



Aged Care  
Standards and Accreditation Agency Ltd

## **Crown Gardens**

RACS ID 0579

7-11 Crown Street

HARRIS PARK NSW 2150

Approved provider: Trinity Aged Care Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 13 February 2015.

We made our decision on 16 December 2011.

The audit was conducted on 28 November 2011 to 29 November 2011. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

### 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.

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

### 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.

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

**Standard 3: Resident lifestyle****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

**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.

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  
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# Site Audit Report

**Crown Gardens 0579**

**Approved provider: Trinity Aged Care Pty Ltd**

## Introduction

This is the report of a site audit from 28 November 2011 to 29 November 2011 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team 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 the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## 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

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 28 November 2011 to 29 November 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:	Richard Hanssens
Team member/s:	Katrina Bailey

## Approved provider details

Approved provider:	Trinity Aged Care Pty Ltd
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## Details of home

Name of home:	Crown Gardens
RACS ID:	0579

Total number of allocated places:	50
Number of residents during site audit:	47
Number of high care residents during site audit:	22
Special needs catered for:	11 bed dementia area

Street/PO Box:	7-11 Crown Street	State:	NSW
City/Town:	HARRIS PARK	Postcode:	2150
Phone number:	02 9637 8480	Facsimile:	02 9637 8487
E-mail address:	geeyong.sor@garrisonash.com		

## Audit trail

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

### Interviews

	Number		Number
Director of nursing	1	Residents/representatives	17
Registered nurses	3	Activity staff	3
Care staff	10	Pastoral care worker	1
Pharmacist	1	Administration/Quality Improvement	2
Physiotherapist	1	Hospitality and maintenance staff	3
Physio aide	1	Cleaning contractors and cleaning contractor management	4
Podiatrist	1		

### Sampled documents

	Number		Number
Residents' files including care plans, summary care plans, progress, medical, physiotherapy and activities notes, assessments, reports and charts	11	Medication charts	10
Care plan consult (family conferences)	10	Resident agreement	1
Lost property forms completed	4	Personnel files	5

### Other documents reviewed

The team also reviewed:

- Activities records including attendance sheets, programs, surveys and resource books
- Audits
- Clinical area diary
- Clinical procedures manual
- Comments and complaints information: register, forms, resources, comments, complaints and suggestion form
- Continuous improvement information - benchmarking, audit/survey results, action plans, registers for continuous improvement, continuous improvement plan, audit schedules and completed activities
- Contractor, service and equipment information
- Criminal record check and associated documentation
- Daily exercise and treatment records
- Daily records folders
- Dietary preference sheets
- Disaster planning manual and information
- Doctors communication book

- Education and training information – competency assessment information, education and training records, program/calendar, induction and orientation information, educational needs analysis
- Emergency procedure flipchart and resident evacuation information
- Exercise physiologist program folder
- External contractor agreements and service agreements
- Falls prevention project information
- Fire contractors' monthly reports: fire education book, fire audits, fire compliance certificate displayed
- Fluid balance sheets
- Handbook for residents/relatives; staff
- Handover folder
- Human resource information including staff rostering system, job descriptions, duty lists, staff appraisal program, staff education information, roster, staff hours information, Department of Immigration and citizenship information
- Incident and accident; medication incidents, hazard reports (2011)
- Infection control information: staff immunisation program; resident immunisation program; infection control resource material including outbreak management and manual
- Kitchen information – menu, dietary analysis, monitoring and food safety manual
- Laundry service outsource review information (emails)
- Lost property form
- Maintenance information preventative and reactive maintenance
- Meeting minutes, agenda and associated information
- Memoranda and communication documentation
- Newsletters
- Occupational Health and Safety information
- Outbreak information
- Personal care charts
- Physiotherapist's folder
- Podiatrist's folder
- Policy and procedure manuals and associated information
- Regulatory compliance information, criminal record check procedures, professional registration information; mandatory reporting register
- Residents' information package
- Restraint charts
- S8 register (drugs of addiction)
- Service and clinical contract agreements
- Specimen signature register
- Visitor sign in book

## **Observations**

The team observed the following:

- Activities in progress including exercise programs, singing and birthday party
- Activity room and resources
- Aged care complaints scheme brochure and poster
- Archive area
- Christmas decorations throughout home in preparation for Christmas party
- Cleaning and chemical storage areas
- Clinical area (secured)
- Community visitors scheme records
- Complaints forms available
- Compliments book
- Contaminated waste bin locked

- Dining rooms during lunchtimes, morning and afternoon tea, including resident seated, staff serving/supervising/assisting residents with meals
- Equipment and supply storage areas
- Evacuation backpack kit, evacuation procedures displayed
- Fire panel and associated documentation
- Hand washing/hand cleaning/sanitising facilities
- Handover
- Interactions between staff and residents
- Language cards in rooms to assist staff
- Laundry areas- storage, washing and delivery area
- Living environment (internal and external, including residents' rooms, communal living, dining and lounge areas, gardens, smoking area, ramps and walking paths)
- Main kitchen area
- Medication round
- Mission, Values and Vision and organisational structure displayed
- Mobility aids in use
- Material safety data sheets displayed
- Notice boards containing staff, resident and relative information
- Notices in English and Chinese and Chinese television channel available in public area
- Notices of impending accreditation site audit posted throughout the home and provided to residents/resident representatives
- Notices, posters, brochures/pamphlets, forms and other information on display for staff, residents and representatives
- Nurse call system
- Oxygen cylinders stored and oxygen in use
- Podiatrist and physiotherapist's round
- Pressure relieving equipment in use
- Residents being assisted with mobility and with eating
- Residents rights and responsibilities poster displayed
- Residents' gardens and outdoor patio area
- Secure storage of care files and other documents
- Security measures throughout the home and perimeter
- Sharps disposal containers, signage promoting a safe working environment, spills kits
- Staff amenities
- Staff knocking on doors and identifying themselves before entering residents' rooms
- Staff practices and courteous interactions with residents, visitors and other allied health professionals
- Staff work areas (including nurses' stations, offices, treatment room and staff room)
- Storage of medications including emergency supplies, refrigerated and S8s
- Suggestions box – secured
- Utility room – containing spills kits, sanitising equipment, cleaning equipment storage and waste disposal storage.



## **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

The home actively pursues continuous improvement across all four Accreditation Standards through self assessment activities, surveys, audits, meetings, forms to capture comments and complaints, education, hazard reporting and accident/incident monitoring. The team were told by residents/resident representatives interviewed that they are informed of changes made at the home and that they are welcome to make suggestions and give feedback. Staff interviewed by the team stated that they are involved in identifying opportunities for improvement at the home. Staff said that they ‘are generally familiar with the systems for managing continuous improvement’, and that they ‘communicate suggestions for improvement via continuous improvement forms and verbally to management’. Feedback is obtained at meetings, surveys and through information displayed on notice boards.

Recent improvements relating to Accreditation Standard One include:

- New inventory and equipment service system has been introduced to further improve the documentation of the monitoring and servicing of equipment.
- A shredding machine has been purchased to ensure that documents are appropriately destroyed.
- As a result of a review of the external contracts and suppliers, the home has reviewed the cleaning and chemical contractors and implemented changes as a result of this review.

### **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

The home has an effective system to manage regulatory compliance. The home receives information regarding legislation and updates from a subscription service, the health department, membership of a professional association and other professional bodies. Legislative changes are incorporated into policies and procedures. Staff are informed of changes through memorandums, meetings, notices, provision of resources and/or through in-service education. Staff interviewed confirmed that they are notified of changes in regulatory compliance. Examples relating to Standard One:

- Staff and management have been informed and have put in place new brochures and information about the recent changes to the Aged Care Act – Complaints Principles 2011.
- Stakeholders were informed of the upcoming accreditation site audit by posters and at meetings.
- There is a system to monitor currency of staff and volunteer national criminal history checks.

### **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 residents/resident representatives interviewed by the team state that the management and staff have appropriate knowledge and skills to perform their roles effectively. All staff interviewed by the team said that the education provided to them meets their needs and that they are offered both internal and external education opportunities. Staff education is implemented by mechanisms that include the orientation/induction program, internal, external and vocational education and training programs, competency skill assessments and through the staff appraisal system. The training program is co-ordinated through the Director of Nursing and a staff needs analysis has recently been conducted to plan for 2012. Education that has been provided to staff relating to Accreditation Standard One include: the work safety legislative updates and the introduction of compulsory reporting as a mandatory training component. The Director of Nursing has provided coaching and mentoring to staff on the continuous improvement systems and auditing.

### **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

The home has a system that allows access to internal and external complaints mechanisms. All residents/resident representatives interviewed by the team indicated that they feel comfortable raising issues of concern with staff and management. Complaints and comments are captured by a system that includes forms to capture comments and complaints, resident and relative meetings, surveys, email and verbal feedback. Information is provided and displayed informing residents and representatives on how to access external complaint systems and advocacy services if required. The management is ordering the new external complaints information in Chinese languages. There is a system in place for lodging complaints anonymously. The home has an effective system for recording and registering comments and complaints.

### **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

Crown Gardens Low Care's vision, mission and values statements are communicated to all stakeholders. These statements are documented in the home's publications and are on display in the home. Staff are made aware of the organisation's philosophy of care through the home's induction and education processes. The home demonstrates a commitment to quality and is proactive in developing continuous improvement initiatives. Policies, procedures and planning initiatives are available to direct the practices of management and staff.

## **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

Resident representatives interviewed told the team that staff who provide care to the residents are skilled and competent. There is a system to manage human resources that includes policies and procedures, staff appraisals, job descriptions, selection and recruitment processes, appropriate rostering and an education program. Replacement staff come from a casual pool. Rosters reviewed demonstrated appropriate replacement of staff.

Residents/representatives are generally satisfied with the level and competency of staff and their ability to meet residents' care and service needs. Staffing levels and rostering is set and monitored to meet the demands of residents, taking into consideration regulatory requirements, occupancy levels, resident needs, and the changing environment in which the home operates.

## **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

The home ensures that there are stocks of appropriate goods and equipment to provide a quality service through a system of monitoring stock and supply, asset management and a purchasing system. Residents/resident representatives and staff interviewed are satisfied with the provision of stock and maintenance of equipment. A system using audits and regular stocktaking processes assist in monitoring stock supply. External providers are used on an as needed and on a scheduled basis to service and repair equipment. A reactive and preventative maintenance program coordinated by the maintenance staff member ensures that all equipment is regularly checked and serviced.

## **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/resident representatives and staff interviewed told the team that they are kept well informed by management. The home has systems in place to manage the creation, usage, storage and destruction of all information. There are mechanisms in place to record and disseminate information via meeting minutes, communication books, the internet, virtual internet 'cloud' storage systems, newsletter and noticeboards. The home has a system in place for the management of electronic data including back-up systems, security password protection and electronic security such as virus protection and firewalls. The team noted that all staff and resident records are kept locked to ensure security of access and confidentiality.

## **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

The home monitors the performance of external contractors to ensure that externally sourced services are provided to meet its needs and quality goals. The home has written agreements with some external providers. The service has a system for monitoring and managing unsuitable performance of suppliers. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Changes are made when services received do not meet expected requirements for the needs of residents or the home. Service agreements include current registration and insurance details as required. Residents have access to a range of external services such as a podiatrist, pharmacist and hairdresser. Residents/resident representatives and staff interviewed told the team that they are satisfied with the products and services from external suppliers.

## **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

Refer to expected outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement.

Improvements relating to Accreditation Standard Two include:

- The home has reviewed the restraint forms and policy. This occurred as a result of information gathered from the home's auditing program and has resulted in an improvement in compliance with restraint documentation.
- Advanced care directives have been developed with residents and their families. As a result of this a list of residents' advanced care needs has been developed. This information has been highlighted within the residents' notes.
- A falls prevention program has been introduced for residents identified as a high falls risk. The program includes assessment, an exercise program and preventative strategies such as assessment for hip protectors and footwear review.

### **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

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, professional standards and guidelines about the health and personal care systems. Staff practices observed by the team demonstrate that staff are performing their duties in accordance with the home's policies and procedures.

Examples relating to Standard Two are:

- The home has a system to monitor and record professional staff registrations and authorities to practice.
- A system is in place to manage unexplained absences of residents in accordance with regulatory requirements.
- Only qualified nurses undertake specialised nursing procedures as required by the Aged Care Principles (1997).

### **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

Refer to Expected Outcome 1.3 Education and staff development for information about the home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The team verified through discussions with staff and management and documentation review that the home delivers education relevant to Standard Two that will promote residents' physical and mental health. Examples of education provided specific to Standard two include ACFI training, oral care, skin integrity, falls prevention, continence care and nutrition and hydration.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

On entry to the home residents complete an admission pack which identifies physical, medical, cognitive, social, religious and emotional needs. Assessment tools observe, monitor and assess mobility, pain, sleep, behaviour, skin integrity, continence, communication, diet preferences and sensory function. Within seven days of entry initial care needs are identified and recorded in a mini care plan. A comprehensive individualised care plan is compiled within four weeks and this is reviewed three monthly or whenever there is a significant change to a resident's condition. The resident's condition and any changes to health are closely monitored through clinical observation using charts, records and progress notes. Consultation occurs on an ongoing basis and includes family care consults, verbal contact, telephone calls and meetings as required. Clinical indicators such as infections and accidents and incidents data is collated monthly and analysed to support delivery of care. Care staff said they are satisfied that the clinical procedures available in the home support their practices and that they have access to a range of education and training opportunities relevant to the needs of residents. Resident/resident representatives said that care staff provide very good quality clinical care and communicate with them concerning changes in resident condition or to treatment regimes.

### **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

Specialised nursing care needs are identified on admission and then through changes to resident health condition, ongoing assessments, care planning and review processes. The home has 24 hour registered nursing (RN) cover and RNs complete all high care resident care plans. A clinical nurse consultant, medical officers and other allied health services are available to provide additional support. The DON is available to provide a broad range of education in specialised nursing care. RNs said they have access to training and education as required to manage the current needs of residents under their care. Education has included dementia care, the use of psychotropic medications and chronic pain management. Residents/resident representatives said they are very satisfied with the RN support available in the home with a number of residents providing examples of specialised nursing care they have received such as for wounds, pain and medication.

## **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

Crown Gardens’ general policy, process and procedures and clinical procedures manual details how to refer residents to the appropriate health professional for ongoing or specialised care. Residents are encouraged to maintain their own medical officer and, where practical, to choose the specialist they wish to see. Staff are available to escort the resident to appointments if a representative is not available to do this. A review of documentation showed that significant changes or deterioration in health is actioned by referral to the appropriate health service such as medical officer or transfer to hospital. Residents are referred to a range of services in a timely manner as and when required. These include audiologists, urologist, dieticians, psychogeriatricians, wound care clinic, pathology, optometrists and dentists. A podiatrist and physiotherapist visit the home on a regular basis. Pertinent information resulting from referrals is recorded in progress notes and used to update care plans. Residents/resident representatives said that they are satisfied with the choice and access residents have to health and related services.

## **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’s medication management policy manual uses best practice guidelines and protocols. This supports the appropriate staff to administer medication by current regulatory and legislative requirements. Residents who self medicate are assessed as competent to do so and this is regularly reviewed. Medication is administered by registered nurses or appropriately trained Certificate III and IV (Aged Care) care staff who are competent to conduct this role. Medication is mostly delivered by blister pack. Auditing systems, incident reporting and review by key nursing staff and pharmacist monitor practices and identify any errors. Documentation review showed corrective actions occur as required. The home has a twice yearly medication advisory committee to support all aspects of medication management. Areas of the clinical care room are used for medication storage (including for medications requiring refrigeration), and this area was observed to be kept secured. Schedule Eight (S8-drugs of addiction) are secured separately and administration monitored by register. The home has a system for the return and destruction of medications which have been ceased or are no longer required. Interviews with residents and their representatives indicated their satisfaction with medication management.

## **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

On entry to the home all residents are assessed for the presence of pain symptoms and any identified problems recorded. A range of assessment tools are used including ones which assess and identify pain for residents who may not be able to verbalise their pain symptoms. Pain charts are used to record and evaluate the effectiveness of pain medication and other treatment until desired outcomes are achieved. Interventions to manage pain include analgesia, breakthrough pain relief, pressure relieving equipment, hot and cold pack therapy,

repositioning, physiotherapy, gentle massage or exercise and emotional support. A review of documentation showed that when required, a referral to a medical officer or specialist services for pain management occurred in a timely manner. Residents said they are very satisfied with the management of their pain and that staff actively work to ensure they remain as free as is possible from pain.

## **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

Crown Gardens maintains the comfort, dignity and wishes of terminally ill residents under its care. The residents’ end of life wishes are discussed with the resident/resident representatives and key points recorded in the care plan. The home has access to a palliative care team and is able to provide palliation at Crown Gardens. When a resident is deemed to require palliation a case conference is organised with the resident, their representatives, medical officer and other appropriate clinical staff. A palliative care plan is formed and this is used to guide ongoing treatment and services. This includes maintaining comfort such as through the use of egg shell or air mattresses, pain management and appropriate nutrition and hydration including mouth washes. Cultural and spiritual support and counselling is available. A review of documentation showed palliation is effectively maintained and does provide care to terminally ill residents which supports maintaining dignity and comfort throughout this process.

## **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

Residents’ dietary needs, food allergies, likes and dislikes, portion sizes and drink preferences are assessed and documented on entry to the home. Information is forwarded to the kitchen and is reviewed on an ongoing basis. Residents with swallowing difficulties are reviewed by a speech pathologist or dietician and thickened fluids can be used to support care. Hydration is promoted through regular access to a range of drinks and all residents have access to fresh water (in jugs) in their rooms. Weight changes are monitored and actioned as necessary such as the use of supplements when a resident is losing significant weight. The home uses a rotating 28 day menu and residents have a choice in the meals available. Audits and resident surveys ensure that the menu meets the likes and preferences of residents. Observation showed residents enjoying a range of food, snacks and drinks and that residents’ with identified eating difficulties were seen being assisted to eat and drink. Both Chinese and Western recipes are used and residents said they enjoy the variety, the freshness and taste of the food available.

## **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

Residents’ skin integrity is assessed on their entry to the home and findings entered onto the care plan. This is reviewed when there are significant changes to the resident’s condition.



Care staff work to ensure integrity of skin is maintained through encouraging residents to eat and drink sufficiently and maintain their mobility. The home maintains a range of aids which support maintaining resident skin health such as water chairs, air and eggshell mattresses, and shin, heel and elbow protectors. The use of appropriate furnishings, moisturisers, attention to personal hygiene, continence and maintaining toe and fingernail care help to maintain healthy skin. Skin tears and wounds are monitored by wound charts with referral to medical officer or specialist services as and when required. A podiatrist visits the home regularly. Care staff said they observe skin integrity as part of daily care and report any changes, such as rashes, to the RN. Data on wounds, wound infections and pressure areas is collated and analysed to ensure good practices in skin care. Annual manual handling training is compulsory. Residents said they are satisfied that their skin care is well managed and that ongoing wounds slow to heal are reviewed by their medical officer.

## **2.12 Continence management**

*This expected outcome requires that "residents' continence is managed effectively".*

### **Team's findings**

The home meets this expected outcome

Residents' continence needs are assessed initially when the resident enters the home and then on an ongoing basis. A continence pattern chart, bowel record, bowel and continence assessment is completed and an individual toileting program developed. Bowel health management initiatives are in place such as adequate fibre, sufficient fluids and access to regular exercise programs. The home provides continence pads for high care residents and assists in accessing pads for low care residents who require them. Urinary tract infections (UTIs) are monitored and fluid is increased and charted for residents with identified UTIs. Staff have received training in toileting and continence support. Interviews with staff and review of care documentation showed continence assessment and review occurs. Residents/resident representatives said they are satisfied with the management of residents' continence needs.

## **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

Each resident is assessed on entry to the home for any behaviour which may require management or that may infringe on the rights of other residents in the home. A social and behavioural profile is obtained in consultation with the resident, their representatives and other appropriate medical services. When challenging behaviours are identified a behaviour assessment chart is commenced to monitor and document episodes of behaviour including triggers, patterns, duration and frequency of occurrence. Interventions are identified and listed in the care plan which may assist care staff manage any challenging behaviours. The home is able to access specialised services such as psychogeriatrician or mental health team when episodes of behaviour are extreme. A review of documentation and observation showed that challenging behaviours are effectively managed including through use of medical officer support. Acts of aggression are incident reported. The home's policy is to use restraint only as a last resort. Alternative behavioural management strategies include counselling, pain and continence assessment, distraction and one-on-one contact. Residents/resident representatives said they are satisfied with how the needs of residents with challenging behaviours are managed and that all residents are treated with respect and in a manner which maintains their dignity.

## **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

Residents' mobility, dexterity and rehabilitation needs are assessed by a physiotherapist on entry to the home. This is to ensure optimum levels of mobility and dexterity are achieved and then maintained. The home's contracted physiotherapist attends the home one day a week and a physiotherapy aide provides additional support in maintaining set programs. The physiotherapist develops individualised exercises and programs which are carried out by the physio aide and other care staff. Residents are encouraged to mobilise independently and when required, with the assistance and support of staff. Falls statistics are collated monthly, discussed at meetings, analysed for trends and used to support changes to environment or care practices. Each resident has a manual handling chart. The home has access to a supply of mobility assistive devices including forearm support frames, lifters, wheelchairs, rollators and walking sticks. Hip protectors are recommended for residents identified as being at risk of falls. Interviews with care staff and review of care documents indicated that the home focuses on optimising residents' balance, gait and mobility. Interviews with residents/resident representatives showed satisfaction with mobility management.

## **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

All residents have a full oral and dental assessment on entry to the home and this is then monitored and maintained on an ongoing basis. This identifies the needs and preferences for assistance with oral and dental care of the individual resident. Dentures are labelled and resident preferences for night-time denture care is recorded in the care plan. Care staff monitor ongoing care including assisting residents who do not comply with tooth brushing or mouth care. Interventions include the use of mouth washes. The home maintains a supply of oral care aids. Residents are encouraged to regularly attend check ups with the dentist of their choice. Oral and dental health care strategies are regularly reviewed for effectiveness. Staff have access to educational material on oral and dental health and identified that they were familiar with delivering this aspect of care. Residents said they are satisfied with the oral health and dental care they receive.

## **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

As part of the initial database admission documentation all residents are assessed for sensory ability and loss. This includes for hearing, speech, eyesight, taste, touch and smell. Optometry and audiology services are accessible through the home and review of documentation showed these services are utilised by residents. Hearing aids and glasses are labelled and listed on admission and maintained on an ongoing basis. Residents have access to large print books, audio books and tapes and a number of sensory stimulation activities are available including cooking and gardening (herbs). Language specific picture and word cards are placed in resident rooms and assist staff to communicate more

effectively with residents. Residents and resident representatives expressed satisfaction with the home's management of resident sensory loss.

### **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

The home ensures residents are able to achieve natural sleep patterns wherever possible. Any known sleeping issues are identified at the time the resident first enters the home. A sleep assessment is commenced during the second week in the home to monitor the resident's sleep pattern. Individual sleep management interventions are then developed based on needs and preference. Interventions can include identified preferred sleep times, the use of snacks and warm drinks, massage, temperature and noise control, continence and pain management. Review of care documents and interviews with staff show that sedation is used only if necessary and residents are offered alternative strategies such as warm milk, small snacks and conversation to assist preparation for sleep. On the whole residents, including those in shared rooms, said they sleep well and feel safe at night.

### **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

Refer to expected outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement.

Improvements relating to Accreditation Standard Three include:

- A gardening club has been introduced which includes providing residents with their own individual plots. New watering cans have been purchased which are easier to use and are lighter to hold to assist residents attend to the garden.
- A knitting and crochet club has been introduced. A resident at the home coordinates the ‘club’. This has increased socialising amongst the residents.
- The home is purchasing a smoking apron and has assessed one resident to ensure they are smoking cigarettes safely. The home has a smoke free policy, however this resident wishes to smoke and the home has facilitated this by providing an area for the resident to use.

#### **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

Refer to expected outcome 1.2 Regulatory compliance information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle.

Examples of regulatory compliance relating to Standard Three include:

- Residents are offered a resident agreement with information including; security of tenure, complaints and residency rights and responsibilities.
- The home has a system for the compulsory reporting and recording of alleged or suspected resident assault in accordance with regulatory requirements.
- The management has systems in place for providing residents and representatives with updated information on the residential fees and charges.

#### **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

Refer to expected outcome 1.3 Education and staff development for information about the

home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The team verified that the home delivers education relevant to Standard Three that will promote residents' physical and mental health. Examples of education provided specific Accreditation Standard Three include; privacy and dignity (QEST session) and training to leisure activity staff on 'meaningful and purposeful activities'. One activity staff member is undertaking the certificate IV in leisure and lifestyle.

### **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 systems to ensure residents receive support in adjusting to life on entry to the home and thereafter on an ongoing basis. On admission each new resident is orientated to the home's environment, roommates, other residents, daily routines and activities. The resident is encouraged to bring personal items, such as small furnishings, mementos and photographs to personalise their living space. Each room has a phone that can be used by residents to maintain contact with their family and friends. Activity staff, many who are bi-lingual, support the resident as they adjust to the home. Families and friends are encouraged to visit and made to feel welcome in the home. A bi-lingual counsellor is available one day a week and provides residents with one-to-one contact. The home provides pastoral care and a volunteer service which assists with providing ongoing emotional support to residents. Resident interviews showed residents are satisfied that the home and its staff provide ongoing emotional support. Many residents commented on the kindness and consideration of staff and said how this helped them to adjust to their life in the home.

### **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

The home's staff and organisation actively works to assist residents to achieve maximum independence in all aspects of their life in the home. Second monthly resident meetings, fourth monthly representative meetings and newsletters keep residents involved with activities and events in the home and local community. Chinese and English newspapers, radio and television stations are accessible to residents and residents were observed making use of these. Residents are encouraged to make their own decisions such as whether to take part in activities, when to get up or when to shower. Daily mobilisation and attending exercises are encouraged by staff and residents were observed independently following their own exercise or mobility regime. Representatives are encouraged to take their residents out for day trips and provided support such as wheelchair or appropriate mobility aid. Residents and resident representatives said residents are encouraged to maintain their independence and supported in this by staff on a daily basis.

### **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 was able to demonstrate in documentation and with practices that each resident's right to privacy, dignity and confidentiality is recognised and respected. On entry to the home the "Resident Privacy Statement" is explained to residents and their representatives with consent obtained to disclose certain information (such as in the handover of care). Resident personal information including care plans are kept secured and accessed only by those with the authorisation to do so. Residents are addressed by their preferred names. Staff were observed knocking on doors and identifying themselves, and entering rooms only when invited to do so. Dignity gowns are available and bathroom/toilet doors are secured during personal cares to ensure privacy is maintained. Residents and resident representatives have access to a number of areas including a banqueting room for personal contact or functions. Residents said they are satisfied with how their privacy and dignity is maintained.

### **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

Staff in the home encourage and support residents to participate in a wide range of interests and activities that are of interest to them. On entry to the home a profile is drawn up which identifies a resident's social needs and preferences, hobbies and interests and their ability to participate in structured activities. Where residents may not be able to articulate this information families are encouraged to do so on their behalf. This information is then used in the residents' care plan to form a program including group and one-on-one activities. Records for attendance of programs are maintained and these are regularly evaluated to ensure the program is effective and does provide activities which are relevant to participants. The activity team is multi-lingual and is able to devise and run a range of activities specific to the cultures represented in the home. Weekend entertainment is provided by volunteers and church groups and includes excerpts from Chinese opera and Australian songs. Residents were observed taking part in a range of activities which included exercise programs, crafts, walking, enjoying the garden, singing and listening to music and attending a party. Residents said they appreciate these activities and that there is always plenty to do.

### **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

The home has residents who are mainly Chinese and Australian but also has residents from other cultures. The home was able to show that it values and supports residents' individual interests, customs, beliefs, cultural and ethnic background. Lifestyle staff complete individual assessments of residents shortly after their entry into the home. This includes identifying residents' cultural, spiritual and dietary preferences, values and wishes. A significant number of staff are fluent in Mandarin and or Cantonese and able to converse with residents in their language of origin. Information is available on notice boards and in public areas in these

languages. Language charts with simple phrases are available in the rooms of some residents to assist staff with their duties and initiate conversation. A broad range of religious services are held regularly in the home. Special cultural events such as Australia Day, ANZAC Day, Christmas Day, Chinese New Year, Autumn Moon Festival and the Melbourne Cup are celebrated. Residents/and resident representatives said they are very happy with how the home's staff respect and value their culture and support residents to practice their spiritual beliefs.

### **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

Residents are encouraged where practical and appropriate, to exercise choice and control in all aspects of their life within the home. This includes residents or their representatives being supported to be part of decision making about the care and services residents receive. Residents/representatives are encouraged to take part in meetings and raise concerns. The home's system of managing complaints, feedback and mechanisms for continuous improvement is visible and accessible to residents/representatives. A review of documentation showed this process is central to the care planning process, such as in the use of case conferencing. Representatives said they are informed in a timely manner when there is a change in their resident's condition or care level. Residents said they are satisfied they are offered choices on a daily basis such as with meals, activities or in what they wear. Residents also said they know of their rights and responsibilities and that the home supported them to exercise these.

### **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

When entering the home residents/and resident representatives meet with the Director of Nursing and receive a comprehensive overview of their rights and responsibilities. Their information pack includes a handbook and resident agreement. The agreement covers areas such as care schedule, fees, security of tenure and complaints mechanisms (including internal and external complaints processes). They also receive the home's vision/mission statement and the Charter of Residents' Rights and Responsibilities. Residents/and resident representatives are involved in consultation and decision-making regarding any proposed changes to accommodation or health care needs. Residents said they felt their tenure in the home to be secure.

## **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

Refer to expected outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement.

Improvements relating to Accreditation Standard Four include:

- As a result of an environmental review, a ramp has been built the front verandah in the dementia wing (Joy wing) to increase the access for residents to the front area.
- Improvements have been made to the fire safety and emergency systems. This includes the placement of signage to display where the fire hose reels are stored. A wooden gate has been replaced with a key pad gate which is linked to the fire system in the Joy wing.
- The disaster plan has been reviewed and the document has been introduced into all areas of the home.
- The menu has been reviewed. The review included a dietary survey with residents and/or representatives, resident/resident representative consultation; a review of the cultural requirements for the menu and a dietician review.

### **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

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, professional standards and guidelines about the physical environment and safe systems.

All staff interviewed could describe their responsibilities in relation to safe work practices in relation to infection control, food safety, fire and emergencies, occupational health and safety and the importance of reporting hazards, accidents and incidents.

Examples relating to Standard Four include:

- Staff noticeboards contain regulatory information, for example, occupational health and safety and infection control. Staff have been informed about the new Work Health and Safety legislative requirements and the Director of Nursing has attended information sessions.
- The home displays a current fire safety statement according to local government requirements.
- A food safety program is in place and a NSW Food Authority licence is held to comply with legislation for vulnerable persons.
- Material safety data sheets are kept in the appropriate places. The management are currently developing a hazardous chemical register.



### **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

Refer to expected outcome 1.3 Education and staff development for information about the home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Education that has been provided to staff relating to Accreditation Standard Four include manual handling, infection control, fire evacuation, safe food handling, bullying and harassment 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

Crown Gardens provides a living environment that is safe, comfortable and consistent with residents' care needs. Residents are accommodated in single or double rooms. The double rooms cater for couples and siblings. There is a secure dementia wing and residents' access to a secure courtyard and their own lounge and dining area. There are communal dining and lounge areas, and some private areas throughout the home with accessible courtyard areas. Chinese television is set up in one communal area. A call bell system is installed and checked regularly. Residents are encouraged to personalise their rooms as much as possible. Resident/resident representatives interviewed told the team that they are satisfied with the environment. The home conducts regular environmental audits and accident and incident data is analysed to monitor the safety of residents. The environment is maintained through a preventative and reactive maintenance program.

### **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

Interviews and observations with staff and management demonstrated the home has systems to help ensure a safe working environment is provided for all members of staff, visitors and residents. The home has systems in place to help promote work place safety and awareness that includes education during staff orientation and on an ongoing basis, manual and chemical handling training. Safety issues are discussed at the continuous improvement meetings and OH&S issues are discussed at other meetings. Chemical storage and management systems and a hazard monitoring and reporting system are in place. An incident and accident reporting and review system is working effectively. Supplies of personal protective equipment and spill kits are available and accessible. A return to work program is established. The team found that issues identified by staff through the OH&S system were followed up and actioned appropriately and in a timely manner.

#### **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 has systems in place to minimise fire, security and emergency risks. These include regular checks of equipment by staff and contractors and emergency and fire evacuation procedures. The home is equipped with fire warning, a sprinkler system and fire fighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. There is a system in place for education training on fire and evacuation procedures and staff confirmed that compulsory education is held for fire training and that their attendance is monitored. The home has secure perimeters and has appropriate security measures such as lock-up procedures, door alarms, flip chart emergency procedure information; a resident evacuation procedure list, visitor sign in procedures, coded keypad doors and outdoor lighting.

#### **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 generally has an effective system for identifying, managing and minimising infections. This includes staff education, audits, discussion of infection issues at meetings, evaluation of resident infection data, the use of colour coded equipment, the provision of protective clothing and providing adequate hand washing facilities. A registered nurse is responsible for coordinating infection control at the home. There are formal cleaning schedules and processes for the removal of waste. There is a vaccination program in place for residents and staff. A food safety program is in place and regularly monitored. Resident infections are monitored, documented and analysed for trends on a regular basis. Staff interviewed demonstrated an understanding of, and commitment to, infection control principles and guidelines.

#### **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

Processes are in place at the home to ensure that hospitality services enhance the residents' quality of life and the staff's working environment.

##### **Catering**

Processes for catering services include a food monitoring system, staff education, resident feedback systems and a regularly environmental monitoring system. The home has an effective process for providing, communicating and managing resident food preferences, textured modified food and allergies, temperature monitoring and the provision and maintenance of equipment related to hospitality services. Meals are made fresh on site each day and the home has a 28 day rotating menu.

##### **Cleaning**

Cleaning services are externally contracted and are conducted six days a week according to set schedules and as required. Residents' rooms, bathrooms and common areas were

observed to be clean with no malodour. Cleaning staff interviewed demonstrate a working knowledge of safe chemical use and infection control. The team observed colour coded cleaning equipment in use and stocks of necessary products.

### **Laundry**

The 'flat linen' laundry service is provided as an offsite service. Residents' laundry and other items are laundered onsite. A resident laundry is available for residents who may wish to do their own laundry, the home's offsite laundry is located at the organisation's other home. The home has systems for the collection, distribution and storage of resident's personal clothes and other laundry items.

Resident/resident representatives interviewed by the team were generally satisfied with the hospitality services provided at the home.