



**Aged Care**  
Standards and Accreditation Agency Ltd

## **Decision to accredit Southern Cross Reynolds Court Apartments**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Southern Cross Reynolds Court Apartments in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Southern Cross Reynolds Court Apartments is three years until 26 September 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

## Home and approved provider details

### Details of the home

Home's name:	Southern Cross Reynolds Court Apartments				
RACS ID:	0016				
Number of beds:	80	Number of high care residents:	54		
Special needs group catered for:	<ul style="list-style-type: none"><li>Dementia</li></ul>				
Street/PO Box:	7 Bias Avenue				
City:	BATEAU BAY	State:	NSW	Postcode:	2261
Phone:	02 4332 1704		Facsimile:	02 4333 1591	
Email address:	gfelice@sch.org.au				

### Approved provider

Approved provider:	Southern Cross Care (NSW & ACT)
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### Assessment team

Team leader:	Maggy Franklin
Team member/s:	Kathryn Mulligan
Date/s of audit:	14 July 2009 to 15 July 2009

**Executive summary of assessment team's report**

**Standard 1: Management systems, staffing and organisational development**

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

**Standard 2: Health and personal care**

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

**Accreditation decision**

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

## Accreditation decision

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Agency findings</b>
Does comply
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Does comply

### Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.

## SITE AUDIT REPORT

Name of home	Southern Cross Reynolds Court Apartments
RACS ID	0016

### **Executive summary**

This is the report of a site audit of Southern Cross Reynolds Court Apartments 0016 7 Bias Avenue BATEAU BAY NSW from 14 July 2009 to 15 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Southern Cross Reynolds Court Apartments.

The assessment team recommends the period of accreditation be 3 years.

### **Assessment team's recommendations regarding support contacts**

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 14 July 2009 to 15 July 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Maggy Franklin
Team member/s:	Kathryn Mulligan

## Approved provider details

Approved provider:	Southern Cross Care (NSW & ACT)
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## Details of home

Name of home:	Southern Cross Reynolds Court Apartments
RACS ID:	0016

Total number of allocated places:	80
Number of residents during site audit:	77
Number of high care residents during site audit:	54
Special needs catered for:	Dementia

Street/PO Box:	7 Bias Avenue	State:	NSW
City/Town:	BATEAU BAY	Postcode:	2261
Phone number:	02 4332 1704	Facsimile:	02 4333 1591
E-mail address:	gfelice@sch.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Southern Cross Reynolds Court Apartments.

The assessment team recommends the period of accreditation be 3 years.

### Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

### Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

### Audit trail

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

#### Interviews

	Number		Number
Area manager	1	Residents/representatives	16
Care team manager (CTM)	1	Volunteers	2
Consultant quality systems	1	Lifestyle staff	2
Deputy care team manager	1	Cook	1
Team leaders	1	Cleaning staff	1
Care staff	7	Laundry staff	1
Physiotherapist	1	Maintenance officer	1
Physio aid	1		

#### Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Physiotherapy care plans	10	Lifestyle records	10
Personnel files	3		

#### Other documents reviewed

The team also reviewed:

- Are you happy, happy with your meal today and are you happy – phone forms
- Activity plans, programs, attendance sheets, records, evaluation
- Care manual
- Cleaning request books and cleaning schedules
- Competencies
- Computerised care plans, assessments, progress notes
- Computerised wound charts, weight charts, bowel charts, vital sign charts
- Duty statements and job specifications
- Education calendar, attendance sheets and evaluation sheets
- Electrical testing records and mixing valve test records
- Fire safety testing records, annual fire safety statement 28 April 2009 and resident evacuation data
- Hazard alert, hazard record and list of hazards you have found forms

- Incident/accident forms and incident/accident summary - monthly
- Induction information and checklists
- Infection control data collection forms and summaries
- Key quality indicator summary form – monthly and graphs of monthly key quality indicators
- Maintenance request books
- Management communication book, day books, handover sheets, memos and newsletters
- Minutes of service review committee staff, team leaders, residents', falls prevention and family and friends' meetings
- Notification of a reportable assault and incident/accident reports and compulsory report register for Reynolds Court
- NSW food authority licence expiry 15 October 2009
- Pest control records
- Police check register
- Preventative maintenance schedule and service records
- Professional registrations
- Quality improvement action sheets and action plan summary
- Registered nurse care plan review process
- Resident handbook, residents' information pack and residency agreements
- Residents' and visitors' sign out books
- Residents' food preference list and tea menu choice forms
- Roster
- Service agreements, insurances and certificates of currency
- Staff handbook
- Staff vaccination records
- Survey reports
- Temperature records fridge, freezer, dishwasher and cooking

### **Observations**

The team observed the following:

- Activities in progress, including volunteer run groups and activity program
- Equipment and supply storage areas
- Fire fighting equipment, fire panel, evacuation plans, exit lighting and flip charts
- Hospitality services in operation
- Information on noticeboards and whiteboards throughout the home
- Interactions between staff and residents
- Internal and external living environment
- Journal articles and other resource material provided for staff use
- Material safety data sheets (MSDS), personal protective equipment, hand washing and hand sanitising facilities, sharps containers, first aid kit and spill kits
- Medication rounds
- Podiatry service
- Suggestion box



## **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 recommendation**

Does comply

Management provided evidence to the assessment team (the team) that there is a quality management system in place and that the home is actively pursuing continuous improvement. The system includes mechanisms for the collection, implementation, evaluation and feedback of continuous improvements to all stakeholders. The CTM oversees quality improvement at the home and there is a services review committee which meets regularly. Information is passed onto the corporate level of the organisation’s quality system which includes various management meetings and feedback loops. Quality activities to monitor compliance against the four Accreditation standards include audits, happiness forms, other comments and complaints, surveys, incident/accident reports, hazard forms and maintenance requests. Interviews confirmed that staff and residents/representatives have the opportunity to be involved in improvements and that they receive feedback via meetings, discussions and education. Continuous improvement activities undertaken in relation to Accreditation Standard One include the introduction of the Aged Care Channel to increase educational opportunities, the introduction of a daily morning meeting among the team leaders and CTM to improve communication and an increase in staff hours to provide appropriate care for residents.

### **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 recommendation**

Does comply

The home’s management has systems in place to identify and ensure compliance with all legislation, regulatory requirements, professional standards and guidelines. Information on changes is received from a variety of sources including government journals and circulars, a legislative update service, an industry peak body, industry associations and journals and the internet. Policies and procedures are updated at head office and passed onto the home. The CTM is responsible for passing on information to staff and this is done through meetings, education, memos, discussions and information on noticeboards. Policies and procedures and other relevant legislation is readily available to staff. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard One include a system to ensure all staff have up-to-date criminal record checks and the introduction of a new policy on missing and absconding residents.

### **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 recommendation**

Does comply

The home has recruitment processes, an induction and buddy, duty statements and job specifications and an ongoing evolving education program in place that ensures staff have the knowledge and skills to perform their roles effectively. Training needs are identified from discussion with staff, audit results, observation of staff practices, education evaluation sheets and annual appraisals. The team noted that the education program offers internal and external training in a variety of formats and that a range of competencies are carried out. Education topics range across

the four Accreditation standards and the team sighted staff attendance records including those in mandatory topics. Education sessions that staff and management attended in 2008/9 relating to Accreditation Standard One include computer training, mentoring workshop, residential aged care managers' course and team building.

#### **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 recommendation**

Does comply

There are systems in place to ensure that all residents or their representatives and other interested parties have access to internal and external complaints' mechanisms. Internal mechanisms include meetings, are you happy forms including verbal complaints, family conferences, surveys, a suggestion box, letters and discussions with management. The team noted that information on the external complaints' mechanism was displayed at the home and information on mechanisms is also described in the residents' information package. Complaints were noted to be actioned and followed up with the complainant in a timely manner.

#### **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 recommendation**

Does comply

The home's mission, philosophy and objectives statement is displayed in a number of locations in the home. The home's vision, mission, philosophy and care commitment are documented in the residents' handbook. The vision, mission, philosophy and objectives are in the staff handbook. Staff are introduced to the mission, philosophy and vision and values during induction.

#### **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 recommendation**

Does comply

The home has in place a range of human resource policies and procedures to ensure that there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. A human resources system includes recruitment and selection processes, duty statements and job specifications, rosters including a casual pool for replacements, induction, education and competencies and performance appraisals. Resident care needs, occupancy, the safety and welfare of staff and staff input determine staffing levels. A physiotherapist, podiatrist and hairdresser visit on a regular basis and other specialist and relief services such as physiotherapy, speech pathologist and palliative and mental health teams are available as required. Residents/representatives interviewed stated staff are knowledgeable in their area of work and responsive to their needs.

#### **1.7 Inventory and equipment**

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

##### **Team's recommendation**

Does comply

The team observed and staff confirmed they have appropriate levels of stock and equipment to provide quality care and services to residents and said that management are responsive to all reasonable requests for additional stock and equipment. Various staff have specific responsibility for particular areas of inventory, monitoring and ordering. Equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. New equipment undergoes a trial period if appropriate and staff are educated on the use of new equipment. Equipment purchased recently includes a sling lifter, stand aid lifter, syringe driver, video camera for activities and weigh chair.

### **1.8 Information systems**

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

#### **Team's recommendation**

Does comply

The team's observations, document review and interviews indicated that effective information management systems are in place. Staff communication systems include meetings, journals and circulars, the care manual, articles and journals, staff handbook, induction and training, access to computers, noticeboards, communication book and diaries, handover sheets, one-to-one discussions and a range of clinical documentation. A resident/representative information system is in place that includes administration forms, handbook, residency agreements, residents and family and friends meetings, newsletters, family conferences and clinical records. The team noted that resident and staff files are securely stored and there is a system of archiving and destroying files appropriately. Computers are password protected and backed up.

### **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 recommendation**

Does comply

Systems and procedures are in place to assist management in the selection of external services that meet the home's needs and service quality goals. Major contracts are generally arranged and managed at head office as they are organisation wide but some are specific to the home. The team viewed up to date service agreements, insurances and public liabilities. The CTM monitors the standard of service and communicates any difficulties to head office or the contractor. Contracts are reviewed on expiry or as required and there is an annual external service providers' audit. Residents and staff have opportunities to provide feedback and indicated satisfaction with the quality of external services provided to 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 recommendation**

Does comply

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Two include the implementation of a pain management group, the introduction of a computerised clinical care management system with associated staff education, the purchase of a syringe driver to assist in palliative care and the setting up of a falls committee which has led to the reduction of falls.

### **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 recommendation**

Does comply

Please refer to expected outcome 1.2 Regulatory compliance for information on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The team observed the home has information available to staff on legislation and guidelines relating to health and personal care. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Two is keeping professional registrations up to date and the introduction of policy, procedures and staff education for reporting suspected elder abuse.

### **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 recommendation**

Does comply

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2008/9 related to Accreditation Standard Two include wound care, medication management, palliative care, pain, continence, hydration and nutrition and sensory loss. Residents interviewed expressed satisfaction with the ways in which staff attend to their health and personal care needs.

### **2.4 Clinical care**

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

#### **Team's recommendation**

Does comply

The organisation has a system in place to ensure residents receive appropriate clinical care. There is a process in place to assess, document, and review residents' care needs. A registered nurse assesses each resident on entry to the home and liaises with the team leaders, lifestyle staff, care staff and kitchen staff in relation to resident needs. The monitoring of resident care is attended by registered nurses within the monthly review process and all high care residents care plans are reviewed by registered nurses. The home has recently transferred to a computerised care program

for all care plans, assessments, charts and notes. Residents/representatives have input to their resident's care plan through the initial clinical assessment care plan. Care staff interviewed demonstrated knowledge of individuals needs and reported knowledge of the computerised system. Residents/representatives interviewed expressed satisfaction with the care.

## **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 recommendation**

Does comply

There are systems in place to ensure that appropriately trained staff as well as specialists and consultants are utilised to meet the needs of residents requiring specialised nursing care. A registered nurse undertakes clinical assessments of the resident's needs to ensure that the specialised nursing care needs are met. Care plans with strategies for meeting the assessed needs of residents are in place. There is documented evidence of a consultative approach with other health professionals to meet the care needs of the residents, for example wound management which is attended by the deputy care team manager. Review of documentation and interviews with residents/representatives and staff confirmed the home manages specialised care requirements appropriately. Observation by the team confirmed resident needs are met.

## **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 recommendation**

Does comply

The organisation has a process in place to ensure that residents are referred to appropriate health specialists in accordance with their needs and preferences. A review of residents' clinical documentation shows that assessments have been attended and residents receive visits and are reviewed by their doctors and other health specialists. These include podiatry, physiotherapy, optical and dental services. The physiotherapist attends weekly, the podiatrist holds regular clinics, and other allied health services are accessed on a resident needs basis, for example speech pathology for residents with swallowing difficulties. Residents/representatives interviewed confirmed that referrals to appropriate health specialists are made as required. Staff interviewed were aware of services available.

## **2.7 Medication management**

*This expected outcome requires that "residents' medication is managed safely and correctly".*

### **Team's recommendation**

Does comply

Results of the team's observations, interviews and document review indicated the organisation has a system in place to ensure residents' medication is managed safely and correctly. The home's system involves the registered nurses checking the medications and initialling each package. If the package is not initialled, care staff are aware that this package has not been checked by registered nurse and follow this up immediately. Only staff assessed as competent give out medications. A medication incident reporting system is in place and staff were aware of when and how to report any incidents. Examples observed by the team of medication incident reporting demonstrated timely follow up and actioning. Medications are administered from multi dose blister packs. Observation of a medication round showed staff administering medications following correct procedure. All medications were observed to be in a locked storage area when not in use. The home has a system in place for residents who self medicate. A deputy care team manager assesses and reviews resident ability. Residents/representatives interviewed confirmed that medication is received correctly and on time. Residents were observed being supervised and assisted to take medications.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

The organisation has a system in place to ensure all residents are as pain free as possible. All residents are assessed for pain on entry to the home and on a needs basis. Care plans are formulated and regularly reviewed. Staff monitor the effectiveness of any pain management through the progress notes and follow up with registered nurses and/or medical officers if review is required. Interviews with staff showed they have a sound knowledge of the residents' requirements. Residents/representatives interviewed reported satisfaction with pain management. Throughout the accreditation site audit the team observed residents in the dementia specific unit to be relaxed.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

The organisation has a system in place to ensure the comfort and dignity of terminally ill residents is maintained. The home's system involves the use of specialised services such as palliative care teams. The residents' admission process assesses terminal care wishes and team leaders are aware of the home's process for terminal/palliative care. There are pastoral care services available to assist all parties, residents/representatives and staff. Staff interviewed were aware of the importance of maintaining the dignity of the resident and ensuring comfort of both resident and family.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

There is a system in place to ensure residents receive adequate nourishment and hydration. When a resident moves into the home a meal choice/dietary assessment is attended. This identifies assistance required, allergies, cultural/spiritual issues, diet type, swallowing deficits, equipment required and location for meals. The care plan is formulated and regularly reviewed. Special diets are recorded on a form and highlighted in each kitchen. The main kitchen has a copy of each resident's dietary needs. Residents were observed using lip plates and being served individually. Meal sizes are adjusted depending on resident's daily needs. Meals were of good size and variety and residents expressed enjoyment and satisfaction. Regular fluids were observed being given to residents at various times throughout the site audit. Residents of the dementia specific unit were observed eating in a quiet environment and facial expressions showed satisfaction with meals. Residents/representatives interviewed expressed satisfaction with the meal service, quality and quantity. Staff were observed meeting residents needs in a quiet and dignified manner and on interview were aware of residents' requirements.

## **2.11 Skin care**

*This expected outcome requires that "residents' skin integrity is consistent with their general health".*

### **Team's recommendation**

Does comply

There are systems in place to assess and monitor residents' skin integrity. Residents are assessed on entry to the home using the initial clinical assessment care plan. This communicates immediate care needs to staff. Further assessment and care planning occurs in line with resident care needs.

For wound management, a full assessment process is undertaken and wound management charts are utilised to direct the treatment and evaluation of each wound. A registered nurse is responsible for wound management and contemporary practice is used. Staff interviewed were aware of residents' skin care needs and any special treatments required, for example use of protective bandages. Residents/representatives interviewed were satisfied with the skin treatment provided by care staff.

### **2.12 Continence management**

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

#### **Team's recommendation**

Does comply

The team reviewed the documentation and systems relating to continence management as a means of assessing that residents' continence is managed effectively. Individualised continence management plans are implemented including scheduled toileting and the use of continence aids. The home has a nurse who is responsible for assessing the continence aid need to ensure each resident has the appropriate aid for their level of incontinence. The assessment team observed the home to be odour free throughout the accreditation site audit. Care staff are aware of the toileting needs of residents. Overall residents/representatives interviewed noted that staff assisted residents to the toilet as needed and that continence is maintained effectively.

### **2.13 Behavioural management**

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

#### **Team's recommendation**

Does comply

There is a system in place to effectively meet the needs of residents with behaviours of concern. Within the home, there is a ten bed dementia specific secure unit used for residents with wandering behaviours and high potential for absconding. Residents of this unit were observed by the team to be involved not only in small structured activities but enjoying and participating in the overall activity program of the home. Staff who have skills in managing residents with challenging behaviours are rostered to this unit. This allows the area to run effectively and for all resident assessed needs to be met. Throughout the accreditation site visit, staff were observed to be managing residents individually and responding effectively to each resident's needs. The lifestyle/activity program plays a major role in the effective behaviour management of each resident. Residents residing outside the dementia unit have their behaviours effectively assessed and managed. Staff interviewed were aware of residents' needs. Residents/representatives interviewed expressed satisfaction with the care their relatives' receive.

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

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

#### **Team's recommendation**

Does comply

The home has a system in place to optimise each resident's level of mobility and dexterity. Each resident has a physiotherapy assessment and care plan attended when they enter the home. The physiotherapy aide carries out the instructions of the physiotherapist and demonstrated knowledge of resident needs. Dexterity activities form part of the lifestyle program and residents were observed during the site audit to be bead making which required fine motor skills to be used. Walking programs and exercise programs form part of the home's system for achieving optimum levels of mobility for residents. Overall residents/representatives reported satisfaction with the assistance their relative received in maintaining mobility.

## **2.15 Oral and dental care**

*This expected outcome requires that “residents’ oral and dental health is maintained”.*

### **Team’s recommendation**

Does comply

The organisation has a system in place to ensure residents’ oral and dental hygiene is maintained. Assessment of residents’ needs is part of the initial clinical assessment and referral to appropriate services is made on a needs basis. A care plan is formulated which directs the individual resident’s care needs and is monitored and evaluated regularly. Care staff interviewed were aware of residents dental and oral hygiene needs and the need to report any deficits to the team leaders or registered nurses. Residents/representatives reported satisfaction with the oral and dental health care staff provide to their resident.

## **2.16 Sensory loss**

*This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.*

### **Team’s recommendation**

Does comply

The organisation has a system in place to identify residents’ sensory losses and manage same effectively. The team reviewed documentation showing that sensory ability is fully assessed and care planned. Sensory programs are part of the lifestyle/activity program and these include such things as a large screen television and massage. Staff interviewed were aware of aids residents have and the importance of maintaining these aids. Residents/ representatives interviewed said the staff know the residents’ care needs and assist them as needed.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

There is a system in place for residents to be able to achieve natural sleep patterns. On entering the home the resident is assessed using the initial clinical assessment/care plan. If residents/representatives report any deficits in residents’ sleeping patterns then a full assessment is undertaken and care planned. Residents interviewed informed the team that they were able to sleep well and if tired through the day were able to go to their own single room and have a nap. Residents felt that having their own room and the ability to close the door aided their sleep patterns. Staff interviewed were aware of residents’ needs and reported various times for waking and retiring of each resident.



### **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 recommendation**

Does comply

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Three include the introduction of a weekly coffee shop in the community hall including menu and table service, the extension of care staff hours providing additional daily one-on-one visits, the provision of Foxtel and setting up a men’s club.

#### **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 recommendation**

Does comply

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The team observed the home has information available to staff on legislation and guidelines relating to resident lifestyle including the Charter of Residents’ Rights and Responsibilities. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Three are staff having signed confidentiality statements as part of their employment agreements and consent forms for the use of resident information.

#### **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 recommendation**

Does comply

For details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2008/9 related to Accreditation Standard Three include men in aged care, mental health, behaviour management and the aging process.

#### **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 recommendation**

Does comply

The home supports residents and their representatives in adjusting to life in the new environment. The results of the team’s observations, interviews and document review revealed residents/representatives receive emotional support from staff. The home has pastoral care services which aid the emotional support of residents/representatives as needed. The team observed that residents have personalised their rooms with family photos and small furniture items. The recent initiative of increasing the hours of care staff to provide one on one interaction/activity to residents who have an assessed need has provided additional emotional support. Staff interviewed

demonstrated insight into the residents' emotional needs. All residents/representatives interviewed expressed satisfaction with the support provided.

### **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 recommendation**

Does comply

The organisation has a system in place to assist residents achieve maximum independence and participate in community life. The lifestyle/activity team encourage and support residents to remain active members of the community and maintain life interests. Activities are aimed at enhancing residents' dexterity, mobility and form part of the care plans and the individual activity program. The home's physiotherapy program also assists resident independence. Residents/representatives interviewed expressed satisfaction with the activity program. Staff interviewed were aware of residents' needs. Examples of recent initiatives of the home are one-on-one shopping outings for residents of the dementia unit with lifestyle staff and the introduction of a monthly men's club.

### **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 recommendation**

Does comply

The organisation has a system in place to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. The team observed residents' privacy, dignity and confidentiality being maintained throughout the accreditation site audit. There is a system in place for confidential information to be protected through password access to the computer system. Staff were observed knocking on residents' doors and waiting for a response. Staff interviewed understand the importance of maintaining the dignity of residents and the privacy and confidentiality of any resident's care information. Resident/representatives interviewed stated that their resident's dignity was very well maintained and they felt confident with the privacy and confidentiality of the care.

### **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 recommendation**

Does comply

The organisation has systems in place to ensure residents are encouraged and supported to participate in their interests and activities. The home has a robust lifestyle program in place that encourages and supports residents. When a resident moves into the home information about their social, cultural, spiritual, family history and interests are assessed and care plans developed. Each resident has an individualised care plan which incorporates behavioural management needs as required. The lifestyle team is enthusiastic in their approach to providing activities suitable for all residents. The team observed various activities occurring throughout the visit such as concerts, bead making, massage and a reptile park visit which was a tactile experience for residents. The lifestyle program also includes a wide range of activities that enhance physical exercise, craft interest and ability, mental stimulation, hand eye coordination and general social interaction.

### **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 recommendation**

Does comply

The results of the team's observations, interviews and document review indicate that residents are supported in their individual interests, customs, and cultural and spiritual beliefs. Events of cultural and religious significance are celebrated for example Easter and Anzac Day. A full assessment of each resident's cultural, spiritual and belief system is part of the social assessment attended by lifestyle staff. An example of the home valuing residents' spiritual needs was a lifestyle staff member running the ecumenical meeting due to unavailability of a minister. The home facilitates religious services for residents' spiritual needs to be met. Residents/representatives interviewed by the team confirm that residents' spiritual needs are met. Staff interviewed were aware of residents' needs.

**3.9 Choice and decision-making**

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

**Team's recommendation**

Does comply

The organisation has systems in place that ensure residents/representatives participate in decisions about the services the resident receives and enables them to exercise choice and control over their lifestyle. Residents/representatives are able to choose what they prefer to eat and which medical officer attends them. Personal preferences and needs are identified on entry through an assessment process. The resident's right to participate in any risky activity is fully assessed and discussed with both resident and their representative. Interviews with residents/representatives indicate they are given the opportunity to have input into their care and are able to make decisions relating to their lifestyle. Information on residents' rights and responsibilities is included in the resident handbook and displayed around the home.

**3.10 Resident security of tenure and responsibilities**

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

**Team's recommendation**

Does comply

The organisation has a system in place for security of tenure. Each resident/representative is offered a resident agreement that includes information about security of tenure, the Charter of Residents' Rights and Responsibilities, complaints mechanisms and an advocacy service. Residents/representatives interviewed were aware of their rights and responsibilities and reported signing a residency agreement.

## **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 recommendation**

Does comply

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Four include provision of hand sanitising dispensers, installation of automatic chemical dispensers in the main chemical store, the introduction of a new menu with resident review being carried out and the installation of safety mirrors in corridors.

### **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 recommendation**

Does comply

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The team observed the home has information available to staff on legislation and guidelines relating to physical environment and safe systems. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Four include displaying MSDS near stored chemicals, monitoring food temperatures and staff attendance at mandatory training.

### **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 recommendation**

Does comply

For details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Staff were noted to be carrying out their duties using OH&S and infection control principles. Education sessions that staff and management attended in 2008/9 related to Accreditation Standard Four include fire safety, manual handling, infection control and food 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 recommendation**

Does comply

Systems and procedures have been established to guide management and staff in the provision of a safe and comfortable environment to meet residents’ care needs. The home is divided into two stages with all residents having single rooms with ensuites, fans and heating. Except for a ten bed secure dementia unit in stage one residents have verandas, sinks and many have fridges. In stage one there are a number of small dining rooms, lounge rooms, a computer room, common/activity area and several sitting areas. The dementia unit has its own dining, lounge and activity area and secure outdoor area. Stage two has a large dining area and large lounge/activity area. There is also

a community hall, chapel and hairdressing salon. There are landscaped outdoor areas with shade cover and BBQ. The team noted the home to be clean, odour free, a comfortable temperature, with well maintained equipment, furniture and outdoor areas.

#### **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 recommendation**

Does comply

There are effective mechanisms in place to ensure that management is actively working to provide a safe working environment that meets regulatory requirements. The home's occupational health and safety (OHS) system is overseen by its services review committee and an OHS representative. The safety system includes orientation and regular staff training, discussion of OHS matters and statistics at meetings, a range of environmental audits is carried out and there is maintenance, hazard, and incident/accident reporting system in operation. Chemicals are securely locked away and MSDS, manual handling and personal protective equipment is available. A preventative and routine maintenance program is in place which helps ensure the overall safety of the environment and equipment. The team noted documentation relating to safe practices displayed and observed safe practices in operation.

#### **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 recommendation**

Does comply

The home's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire safety systems in the home include a designated fire officer, fire panel and alarms, sprinklers, smoke and heat detectors, fire hoses and extinguishers, exit signs, regular system and equipment checks, evacuation plans and resident evacuation data. The home has external contractual arrangements for the monitoring and maintenance of all fire safety equipment and systems on the site. Staff training records confirmed that staff participate in regular fire safety training and there are also fire awareness sessions for residents. Staff interviewed were aware of fire safety and emergency procedures. There is a security system in operation including video phones, lock up procedures, alarmed doors and a nurse call system.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The home has an infection control program that includes staff induction, ongoing education and observation of staff practices, hand washing competencies, the availability of policies and procedures including information on outbreak management and the collection and analysis of infection rates. There is a designated infection control officer and infection control matters and statistics are discussed at the service review committee meeting. Infection control is discussed at staff meetings and also at formal and informal education sessions. The team noted infection control procedures such as colour coded equipment, personal protective equipment, cleaning schedules and monitoring temperatures in use. Audits are undertaken, there are processes for the removal of contaminated waste and spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work such as the separation of clean and dirty areas in the laundry and confirmed they had undertaken education in this area. There is a resident and staff vaccination program in operation.

#### **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 recommendation**

Does comply

The Southern Cross Care organisation and the home's management have put in place policies, procedures and appropriate arrangements to ensure that hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. A food safety program is in operation at the home and dietary information including special requirements and preferences is held in the kitchen and updated as required. Meals are fresh cooked on site with a four-week rotating menu designed with input from a dietician. Alternatives are available. Mechanisms for feedback on catering and other hospitality services include meetings, surveys, feedback forms and verbally. There is an in house cleaner and other staff have designated responsibilities such as in the kitchen and high cleaning. Linen is laundered off site with personal laundry being done on site. A residents' laundry is also available. Infection control procedures are in place to ensure hospitality services are provided in accordance with health and hygiene standards and staff were able to describe and demonstrate application of these procedures to their work. Residents/ representatives interviewed expressed satisfaction with the hospitality services provided at the home.