



## **Decision to accredit Anthem**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Anthem in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Anthem is three years until 6 July 2013.

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:		Anthem			
RACS ID:		0888			
Number of beds:		22	Number of high care residents:		0
Special needs group catered for:			Nil		
Street/PO Box:					
		25 Retford Rd			
City:	Bowral	State:	NSW	Postcode:	2576
Phone:		02 4872 4001		Facsimile:	[Home Fax]
Email address:		Nil			
Approved provider					
Approved provider:		TBG Senior Living Services Pty Ltd			
Assessment team					
Team leader:		Mary Butcher			
Team member/s:		Matthew Hough			
Date/s of audit:		4 May 2010 to 5 May 2010			

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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**

<b>Agency findings</b>
Does comply
Does comply
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<b>Agency findings</b>
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## Executive summary of assessment team's report

### Standard 3: Resident lifestyle

Expected outcome	Assessment team recommendations
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

### Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations
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

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

Agency findings
Does comply
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Does comply
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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.

## SITE AUDIT REPORT

Name of home	Anthem
RACS ID	0888

### Executive summary

This is the report of a site audit of Anthem 0888 25 Retford Rd Bowral NSW from 4 May 2010 to 5 May 2010 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 Anthem.

The assessment team recommends the period of accreditation be 3 years

### Assessment team's recommendations regarding support contacts

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 4 May 2010 to 5 May 2010

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:	Mary Butcher
Team member/s:	Matt Hough

## Approved provider details

Approved provider:	TBG Senior Living Services Pty Ltd
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## Details of home

Name of home:	Anthem
RACS ID:	0888

Total number of allocated places:	22
Number of residents during site audit:	7
Number of high care residents during site audit:	0
Special needs catered for:	

Street/PO Box:	25 Retford Rd	State:	NSW
City/Town:	Bowral	Postcode:	2576
Phone number:	02 4872 4001	Facsimile:	
E-mail address:			

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Anthem.

The assessment team recommends the period of accreditation be 3 years

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

#### Interviews

	Number		Number
General Manager/registered nurse	1	Residents/representatives	5
EEN/Infection control coordinator/care manager	1	Directors	2
Care staff	3	Catering staff	1

#### Sampled documents

	Number		Number
Residents' files including care plans, assessments and progress notes	7	Blood sugar monitoring	4
Interim care plans	3	Personnel files	1
Monthly activity calendar	3	Medication administration competency	7
Observation chart	3	Medication signage sheet	7

#### Other documents reviewed

The team also reviewed:

- Activity documentation including; activity attendance sheet, booking sheet for community transport,
- Anthem newsletter
- Catering documentation including; resident dietary analysis form, menu
- Education documentation including; education calendar, staff training attendance records
- Feedback, comments and complaints documentation including; 'Your opinion counts' forms, meal feedback forms
- Hazard register , hazard reports
- Infection control manual
- Incident and accident reports
- Meeting minutes including staff and resident

- Medication management documentation including; medication management policy, medication advisory meeting minutes, as needed medication administration, medication incident form, pharmacy agreement, medication advisory meeting minutes, medication management policy, letter from neurology clinic supporting medication management, 'Apomorphine infusion for resident B', 'Apomorphine constant infusion chart, 'how to draw up the Apomorphine for resident B'
- Pest control service reports
- Policy and procedure including comments and complaints, cleaning, OHS, abuse of older people,
- Preventative maintenance schedule, maintenance requests, certification of plant item (elevator)
- Quality documentation including; continuous improvement plan, resident surveys, contractors surveys
- Residents' information pack which includes; map, privacy information, fire procedures, comments and complaints, transport information, newspaper delivery, and instructions for the cook top, oven, washing machine, refrigerator and dishwasher
- Residents' documentation including; wound assessment management, challenging behaviour flow chart, data collection, admission form, assessment data form, resident/client privacy consent form, nutritional assessment, health summary sheet, dietary analysis, resident/client privacy consent form, resident agreements, resident kitchen and laundry appliance assessment of use
- Staff documentation including; staff handbook, police record checks, job descriptions, nurse registrations, staff orientation checklist, staff confidentiality agreements, personnel files, staff performance appraisal record, appraisal evaluation form, staff handbook, rosters, position descriptions

## Observations

The team observed the following:

- Activities in progress including afternoon tea discussion, singing group, residents attending a jigsaw puzzle
- Air conditioning units and ventilation system
- Clinic room, dressing trolley and medication storage
- Chemical storage
- Cleaners trolley
- Communication systems including staff phone/pager system, staff memorandum, communication books, and information noticeboards.
- Equipment and supply storage areas
- Interactions between staff and residents
- Kitchen whiteboard containing resident dietary requirements, catering service and meal preparation
- Living environment including resident rooms, kitchens, lounge and communal areas, and outdoor areas, private sitting areas
- Infection control strategies including; spill kits, sharps containers, hand washing stations, waste management areas including contaminated, general and recycled waste, personal protective equipment, food safety program, temperature records, infection outbreak kit
- Mobility aids including walkers, wheelchairs and lifters
- Preparing and serving of lunch
- Safety systems including; fire fighting equipment and emergency evacuation signage, emergency flip charts, emergency procedure manual, evacuation egresses, evacuation maps suitably placed and orientated, fire fighting equipment checked and tagged, swipe card security, evacuation kit, handrails, material safety data sheets
- Staff access to information
- Suggestion boxes

## **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

Anthem continuous care community has a continuous improvement system for the prioritisation, identification, implementation, review and follow-up of improvement opportunities. The home gathers information using a variety of mechanisms including resident/representative feedback, a comment and complaints system, data collected from accidents and incidents and other clinical indicators, scheduled meetings, and through observation. The home’s plan for continuous improvement is monitored and reviewed by the general manager who is closely supported by the organisation’s directors and other key staff. The home demonstrated results of improvements which link to resident needs, preferences and feedback across all four Accreditation Standards. Improvements undertaken by the home in relation to Accreditation Standard One include the following examples:

- The appointment of a General Manager in March this year has added stability and direction for the management team. Providing extensive experience in aged care, the general manager, along with key staff, is currently reviewing all policy and procedure, systems, and processes. As a result, the home has recently introduced a comprehensive audit schedule, structured and scheduled staff and resident meetings, and a staff development program.
- Staff reported they were unable to receive reception on their deck phones when on the second level of the building. As a result, management has purchased a new phone system which not only is connected to the nurse call system and receives reception in all areas of the building, but identifies the location of residents and staff when need arises .

### **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

Anthem continuous care community has a system in place to identify changes to legislation and regulations. The home sources legislative and compliance information from a range of areas including industry organisations’, government departments and agencies. This information is disseminated via staff memorandum, and through various staff and management meetings. Organisational policies and procedures are also reviewed and updated taking into consideration relevant legislation changes. Staff confirmed they are provided with information on legislation changes through formal and informal meetings as well as at education sessions when required.

The home demonstrated processes for regulatory compliance in relation to Accreditation Standard 1. Recent examples include:

- The home's policies and procedures manual incorporates relevant legislative, regulatory and relevant professional standards and guidelines;
- The home has a procedure to ensure all staff and contractors have police checks and that these are kept current;
- Residents and their representatives were informed of the Accreditation site audit by signage around the home;
- All data that is collected by the home is collected, stored and used in compliance with privacy legislation;

### **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

Anthem continuous care community demonstrated that management and staff have appropriate knowledge and skills to perform their roles effectively. The home's education program is developed using information from a wide range of sources including the staff performance appraisal system, individual staff requests, competency assessments, incident reports, observation of staff practices, and changes to legislative or regulatory requirements or professional guidelines. New staff undergo a comprehensive orientation program and are supported by a "buddy" system. The general manager advised that the education program continues to be developed and although there have only been limited education sessions till present, a priority is to build upon the educational resource available and develop a program based on staff needs. As other systems of the home develop so to will the education program. Staff interviewed reported satisfaction with the availability and support for training and education provided by the home.

Recent examples of training and education relevant to Accreditation Standard 1 include:

- Compulsory reporting
- Document completion

### **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

Anthem continuous care community has systems, policies and procedures in place to ensure that each resident/representative and other interested parties have access to internal and external complaints mechanisms. Residents/representatives are advised of the internal comments and complaints processes and external complaints mechanisms and advocacy services on entry to the home. Relevant information is included in the resident agreement and the resident handbook. 'Your voice counts' forms and meal survey leaflets are easily accessed by residents and others in the front foyer. Residents/representatives are encouraged, through an open door policy, to approach management with their issues and concerns. Management maintains a centralised folder which includes details of compliments and complaints, action taken, feedback provided to the complainant and outcomes. Residents/representatives and staff indicate they are confident in using the home's complaints mechanisms and that complaints are addressed promptly and appropriately.

### **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 team observed that the home's mission, vision and values are on public display at the main entrance to the home. The manager advised that the mission, vision and values are also discussed with staff as part of their initial orientation to the home. The organisational commitment to quality through the mission, vision and values is also included in the resident and staff handbooks, which are given to all residents/representatives and staff on entry to the home or commencement of employment respectively.

### **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

Management has effective systems in place to ensure there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. Due to the low number of residents' at present, staff perform numerous duties and management advise that as resident numbers grow, more specialised staff will be employed. Recruitment procedures include identified knowledge and skills requirements and a genuine commitment to caring for the elderly. All staff have duty statements and position descriptions and are supported to undertake ongoing training and professional development relevant to their roles. New staff undertake formal orientation and are buddied with experienced staff for mentoring and on the job training. Management advise that staffing and skill levels will be monitored regularly and adjusted in response to changing resident care needs and the growth of resident population. Staff interviewed indicated they are confident that they have the relevant knowledge and skills to do their jobs and enjoy working as a team.

### **1.7 Inventory and equipment**

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

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

Does comply

The home has systems in place to order stocks of equipment and goods for the home and ensure adequate supplies are available. Staff undertake regular stocktaking and advises management of inventory and equipment requests. Staff advised the team that there are sufficient supplies of equipment and goods to provide appropriate care and service to the residents and that their requests for equipment and supplies are actioned promptly. The home's equipment is new, the building is under warrantee, and a preventative and reactive maintenance system is used to ensure that the building and equipment are well maintained.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Anthem continuous care community has systems in place to ensure that relevant information is referred to staff, residents and resident representatives. The results of the team's observations, interviews and document review reveal that the home effectively disseminates information to management, staff and residents/representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through the use of email and internet, data management and reporting applications, memorandum, noticeboards, meetings, a clinical record system, information packages including resident and staff handbooks, education sessions, meeting minutes and policy and procedure manuals/flowcharts. Information is managed in accordance with the home's privacy policy. Residents/representatives expressed their satisfaction with information services at the home.

## **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

All externally sourced services are provided in a way that meets the home's needs and quality goals. The results of the team's observations, interviews and document review reveal that the home has an effective system in place to identify preferred and major suppliers of goods, equipment and services and to review major suppliers' performance against agreed objectives contained in documented external service agreements or contracts. There is a mechanism to track and resolve problems with suppliers. Residents/representatives expressed their satisfaction with external service providers attending the home.

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

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

### **2.1 Continuous improvement**

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

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

Does comply

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system. Improvements undertaken by the home relevant to Accreditation Standard Two include the following:

- At a recent staff meeting it was brought to management's attention that staff would like further training in wound management. As a result, management have contacted a Clinical Nurse Consultant operating from the local hospital who will deliver wound management training on the 11 August.

### **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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's system to ensure that the home complies with legislation and regulations relevant to residents' health and personal care. The manager is the only registered nurse currently on staff. The manager advised that registered nurses will provide their updated registrations when these are renewed. A register is maintained of the expiry dates for the registrations. The home also has a system in place to manage police checks prior to employing new staff members and to monitor renewals as they fall due.

### **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

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Education sessions that staff and management attended related to Accreditation Standard Two include Medication administration (blister pack). Sessions planned include wound management and medication management. Residents/representatives interviewed expressed satisfaction with the ways in which staff attend to their health and personal care needs.

## **2.4 Clinical care**

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

### **Team’s recommendation**

Does comply

The home has systems in place to assess, plan, manage and review residents’ individual care needs in conjunction with residents and their representatives. When residents move into the home staff prepare care plans based on a range of focused assessments, information obtained from residents and representatives, and information provided by medical officers and other health professionals. The team noted that care staff hold case conferences with resident’s representatives as required to manage emerging clinical issues. The team was informed that care plans are to be reviewed every three months or as necessary to ensure that the care provided is up-to-date and effective. Interviews verified that care staff are knowledgeable about their roles and that they understand and are sensitive to residents’ care needs. Residents and representatives confirmed that they have the opportunity to contribute to care planning, and representatives are kept well informed of residents’ care needs and health changes either personally or by telephone. Residents and their representatives expressed their satisfaction with the care provided, and described as caring and responsive.

## **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

The home ensures that residents’ specialised nursing care needs are identified and met by appropriately qualified staff. The home currently has seven low care residents and minimal specialised nursing care needs. Specialised nursing care provided at the home includes diabetic management, Parkinson’s disease management, simple pain and wound management. The general manager, who is a registered nurse, oversees all specialised nursing care, which is directed by the home’s care manager who is an endorsed enrolled nurse. Other external nursing specialists such as the local hospital palliative care team, a continence consultant, or a wound management specialist are available as required. Residents and their representative’s state satisfaction with the specialised nursing care provided for residents of 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

The home ensures residents are referred to appropriate health specialists in accordance with their individual needs and preferences. The home has access to a range of health and allied health professionals including a geriatrician, the mental health team, medication review pharmacist and physiotherapist. Referrals are arranged in consultation with medical officers and residents and their representatives when needed. Some specialists such as the physiotherapist visit the home on a regular basis. Residents are provided with assistance by staff to make and attend external appointments. Residents state satisfaction with their access to health specialists and other health related services.

## **2.7 Medication management**

*This expected outcome requires that “residents’ medication is managed safely and correctly”.*

### **Team’s recommendation**

Does comply

The home uses a ‘blister’ packaged medication system supported by staff and overseen by the general manager who is a registered nurse. The home has a system to assess resident self administration capacity. The home has a contract with the pharmacy provider. The home has recently contracted an external pharmacist to provide expertise, advice and participate in a medication advisory committee. Four staff recently attended an education session on ‘blister’ packaged medication systems, practices and processes. Residents expressed satisfaction with the home’s medication management.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents who are experiencing pain are identified when they first move into the home through discussion with staff and review of medical history. Existing residents are observed for changes in their condition which may indicate pain. Residents identified as experiencing pain are referred to their medical officer. Staff are knowledgeable about individual resident needs and pain management strategies. The home uses a range of strategies to manage pain including regular and as needed analgesia, massage therapy, exercise, heat packs and occupational therapy. Residents generally see their local medical officer regularly. Resident state they either do not have pain, or their pain is well managed at the home and they are comfortable.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Anthem continuous care community provides care for residents which ensures that they are comfortable, their dignity is respected and they are as pain free as possible, including those who are terminally ill. The new home has resources and skills to provide palliative care, as required, and on one occasion has this has been successfully managed. Emphasis is placed on providing care which ensures residents care needs and preferences are met by staff including physical and emotional needs; promotion of privacy and dignity; and alleviation of symptoms especially pain. Residents are made comfortable through use of specialized equipment including the home’s electric multi-positioning beds, regular repositioning and skin care, mouth care and pain relief. The home’s pastoral care visitors are available to provide emotional support for residents, their families and staff. Religious representatives from various denominations are able to visit residents on request. Residents and their representative’s state satisfaction with the care provided for residents at the end at all times.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The home identifies residents’ individual needs and preferences for nutrition and hydration through discussion with residents and their representatives, review of medical histories and completion of a dietary needs analysis. Information collected is used to develop residents care plans and is forwarded to the kitchen for implementation. Residents are weighed three monthly or more often if changes are noted. Referrals to medical officers are completed as needed. Nutritional supplements are available if required and provided at the home; and assistive devices are available for those residents who require them. The home has a nutritious menu; fresh fruit is always available, as are other snacks, and juice and water served at each meal. Residents’ food and fluid intake is monitored by staff through observation, and changes are reported to the resident’s medical officer. Referrals to dietitians and/ or speech therapists are able to be arranged if required. Residents and their representative’s state satisfaction with the meals and assistance provided for residents of the home. The team observed meal times at the home and noted the pleasant dining experience, supportive of resident nutrition and hydration needs.

## **2.11 Skin care**

*This expected outcome requires that “residents’ skin integrity is consistent with their general health”.*

### **Team’s recommendation**

Does comply

Anthem continuous care community House has an effective system in place to maintain residents’ skin integrity consistent with their general health through skin assessments, provision of regular skin treatments and daily monitoring during care provision. Care plans include interventions to maintain resident skin integrity. Care staff are knowledgeable about the provision of skin care, avoiding injuries and reporting changes in resident skin integrity to medical officers. The home has minimal skin tears or wound management. Residents’ skin integrity is maintained through the use of regular pressure care if required and moisturising during daily care. The home has no skin breakdowns. Skin integrity is documented in resident progress notes and wound management charts are commenced if required. Residents and their representative’s state satisfaction with the skin care provided for residents of the home.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Residents’ continence is managed effectively at the home through individualised assessment, identification of successful interventions and care planning. Initial assessment, discussion with residents and review of medical histories provides information for the development of continence management plans. The effectiveness of residents’ continence programs is monitored on a daily basis by care staff and any persistent irregularities are documented in residents’ progress notes. Interventions may include regular toileting, increased fluid or fibre intake and the use of continence aids.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Staff of Anthem continuous care community effectively meet the needs of residents with challenging behaviours through the use of assessment, observation, specialist consultations, providing a safe environment, care planning and flexible provision of care. Challenging behaviour flow charts assist in monitoring of challenging behaviours, identification of triggers for the behaviour and successful interventions. Strategies are implemented to effectively meet the needs of residents with challenging behaviour. Staff, who have sound knowledge of individual residents’ behaviours, are encouraged to observe for triggers to a behaviour to try to avoid the response or divert the resident’s attention. The home’s activity program incorporates one-on-one time with residents, and purposeful leisure activities in areas of interest to the resident which assist in meeting the needs of residents with challenging behaviour. Specialist psychiatric, counselling and geriatric consultations are arranged where appropriate including use of local community teams. The team observed the home’s quiet and comfortable environment and the supportive resident/staff interaction, which supports challenging behaviour management, during the visit.

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

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

#### **Team’s recommendation**

Does comply

The home provides assessment of residents’ mobility and dexterity and promotes optimum levels of mobility and dexterity. Residents who require further assessment are referred to a physiotherapist. Falls risk assessments are completed and the home follows falls minimisation strategy. The new home has broad corridors and walkways and paved entry to the home. Walking paths are planned in the ongoing development. All residents are ambulant and mobilise as desired. Care staff provide supervision and assisted walking practice where appropriate. Hand/grab rails are in place in bathrooms and in resident units, as required; and residents are encouraged to use mobility aids appropriate to their needs. Residents and their representative’s state satisfaction with the therapy assistance provided at the home for residents.

### **2.15 Oral and dental care**

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

#### **Team’s recommendation**

Does comply

The home ensures residents oral and dental health is maintained through assessment when they first move into the home and on a daily basis during normal hygiene practices. Residents are prompted or provided with assistance by staff to clean their teeth. Residents are provided with assistance to visit external dentists. The home plans on providing training to staff to support resident oral and dental care. Residents and their representatives confirm they are satisfied with the oral care provided for residents of the home.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

The home identifies and assesses residents’ sensory losses when residents first move in through talking with residents and their representatives and review of resident’s medical history. Details of any aids used by the residents are included in care plans which are reviewed every three months and as changes are noted. Optometry and hearing services are located locally and the home supports residents to access services and attend external appointments when required. Staff support residents manage hearing aids and monitor their batteries. A library service provides large print books and talking books and the home offers large print board games. Residents’ sense of touch, smell and taste are stimulated at the home through meals and baking activities, gardening and the sensory garden and other recreational activities.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Anthem continuous care community promotes a quiet living environment for residents’ which contributes to the calm, welcoming feel of the home. All residents are accommodated in single rooms which facilitates a quiet environment at night. Residents are assisted to maintain their normal rest and sleep patterns through identification of their needs and preferences. Interventions to assist residents to sleep at night if they are restless include warm drinks, snacks and medication. Residents state they sleep well at the home and the environment is usually quiet and peaceful.

## **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

The organisation actively pursues continuous improvement. For further information relating to the homes continuous improvement system, please see expected outcome 1.1 Continuous Improvement.

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

- Management observed the non attendance in the activities program of two male residents. The residents were consulted and information sort on the types of activities they would like. As a result, one resident now participates in gardening activities while another, management advise, is active in the home’s ‘men’s shed’.
- A recently admitted resident, who has no next of kin and has led mostly a solitary life, is being moved from a three bedroom apartment to a single bedroom apartment. The resident, whose love in life is music, will be able to accommodate their piano and other treasured items that may not have been possible in the current apartment. Although there are no other residents occupying the other rooms at present, this early intervention by the home will avoid the emotional and physical disruption of moving after becoming ‘settled’. The resident is happy with the move in accommodation.

### **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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples specific to this standard are:

- Ensuring staff sign a confidentiality statement for maintaining confidentiality of residents’ information and providing residents with information on their rights and responsibilities.
- Providing a residential agreement for signing which includes information in accordance with regulatory 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

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. The general manager informed the team that the education program is continuing to be developed and that no formal education sessions in relation to standard three have been conducted. The general manager did advise that their qualifications and knowledge of depression in the aged has been used to conduct staff education on an informal, one to one basis.

### **3.4 Emotional support**

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

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

Does comply

The home welcomes new residents and their representatives and assists them to settle in by showing them around the home and introducing them to other residents and staff. Information on the emotional support required by residents is gathered through talking with the resident and their family. Family and friends are encouraged to visit and contact residents whenever they wish which helps with the settling in process; and residents and their representatives are encouraged to approach staff or management to discuss any matters of concern. Residents are encouraged and supported to join in with life at the home at their own pace. Residents state they are 'very happy living at the home', and feel supported in adjusting to life at the home and on an ongoing basis. On family member informed the team that the support settling into the home has been 'superb' and that their family member has never been happier.

### **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 are assisted to achieve maximum independence, to maintain friendships and participate in community life within the home and the outside community. Currently all residents are classified as requiring 'low care' and are staff are able to support residents to engage in local and community based activities. The home's philosophy focuses on resident independence. Residents were observed during the visit engages in companionable activity and choosing aspects of their daily life. The home's environment supports resident independence, with rooms having a small kitchen. Residents assessed as competent to safely manage appliances are able to make meals in their kitchens and entertain guests in their unit. The home has several successful initiatives to engage the local community in the home's life. The local 'university of the third age' meet weekly at the home and host activities such as chess and radio scripts, inviting residents to join in and also be part of an audience.

### **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

Anthem continuous care community ensures residents' privacy and dignity is maintained and personal information remains confidential. Residents are accommodated in single rooms, within a unit, with an ensuite bathroom which facilitates privacy and protects residents' dignity. During the site audit staff were observed to knock or ask prior to entering resident's rooms. Medical notes, clinical information and resident personal information are stored in locked cupboards or rooms; and are accessible only by appropriate staff. Staff address residents by their preferred name and respect resident's requests for privacy. There is a spacious lounge room, small sitting and garden areas where residents may meet with family and friends. Residents and their representative's state residents are treated kindly and with respect by staff and are very happy living at the home. The team observed the supportive and friendly manner in which staff and residents and family members interact.

### **3.7 Leisure interests and activities**

*This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".*

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

Does comply

The home offers a limited activity program of scheduled activities and offers other impromptu activities as directed by the residents. Residents are encouraged and supported to participate in activities. Residents of the home are generally independent in choosing how they wish to spend their time. The home offers regular trips into town for community outings or shopping. Several residents have commenced a walking group, supported by staff. The home has board games, music, puzzles and books. The community library visits regularly. Resident units have television systems and internet access. Residents interviewed generally state that they are satisfied with the activities offered. The team observed the friendly atmosphere of the home and the comfortable resident and staff interaction.

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

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

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

Does comply

The residents of Anthem continuous care community are encouraged to continue following their individual interests, customs and beliefs. Resident needs and preferences for spiritual and cultural support are identified when they first move into the home through data admission collection. Staff talk with residents and their families about resident's individual interests and preferences for participation in spiritual support and the home's activity program. The home has contacts with several local churches who support the home's residents. The home regular pastoral care visitors who offer support to interested residents. Ministers of religion or cultural representatives are welcome at any time to visit residents to provide support. Residents may choose to participate in special religious and cultural anniversaries such as Easter and ANZAC day; and important personal events are celebrated by choice including birthdays. Staff are familiar with how to access interpreter assistance and other community resources to ensure residents from cultural and ethnic backgrounds receive support while living at the home. Residents state they are happy living at the home.

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

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

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

Does comply

The residents of Anthem continuous care community are encouraged to exercise control over their lives which is achieved through choices such as care options, choice of meals, choice of medical officer or specialists, activity attendance and whether to vote. Residents are encouraged to personalise their rooms with memorabilia, photos and personal belongings. Residents meetings are held which enable residents to participate in decisions within the home and provide feedback about the quality of care and services provided at the home. A resident survey has recently been distributed to family and residents to support flow of information about resident satisfaction. The home actively keeps residents and families informed through newsletters, meetings and noticeboards and general conversations. Residents and their representatives state they have no hesitation discussing anything with management or staff, and residents are satisfied with the choices and decisions residents make over their lives.

### **3.10 Resident security of tenure and responsibilities**

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

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

Does comply

The home provides information for residents on security of tenure and their rights and responsibilities in resident's agreements and the residents' handbook. In addition the Charter of Residents' Rights and Responsibilities is displayed clearly in the home. Residents are provided with information on complaints resolution processes including internal and external complaint mechanisms, and advocacy services. Room reallocations are only completed after consultation with residents or their representatives. Residents are encouraged to attend residents meetings, and stated they would consult with management regarding any issues of concern. Residents state they feel secure living at the home and are aware of their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system. Improvements undertaken by the home relevant to Accreditation Standard Four include the following:

- Staff observed that a resident was not eating the meat portion of their meals. Through consultation with the resident it was found that the resident has difficulty cutting the meat and therefore can not eat it. Now, staff cut the meat for the resident and serve their meals on a plate containing a guard, preventing food being pushed over the edge. Management report the resident is very happy now that they are able to enjoy roast meats again.
- Management have recently implemented a system to ensure timely maintenance repairs. Previously, management were not always aware of what maintenance was being done and to what timeframe. A flowchart has been developed requiring maintenance assessment information, start and completion dates and signatures, and is monitored by the general manager.
- Waste disposal servicing has been increased from weekly to twice weekly.

### **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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples specific to this standard are:

- The home has a current fire safety statement.
- Material safety data sheets are displayed adjacent to the chemicals to which they refer in the kitchen, and cleaners room

### **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

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skill to perform their roles effectively.

Education sessions attended by staff that relate to this standard include but are not limited to:

- Manual handling
- Infection control
- Fire evacuation
- Chemical handling

#### **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

Management is actively working to provide a safe and comfortable environment. The team observed that the home is clean and free from clutter or other hazards. There is sufficient and appropriate furniture, comfortable internal temperatures and ventilation, natural lighting, little noise, and a secure internal and external environment. The home has a preventative and reactive maintenance program in place to ensure the environment is safe and well maintained. Safety and comfort of the home is monitored through feedback from residents, observations from staff, accident/incident reports, hazard logs and environmental audits. Residents/representatives interviewed are satisfied with the physical environment which enables residents to maintain an independent lifestyle.

#### **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

Management is actively working to provide a safe working environment that meets regulatory requirements. There is a system in place that regularly monitors and improves the health and safety of staff, residents and visitors, and includes regular assessments, incident/accident reporting system, a comments and complaints system, and opportunities of feedback from staff and residents. OHS issues are discussed at regular staff meetings and a preventative and reactive maintenance schedule is in place. Staff OHS training is carried out at orientation, which includes manual and chemical handling. The home maintains a hazard register and hazard report forms are in easy access for staff, residents and visitors. All residents/representatives interviewed indicated that the home provides a safe environment.

#### **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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks for resident/representatives and staff. The home's fire, security and emergency systems includes appropriate fire safety equipment, evacuation signage throughout the home, and staff training in emergency evacuation procedures. The home maintains a resident evacuation folder and the home has a current contract for the regular inspection and maintenance of all fire safety equipment. Staff

interviews demonstrated a sound knowledge of the location of emergency equipment and emergency procedures.

#### **4.7 Infection control**

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

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

Does comply

Anthem continuous care community has in place an effective infection control program that includes policies and procedures, an infection control manual, education programs, and provision of personal protective equipment. Mandatory staff orientation and on-going education includes infection control principles and practices. The team observed hand washing stations, hand hygiene gels and signage located throughout the home, and staff were observed using personal protective equipment and colour coded cleaning and kitchen equipment appropriately. Waste disposal and management systems are in operation, scheduled cleaning programs are in place and are followed and spills kits are provided for use if necessary. Regular temperature testing of all aspects of food preparation and delivery is done. Catering staff follow safe food handling guidelines and all staff interviewed by the team demonstrated a good understanding of infection control principles and practices related to their roles. Residents reported that the home is always clean and they see staff wearing gloves and washing their hands.

#### **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

Anthem continuous care community employs its own kitchen staff who provide catering from a fully equipped, centralised commercial kitchen. Hospitality, cleaning and laundry services are attended in a way that enhances residents' quality of life and staff working conditions. All resident/ representatives interviewed by the team stated that they are very satisfied with the catering, cleaning and laundry services provided.

##### **Catering**

Anthem continuous care community employs its own kitchen staff who prepare fresh meals from a fully equipped, centralised commercial kitchen. The home provides meals according to varied, seasonal menus which have been developed in consultation with residents. Food safety principles are implemented and the home is responsive to residents' feedback regarding meals. Catering staff are advised of the specific dietary requirements of residents and there is a system to regularly update this information. Food storage, refrigeration and preparation areas are well organised with foods correctly stored, labelled and dated.

##### **Cleaning**

The team observed the home to be clean and free of malodour. All cleaning is performed by care staff and is done according to cleaning schedules and protocols. The team observed that all cleaning equipment is appropriately stored and staff were observed to use cleaning equipment according to infection control principles. Residents and resident representatives interviewed by the team are satisfied with the cleanliness of the home.

## **Laundry**

All resident rooms contain washing machines, and driers, with irons and ironing boards available for them to wash and prepare their personal items. Residents have completed assessments in the use of laundry and other equipment. All other items including bed linen are out sourced with regular pick up and delivery days.

All resident/ representatives interviewed by the team stated that they are very satisfied with the catering, cleaning and laundry services provided.