



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit St Anna's Residential Care Facility**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit St Anna's Residential Care Facility in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of St Anna's Residential Care Facility is three years until 8 July 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:	St Anna's Residential Care Facility		
RACS ID:	6144		
Number of beds:	37	Number of high care residents:	31
Special needs group catered for:	<ul style="list-style-type: none"><li>• People with culturally and linguistically diverse backgrounds</li><li>• People with dementia or related disorders</li></ul>		

Street:	41 Burley Griffin Boulevard				
City:	BROMPTON	State:	SA	Postcode:	5007
Phone:	08 8346 0955		Facsimile:	08 8346 1992	
Email address:	admin@cubs.org.au				

### Approved provider

Approved provider:	Croatian, Ukrainian & Belarusian Aged Care Assoc.
--------------------	---

### Assessment team

Team leader:	Tony Tarzia
Team member:	Mary Dunn
Dates of audit:	27 April 2009 to 28 April 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  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply

### Agency findings

Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply  
Does comply

<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
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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.



Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	St Anna's Residential Care Facility
RACS ID	6144

### Executive summary

This is the report of a site audit of St Anna's Residential Care Facility 6144 41 Burley Griffin Boulevard BROMPTON SA from 27 April 2009 to 28 April 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 St Anna's Residential Care Facility.

The assessment team recommends the period of accreditation be three 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 27 April 2009 to 28 April 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:	Tony Tarzia
Team member:	Mary Dunn

## Approved provider details

Approved provider:	Croatian, Ukrainian & Belarusian Aged Care Assoc.
--------------------	---

## Details of home

Name of home:	St Anna's Residential Care Facility
RACS ID:	6144

Total number of allocated places:	37
Number of residents during site audit:	36
Number of high care residents during site audit:	31
Special needs catered for:	People with culturally and linguistically diverse backgrounds People with dementia or related disorders

Street:	41 Burley Griffin Boulevard	State:	SA
City/Town:	BROMPTON	Postcode:	5007
Phone number:	08 8346 0955	Facsimile:	08 8346 1992
E-mail address:	admin@cubs.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit St Anna's Residential Care Facility.

The assessment team recommends the period of accreditation be three 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
Board chairman	1	Residents	5
Chief executive officer	1	Representatives	3
Quality and training coordinator	1	Housekeeping supervisor	1
Finance officer	1	Administration assistant	1
Clinical nurse	1	Lifestyle coordinator	1
Registered nurse	1	Lifestyle staff	2
Enrolled nurse	1	Maintenance coordinator	1
Care staff	2		

#### Sampled documents

	Number		Number
Residents' files	5	Medication charts	7
Assessments and care plans	5	Personnel files	8
Lifestyle assessments and care plans	7		

#### Other documents reviewed

The team also reviewed:

- Continuous improvement plan, improvement logs, regulatory compliance folder
- Corrective action request forms (CARs), compliments and complaints logs and register
- Recruitment policies and procedures, staff handbook, job specifications, criminal history checks database, employment manual, recruitment, induction and orientation documents, rosters, annual performance appraisals, staff code of conduct
- Evaluations of in-service education sessions, list of external training attended by staff, education and meeting planner, staff training planner 2009, staff education attendance checklist, clinical skills competency assessments, manual handling competency assessments.
- Various committee and meeting minutes, notes from daily 'morning tea' staff meetings
- Resident handbook, resident enquiry pack, enquiry forms, residential services agreements, staff handbook and pack

- Asset register, contractor sign in register, new supplier request form, preferred supplier list
- Various policies and procedures, including human resources, return to work pack and documents
- Diaries, communication books, memos, newsletter, letters, notices, notices of accreditation audit in several areas of the home
- Various audits, inspections and survey results
- Monthly reports of incident evaluations, resident incident summary report forms, medication signature omission sheets and statistics, hazard report forms
- Staff handover sheet, folder of wound care charts, residents dietary needs and preferences folder, bowel charts, licence to possess an S4 and S8 drug for administration, medication folder, weights book
- Activities schedules, facilitator instructions for each activities program, activities evaluation forms, 'digging up the dirt' booklet.
- Infection control report December 2008, infection control yearly statistics, infection control education and training records, cleaning schedules, monitoring of infections, temperature records for cool room, fridges and freezer, food safety plan folder, housekeeping schedules, 2009 summer and winter menu, assessment and nutritional management report, various meal/menu sheets, gastro/infection outbreak coordinators handbook
- Material safety data sheets, product information listings, work area inspections, electrical testing record, preventative maintenance schedule and procedures, service reports, maintenance registers, new product/equipment trial evaluations, Triennial fire safety certificate, building certification report - 1999 instrument.

### **Observations**

The team observed the following:

- Internal and external living environment, resident rooms, hairdressing facilities, outdoor courtyards, patios, gardens and allocated smoking area, library area
- Activities in progress, interactions between staff, residents and volunteers, televisions
- Resident demeanour, residents mobilising with and without staff intervention and assistance
- Meal distribution, morning and afternoon tea being served and resident feeding
- Storage of medications, medication trolley, pharmacy delivery, pharmacy return box, nurses station, dressing trolley, medical and continence supplies
- Visitor and contractors sign in and out books
- Medication refrigerators and thermometers and temperature logs
- Resident noticeboards, whiteboards, including comments and complaint information, corrective action request forms, activity calendars and notices, suggestion box, corporate beliefs, goals, vision and mission statements,
- Fenced areas to maintain safety, sensor equipment, key pad locks, personal safety pendants
- Kitchen, laundry, maintenance and general stores areas, cleaners' trolleys and supplies
- Pamphlet racks, including pamphlets in various languages
- Equipment and supply storage areas, including personal protective equipment or staff
- Archive storage room
- Sluice room, laundry and kitchen areas, including equipment and work practices
- Fire suppression equipment, maintenance shed, storage of chemicals, recycling bins, general waste bin, confidential waste bin



## **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

Residents, representatives and staff interviewed are aware of the home’s quality management system, and how they can contribute to continuous improvement in management systems, staffing and organisational development. The home continues to use its continuous improvement framework, to identify, action and evaluate opportunities for improvement, through a combination of comments, complaints, incidents and audits, which are captured on a universal corrective action request form (CAR). The quality coordinator logs CARs electronically and informs the chief executive officer, who raises them as agenda items at informal daily staff ‘morning tea’ meetings. Improvement activities implemented are monitored and evaluated through various audits, surveys and meetings, and feedback on progress made is provided to relevant stakeholders.

The home demonstrated results of improvements relating to management systems, staffing and organisational development, including:

- Management identified the need to improve the capturing, tracking and analysing of formal and informal comments, complaints and continuous improvement opportunities. After considering options available, a ‘Corrective Action Request’ process was combined with daily ‘morning tea’ staff meeting sessions. The benefits were quickly realised through issues being raised and followed up promptly, and the meeting was extended to include all areas of the home. Feedback from staff and management has been positive.
- The board suggested to management that a report be prepared on wellness and lifestyle for staff members, for general discussion and consideration. Following its completion, staff were given opportunities to join a local gymnasium for personal use, with financial support provided by the home. Staff involvement in the program has increased, and staff report the benefits experienced from the initiative.
- Management and staff identified the need to increase staff hours to coincide with increased resident care requirements. The rosters were subsequently reviewed, discussions held with all areas within the home and additional hours introduced. Staff are satisfied with the additional time available to spend with residents.
- Management identified that staff were being interrupted during meal breaks, in order to attend to various duties. Following discussions with staff, staggered meal breaks have been improved through the facility with some staff provided during break periods. The change has resulted in uninterrupted breaks for staff and continuity of care for residents. Staff and residents are happy with the improvement.

### **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 has systems and processes in place, to identify relevant legislation, regulatory requirements, standards and guidelines in management systems, staffing and organisational development. The finance officer is responsible for capturing changes through the home's links with several industry bodies, and informing the chief executive officer. Residents, representatives and staff receive relevant information through various communication mechanisms, including formal and informal meetings, newsletters and memos. Monitoring for compliance against all four Accreditation Standards occurs through regular audits and reporting of staff practices, with updating of policies and procedures and ongoing staff training provided as necessary. Staff confirm their understanding of regulatory compliance relating to management systems, staffing and organisational development. Some examples of regulatory compliance are annual professional staff registrations and policies relating to privacy and confidentiality.

### **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

Management and staff are satisfied with their access to education information, and the ongoing support to develop their knowledge and skills in management systems, staffing and organisational development. The home has processes for identifying, planning and reviewing staff education and development. The chief executive officer identifies staff training requirements through review of resident care needs, annual staff appraisals, various audits and clinical indicators, observations of staff practice and staff requests. Staff attendance is recorded and training sessions are evaluated, which include front line management, workplace relations, electronic care plans and financial reporting. Monitoring of gaps identified in service delivery, combined with changing resident care needs, contribute to ongoing training plans and up skilling opportunities made available to 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 recommendation**

Does comply

Residents and representatives interviewed are satisfied with the accessibility to the complaints process available to them, as well as management's responsiveness to their concerns. The home has a system for logging, tracking progress and reporting outcomes for all comments and complaints received. The quality coordinator electronically logs all complaints received through corrective action request forms (CAR), and maintains a summary of items on a compliments and complaints register. The chief executive officer (CEO), supported by the quality coordinator and clinical nurse, investigates all complaints, and provides feedback to complainants in a timely manner. The CEO monitors the effectiveness of the complaints mechanism through an open door policy available for residents, representatives and staff, as well as formal and informal meetings. Staff confirm their understanding of the complaints process available at the home.

## 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 has documented corporate beliefs, goals, vision and mission statements displayed at the facility. They are included in resident handbooks and staff induction packs, and incorporate the organisation's overall commitment to quality and continuous improvement.

## 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

Residents and representatives are satisfied with staffing levels, skills displayed, response times and adequacy of care provided. The home has processes to identify, recruit and monitor staffing selections for positions, based on residents' care needs. Appointed staff are guided in their roles and responsibilities through orientation, induction, position descriptions, duty lists and mandatory and ongoing training, with additional support being provided by an allocated 'buddy'. Management monitors skill mix and staff levels through incidents and resident and staff feedback, adjusting shifts and staff support levels as required. Staff are satisfied they are able to carry out tasks, with sufficient time available to provide individual care and support to residents.

## 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

Residents and representatives are satisfied there are adequate stocks of goods and equipment available to provide care and services. The home has systems and processes to facilitate the availability of adequate supplies of goods and equipment for care and services. Designated staff have responsibility for ordering, storage, stock control and rotation of goods in various areas throughout the home. The maintenance coordinator is responsible for the preventative and corrective maintenance program, as well as overseeing specialised maintenance services provided by external contractors. Monitoring of resident care needs, including resident and staff feedback, are considered when arranging new equipment trials prior to arranging purchases through the chief executive officer. Staff confirm that appropriate supplies and equipment are provided at the home

## 1.8 Information systems

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

### Team's recommendation

Does comply

Management is able to demonstrate that its systems provide adequate and timely information to staff to enable them to perform their duties effectively, and to keep residents informed of changes within the home. The home uses multilingual staff and interpreters to enable verbal and written communication with non English speaking residents. Staff memos, diaries, newsletters, regular meetings, communication books, and handover forms are also used as ways of communicating information. Security and confidentiality is maintained, computers are password protected and backed up routinely. An archiving and document destruction system is in place. Resident care documentation is relevant and shows the connection between assessment information, care planning and progress note reporting. All residents, representatives and staff interviewed confirm they have access to and use information appropriate to their needs.

## **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

Residents and representatives are satisfied with external services provided at the home. The home has a system to ensure external services are provided to an agreed standard and quality. Suppliers are required to sign a service agreement, as well as provide business information and security clearances, for external services including linen, continence products, pantry foods, pharmacy and fire equipment and services. The maintenance coordinator monitors all maintenance work, while other services are monitored by designated staff through the facility. Feedback relating to deficiencies is provided through corrective action request forms, discussed at daily staff meetings, and suppliers contacted to correct deficiencies as they are identified. The chief executive officer is informed if service delivery does not meet ongoing expectations, and a new supplier may be sought. Staff confirm their satisfaction with externally sourced services.

## **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

Residents, representatives and staff interviewed are aware of the home's quality management system, and how they can contribute to continuous improvement in health and personal care. The home continues to use its continuous improvement framework, to identify, action and evaluate opportunities for improvement, through a combination of comments, complaints, incidents and audits, which are captured on a universal corrective action request form (CAR). The quality coordinator logs CARs electronically and informs the chief executive officer, who raises them as agenda items at informal daily staff 'morning tea' meetings. Improvement activities implemented are monitored and evaluated through various audits, surveys and meetings, and feedback on progress made is provided to relevant stakeholders.

The home demonstrated results of improvements relating to health and personal care, including:

- Clinical staff identified an increased occurrence of urinary infections at the home. Following discussions, a urinalysis report was developed, with the recording of weekly specimen analysis taking place for residents affected. Trend results recorded during a 12 month period showed a 50 percent reduction in urine infections was achieved. Staff are happy with the positive results achieved for residents.
- Management monitored allied health and other resident appointments during an eight month period, and discovered that 89 percent of the appointments required staff escort. To assist with the large number of appointments, while lessening the impact on the staffing levels, a new ward clerk role was introduced for booking and coordinating appointments and to escort residents. Staff are happy with benefits of the initiative.
- Management and staff identified the need to review care plan documentation, following changes to aged care funding mechanisms. A number of meeting discussions followed, with new and more user friendly forms being developed and introduced. Staff reported that the new care plan forms are easier to read, understand and maintain.
- The quality coordinator identified the need to capture and collate the planned actions from various monthly report summaries. Through a statistical improvement plan, the additional information is captured in one document, and is visible to parties concerned. Staff reported the benefits of the improvement.

### **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

The home has systems and processes in place, to identify relevant legislation, regulatory requirements, standards and guidelines in health and personal care. The finance officer is responsible in capturing changes through the home's links with various industry bodies, and informing the chief executive officer. Residents, representatives and staff receive relevant information through various communication mechanisms, including formal and informal meetings, newsletters and memos. Monitoring for compliance against all four Accreditation Standards occurs through regular audits and reporting of staff practices, with updating of policies and procedures and ongoing staff training provided as necessary. Staff confirm their understanding of regulatory compliance relating to health and personal care. Examples of regulatory compliance are the requirements for the Aged Care Funding Instrument and ongoing professional registration of nursing staff.

### **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

Management and staff are satisfied with their access to education information, and ongoing support provided, to develop their knowledge and skills in health and personal care. The home has processes for identifying, planning and reviewing staff education and development. The chief executive officer identifies staff training requirements through resident care needs, annual staff appraisals, various audits and clinical indicators, observations of staff practice and staff requests. Staff attendance is recorded and evaluation is provided from training sessions, including wound management, clinical competencies, palliative care and medication management. Monitoring of gaps identified in service delivery, combined with changing resident care needs, contribute towards ongoing training plans and up skilling opportunities made available to staff.

### **2.4 Clinical care**

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

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

Does comply

Residents and their representatives are satisfied with the consultation, care and services provided and how their care needs are managed. The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences when entering the home and on an ongoing basis. Residents' needs and care strategies are regularly reviewed in consultation with residents, representatives and care staff. Information regarding each resident's care needs is documented in care plans that are easily accessed by staff. Handover sheets and a diary are used to assist staff communication in day-to-day resident care. The home uses a range of health professionals to direct and assist in providing appropriate care for residents. Clinical audits are scheduled and any trends are identified.

### **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

Residents and representatives are satisfied the specialised nursing care they receive is according to their needs and preferences. The home's assessment processes identify residents' specialised nursing care needs and appropriate care plans are implemented. Registered nurses attend to specialised nursing care, including complex wound management, bowel and pain management. As a registered nurse is not on duty at all times, the home seeks effective treatments and medication via alternative methods such as narcotics patches for pain. A registered nurse is on call. Enrolled nurses and personal carers work within their role and function, reporting to a registered or enrolled nurse when changes in residents' health or care needs require re-assessment. Nursing staff are trained and hold qualifications to carry out care provided at the home.

## **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

Residents and their representatives are satisfied with the referral arrangements to allied health and medical practitioners, and the care provided. The home has processes for referring residents to health specialists in accordance with assessed needs and preferences. A physiotherapist, aroma therapist, podiatrist and general practitioners visit the home on a regular basis. Referrals to other health professionals and services are initiated in consultation with residents and their representatives as required. Residents are assisted to attend external appointments when necessary. Referrals and care recommendations are documented and implemented.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

Residents and their representatives are satisfied that medications are managed safely and correctly. Registered nurses and credentialed enrolled nurses administer medications from blister packs prepared by a contracted pharmacist. A registered nurse assesses residents' medication administration needs on entry to the home and then at regular intervals. 'As required' medication is administered in consultation with a registered nurse who reviews its ongoing use and effectiveness. Residents who wish to self medicate have initial and ongoing assessments to determine their ability and compliance with the prescribed medication regime. The Medication Advisory Committee monitors and reviews current medication practices, incidents and any changes to legislation. Incident reporting and internal audits are used to monitor and maintain safe and correct administration, supply and storage of medications.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively. The home has processes for identifying, assessing, managing and reviewing the effectiveness of strategies used to manage residents' pain. Staff are aware of non-verbal signs of pain in

residents with cognitive impairment, and use appropriate assessment tools. Strategies for managing pain describe residents' specific needs and preferences such as repositioning, massage, hot packs and pressure relieving devices. Registered nurses monitor residents' use and the effectiveness of 'as required' pain relieving medications and implement further assessments where indicated. Nursing staff refer to external specialists where appropriate.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Families are appreciative that palliative care can be provided at the home. There is a process in place to maintain the comfort and dignity of residents at the end of their life. On admission or when appropriate, residents and their representatives are asked to provide information about end of life wishes. Specialist palliative care services are consulted when required. Appropriate equipment is available. Residents and families are supported by staff during this time, and are prepared for the resident's palliative care phase. The home has multilingual staff and volunteers who can assist Ukrainian, Croatian and Belarusian residents and their families, and to ensure that staff are aware of the different religious and cultural needs.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the home's approach in meeting their nutrition and hydration needs. Assessment processes and consultation with the resident or their representative identify nutrition or hydration risk factors. Dietary needs, portion sizes, food and fluid preferences and requirements for meal assistance are documented and available to all staff who serve meals or drinks. Residents with swallowing difficulties are assessed by a speech pathologist and food consistency is modified accordingly. Residents with specific dietary needs are accommodated and menu selection is modified to suit individual preferences. Dietary supplements and referral to a dietician are implemented when inappropriate weight loss is identified. The nutritional content of the home's menu is reviewed by a dietician and recommendations have been incorporated.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the care provided in relation to their skin care. The home has processes for identifying, assessing, reporting and reviewing resident skin impairment and implementing strategies to maintain residents' skin integrity. Planned skin care strategies, incorporating preventive measures and specialised equipment, are regularly reviewed and evaluated by nursing staff. Staff receive relevant training and report changes in skin condition to the registered nurse. A podiatrist, hairdresser and nail care plus hand massage by



lifestyle staff assist with regular improvements in residents' skin integrity. Incident causes are analysed to identify opportunities for improvement across the home. Referral to external specialists is arranged as required.

## **2.12 Contenance management**

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

### **Team's recommendation**

Does comply

Residents and their representatives are satisfied with the care they receive to meet their continence needs. The home has processes for assessing residents' continence history, bladder and bowel patterns, mobility and the level of assistance required to promote and maintain effective continence. Regular care plan reviews and staff feedback assist in monitoring the effectiveness of the planned continence management strategies and any changes that occur. Prevention measures such as blackcurrant juice, prune juice and extra fluids are offered as part of the regular daily programs. The home accesses a continence nurse advisor as required. Staff receive training to improve their knowledge and understanding of continence practice. Urinary tract infections are monitored and strategies implemented to minimise or prevent their recurrence.

## **2.13 Behavioural management**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the home's approach in managing challenging behaviour. The home assesses and plans behaviour management strategies to meet the individual needs of residents. The triggers of residents' behaviour are identified and strategies to redirect residents are based on their personal interests or needs at that time. Strategies are developed and their effectiveness is reviewed in consultation with residents, their families and staff. This includes individual activities, lifestyle programs, restraint avoidance and adapting the environment where required. The home seeks advice from external specialists as required and dementia training is provided.

## **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

Residents and their representatives are satisfied with the home's approach to maintaining residents' mobility and dexterity. Their needs and falls risk are assessed using a multidisciplinary approach. Strategies, such as mobility aids, appropriate manual handling, exercise programs and electric beds assist to maintain or improve residents' mobility and dexterity. Care staff are aware of each resident's mobility needs and manual handling precautions. Residents are focused on increasing their daily exercise with individual and group activities such as works to the local park to optimise mobility. A physiotherapist provides assessment, treatment programs and exercise plans for staff to follow. The home has environmental inspections, hazard reporting and a responsive maintenance system to correct any safety hazards. Falls

data is monitored, analysed and addressed in consultation with care staff, residents and allied health professionals.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the oral and dental care provided by the home. The home has processes for assessing residents’ oral and dental hygiene needs, planning care and meeting ongoing needs and preferences. Care plans, which are regularly reviewed and evaluated, provide the strategies to support individual resident oral hygiene needs. Care staff assist residents to attend to their daily oral hygiene needs. Residents are supported to access dental care of their choice, including domiciliary dentists who can visit the home. Speech pathology assessment is arranged for residents with swallowing difficulties. Residents’ diets and oral and dental care are modified according to assessed needs.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the home’s approach to managing residents’ sensory loss. Residents’ sensory deficits are comprehensively assessed as a component of the home’s admission. Strategies are identified and monitored to facilitate greater sensory access and to prevent injury for those with poor vision. Large font books and games/puzzles, and a range of visual and audio cassettes are available. Care and lifestyle staff are aware of individual resident’s sensory needs and how to manage them. Staff are trained to assist residents with maintaining and fitting aids which assist their sensory function. Medical practitioners and nurses refer residents to specialists for review and residents are assisted to attend specialist services outside the home. Regular aromatherapy and massage treatments are appreciated by residents to manage their pain and anxiety symptoms.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the assistance given to enable residents to achieve normal sleep patterns. Individualised management plans include residents’ preferred sleep habits and settling routines. All residents have the privacy of a single room and staff keep noise at a low level to ensure a quiet environment. Evening activities and breakfast available until 10am provide flexibility and choice for residents. Few residents require sedation and other measures such as pain management, hot drinks, port or sherry and snacks assist residents to settle. Any sleep disturbances are investigated and strategies are implemented. Residents can request a ‘do not disturb’ sign on the door if they wish to have an afternoon nap.

### **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

Residents, representatives and staff interviewed are aware of the home’s quality management system, and how they can contribute to continuous improvement in resident lifestyle. The home continues to use its continuous improvement framework, to identify, action and evaluate opportunities for improvement, through a combination of comments, complaints, incidents and audits, which are captured on a universal corrective action request form (CAR). The quality coordinator logs CARs electronically and informs the chief executive officer, who raises them as agenda items at informal daily staff ‘morning tea’ meetings. Improvement activities implemented are monitored and evaluated through various audits, surveys and meetings, and feedback on progress made is provided to relevant stakeholders.

The home demonstrated results of improvements relating to resident lifestyle, including:

- Management identified that the history of the local area needed to be made available to residents, representatives and the local community, as they walked past icons in neighbouring streets. The chief executive officer discussed the matter with local Council, who appointed a project officer to instigate a suitable project. A history walk named ‘Digging up the dirt’ was developed, and captured in a publication for the community. Positive feedback was provided by residents and staff.
- The chief executive officer and quality coordinator returned from a conference with an idea to create a mosaic tiled tabletop for residents. Following discussions with lifestyle staff and residents, the Croatian, Belarus and Ukrainian flags were incorporated into mosaic tiled tabletop designs, and created by the residents. A fourth ‘flag’ tabletop is in development, with positive feedback received from residents and staff.
- The chief executive officer and staff discussed improvement options available for the lifestyle program. Following additional discussions with residents and representatives, lifestyle hours were extended into the evening, to cater for resident needs. Management and staff reported reduced behaviours were identified, with improved settling periods for residents.
- Management and staff identified that residents benefited from discussing past family events from their homeland. Volunteers commenced visiting the home and formed a regular fortnightly memories group discussing Ukrainian and Croatian cultural issues, histories and events. Resident attendance of the group has increased considerably in recent months, with positive resident feedback reported.

#### **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

The home has systems and processes in place to identify relevant legislation, regulatory requirements, standards and guidelines in resident lifestyle. The finance officer is responsible for capturing changes through the home's links with various industry bodies, and informing the chief executive officer. Residents, representatives and staff receive relevant information through various communication mechanisms, including formal and informal meetings, newsletters and memos. Monitoring for compliance against all four Accreditation Standards occurs through regular audits and reporting of staff practices, with updating of policies and procedures and ongoing staff training provided as necessary. Staff confirm their understanding of regulatory compliance relating to resident lifestyle. Some examples of regulatory compliance are resident agreements, guardianships and individual resident lifestyle requirements.

### **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

Management and staff are satisfied with their access to education information, and ongoing support provided, to develop their knowledge and skills in resident lifestyle. The home has processes for identifying, planning and reviewing staff education and development. The chief executive officer identifies staff training requirements through resident care needs, annual staff appraisals, various audits and clinical indicators, observations of staff practice and staff requests. Staff attendance is recorded and evaluation is provided from training sessions, including multi cultural awareness, privacy and dignity training, 'easy moves for active ageing' and a lifestyle conference. Monitoring of gaps identified in service delivery, combined with changing resident care needs, contribute towards ongoing training plans and up skilling opportunities made available to staff.

### **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

Residents and representatives are satisfied their emotional needs are identified and strategies are developed to support their individual needs. Residents are provided an information pack and welcomed to the home. Assessments identify residents' specific emotional needs and support networks. Strategies are developed to support residents at times of emotional stress and trauma, such as a family death. Care and lifestyle staff support residents and assist them to maintain relationships, recognise significant days and celebrations. Other agencies are called where residents' needs require additional support. Routine reviews and observation monitor the effectiveness of implemented support of resident's emotional needs.

### **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

Residents and representatives are satisfied their independence needs and preferences are identified and supported. Strategies to support residents' needs include fostering friendships, maintaining community links, enabling individual activities such as cooking, gardening, using a mobile phone and emailing, and providing trust accounts. Staff assist residents to go to the Ukrainian Club, Croatian Club, local library, church services, history walks and legacy meetings. The physiotherapist and assistants conduct routine assessments for mobility and individual equipment needs, such as wheelchairs. Special crockery and cutlery are provided to maintain independence with eating needs. Exercise groups and activities are routinely scheduled and individual daily routines are encouraged and supported. Monthly resident meetings are chaired by a resident representative.

### **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

Residents and representatives are satisfied their privacy, dignity and confidentiality is recognised and respected. Care and lifestyle assessments and reviews identify specific dignity needs of residents. Policies and procedures guide and direct staff, and all staff and volunteers sign a confidentiality declaration. Strategies to preserve residents' privacy and dignity are discussed, actioned and monitored. For instance, several lounge areas are available throughout the facility. Residents are provided information about privacy and confidentiality and offered choices about information release. Staff have strategies to maintain residents' dignity and privacy and practices are monitored through feedback mechanisms and observations.

### **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

Residents are satisfied that they are supported and encouraged to participate in a range of activities of interest to them. Residents' individual histories, interests and preferences are identified when they enter the home. Care and lifestyle assessments, feedback mechanisms and observation are used to monitor and alter activities as residents' interests and care needs change. Sensory, mobility, cognitive, behavioural and emotional needs are considered. Leisure events and interests are communicated to residents through a two weekly activity program and the day's activities are on the noticeboard in each resident dining room. Special events are advertised by posters in each area. The home benefits from a volunteer group and community groups who provide support for individual and group activities for residents.

### **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

Residents and representatives are satisfied their individual religious and cultural needs are identified and fostered. The home has processes for identifying and

responding to each resident's spiritual beliefs and customs, and their cultural background. Scheduled religious services are provided by a variety of ministries. Individual cultural aspects of residents' lives are identified, and included in their lifestyle plans. This may incorporate celebrations of significant days, maintaining community links and recognising emotional barriers to some special events. Resident information is available in a number of different languages and multilingual staff read the minutes of resident meetings to residents.

### **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

Residents and representatives are satisfied residents are assisted to exercise choice and control over their care and lifestyle. Residents and representatives are provided information about the services provided at the home and are actively encouraged to participate in decision making. Resident meetings, care and lifestyle reviews, surveys and corrective action request forms are used by the home to encourage participation in decision making. Advocacy agencies and external complaint mechanisms are discussed and the residents' authorised representative is identified. The home uses multilingual staff and volunteers, or an interpreter service if needed to assist in identifying the wishes of residents with special needs.

### **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

Residents and representatives are satisfied they understand their rights and responsibilities, and have secure tenure within the home. The home has systems and processes to provide residents and representatives information regarding their rights and responsibilities. Residents and representatives are provided a residential care service agreement and information booklet on admission, which contain information relating to the home, its services and supplies provided. This includes information relating to comments and complaints mechanisms, rights and responsibilities, fees and charges, security of tenure and periods of leave. The home displays the 'charter of resident's rights and responsibilities' through the facility. Management provides an open door policy for residents or representatives to discuss security of tenure or room changes as required.

## **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

Residents, representatives and staff interviewed are aware of the home’s quality management system, and how they can contribute to continuous improvement in physical environment and safe systems. The home continues to use its continuous improvement framework, to identify, action and evaluate opportunities for improvement, through a combination of comments, complaints, incidents and audits, which are captured on a universal corrective action request form (CAR). The quality coordinator logs CARs electronically and informs the chief executive officer, who raises them as agenda items at informal daily staff ‘morning tea’ meetings. Implemented improvement activities are monitored and evaluated through various audits, surveys and meetings, and feedback on progress is provided to relevant stakeholders.

The home demonstrated results of improvements relating to physical environment and safe systems, including:

- A resident informed management that he wanted the opportunity to be more involved in fire representative responsibilities. Following discussions and risk assessments, management arranged for training to be provided, including policies and procedures. The resident confirmed he is “proud to be involved”.
- The chief executive officer informed staff of a touchless hand sanitiser, on return from an overseas holiday. Following research and sourcing process, a ‘germ ball’ sanitiser unit was installed and trialled for three weeks, with an additional two units being purchased. Management found the automatic hand sanitising dispenser unit saved water, soap and towels, with positive feedback provided by staff and residents.
- Staff discussed improvement options to further improve food safety and infection control processes at the home. Following discussions with management, additional surface swabbing was introduced, food temperature charts were reviewed and modified. Also, resident representatives were notified of the risks of reheating cooked food and were asked to not bring these foods when visiting. Staff are happy with additional strategies taken.
- A suggestion was logged through a ‘corrective action required’ form, regarding unmarked resident garments. Following management and staff discussions, a review of options was conducted, which resulted in the introduction of individual resident laundry bags. Staff are happy with the improvement.

### **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

The home has systems and processes in place, to identify relevant legislation, regulatory requirements, standards and guidelines in physical environment and safe

systems. The finance officer is responsible in capturing changes through the home's links with various industry bodies, and informing the chief executive officer. Residents' representatives and staff receive relevant information through various communication mechanisms, including formal and informal meetings, newsletters and memos. Monitoring for compliance against all four Accreditation Standards occurs through regular audits and reporting of staff practices, with updating of policies and procedures and ongoing staff training provided as necessary. Staff confirm their understanding of regulatory compliance relating to physical environment and safe systems. Some examples of regulatory compliance are building certification, infection control guidelines and environmental requirements, fire regulations and security systems, and a food safety plan.

#### **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

Management and staff are satisfied with their access to education information, and ongoing support provided, to develop their knowledge and skills in physical environment and safe systems. The home has processes for identifying, planning and reviewing staff education and development. The chief executive officer identifies staff training requirements through resident care needs, annual staff appraisals, various audits and clinical indicators, observations of staff practice and staff requests. Staff attendance is recorded and evaluation is provided from training sessions, including food handling, chemical safety, infection control and fire safety and evacuation. Monitoring of gaps identified in service delivery, combined with changing resident care needs, contribute towards ongoing training plans and up skilling opportunities made available to staff.

#### **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

Residents and representatives are satisfied with the level of comfort and security of the living environment. The home has systems to provide a safe and comfortable home like living environment for residents consistent with resident needs. Residents are provided individual air conditioned rooms with ensuite, furnished with personal furniture, belongings and mementos, with optional telephone and television available. Housekeeping services maintain a clean and uncluttered environment, and residents have safe and secure access to communal indoor and outdoor areas with minimal restraint. Monitoring of resident safety, comfort and satisfaction occurs through resident feedback, corrective action report processes and various meetings. The chief executive officer and management are responsive to issues raised, with residents' needs being the home's focus of care.

#### **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



The home has systems to identify, address and monitor occupational health safety and welfare (OHS&W) issues, and to provide an effective and safe working environment. The chief executive officer presents items reported via corrective action request forms at daily staff meetings, where actions or progress are discussed. Maintenance activities are carried out to planned maintenance schedules or as issues are identified and new equipment trialled by staff to assess its need and safety. The OHS&W committee reviews and monitors incidents, hazards, work place inspections and information captured through various data trending mechanisms. The quality coordinator is responsible for updating relevant documentation, policies, procedures and guidelines, to assist staff in safe work practices following changes implemented. Staff confirm their satisfaction with training provided, the equipment made available to perform their duties, and the safe working environment provided by the home.

#### **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

Residents and representatives confirm their satisfaction in feeling secure, and knowing how to respond in the event of a fire alarm. Processes are in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. An external contractor undertakes regular compliance testing of fire suppression equipment, and residents and staff are provided mandatory and regular fire training and emergency procedures incorporating evacuation drills and emergency equipment. The home has a security procedure for all external doors in the afternoon, and safety routines and emergency contact telephone numbers are documented and accessible. The maintenance coordinator monitors maintenance logs daily, and regularly inspects emergency lights, fire alarms and the availability of fire suppression equipment. Staff are aware of procedures and their role, in the event of fire or other emergencies.

#### **4.7 Infection control**

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

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

Does comply

Residents, their representatives and staff are satisfied with the practices employed to reduce the risk of infections in the home. Staff receive infection control training and have access to and use personal protective equipment in their work processes. There is an appropriate waste and sharps disposal system and pest control programs are in place. Refrigeration temperatures are consistently monitored throughout the home and there is a food safety program in place. Appropriate equipment is available for an infectious gastroenteritis or pandemic influenza outbreak. The home monitors the incidence and trends of infections, and responsibility is assigned for coordinating the home's infection control system.

#### **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

Residents, representatives and staff are satisfied the home provides housekeeping services, which enhances their quality of life and the working environment. The home has systems and processes in place to provide and monitor housekeeping services, including catering, cleaning and laundry for residents, as well as a safe working environment for staff. Residents' food needs and preferences are assessed on entry, with ongoing adjustments made to the freshly cooked site meals, taking into consideration cultural and special individual needs, as required. Contracted cleaning services, in addition to the home's housekeeping staff, are guided by policies and procedures, and follow scheduled routines and schedules. Residents' personal clothing is laundered on site, and linen services are provided externally. The housekeeping supervisor monitors service delivery across housekeeping services through regular inspections and surface swab tests, provides feedback to stakeholders, and arranges ongoing staff training as needs are identified.