



Aged Care  
Standards and Accreditation Agency Ltd

**Southern Cross St Catherine's Villa**  
Approved provider: Southern Cross Care (NSW &  
ACT)

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 1 December 2014. We made the decision on 7 October 2011.

The audit was conducted on 14 September 2011 to 15 September 2011. The assessment team's report is attached.

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

## Home and approved provider details

### Details of the home

Home's name:	Southern Cross St Catherine's Villa				
RACS ID:	0078				
Number of beds:	46	Number of high care residents:	42		
Special needs group catered for:	• Nil				
Street/PO Box:	126 North Street				
City:	GRAFTON	State:	NSW	Postcode:	2460
Phone:	02 6642 4255		Facsimile:	02 6643 2327	
Email address:	nreimer@sch.org.au				

### Approved provider

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

Team leader:	Carol Lowe
Team member/s:	Jan Herbert
Date/s of audit:	14 September 2011 to 15 September 2011

**Principle:**

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

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

**Principle:**

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

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

**Principle:**

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

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

**Principle:**

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Site Audit Report

Southern Cross St Catherine's Villa 0078  
126 North Street  
GRAFTON NSW

Approved provider: Southern Cross Care (NSW & ACT)

## Executive summary

This is the report of a site audit of Southern Cross St Catherine's Villa 0078 from 14 September 2011 to 15 September 2011 submitted to the Accreditation Agency.

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

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

- 44 expected outcomes

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 14 September 2011 to 15 September 2011.

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

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

## Assessment team

Team leader:	Carol Lowe
Team member/s:	Jan Herbert

## Approved provider details

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

Name of home:	Southern Cross St Catherine's Villa
RACS ID:	0078

Total number of allocated places:	46
Number of residents during site audit:	44
Number of high care residents during site audit:	42
Special needs catered for:	Nil

Street/PO Box:	126 North Street	State:	NSW
City/Town:	GRAFTON	Postcode:	2460
Phone number:	02 6642 4255	Facsimile:	02 6643 2327
E-mail address:	nreimer@sch.org.au		

## Audit trail

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

### Interviews

	Number		Number
Care Team Manager	1	Residents/Representatives	7
Care Team Leader	1	Volunteers	2
Care Service Employees	6	Leisure and Lifestyle Coordinator	1
Allied Health Nurse	1	Cleaning staff	1
Catering staff	2	Maintenance Supervisor	1
Pastoral Care Team Leader	1	Educator	1
Area Manager	1	Quality Officer	1

### Sampled documents

	Number		Number
Residents' files	6	Medication charts	11

### Other documents reviewed

The team also reviewed:

- Advance care directive, end of life preferences information booklet, and end of life preferences documentation
- Aromatherapy documentation
- Care plan review schedule
- Clinical observation records
- Communication books including renal dialysis, kitchen and podiatry
- Competencies folder
- Contracts with various suppliers
- Dietary preference lists, beverage preferences lists, and monthly menu changes records
- Education records
- External medication reviews
- Fire system log book
- Handover sheets
- Job descriptions
- Kitchen records – temperature records for the delivery, storage, preparation and serving of meals, menu information and dietary records, cleaning program, and NSW Food Authority Licence
- Leisure and lifestyle program information brochures, activity programs, attendance, evaluation and outing records
- Maintenance log and preventative maintenance manual including service reports for a range of equipment, temperature logs for thermostatic mixing valves, Legion Ella testing reports and records for the maintenance of equipment
- Medication refrigerator temperature records
- Medication system audit schedule, documentation audit schedule
- Meeting minutes including residents, family and friends, staff, pharmacy and service review committee
- Memo folder

- Pastoral care training manual and program, pastoral care brochures, pastoral care team registry of time spent with residents,
- Physiotherapy communication book, physiotherapy assessments, individual physiotherapy programs, physiotherapy review schedule, and hot pack assessments
- Police check register
- Policies and procedures
- As required "PRN" medication protocols, staff initiated medication protocols
- Quality improvement action sheet and quality action plan
- Registered nurses registrations
- Regulatory compliance and information systems folder
- Resident agreement
- Residents' consent forms
- Residents' information handbook
- Schedule 8 book
- Self-administration of medication assessments
- Service review committee folder – with reports on accidents and incidents, infection control statistics, happiness reports, quality improvement reports, audit results and reports from various committees and meetings
- Staff handbook, staff confidentiality forms, staff agreements
- Staff specimen signature register
- Vaccination records for residents and staff
- Volunteer handbook
- Weight records
- Wound documentation

### **Observations**

The team observed the following:

- Activities in progress
- Assistive devices in use at mealtimes
- Document storage and destruction systems
- Dressing trolley and supplies
- Emergency diabetic kits
- Equipment and supply storage areas
- Interactions between staff and residents including midday meal service
- Leisure and lifestyle program on display
- Living environment including the new 17 place wing nearing completion
- Manual handling equipment
- Notice boards
- Sharps waste disposal containers
- Storage of medications, medication trolley and midday medication round



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

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

### **1.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home has an active quality management system which is overseen by the organisation’s head office. The home uses a program of audits and surveys as well as various feedback mechanisms to monitor the quality of services being provided to residents. Feedback from residents and staff indicated that residents are regularly consulted to seek their opinion on any changes or issues which may affect them. Staff members advised that they are able to speak to the care team manager about any suggestions or improvements they may wish to raise. The home has a service review committee which meets on a regular basis to discuss the quality management program as well as occupational health and safety issues. Improvements undertaken in regard to Standard One include the following:

- The organisation has employed a consultant to improve access to aged care funding. As part of this process staff from other aged care facilities within the group undertook a review of residents’ clinical files including progress notes to identify the actual levels of assistance being provided to residents. This has resulted in an increase in the subsidies being funded through the Aged Care Funding Instrument (ACFI). The management team advised that various validations by representatives from the Department of Health and Ageing have verified that the information is being correctly correlated. The increase in funding has been returned to the home through an increase in staffing. This has resulted in the pastoral care coordinator hours being increased to seven hours per week, an additional leisure and lifestyle staff member being appointed to cover 2.30pm to 6.30pm as well as additional hours for the kitchen staff whilst the renovations are being carried out.
- The organisation’s care manual is now accessible on-line to all staff within the organisation. This is aimed at making the organisation environmentally friendly by reducing the amount of printing being undertaken at the home. The management team advised that the aim of the organisation is to be paperless. Staff no longer need to remove sections from a hard copy version of the care manual whenever a change is made. This also ensures that staff always have access to the most current version.
- New staff lockers have been purchased and installed. Staff now have access to a secure place to store their personal belongings whilst at work.

### **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 a system in place to identify changes to legislation and regulations. The management team advised the organisation receives information from a legislation updating service on any changes to legislation. Information is also sent to the organisation from various state and federal government departments and agencies as well as industry groups. Two branches within the organisation (operations and quality, training and development)

review the information and refer the information to the homes within the group. Information is disseminated to staff via memos or through education sessions. This was confirmed in interviews with staff across a range of duties. Compliance with legislation is monitored on an ongoing basis through the organisation's audit program.

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

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

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

The home meets this expected outcome

The home has a system and processes to ensure that staff have appropriate knowledge and skills to perform their roles effectively. The organisation has determined that viewing of an aged care education channel is now compulsory to ensure staff have access to education on a range of topics. Tool box talks, which are also compulsory, are held on various topics at the two monthly staff meeting. Attendance at these education sessions is monitored. The educator advised that a training needs analysis is undertaken with staff at the end of each year to gather ideas for the next year's education program. The home has an education day once a month. This covers mandatory education sessions such as fire safety, infection control, elder abuse, and manual handling. Approximately four to five staff members attend these sessions. Competencies are undertaken at these sessions to ensure staff are appropriately skilled. Staff advised that holding these on a monthly basis enables them to attend the sessions. Education sessions relevant to Accreditation Standard One include: Accreditation – your role and responsibilities and aged care funding instrument (ACFI). Three staff members are currently attending a frontline management certificate course. One staff member has completed a diploma in management. Interviews with residents indicated their satisfaction with the knowledge and skills of staff.

### **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 systems in place to ensure residents and their representatives have access to internal and external complaint resolution mechanisms. This includes displaying information about the Department of Health and Ageing Complaints Scheme at the front entrance to the home. Detailed information on complaints resolution and resident advocacy is included in the resident handbook as well as the residents' agreement. Meetings such as the residents and carers meetings also provide a forum in which residents and their representatives can raise any concerns.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home's commitment to quality is presented to residents and their representatives through key documentation such as the resident handbook, which is given to all residents and their representatives on entry to the home. Staff members receive information about the organisation's mission and philosophy as part of the induction process. Information is also

included in the volunteers' handbook. A copy of the organisation's mission and philosophy is also on public display at the front entrance of the home.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has a system in place to ensure there are appropriately skilled and qualified staff members to ensure that services are delivered in accordance with the home's philosophy and mission. The care team manager advised that feedback from staff members regarding the changing care needs of residents and workloads is used as a guide in identifying the staffing level needs in the home. The home refers all requests for new staff to the regional manager. The care team manager advised that the home has a number of people drop in their resume as well as TAFE student placements to provide a pool of prospective applicants for any vacancies. Interviews are held with all applicants to assess their suitability to work at the home. The home also ensures that police checks are current before the new staff member commences duty. A system is in place to ensure new staff are buddied with mentors. An on-line annual staff appraisal system is in place to monitor the performance of new and existing staff. An education program is in place with staff members able to identify at their appraisal any wishes for additional training. Residents and their representatives expressed their satisfaction with the care provided by the staff.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has systems in place to order stocks of equipment and goods to ensure that adequate supplies are available. Staff members advised the team that there are sufficient supplies of equipment and goods to provide appropriate care and good quality services to the residents. Staff advised that education on all new equipment is provided. Items are trialled to ensure their suitability prior to purchase and a pre-acquisition assessment undertaken on all new items of equipment and furniture. The home has a preventative and reactive maintenance program to ensure that all equipment is working effectively.

### **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

Information is disseminated to residents, resident representatives and staff through a variety of avenues including memos, communication books, newsletters, information displayed on notice boards, and discussions at meetings and education sessions. Verbal handovers are used to pass on clinical information to staff members on different shifts. Staff members have access to residents' care documentation on the computer system. The organisation has an intranet system which is used to disseminate information to staff across the organisation as well as providing a repository for documents and forms used at the home. Documentation no longer required is archived on-site. A representative from a sister service in Casino assists in organising the archiving process. Documents requiring destruction are placed in a lockable

bin which is removed and destroyed securely off-site by a specialist company when required. Data on computers is routinely backed-up on the external server which is maintained by the organisation. Access to the home's computers and data within the system is secured via password.

### **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 team confirmed through a review of relevant documentation and interviews with management and staff that the home has a system in place to ensure that externally provided services and goods meet specific requirements. Contracts with suppliers at a corporate level are managed at the organisation's head office in Sydney. Feedback is sought on the quality of services being provided by tradesmen and suppliers. Local companies are sourced wherever possible with quality services continuing to be the prime requisite. A representative from a sister service in Casino assists in organising the renewal of key information such as insurances and relevant licences for local companies and contractors. Staff members in various roles explained the processes in place to manage any episodes of poor service delivery or poor quality goods. Staff members interviewed on this topic advised that any equipment or goods supplied are of good quality.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- To ensure that allergy alerts are not missed when staff are completing the hospital transfer form, this information is now included on the spine of the residents clinical file.
- The home has introduced hip protectors for those residents, who have been identified at risk of falling, who wish to maintain their independence whilst mobilising around the home. The management team advised that various other strategies have also been trialled.
- The home introduced compulsory medication management education for all staff members who attend to residents' medications as a result of medication audits. This has resulted in improved compliance with the home's medication requirements.
- A staff member has been appointed as an allied health nurse. This role involves organising various medical and allied health appointments for residents, overseeing the exercise program and ensures the dietician orders are followed up and diet sheets are adjusted. The physiotherapist has provided training to the allied health nurse to use the transcutaneous electrical nerve stimulator (TENS) machine.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisation's system to ensure that the home complies with legislation and regulations relevant to residents' health and personal care. The care team manager advised that they periodically checked nursing registrations to ensure that these were current. As registered nurses' registration now has a common expiry date this will be done on an annual basis. Copies of confirmation emails regarding registration as well as copies of renewal registrations are retained on site.

### **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

For details of the home's system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected

outcome 1.3 Education and staff development. Examples of education sessions and activities relating to Standard Two include caring for older people with Down Syndrome, medication management, palliative care – caring for families, wound care, dental care and continence aids.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems in place to assess, plan, manage and review residents’ individual care needs in conjunction with residents and their representatives. Information is obtained from residents and representatives when residents move into the home. This information and a range of focused assessments are used to prepare individualised care plans. A registered nurse prepares and reviews care plans every three months or as necessary to ensure that the care provided is up-to-date. Interviews confirmed that care staff deliver care consistent with residents’ care plans, and that they are knowledgeable about residents’ care needs. Care staff confirmed that they have opportunities to attend in-service education related to residents’ clinical care needs and their own development. Residents and representatives confirmed that they are invited to contribute to care planning and can participate in case conferences if they wish. Representatives advised and documentation confirmed that representatives are kept informed of residents’ care needs and health changes either personally or by telephone. Residents and representatives expressed their satisfaction with the care provided.

## **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 home has systems in place to identify, assess, manage and review residents’ specialised nursing care needs. A registered nurse assesses residents’ specialised care needs and prepares care plans in conjunction with residents and their representatives. Staff receive ongoing training and education, for example, wound management, percutaneous endoscopic gastrostomy (peg) tube feeding, insulin dependent diabetes management and catheter care. Residents’ files and interviews confirmed that residents are referred to a range of allied health professionals and other specialists to assist the home to manage residents’ complex and specialised care needs. Residents and representatives interviewed are satisfied that residents’ 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 findings**

The home meets this expected outcome

Residents are referred to a range of allied health and medical specialists, and other related services in accordance with their needs and preferences. These include physiotherapy, podiatry, dental, optometry and audiology services. Other clinical specialists accessed by residents include a speech therapist, dietician, medical specialists and a geropsychologist. A review of residents’ files and other documentation showed that residents are referred to health care specialists for advice, assessment, treatment and review, and that appropriate changes to care plans are documented and implemented as a result.

## **2.7 Medication management**

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

### **Team's findings**

The home meets this expected outcome

The home has systems in place to manage the ordering, storage, administration, recording, review and disposal of medications. The home uses a multi-dose blister pack system for medication administration. Liaison with the supplying pharmacist ensures that new or changed medications are supplied promptly. Medication incidents and supply errors are documented and action is taken to correct incidents and errors. Actions include staff counselling and education, and follow up with the supplying pharmacy when appropriate. Medication charts sighted by the team included residents' photographs and a record of any allergies. They were current, legible, signed and dated, and included the time and dose to be administered. Medication trolleys are locked and remain in locked rooms when not in use, and medications requiring refrigeration are stored in a medication refrigerator. Eye drops are dated when opened and are discarded one month later. Protocols are in place for the administration of "when necessary" (PRN) and nurse initiated medications. A pharmacist supervises the destruction of Schedule 8 drugs. A clinical pharmacist conducts regular medication reviews to assess interactions and contraindications, and makes recommendations to residents' medical practitioners regarding medication management. The management team meets regularly with the supplying pharmacist to discuss issues relevant to medication supply and management.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

The home has systems in place to identify and manage residents' pain. Verbal and non-verbal assessments are used to assess, document, monitor, evaluate and review residents' pain to ensure that residents are as free as possible from pain and discomfort. Strategies used to manage and relieve pain include analgesics, pressure relieving equipment, sheepskins, aromatherapy, massage, repositioning, and heat packs. Care staff record the effectiveness of analgesics in residents' files, and refer residents to a physiotherapist and the residents' medical practitioners for advice and treatment when appropriate. All residents and representatives interviewed were satisfied with the home's pain management.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

The home has systems in place to meet the needs and wishes of terminally ill residents. When residents move into the home their emotional, cultural and spiritual wishes and preferences are discussed and documented. Residents and their representatives are provided with an information booklet and are invited to complete an advance care directive. An end of life form is offered to assist care planning in accordance with personal preferences. The home's pastoral care team offers spiritual and pastoral care and support to residents and their families. Families of terminally ill residents can remain overnight at the home if they wish. Care staff have received palliative care education, and support is offered by medical officers and hospital staff.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems in place to ensure that residents receive adequate nutrition and hydration. Dietary assessments are completed when residents move into the home, and assessments and any changes are provided to catering staff in writing. A dietician reviews menus and is available to provide advice about any special dietary requirements, and a speech therapist is available to review residents with swallowing difficulties. Residents use assistive devices such as plate guards to maintain their independence at mealtimes. Residents are weighed every month or more frequently if necessary to monitor changes. Significant weight loss is investigated and residents are referred to a dietician or medical officer for investigation and advice. The home provides residents with special diets, pureed meals, thickened fluids, and protein supplement drinks. Water coolers provide cool water for residents, especially during warmer weather. Residents are encouraged to provide feedback at residents’ meetings, and residents and representatives confirmed that they are happy with the quantity, quality, temperature and presentation of meals. The home is responsive to residents’ comments about food preferences and concerns, and makes changes to meet residents’ choices where possible.

## **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

Systems are in place to maintain residents’ skin integrity including those at risk of injury. Residents’ skin integrity and their ability to manage their own personal hygiene requirements are assessed when they move into the home, and at regular intervals. Aids and interventions are used when appropriate, for example, positioning, emollient creams, SPF 30+ sun screen when outside, massage, the use of manual handling aids and equipment, pressure relieving mattresses, sheepskins, spa baths, and regular nail and hair care. Care staff assess, document, treat and monitor skin tears and wounds under the direction of a registered nurse. Accident and incident reporting assists in monitoring skin tear and wound statistics. A podiatrist and a hairdresser visit the home regularly. Residents and representatives confirmed that they are satisfied with the residents’ skin care and personal hygiene regimes.

## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

Systems are in place to monitor and manage bladder and bowel continence, and constipation. Initial and ongoing assessments, and regular care plan reviews ensure that residents’ continence needs are met. Staff receive education in continence management, and the product supplier is available to provide education and advice about product requirements. Continence is promoted through scheduled toileting times and the use of continence aids. Residents’ urinary tract infection rates are monitored and strategies used to prevent urinary tract infections include the use of cranberry juice and increased fluid intake. A high fibre diet and additional fluids reduce residents need for aperients. The team noted that adequate supplies of linen and continence aids in varying sizes are available for residents



use. All residents and representatives interviewed by the team are satisfied with residents' continence management

### **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

The home has systems in place to assess and manage challenging behaviours. Care staff observe, assess and document the frequency and nature of challenging behaviours in an effort to identify triggers, and to develop management strategies. Possible physical causes such as pain or urinary tract infections are investigated when challenging behaviours are evident. Strategies such as diversion, distraction and massage are used to manage challenging behaviours. Residents are encouraged to participate in combined activities with other residents when appropriate, and a staff member provides specifically designed activities for residents in the dementia specific unit each day. Residents in the unit have access to a secure courtyard for outdoor activities. Care staff receive education and training in the management of challenging behaviours and a geropsychologist is available to provide advice and support.

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

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

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

The home meets this expected outcome

The home has systems in place to ensure that residents' movement, mobility and dexterity are maintained at optimum levels. Residents' mobility and risk of falls are assessed when residents move into the home and when necessary. A physiotherapist reviews residents' mobility status, and prepares and evaluates exercise plans. An allied health nurse implements physiotherapy programs and conducts group gentle exercises five days a week. Residents are encouraged to exercise, and are prompted and reminded to use appropriate aids and equipment to assist mobility and reduce the risk of falls. Care staff are required to participate in manual handling training to ensure that staff can correctly use equipment and transfer residents. The home monitors the incidence of falls and identified risk factors, for example, ensuring that residents wear suitable clothing and footwear. Systems for hazard identification and reduction are in place to reduce the risk of falls. Observation and interviews with residents and representatives confirmed that residents are encouraged to exercise and to use mobility aids.

### **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

On admission residents' oral and dental health, and their ability to attend to their own oral and dental care, are assessed and documented on an oral assessment form, care plans are formulated and are regularly reviewed. Care staff encourage residents to brush their own teeth or dentures to assist in maintaining independence. A staff member is allocated to support staff with oral and dental care, to maintain equipment and to regularly replace toothbrushes. Disposable mouth swabs and lip balm are available for use when required. Residents and representatives are satisfied that residents' dental and oral hygiene is maintained.

## **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

Systems are in place to identify and manage residents’ visual, hearing and other sensory losses. Residents’ sensory status is assessed when they move into the home, and this information is used in the preparation of individual care plans. Residents have access to specialist services including audiology, ophthalmology and optometry. Care staff assist residents requiring help to clean and maintain hearing aids and spectacles. Large print books are available for residents with limited vision, and music provides aural stimulation. Residents’ sense of smell is stimulated during meal service and through the use of aromatherapy, and residents receive tactile stimulation through massage.

## **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

Systems are in place to assess, plan, manage and review residents’ sleep patterns. When residents move into the home information about residents’ sleep routines and preferences is documented and care staff observe sleep patterns. This information is used to prepare and review care plans. Non-chemical interventions used to encourage sleep include warm drinks and snacks, massage, repositioning, pain and continence management, and reassurance. Care staff maintain a quiet and comfortable environment at night. Residents interviewed by the team state that generally they are able to sleep without disruption.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Three include:

- The home is participating in a “bridging the generations” program. This involves a group of five residents attending a local child care centre on a two monthly basis. The program involves residents listening to the children reading stories, participating in storytelling and doing other activities such as jigsaws. The home has received positive feedback from residents who have been attending the program.
- As a result of a staff member’s suggestion the home has introduced a beauty session for residents to increase the type of activities available to residents. On some days volunteers run the program and provide hair sets and attend to residents’ make-up. Hand massages are available for male residents as well. Feedback has been positive about the program as it provides increased opportunities for social interaction and chit chat.
- The management team advised that the home has installed a flat screen television in the front lounge area to provide an alternate activity for residents in this area. The management team advised that the staff had noted that residents in the area were occasionally agitated and verbally aggressive with one another. Since the installation of the television the number of incidents has decreased.
- Pulleys have been installed on a lifter to enable residents to attend to their physical activity program.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to residents’ lifestyle. The management team and care team manager advised that the residents’ agreement is maintained on the organisation’s website and is updated when changes to relevant legislation are identified. A mandatory reporting register is maintained and all staff have undergone a relevant police check prior to commencing work at the home.

### **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

For details of the home's system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Two staff members are currently undertaking a certificate IV in leisure and lifestyle. Education sessions relating to Standard Three include the following: compulsory reporting and elder abuse.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home supports residents in adjusting to life in their new environment, for example, the home encourages a pre-admission interview and tour of the home where possible. The residents' handbook provides prospective and new residents with information about the home and the services which are offered. New residents are oriented to their physical surroundings, and all receive a welcome card and a small gift on the day of their arrival. The leisure and lifestyle coordinator spends time with new residents and their representatives to obtain a social profile and other relevant information before preparing care plans. Care plans are updated regularly as new or changed needs and preferences are identified. Residents are encouraged to participate in activities of interest. During the site audit the team observed supportive, warm and caring interaction between residents and staff. Residents confirmed that they are supported when they move into the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home encourages residents to achieve maximum independence. They are assisted to maintain friendships and interests, and to participate in community activities in accordance with their individual abilities and preferences. Residents' level of independence and need for assistance are assessed when they move into the home and are regularly reviewed. The home arranges bus trips for meals, shopping and community events for those residents who can participate, and residents visit a childcare centre every two months. Residents' independence is also encouraged through access to the home's televisions, newspaper reading, telephone and support to vote in elections. Residents' meetings provide a forum where residents can raise issues and provide feedback. Family and friends can visit at any time and residents were observed entertaining visitors in their rooms and in communal areas of the home. Residents confirmed that they are encouraged to maintain friendships and interests.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has systems in place to ensure that each resident's privacy and dignity is respected and that their confidentiality is maintained, for example, details of birthdays are not publicised and birthdays are not celebrated unless residents give their permission. Photographs are displayed only with permission. The home securely stores residents' current records and personal information. Computers are password protected and access is restricted according to designation and need. Staff are required to sign confidentiality agreements and are required to conduct themselves in a manner which ensures that residents' rights, privacy, confidentiality and dignity are maintained at all times. Observation confirmed that staff address residents in a courteous and polite manner, call residents by their preferred names, and only enter residents' rooms with permission. Residents and representatives stated that staff are respectful and maintain residents' privacy when carrying out care and treatment, for example, closing doors when attending to personal hygiene.

### **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

Systems are in place to assess, plan, manage and regularly review residents' individual lifestyle preferences and wishes in conjunction with residents and their representatives. A leisure and lifestyle coordinator visits all residents when they move into the home to discuss their leisure interests and preferences before preparing care plans. The activities program is reviewed and evaluated regularly to ensure that it continues to meet residents' changing capabilities and preferences. Information is obtained from audits, attendance records, activities evaluations, residents' meetings and individual resident feedback. A varied and flexible program includes newspaper reading, reminiscence, games, word games, cards, exercise, nail painting and hand massage, craft, bus trips, and entertainment. Visits to a child care centre every two months enables residents to interact with children and participate in their activities. Residents also enjoy regular theme days, birthday parties, happy hour and other celebrations. A team of volunteers assists with the activities program. Activities are provided for four hours each afternoon for residents in the dementia specific unit. The team observed residents enjoying a range of activities during the site audit. Residents and representatives interviewed by the team are happy with the activities available to them. Residents stated that they do not participate in activities which do not interest them, especially when they wish to spend time by themselves.

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

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

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

The home meets this expected outcome

The home has systems in place to meet the cultural and spiritual beliefs and interests of residents. Each resident's cultural and ethnic background, and spiritual preferences and beliefs are documented at the time of admission and are included in care planning. A pastoral care coordinator recruits, trains, coordinates and supervises a pastoral care team;

team members are available to provide cultural, spiritual and emotional support for residents and their families, and for staff. Various church denominations conduct regular church services at the home. All residents wishing to participate are encouraged and assisted to attend. A chapel provides a quiet, private environment for reflection and prayer. Residents celebrate culturally significant days such as Anzac Day, Australia Day, Christmas and Easter. Residents and representatives are satisfied that their cultural and spiritual needs are met, and appreciate one-to-one visits from the pastoral carers.

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

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

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

The home meets this expected outcome

Residents are encouraged and assisted to participate in choice and decision making about their care, lifestyle and environment. Residents and representatives are consulted regarding their preferences and are invited to take part in care planning, review and evaluation. The residents' handbook provides information which supports resident choice, and choice and decision making are encouraged through the complaints system, audits and surveys, residents' meetings, and by direct feedback to staff and management. Residents have a choice of medical practitioner and allied health services. Interviews with residents and representatives confirmed that staff discuss residents care with them and their wishes not to participate in activities are respected.

### **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

The management team advised that residents and their representatives are provided with an information package which includes a copy of the resident agreement. The residents' agreement covers such topics as security of tenure, services provided at the home, fees and resident rights and responsibilities. The residents' agreement is discussed and representatives are able to take the agreement away to read or seek independent legal advice if they wish to do so. Residents advised that their families managed all the necessary paperwork prior to them moving into the home. Residents interviewed indicate that they feel secure in the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Four include:

- The home has undertaken extensions to the home which will provide an additional 17 places at the home. There will also be additional lounge and activity areas as well as a new larger kitchen.
- Changes have been made to improve storage arrangements. Shelving has been installed in the alcove where the lifters are kept to provide additional storage space for various items of equipment. This ensures that items are not placed haphazardly and create an unsafe environment for staff.
- An organisation wide evacuation policy has been developed and issued in line with various guidelines and legislation. The management team advised that the policy takes into consideration specific issues relevant to the local areas e.g. flooding. Flowcharts have been included in the document to assist staff in identifying who to contact in an emergency.
- A stretcher lifter has been purchased to assist residents to get into the spa bath. The home had identified that some frailer residents were unable to make use of the spa bath as they could not comfortably be moved using the other lifters. The new lifter means that frailer residents can now use the spa bath as part of their pain management program as well as assisting keeping their skin clean.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. As part of this system is the routine checking and testing of fire fighting equipment and fire alarm systems. The home’s kitchen is audited as part of the food safety program by the NSW Food Authority.

### **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

For details of the home’s system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected

outcome 1.3 Education and staff development. Education sessions and activities relating to Standard Four include nutrition in aged care, food safety, infection control, manual handling, and fire 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

The team identified through interviews with the maintenance supervisor, staff, residents and resident representatives and through a review of documentation that the home has systems in place to ensure a safe and comfortable environment for residents. A maintenance folder is located in the staff room and is used to alert the maintenance supervisor to any work that is required. The maintenance supervisor advised that they check the folder regularly and prioritise repair work. Qualified tradesmen are contacted for any necessary repairs of the building or equipment e.g. electrical or plumbing. A program of planned preventative maintenance is in place to ensure the building is well maintained and equipment is routinely serviced.

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

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

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

The home meets this expected outcome

The home has systems in place which demonstrate that management is working to provide a safe working environment. There is a system for reporting hazards, managing identified risks and reporting and analysing accidents and incidents. The service review committee oversees workplace safety and conducts a series of environmental audits throughout the year to monitor the safe living environment for residents and working environment for staff. Staff interviewed displayed an understanding of the home's OH&S practices and of their role in maintaining a safe working environment. The team observed that work is nearing completion on a 17 place extension. The team noted that fencing and signage was erected in various areas to prevent residents and staff accessing areas while building work was underway.

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

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

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

The home meets this expected outcome

The home has systems in place to minimise fire, security and emergency risks in the home. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire fighting equipment and internal fire alarm system. A random check on various pieces of fire fighting equipment around the site, confirmed they are inspected on a regular basis. The maintenance supervisor advised that fire safety is included as part of the orientation sessions for new staff members. This was confirmed in interviews with staff members across a range of work duties. Staff members interviewed by the team on the procedures to be followed in the event of a fire provided the team with a consistent response. Colour coded flip charts are located near telephones to provide staff members with a quick reference in the event of other emergency situations such as bomb threats, personal threat, or armed robbery.



#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program, which includes the routine collection of data on infections. The data is reviewed in order to identify any possible trends and discussed at service review committee meeting. Staff members confirmed that education is provided to ensure safe work practices. The team observed that protective equipment is available throughout the home, and staff members advised that management ensures there is an ongoing supply of protective equipment such as gloves, aprons and hand sanitising gel. Staff members advised the team of the procedures in place to reduce the risk of cross infection throughout the home including the use of personal protective equipment such as aprons and gloves. The home also uses colour coded cleaning equipment for specific areas. Throughout the site visit the team observed staff wearing personal protective equipment such as gloves, to prevent the risk of cross infection.

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

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

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

The home meets this expected outcome

The home has systems in place to manage the hospitality services provided to residents. Information on residents' dietary needs and preferences is obtained on entry to the home and referred to the kitchen. A food safety system is in place, which ensures that kitchen staff monitor the temperature of the food through the delivery, storage, cooking and serving processes. The home has a planned program for the routine cleaning of all areas of the home. Laundering of residents' clothing and linen is managed on-site at the laundry by staff members on the night shift. A system is in place in the laundry to ensure that there is no cross contamination between clean and dirty items. Residents and their representatives spoke favourably about the meals, laundry and cleaning of the home.