluated regularly to ensure changes in residents' needs are addressed to optimise their independence. Residents' independence is also fostered through the availability of mobility aids and utensils to assist with eating and drinking, various activities and area of decision-making, personal hygiene and attendance at activities. The home welcomes and encourages family members, visitors, and volunteers to participate in the life within the home. Family and friends are welcomed and have access to private areas for visiting. Hairdressing services are available onsite and an electoral voting service is made available in the home when necessary. Communication and feedback is available through resident meetings, newsletters and personal discussion. Residents and representatives interviewed advised the team they are encouraged by the home to maintain their independence and friendships.

### **3.6 Privacy and dignity**

*This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".*

#### **Team's findings**

The home meets this expected outcome

The home has systems in place to assist residents to ensure residents' privacy, dignity and confidentiality is recognised and respected. Staff interviewed said they always knock on resident's door before entering and respect the dignity of each resident as they provide daily care. On entry to the home residents are given a copy of the homes' privacy policy in the information package. The team observed that staff handover is conducted discreetly and staff are attentive in their interactions with residents and their representatives. Residents'

records and personal information are securely stored. The team observed that personal care for residents is provided in a manner that protects the dignity and privacy of residents. Residents and their representatives expressed satisfaction with the way residents' privacy and dignity is recognised and respected by staff in the home.

### **3.7 Leisure interests and activities**

*This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".*

#### **Team's findings**

The home meets this expected outcome

The home demonstrated that it has systems to encourage and support residents to participate in a wide range of interest and activities. A social profile and activity assessment completed for each resident on entry to the home outlines the resident's previous and current interests and preferences. The resident's involvement in activities is recorded and evaluated and changes made to the care plan when needed. Both general and specific dementia lifestyle programs are developed with many group activities and entertainment shared with all residents. Group interaction includes exercises, music, movies, quiz, bingo, games, cultural and birthday celebrations and one-on-one activities such as reminiscing, walking, beauty therapy and conversation are held. The home keeps residents informed of activities via noticeboards, verbal prompts and the home's newsletters. Residents and their representatives are satisfied with the activities offered and appreciate opportunities to provide suggestions for inclusion in future programs.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

#### **Team's findings**

The home meets this expected outcome

Requirement for individual cultural, spiritual needs, customs and beliefs are identified on entry to the home and are documented in the residents' care plans. The menu is flexible and can accommodate the preferences of residents from culturally and linguistically diverse backgrounds. Specific cultural days such as Australia Day, St Patricks Day, Anzac Day and Christmas and Easter are commemorated with appropriate festivities. Residents' birthdays are recognised and celebrated on the day with a birthday cake. Pastoral care is delivered by various religious denominations providing services which are held in the home. Residents are satisfied with the home's approach to the cultural and spiritual program and the support provided to them in terms of their spiritual needs.

### **3.9 Choice and decision-making**

*This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".*

#### **Team's findings**

The home meets this expected outcome

Consultation with management and the provision of information on entry ensures residents and their representatives are informed about the care and services offered by the home and the choices available. The Charter of Residents' Rights and Responsibilities is displayed in the home and is in documents provided to the resident on entry to the home. Interviews with staff indicate staff respect the right of residents to refuse treatment and residents' terminal wishes are respected. Residents state they are fully informed and have the freedom to make

decisions and choices about all areas of service delivery including their care, their lifestyle, their personal environment and other services provided by the home.

### **3.10 Resident security of tenure and responsibilities**

*This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".*

#### **Team's findings**

The home meets this expected outcome

Interviews with residents and resident representatives identified that residents are satisfied with the information the home provides regarding security of tenure. Relevant information about security of tenure, fees, care, services and residents' rights is contained in the resident handbook and the resident agreement. These matters are discussed with prospective residents and/or their representative prior to, or on entry to the home. Information about advocacy and external complaints services is available. The Charter of Residents' Rights and Responsibilities is on display. Ongoing communication with residents/representatives is encouraged through scheduled meetings, individual meetings and notices. Residents and representatives interviewed said they feel safe and secure in the home and feel confident that they would be consulted before any changes are made in the accommodation or treatment of residents.

## **Standard 4 – Physical environment and safe systems**

**Principle:** Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

### **4.1 Continuous improvement**

*This expected outcome requires that “the organisation actively pursues continuous improvement”.*

#### **Team’s findings**

The home meets this expected outcome

Please refer to expected outcome 1.1 Continuous improvement for details about the system of continuous improvement in the home. Examples of improvements and results for residents relating to Accreditation Standard Four include the following:

- Individual nail care kits have been purchased to improve infection control compliance.
- A staff member has accepted fire warden duties to improve safety for residents and assembly area signs have been replaced.
- An emergency gas shut-off switch has been installed in the kitchen to improve safety in the case of an emergency.
- The emergency response manual, evacuation plans and charts have been updated to improve safety in the event of a fire.
- Extra linen skips have been ordered to improve the sorting of soiled linen at source. Staff education on this matter is planned.

### **4.2 Regulatory compliance**

*This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.*

#### **Team’s findings**

The home meets this expected outcome

The home has established systems to identify and manage regulatory compliance relating to physical environment and safe systems, including implementing occupational health and safety regulations, monitoring and maintaining fire safety systems and mandatory staff training sessions. Please refer to expected outcome 1.2 Regulatory compliance for sources of evidence and additional information related to this expected outcome.

Evidence that there are systems in place to identify and ensure regulatory compliance related specifically to Accreditation Standard Four Physical Environment and Safe Systems includes:

- The home’s commitment to fire safety and occupational health and safety includes ongoing compulsory education for staff.
- Fire safety and occupational health and safety representatives who take responsibility for these areas.
- The home complies with fire safety requirements and regularly monitors its fire detection and fire fighting equipment.
- Compliance with the NSW Food Safety Act.
- The home regularly tests the hot water system for Legionella bacteria and carries out monthly temperature checks to ensure that the thermostatic mixing valves are maintaining water temperatures within the correct range.



### **4.3 Education and staff development**

*This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".*

#### **Team's findings**

The home meets this expected outcome

Please refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions relevant to Accreditation Standard Four completed or planned for 2011 include:

- infection control, food safety, fire and evacuation, manual handling, occupational health and safety and chemical safety.

### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".*

#### **Team's findings**

The home meets this expected outcome

Residents and their representatives state they enjoy living in the home, they feel safe and the home's environment meets their needs. Most residents are accommodated in shared rooms and some single rooms are reserved for residents requiring special care or those with disruptive behaviour. The team observed all areas of the home to be clean and well maintained, and indoor areas are maintained at a comfortable temperature. The team identified through interviews with staff and residents and through a review of documentation that the home has systems in place to ensure a safe and comfortable environment for residents. The maintenance officer advised that they prioritise repair work and qualified tradesmen are contacted for any necessary repairs of the building or equipment e.g. electrical or plumbing work. A program of planned preventative maintenance is in place to ensure the building and equipment is well maintained.

Refer also to expected outcomes 1.7 Inventory and equipment and 4.1 Continuous improvement in this report.

### **4.5 Occupational health and safety**

*This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".*

#### **Team's findings**

The home meets this expected outcome

The home has a system in place to ensure that management and staff are actively working together to provide a safe environment that meets regulatory requirements. A review of documentation confirms the system involves audits, inspections, accident and hazard reporting systems. Training in safe work practices and procedures is held and a return to work program is available. Occupational health and safety (OH&S) matters are addressed at the monthly quality, risk management and occupational health committee meeting with issues transferred to improvement action plans as appropriate. Policies, procedures and notices inform staff of OH&S matters. OH&S information is part of the orientation process and there is compulsory annual training in this topic and manual handling. The team observed safe work practices with protective clothing, and first aid kits readily available. Staff interviewed said they have attended compulsory education and demonstrated awareness of

OH&S practices. Regular audits and reporting mechanisms identify potential hazards which are assessed and preventive measures introduced as necessary. Accidents and incidents are recorded and investigated, and actions are taken to prevent recurrence.

Refer also to expected outcomes 1.7 Inventory and equipment and 4.3 Education and staff development in this report.

#### **4.6 Fire, security and other emergencies**

*This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".*

##### **Team's findings**

The home meets this expected outcome

The home's systems to ensure the safety and security of residents and staff include regular checks of equipment by the home's staff and contractors, lock up procedures, external sensor lighting, regular security patrols and emergency and fire evacuation procedures. The home is fitted with fire warning and fire fighting equipment, smoke detectors, fire and smoke doors, extinguishers, hose reels and fire blankets, all of which have been checked and maintained regularly. The home monitors its fire equipment and provides annual compulsory fire training for staff. The team observed correctly orientated signage, evacuation maps and flipcharts located at various points around the home. An evacuation folder containing residents' details is located at the front door. The home meets fire safety and building certification standards.

#### **4.7 Infection control**

*This expected outcome requires that there is "an effective infection control program".*

##### **Team's findings**

The home meets this expected outcome

The home has policies, procedures and systems in place to identify, monitor, manage and minimise infections. These include audits and surveys, staff education, infection control surveillance, a vaccination program and regular temperature testing of food storage, preparation and delivery. All residents and staff are offered annual Influenza vaccinations, residents' infections are documented and monitored, and results are discussed at the monthly quality, risk management and occupational health committee meeting. Mandatory staff orientation and on-going education includes infection control principles and practices and hand hygiene competency assessments. Infection outbreak management guidelines and procedures are in place. The team observed hand washbasins and a large number of strategically placed hand hygiene gels and staff were observed using personal protective equipment and colour coded cleaning equipment appropriately. Pest control measures and waste disposal and management systems are in operation, scheduled cleaning programs are in place and are followed, and spills kits are provided for use if necessary. Catering staff follow safe food handling and hazard analysis critical control point (HACCP) principles and practices and when appropriate, food that is not going to be cooked goes through a sanitising process. All staff interviewed by the team demonstrated a good understanding of infection control principles and practices related to their roles and confirmed that there are sufficient supplies and equipment available to carry out their duties. Staff also described the preventative measures to be taken to minimise cross infection during an outbreak of gastroenteritis or respiratory infection.

#### **4.8 Catering, cleaning and laundry services**

*This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".*

##### **Team's findings**

The home meets this expected outcome

The home employs its own catering, cleaning and laundry staff to provide services in a way that enhances residents' quality of life and staff working conditions. Residents interviewed stated that the home is clean, their laundry is returned promptly, and in a clean manner and the cook is responsive to comments about meals.

##### **Catering**

The home prepares all meals on site according to rotating seasonal menus which have been developed in consultation with residents and are reviewed by an independent dietician. Catering staff have implemented hazard analysis critical control point (HACCP) principles in the kitchen and the received an 'A' rating during a food audit in April 2011. Catering staff are advised of the specific dietary requirements of residents and there is a system to regularly update this information. Food storage, refrigeration and preparation areas are well organised with foods correctly stored, labelled and dated. Food delivery, storage, cooking and cooked, temperatures are monitored and recorded. There are systems to order, quality check, store and identify food in accordance with the home's policies.

##### **Cleaning**

Residents interviewed expressed satisfaction with the cleaning services provided by the home. The team observed the home to be clean and free of odour. All cleaning is done according to cleaning schedules and protocols. The team observed that all cleaning equipment is appropriately stored in designated and secure cleaning storerooms, and staff were observed using cleaning equipment according to infection control principles.

##### **Laundry**

All laundry and ironing is done on site. There is a clothes labelling system in place to reduce loss of personal clothing and a designated 'dirty' to 'clean' flow of linen and clothing in the laundry in line with infection control principles and Laundry Standard 4146. Laundry equipment is regularly serviced by external contractors.