



Aged Care  
Standards and Accreditation Agency Ltd

## **Regis Gannon Gardens**

RACS ID 2319  
53-59 Gloucester Road  
HURSTVILLE NSW 2220

### **Approved provider: Regis 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 19 January 2017.

We made our decision on 29 November 2013.

The audit was conducted on 29 October 2013 to 31 October 2013. 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.

<b>Expected outcome</b>	<b>Accreditation Agency decision</b>
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.

<b>Expected outcome</b>	<b>Accreditation Agency decision</b>
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  
Standards and Accreditation Agency Ltd

# Audit Report

**Regis Gannon Gardens 2319**

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

## Introduction

This is the report of a re-accreditation audit from 29 October 2013 to 31 October 2013 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 an 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

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 29 October 2013 to 31 October 2013.

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

<b>Team leader:</b>	Veronica Hunter
<b>Team member/s:</b>	Jane Satterford

## Approved provider details

<b>Approved provider:</b>	Regis Aged Care Pty Ltd
---------------------------	-------------------------

## Details of home

<b>Name of home:</b>	Regis Gannon Gardens
<b>RACS ID:</b>	2319

<b>Total number of allocated places:</b>	110
<b>Number of residents during audit:</b>	107
<b>Number of high care residents during audit:</b>	96
<b>Special needs catered for:</b>	Nil

<b>Street/PO Box:</b>	53-59 Gloucester Road
<b>City/Town:</b>	HURSTVILLE
<b>State:</b>	NSW
<b>Postcode:</b>	2220
<b>Phone number:</b>	02 9579 6711
<b>Facsimile:</b>	02 9579 5495
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Facility manager	1
Clinical Manager	1
Quality and compliance manager	1
National property services manager	1
Registered nurse/educator	1
Office coordinator/admissions	1
Registered nurses	3
Physiotherapist	1
Physiotherapy aide	1
Residents	12
Representatives	8
Care staff including Certificate IV staff	10
Laundry staff	1
Chef manager/catering staff	4
Area manager/contract cleaning service/cleaning staff	4
Maintenance supervisor/officer	2
Dietician	1
Pharmacist	1

### Sampled documents

Category	Number
Residents' files including assessments and care plans including allied health and lifestyle, progress notes (nursing and medical), referrals, pathology, allied health and other associated documentation.	10
Bowel charts	24
Blood glucose monitoring charts	10
Wound care charts, photographs, documentation	15
Medication charts	30

Category	Number
Personnel files including signed confidentiality of residents information	7
Signed resident agreements	6

## Other documents reviewed

The team also reviewed:

- Clinical documentation including resident of the day charts, oxygen therapy equipment and nebuliser cleaning and changing records, urinary and supra pubic catheter care, hearing aid management, weight charts and comparison, residents daily care needs folder, assessment of residents self-administering medication, food and fluid intake chart, guidelines for constipation and bowel management.
- Continuous improvement including audit schedule and audit results, inspections and results, surveys, continuous improvement forms and logs, plan for continuous improvement, continuous improvement audit reports
- Contract cleaners manual, colour coded information and instructions, resident room audits/inspections
- Dietician resource folder including dietary intervention summary, aged care initial dietetic assessment
- External services including contractor/supplier agreement/contract examples, preferred suppliers list
- Feedback and call feedback forms
- Fire security and other emergencies including fire safety equipment service records, audits, emergency flip charts, emergency evacuation plan and procedures, resident movement form, sign in/sign out registers, hazardous chemical register
- Food safety program including manual, kitchen cleaning logs, food and equipment temperature records, sanitising of fruit and vegetables, NSW food authority audit results
- Human resource management including employment package, role specific orientation guides and checklists, staff handbook, staff immigration and visa status, statutory declarations, position descriptions and duty statements, performance appraisals, rosters, staff allocation sheets
- Infection control including infection control and outbreak management information, resident vaccination program, infection and wound surveillance reports, pest control inspection reports
- Information systems including electronic information, group intranet, reports manager system, policies and procedures, organisational chart, meeting schedule and minutes, newsletters, memoranda
- Inventory and equipment including purchase requisition folder, maintenance request logs, planned preventative maintenance program, service reports, electrical testing and tagging certificate of conformance



- Laundry manual and cleaning schedule
- Lifestyle documentation including PIECES – connecting with life folder, activity planning folder, evaluation of activities, photographic records, fundraising activity documentation, compliments folder, activity attendance records, general consent forms.
- Nutrition and hydration management including resident dietary needs and preferences, dietary summary report, nutritional supplements and thickened fluid requirements, menu, dietician menu review
- Physiotherapy documentation including physiotherapy and pain management documentation folder, physiotherapy communication book, falls risk package
- Regulatory compliance including regulatory updates and legislation folder, resident agreement and extra services annexure, national consolidated registers of assaults and absconders, criminal history certificates, professional registrations, annual fire safety statement
- Resident and staff accidents/incidents, medication incidents, incident register, monthly clinical indicator reports, trend analysis
- Resident information package and handbook
- Restraint authorisation and release charts
- Schedules - resident of the day, progress note writing, care plan review
- Self-assessment report for re-accreditation and associated documentation
- Staff education including education calendar, training needs analysis, e-learning core skills program, mandatory and non-mandatory education attendance records, administration of medication competency assessments, annual competencies
- Workplace, health and safety (WH&S) information including monthly inspection reports, hazard identification inspections, hazard risk assessments, monthly education posters

## Observations

The team observed the following:

- Accreditation Agency re-accreditation audit notices on display
- Activities in progress, activities calendar on display and activity resources
- Aged care complaints scheme, advocacy brochures, feedback forms, posters and other information on display, locked suggestion box
- Archive room
- Charter of residents' rights and responsibilities on display
- Cleaning in progress, trolleys and supplies, wet floor signage in use
- Equipment and supply storage areas including clinical, linen and continence aids

- Evacuation egresses unobstructed, evacuation signs and diagrams, evacuation backpack, resident identification wrist bands
- Fire fighting equipment checked and tagged, fire board, sprinkler system, staff response to fire alarm sounding
- Infection control resources including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak resources, personal protective and colour coded equipment, waste management
- Information notice boards for residents/representatives and staff; staff electronic notice board
- Internal and external living environment
- Key pad locks, nurse call bell system
- Laundry environment and delivery system
- Lifting equipment, manual handling and mobility aids in use
- Lunch meal service, assistive cutlery and crockery, residents being assisted with their meal.
- Main kitchen and kitchenette, NSW Food Authority licence on display
- Pet rabbit
- Reply paid enveloped for feedback forms
- Safe chemical and oxygen storage
- Safety data sheets (SDS) at point of use
- Secure storage of confidential resident and staff information
- Secure storage of medications, locked medication trolleys, medication refrigerators and medication rounds
- Staff handovers
- Staff practices and courteous interactions with residents, visitors, doctors and other allied health professionals
- Staff work areas including: nurses' stations, treatment/utility rooms, staff room, reception and offices
- Vision, mission and philosophy on display
- Wound trolleys and equipment

## Assessment information

This section covers information about the home's performance against each of the expected outcomes of 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.

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

Management at Regis Gannon Gardens actively pursues continuous improvement across the four Accreditation Standards. Mechanisms used to identify improvement opportunities include feedback and continuous improvement forms, scheduled audits, surveys, incident and clinical indicator reporting, benchmarking of key areas and meetings. Management maintains an electronic plan for continuous improvement for implementing, actioning and evaluating identified opportunities for improvement. The effectiveness of the continuous improvement system is monitored through meetings, surveys and feedback and reporting processes. Residents/representatives and staff stated they have opportunities to make improvement suggestions and management is responsive to their feedback.

Examples of recent improvements implemented in relation to Accreditation Standard One include:

- The Regis organisation is undertaking a roster standardisation project. Management stated the new centralised rostering system will streamline the scheduling of rosters to make improved use of staff skills. This will also assist senior personnel at the home since vacant shifts will be filled through the centralised system. In preparation, a roster review was undertaken at the home in May 2013. Staff were requested to provide availability and shift preferences. Duty lists for all staff designations have been reviewed in line with a new model of care. Roster reports can be generated from the new system to allow improved monitoring of staff attendance, sick leave and annual leave. Staff education in the new rostering system has been provided in readiness for the 'go live' date at the home in January 2014.
- For improved communication with staff, an electronic notice board was installed in the staff room in September 2013. Memoranda, education and alerts are displayed on the screen with monthly updates. Positive feedback is being received from staff that this is a convenient and visible means of obtaining current information.
- A new archive system was introduced and a staff member from the administration team systematically sorted archived material. As a result, a register is available for easier access to archived material and documentation due for destruction has been identified.

## 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 systems with corporate support to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to aged care. This is achieved through access to a variety of authoritative sources and a peak body. Management is informed by the organisation of changes and updates to policy, procedures and practices by email, on the intranet and at meetings. Management has responsibility to notify staff at the home of changes to regulations through meetings, memoranda and providing education. Updated policies, procedures and current documentation are readily available for staff. The home’s systems for monitoring compliance with obligations under the *Aged Care Act 1997* and other relevant legislation includes audits, observation of staff practices and feedback.

Examples of regulatory compliance with Accreditation Standard One include:

- Residents/representatives and staff were informed of the upcoming Accreditation Agency re-accreditation audit by memoranda, posters, newsletters and at meetings.
- There is a system to monitor currency of staff criminal history certificates.
- There is a system to monitor and record professional registrations and authorities to practice for clinical staff.
- Management ensures residents, staff and visitors to the home have access to internal and external comments and complaints mechanisms.

## 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’s education and training program incorporates a range of topics across the four Accreditation Standards. This assists management and staff to develop appropriate knowledge and skills to perform their roles effectively. Staff are required to complete a role specific orientation, an e-learning core skills development program and competency assessments appropriate to position. An education calendar is developed from information acquired through legislative requirements, audit results, clinical indicators, an annual staff training needs analysis, performance appraisals and the changing needs of residents.

Education and training is provided on an in-service basis as well as from external sources. The ongoing training requirements and skills of staff are evaluated through on duty mentoring and feedback. Records of completed education attendance records are maintained on a database to monitor staff attendance at mandatory and non-mandatory education. Staff stated

the education program offered is varied and helpful. Residents/representatives are of the opinion that staff are well trained.

Examples of education and development attended by management and staff in relation to Accreditation Standard One include:

- Understanding accreditation; customer service; training on new equipment; roster standardisation; aged care funding instrument (ACFI) documentation.

#### **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 policy and procedure for complaints management. All stakeholders are encouraged to provide feedback on the services provided through meetings, brochures, notices and newsletter. Residents/representatives are informed of the internal and external complaints mechanisms on entry to the home. This is documented in the resident handbook and resident agreement. Feedback forms and locked suggestions boxes are accessible for stakeholders. Brochures for the external complaints scheme and advocacy services are on display. Suggestions, complaints and compliments are logged, collated and trended by management. This ensures actioning and a timely response to the complainant and to identify opportunities for improvement. Complaints are monitored and evaluated through committee meetings and through escalation to a corporate level. Residents/representatives and staff stated they are aware the manager has an 'open door' policy and is receptive to discuss any issues.

#### **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

Regis Gannon Gardens' vision, mission and philosophy are documented and communicated to all stakeholders. These statements are published in the organisation's staff and resident handbooks and are on display in the home. The home's commitment to quality is reflected in the pursuit of ongoing continuous improvement activities. The home's philosophy of care is promoted through staff orientation and ongoing education.

## 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 corporate policies, procedures and support to facilitate recruitment to ensure selected staff meet the requirements of their roles. Human resource management is implemented through position descriptions, a role specific home and group orientation program, 'buddy' shifts, provision of a staff handbook, duty lists and a performance appraisal system. Management ensures sufficient and appropriately skilled and qualified staff are rostered to meet the needs of residents and legislated requirements. Personnel files are securely stored at the home and contain a confidentiality of resident information agreement signed by staff. The home's human resource management is monitored through feedback, incident and clinical indicator reports, surveys and audits. Staff stated they enjoy working at the home and they are able to complete their duties on shift. Residents/representatives are complimentary regarding staff attitude and skills.

## 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 has purchasing systems to order and have available stocks of goods and equipment appropriate for quality service delivery. The majority of goods in regular use are ordered through the organisation's established preferred service providers. Stock levels at the home are managed and maintained by designated staff. The on-site maintenance officer manages corrective and planned preventative maintenance programs. Testing and tagging of electrical equipment is undertaken annually. The home monitors the inventory and equipment system through inspections, review of incident and hazard forms, audits and feedback. Residents/representatives and staff stated and observations indicated there are plentiful supplies of goods and equipment available for use in the home.

## 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

The home has effective information management systems. Residents/representatives are provided with information prior to entry, in a residential care agreement, a resident handbook, by newsletter, notices and at meetings. The organisation's information technology system, documentation and publications ensure management and staff have access to current policies, procedures and information relevant to their role in the home. Orientation of new staff, staff handbook, information on noticeboards, memoranda, handover, education and meetings

are also mechanisms to ensure current information is available for staff. Electronic information is backed up off-site, password protected and with access appropriate to position. There are systems for archiving and documentation destruction to ensure confidentiality of resident information. Management monitors the effectiveness of the information system through meetings, case conferences, surveys, audits, and verbal feedback. Residents/representatives and staff stated they are kept well informed of matters of importance to them.

## **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 has systems and processes to ensure external services are provided to meet the care and service needs of residents. Service agreements or contracts with a range of external providers and service suppliers are established and overseen at a corporate level and are regularly reviewed. External suppliers of goods and services are required to provide evidence of their insurance, workplace health and safety obligations, license or business registration details and criminal history certificate as required. Staff at the home have access to the organisation's preferred suppliers listing. Contractors sign a register when working at the home. All work performed is monitored for quality and effectiveness of service through inspection, audits, surveys and feedback. A range of allied health professionals and a hairdresser provide on-site care and services for residents. Residents/representatives and staff are satisfied with external services provided at the home.

## **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 an overview of the home's continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Two include:

- Management identified the home had insufficient resources and information for staff to safely manage residents receiving cytotoxic medication. Management stated this was of significance in recent months with a total of ten clinical and care staff pregnant. Supplies of purple bags, gloves and a biohazard bin were purchased and staff education provided. A communication method now alerts staff to implement appropriate precautions in the management and disposal of cytotoxic agents.
- At the suggestion of the visiting physiotherapist, an underutilised room in the home has been converted to a dedicated therapy room. An unused tilt bed has been moved into the room for treatments and daily group exercise is taking place there. Doors are being fitted for improved resident privacy during treatments. Residents stated they are very satisfied with the physiotherapy services provided by the home.



## 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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Two include:

- Planning activities and specialised nursing care needs for residents receiving high level care are undertaken by a registered nurse as per the *Quality of Care Principles 1997*.
- The home has a system to manage unexplained resident absences in accordance with regulatory requirements.
- An accredited pharmacist undertakes residents’ medication management reviews for the home.

## 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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Two. Care staff have also achieved a minimum requirement of certificate III in aged care.

Examples of recent education and training attended by staff in relation to Accreditation Standard Two include:

- Medication administration; continence management; wound care; behaviour management; dexterity and mobility; sensory loss; pressure area care; cytotoxic information; palliative care.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Residents/representatives said management and staff provide quality clinical care and residents’ individual needs and preferences are met. Initial clinical care planning is overseen

by the clinical manager and completed in consultation with residents/representatives using the results of clinical assessments, input from the healthcare team and information from the resident's comprehensive medical assessment. Care plans are regularly reviewed and updated and any changes are communicated to staff. Staff practice is monitored by management to ensure it is consistent with current care plans and procedures. Education is provided for staff. There is a clinical audit schedule in place to identify areas for improvement. Residents' clinical care is regularly reviewed and evaluated by management to ensure it is effective, appropriate and based on best practice.

## **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

The specialised nursing care needs of residents are identified through review of their medical history, clinical assessments and discussion with residents/representatives. The clinical manager oversees the clinical care system and supervises the provision of specialised nursing care. Specialised nursing care is provided by appropriately qualified nursing staff who have access to internal and external education. Care plans are regularly reviewed to ensure they reflect the specialised nursing care needs of residents. Specialised nursing care provided includes diabetic management, catheter care, oxygen therapy and wound management. The home has access to external specialist services and equipment as needed. Residents/representatives said they are happy with the specialised nursing care provided and management's response to any concerns or suggestions for improvement.

## **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

Referrals to appropriate health specialists are organised in a timely manner in accordance with residents' assessed needs and preferences. Correspondence received from specialists or health professionals is followed up by the resident's medical officer and staff. Care plans are updated to reflect any changes to care and there are systems in place to ensure staff are informed of any changes. Staff practice is monitored in the use of assessment tools and methods of facilitating referrals to appropriate health specialists. Management monitors referral mechanisms to ensure they are current, appropriate and effective.

Residents/representatives said they are satisfied with the referral systems, timeliness of referrals to specialists and feedback received.

## **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

Residents/representatives said they are satisfied with the way medications are managed. There are processes in place to ensure medication orders are current and resident medication needs, including allergies and administration needs are identified and met.

Residents’ medications are regularly reviewed by the resident’s medical officer and changes in medications are communicated and supplied in a timely manner. Medications are ordered received, stored, administered, documented and discarded safely, in line with policies and procedures and regulatory requirements. The medication management system is monitored, reviewed and improved through regular audits, pharmacy reviews and input from the medication advisory committee. Staff administering medications receive regular education and are competency tested to ensure medications are managed safely and correctly.

## **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

Residents are assessed on entry and on an ongoing basis to ensure they are as free as possible from pain. Any resident identified with pain including residents at risk of pain are assessed by the physiotherapist and registered nurses and have a pain management plan. The plan is monitored and regularly evaluated for effectiveness by the physiotherapist, resident and/or their representative and healthcare team. Medication and alternative approaches to manage pain are used including the use of pain relieving equipment such as heat packs, transcutaneous electronic nerve stimulation (TENS), massage, individualised and group exercise, re-positioning, music and the provision of emotional and spiritual support. Staff receive education in pain management and staff practice is monitored by management. Residents/representatives and staff said pain is well managed in the home with residents remaining as comfortable as possible.

## **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

Management has practices in place to ensure the comfort and dignity of terminally ill residents is provided and families are supported. Advanced care directives are discussed with residents/representatives and their families soon after entry to the home depending on care needs and then as required. Palliative care planning incorporates a multidisciplinary approach with access to palliative care specialists and specialist equipment. Staff practice is monitored to ensure it is consistent with resident needs and preferences and staff have access to internal and external training in palliative care. Residents/representatives said management and staff

are very caring and every effort is made to ensure the dignity and comfort of terminally ill residents is maintained.

## **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 and preferences are obtained when they move to the home and communicated to catering staff to ensure their individual needs and preferences are met. Nutrition and hydration plans are regularly reviewed and any changes are communicated to relevant staff in a timely manner. A speech pathologist is available to assess and manage residents’ swallowing difficulties and a dietician visits the home twice monthly to review and recommend strategies for weight loss and clinical issues. Rotating menus are dietician approved. Fresh food is prepared at the home and special diets are catered for. Social interaction is promoted and encouraged at meal times and staff are responsive to residents’ needs for assistance. Appropriate assistive devices are used to promote residents’ independence and dignity. Staff practice is monitored by management and education provided. Residents/representatives said management is responsive to any changes and suggestions they may have in regard to meals and drinks provided at the home.

## **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/representatives said they are satisfied with the way skin care is managed. The skin integrity of each resident is assessed when they move to the home and resident/representatives are involved in care planning to ensure any concerns relating to skin care are identified and met. Appropriately skilled and qualified staff provide wound care. Care plans are regularly reviewed by the healthcare team and appropriate referrals to specialist services are made. Changes to skin care are documented and communicated to care staff in a timely manner. Staff undergo compulsory training in manual handling. A hairdresser visits the home twice a week. Massage, emollients, pressure reducing equipment such as air mattresses and protective clothing are used to manage resident’s skin care. Staff practice is monitored by management to ensure residents’ daily skin needs are met.

## **2.12 Continence management**

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

### ***Team’s findings***

The home meets this expected outcome

Residents/representatives said continence is managed effectively at the home. Assessments are used to develop individualised programs in consultation with the residents/representatives and their healthcare team. Continence management plans are regularly reviewed by the registered nurses and clinical manager and referrals to specialists are arranged as needed.

Any changes in care and resource allocation are communicated to staff in a timely manner. Management regularly review and evaluate the effectiveness and appropriateness of the continence program to ensure it meets the individual needs and preferences of residents. Staff practice is monitored by management to ensure residents' privacy and dignity is maintained at all times.

### **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

There are systems in place to ensure the needs of residents with challenging behaviours are managed effectively and dignity and respect are maintained at all times. Clinical assessments, consultation with residents/representatives and monitoring of incidents and behaviour are used to identify triggers and develop appropriate care. Successful interventions are included in care planning and communicated to staff. Leisure and lifestyle programs are tailored to assist with behaviour management and individual interests often used as a successful diversion. Referrals to specialists are made and advice from specialist dementia services sought. Care plans are regularly reviewed and evaluated for effectiveness by the care manager and healthcare team. Staff receive training in dementia and behaviour management strategies. Management monitor staff practice to ensure resident's individual needs are met and in line with policies and procedures.

### **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/representatives and staff said the physiotherapy program run at the home has improved residents' mobility, dexterity and quality of life. The physiotherapist works full time Monday to Friday and is assisted by a physiotherapy aide. Individual exercise programs are formulated for residents who require them and group exercise classes are held twice each week. Residents' mobility and transfer needs are assessed and care planning is developed in consultation with residents/representatives and their healthcare team. Mobility aids are available and checked by the physiotherapist. Management monitors staff practice and education on falls prevention and manual handling is provided. A falls prevention and management program has been implemented and residents who fall regularly are monitored.

### **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

Residents' oral and dental health is assessed on entry using recognised assessment tools. Oral and dental health care plans are developed and regularly reviewed and evaluated for

effectiveness by the care manager. Daily oral and dental health care procedures are clearly documented and are available for staff to follow. Care staff monitor residents' oral health during daily care and as part of 'resident of the day' care. Any changes are reported to the registered nurse for follow up. Management monitor staff practice. A dentist visits the home if required and external dental appointments are organised as needed in consultation with the residents/representatives.

## **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

Each resident's hearing and vision, taste and touch and communication status are assessed using a variety of assessment strategies. Care planning is conducted in consultation with the residents/representatives and the healthcare team. Care plans are regularly reviewed and any changes are communicated to staff. Management monitors staff practice and regular staff education is provided. Staff are educated to report any change or sensory loss to the registered nurse for review. Residents have access to an optometrist who will visit the home when required. External auditory visits are arranged. Information from referrals is followed up and included in care planning in a timely manner. Residents/representatives said the fresh cooked food, live and recorded music, respectful staff and volunteers, companion pets and the outdoor areas in the gardens, stimulate and soothe 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

Consultation with residents/representatives is undertaken to identify residents' preferred routines for rests during the day, their patterns for settling at night and any concerns that may interfere with natural sleep patterns. Any changes and sleep disturbances are investigated in consultation with the residents/representatives and their healthcare team. Pain management is considered if sleep patterns are disturbed, to ensure residents are comfortable and free as possible from pain. Residents are checked regularly throughout the night and those who cannot sleep are provided with warm drinks, snacks, assisted with toileting and repositioning and supported and reassured by night staff.

## 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 an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Three include:

- Residents and staff chose to undertake a charitable fund raising event for the Hamlin Fistula Ethiopia Association in May 2013. This was in line with the Regis philosophy of raising awareness of the plight of others. The residents’ knitting group and staff knitted rugs to send to a hospital in Addis Ababa and a walkathon and barbeque were held. Residents/representatives and staff were proud of their achievement in raising \$3,200 for such a worthy charity.
- Meeting feedback was some residents would like a companion dog to live in the home. Following further discussion residents decided just to continue with visiting pet therapy dogs. Residents were concerned that a dog living in the home may cause issues with the home’s pet therapy rabbit ‘Bluebell’ who brings pleasure to residents and visitors.
- Further to meeting feedback, management identified a lack of sensory activities for residents in the home. An underutilised lounge in the high care area of the home has been refurbished as a ‘tranquillity room’. Sensory resources have been purchased. Staff commented this has created a relaxing and comforting environment 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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Three include:

- A resident agreement is offered to residents/representatives. This includes information about care and provision of services, security of tenure and residency rights and responsibilities according to current legislative requirements.
- The home has a system for the compulsory reporting and recording of alleged or suspected resident assault in accordance with regulatory requirements. This includes an escalation process to corporate level.

### **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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Three.

Examples of recent education and development attended by staff in relation to Accreditation Standard Three include:

- Annual mandatory reporting of elder abuse; privacy and dignity; independence and emotional support.

### **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

Residents are carefully monitored and emotionally supported as they settle into life at the home. Individual programs are developed for each resident and families are encouraged to participate in care planning. Families, as well as residents, are supported as they adjust to the



changes and any concerns are addressed by management with timely feedback to the resident/representatives and their families. Clergy visitors are contacted if the resident wishes or required. Residents are encouraged and assisted to participate in lifestyle programs and maintain contact with family and friends. Management monitor staff practice to ensure staff are helpful and caring and are responsive to residents' need for emotional support whenever it is required.

### **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/representatives said residents are assisted to achieve independence, maintain friendships and participate in the life of the community within and outside the home.

Individual and group outings are organised as much as possible to assist with keeping residents connected to the community. Pain management, falls management and prevention program, individual and group exercise programs facilitated by the physiotherapist and the lifestyle program are all designed to promote independence and community involvement.

Staff and volunteers assist residents achieve maximum independence. Staff practice is monitored by management and education is provided. Resident meetings offer opportunities for residents to express their views and have them acted on in a timely manner. Postal votes are available for residents wishing to vote and advocacy services are available.

### **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

Information on rights and responsibilities is included in orientation information for residents, their families and for staff and is displayed throughout the home. Staff are trained to respect the privacy and dignity of residents and their families, and staff practice is monitored by management. Staff knock on a resident's door prior to entering their room and use the resident's preferred name. Staff handover reports occur in a manner that ensures privacy of resident information. Electronic and hard copy resident information is stored and disposed of according to privacy legislation and computers are password protected. Staff have access to appropriate information to perform their roles. Residents/representatives and staff said that privacy, dignity and confidentiality are addressed in care planning and service delivery and permission is sought before photographs of residents are taken.

### **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

Feedback from residents/representatives and others is sought when developing and reviewing the lifestyle program. The weekly activity program for high care residents and a separate program for low care residents are displayed in the home. The mosaic profile outside each room assists staff to engage residents in activities. Scheduled activities are flexible to ensure they are responsive to the daily needs of residents. Many activities, particularly one to one, assist with resident requirements and behaviour. Some residents choose not to participate in the activity program and are supported with individual activities of interest to them. The mobile library visits the home with large print and audio books and newspapers are delivered daily. A pianola is played for the enjoyment of residents. Men's lunches, pancake parties, knitting group, choir practice with the music therapist, news of the day and sing-along are some of the activities on offer. Skilled volunteers support residents and staff with the lifestyle program.

### **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

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered through care planning, education and service delivery. Management monitor staff practice and regularly consult with residents/representatives and their families to ensure appropriate cultural and spiritual care is provided. Different denominational services are conducted by clergy and priests and religious visitors are welcomed at any time. A weekly devotional music session is popular with residents. Religious and cultural days of significance are recognised and celebrated including Christmas, Easter, Anzac day and Melbourne Cup. Residents' birthdays are celebrated on the day. Residents/representatives said they are satisfied with the way the home values and supports individual interests, cultural and spiritual life.

### **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 informed of their choices and rights verbally, via the resident handbook and on an ongoing basis. Residents/representatives are encouraged to participate in decision-making through the provision of appropriate up-to-date information, participation in care and lifestyle planning and review of service delivery. Residents choose to participate in activities, what they would like to eat, and their preferred medical officer, showering preferences, choice of

clothing, religious participation and the right to vote. Residents have items in their rooms that are familiar, comforting and adhere to regulatory requirements including workplace health and safety. Regular resident meetings provide opportunities to raise and discuss concerns and ideas for improvement. Staff practice is monitored by management to ensure residents are assisted and supported in choice and decision making.

Residents/representatives confirmed the choices and decisions of residents are carefully considered by management to ensure they do not infringe on the rights of others.

### **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

Information is provided to explain care and services for new residents and/or their representative prior to entry to the home. A residential care agreement is offered to each resident and/or representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Residents/representatives are advised to obtain independent financial and legal advice prior to signing. The charter of residents' rights and responsibilities and other relevant information is documented in the resident handbook and is on display in the home. Residents/representatives are satisfied with the information provided by Regis Gannon Gardens regarding security of tenure and their rights and responsibilities.

## 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 an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Four include:

- To enhance the dining experience for residents, a bain marie was installed so meals could be plated in the main high care dining room rather than in the kitchen. Residents/representatives complained that meals delivered to resident rooms in east wing, which is furthest from the dining room, were not always hot enough. As a result, a mobile hot box has been ordered. Residents/representatives stated management and catering staff are responsive to their requests regarding meal services at the home.
- Improvements have been made to the laundry environment with the fitting of air conditioning units. As an infection control initiative and to avoid residents’ personal clothing being on display, covers have been made for delivery trolleys. Laundry staff stated these are positive improvements.
- Chemicals were stored outdoors in sheds. As an improvement to the home’s safety and security, locked chemical storage units have been purchased and located inside the laundry in the basement of the building.

## 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 systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Four include:

- A current fire safety statement meets regulatory requirements.
- The home has a food safety program audited by the NSW Food Authority and a current NSW Food Authority licence for vulnerable persons on display.

## 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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Four.

Examples of recent education attended by staff in relation to Accreditation Standard Four include:

- Annual mandatory fire awareness, equipment and evacuation procedure; workplace health and safety; manual handling; infection control/hand washing; safe food handling; 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

Regis Gannon Gardens comprises of a two wing 86 bed high care area and a 24 bed ageing in place extra services wing. Accommodation is in both single rooms with en-suite bathroom and shared rooms with shared bathrooms in high care. There are single rooms with en-suite bathroom in the ageing in place wing. Rooms are personalised with items from residents’ homes and are fitted with call bells and a lockable drawer. A comfortable ambient temperature

is maintained with air conditioning and there are communal and private areas and secure gardens for resident and visitor use. For resident safety and ease of mobility there are hand rails in corridors and grab rails in bathrooms. There are environmental inspections and audits, corrective and planned preventative maintenance programs and a regular cleaning schedule to maintain the home's environment. The safety and comfort of the living environment is monitored through feedback from meetings and case conferences, incident reporting, surveys, audits and inspections. Residents/representatives are very satisfied with the home's environment and comfort.

#### **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 provides a safe working environment consistent with workplace, health and safety (WH&S) policy and regulatory requirements. There is a system to record, analyse and review resident, visitor and staff incidents and identified hazards. These are reviewed at monthly WH&S meetings. The WH&S committee has a trained health and safety representative and staff representation from all areas of the home. On orientation and on an ongoing basis staff receive education in WH&S. Management monitors the WH&S system through regular inspections, incident and hazard reporting, audits and feedback. New equipment is risk assessed for safety considerations and staff training is provided as required. The home has a return to work program following any staff injuries. Safe work practices were observed on site and staff stated they receive relevant education.

#### **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 to promote the safety and security of residents, visitors and staff. These include emergency and fire evacuation policy and procedures as well as regular checks of the fire safety panel, sprinkler system and other fire safety equipment by an authorised contractor. All staff, including contract cleaners, attend annual mandatory fire awareness, equipment and evacuation procedure training. The maintenance officer and registered nurses are trained fire wardens to allow a fire warden to be rostered on each shift. Fire safety and emergency flip charts are situated in close proximity to telephones.

Evacuation signs and diagrams are displayed and the home has an emergency evacuation plan. There is an evacuation backpack and current resident evacuation and identity information readily available. Safe storage of chemicals is maintained in all areas and safety data sheets are available at point of use. Safety and security measures include a lock-up system, key pad locks, sign in and out registers and a nurse call system. The home's fire safety and security system is monitored through regular audits and inspections. Staff know how to respond in an emergency situation or in the event of the fire alarm sounding.

Residents/representatives are generally aware to await staff instruction in the event of an emergency.

#### **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

There is an effective infection control program which minimises infections. A resident immunisation program is implemented each year and staff are offered the opportunity for vaccination. The infection surveillance program includes monitoring of any infections, appropriate treatment and follow up review to reduce the likelihood of further infections. Infection control training and hand washing education are provided for staff during orientation, during mandatory annual education and as needed for all staff. Outbreak management plans and equipment are in place. The home has a food safety program and a pest control program. Personal protective equipment, spill kits and hand sanitising stations were observed through the building. Temperature monitoring programs and sanitising of fruit, salad and vegetables are in place and cleaning schedules are followed throughout the home. Staff interviewed had a good understanding of the importance of infection control.

#### **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

Regis Gannon Gardens has systems for all aspects of hospitality services to be conducted in accordance with infection control and WH&S guidelines. Residents' dietary preferences, allergies and special requirements such as diabetic, gluten free and texture modified meals are identified and communicated to the chef manager. Fresh cooked meals are prepared in the on-site kitchen. There is a four weekly rotating seasonal menu reviewed by a dietician. A choice of main meal is offered to residents in the extra services wing and an alternative meal is available for all residents on request. There is ongoing resident consultation regarding the menu. Cleaning is provided by a contract cleaning service seven days a week according to set schedules or as required. The on-site laundry is in operation seven days a week for personal clothing and flat linen. Residents' personal items are labelled to assist with prompt return. Hospitality services are monitored through feedback, audits, surveys and meetings.

Residents/representatives are very satisfied with the hospitality services offered by the home.