



Aged Care  
Standards and Accreditation Agency Ltd

## **Austral House Nursing Home**

RACS ID 2557

4 Austral Avenue

NORTH MANLY NSW 2100

Approved provider: BCP Health and Aged Care Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 July 2015.

We made our decision on 4 June 2012.

The audit was conducted on 1 May 2012 to 2 May 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### 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.

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

**Standard 3: Resident lifestyle****Principle:**

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

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

**Standard 4: Physical environment and safe systems****Principle:**

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

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



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# Audit Report

**Austral House Nursing Home 2557**

**Approved provider: BCP Health and Aged Care Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 1 May 2012 to 2 May 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 1 May 2012 to 2 May 2012.

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

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

## Assessment team

Team leader:	Judith Roach
Team member/s:	Annette Chennell

## Approved provider details

Approved provider:	BCP Health and Aged Care Pty Ltd
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## Details of home

Name of home:	Austral House Nursing Home
RACS ID:	2557

Total number of allocated places:	35
Number of residents during audit:	35
Number of high care residents during audit:	35
Special needs catered for:	Dementia

Street/PO Box:	4 Austral Avenue	State:	NSW
City/Town:	NORTH MANLY	Postcode:	2100
Phone number:	02 9939 1288	Facsimile:	02 9905 9457
E-mail address:	fsm.austral@bcphealth.com		

## Audit trail

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

### Interviews

	Number		Number
Chief operations officer – corporate (BCP)	1	Residents/representatives	12
Facility Services Manager	1	Recreational activity officer	1
Deputy facility services manager	1	Volunteers	1
Registered nurse	1	Cook	1
Care staff	7	Catering staff	1
Physiotherapist	1	Laundry staff	1
Medical officer	1	Cleaning staff	1
Assets and maintenance program - contracted services manager	1	Maintenance staff	1

### Sampled documents

	Number		Number
Residents files (progress notes, medical officers notes/referrals, data base records, hospital discharge notes)	5	Medication charts (medical officer authorisation charts, packed and non-packed signing charts for staff, PRN [as required] signing charts)	20
Comprehensive and summary care plans (clinical care, resident lifestyle, allied health)	10	Personnel files	3
Environmental (perimeter) restraint authorisation/consent forms	35		

### Other documents reviewed

The team also reviewed:

- Asset register
- Audits folder, audits and corrective action plans
- Catering surveys and report
- Clinical and personal care assessment records
- Clinical and personal care monitoring, observation and treatment records including wound charts
- Clinical Indicator reports
- Comments and complaints, register, reports and summaries
- Consolidated reporting register
- Criminal record and immigration status checks

- Education and training calendars
- Education attendance records and educational materials including medication management
- Employee file checklists and updates
- External contracts folder and contracts
- Hazard reports
- Hazardous materials survey report
- Incident and accident register
- Infection control charts and summaries, outbreak register, vaccination records
- Infection control employee information book
- Lifestyle and leisure assessments and program evaluation records
- Lifestyle and leisure monitoring, observation records
- Maintenance calendar (to be rolled out)
- Maintenance logs and records current - including thermostatic mixing valve logs and checks and preventative maintenance schedule
- Medication records including scheduled drugs register
- Memorandum
- Menu and feedback records
- Newsletters
- Notices advising residents, representatives and visitors of the Re-accreditation Audit
- Other related health services personnel - referrals, reports
- Policies and procedures - various
- Position descriptions and duty lists
- Quality Improvement registers and logs (CGIP register) and workplans
- Resident agreements
- Resident meal/drink preference lists, fluid lists, menus, dietician reviews
- Resident restraint register, reports and summaries
- Residents' information handbook
- Residents' information package and surveys
- Scheduled services log sheet
- Staff competency forms and assessments
- Staff handbook
- Staff orientation checklist
- Staff performance summaries and completed appraisals
- Staff signature registers
- Staff signing sheet for high calorie and dense protein nutrition supplements with attached authorisation letter from dietitian specifying supplement recommendations for residents
- Staff survey results

- Temperature records for medication fridges
- Training needs analysis
- Vaccination records - residents
- Various meetings - schedules, agendas, minutes
- Workplace Health and Safety Handbook

### **Observations**

The team observed the following:

- Brochures - external complaints and advocacy services, food safety, various other
- Charter of residents rights and responsibilities
- Equipment in use, supplies and storage areas - various
- Feedback forms, suggestion boxes
- Interactions between clinical staff and medical and other health related services personnel
- Interactions between staff, residents and relatives/representatives, visitors
- Living environment - internal and external
- Manual handling system and processes
- Meal service and staff assisting residents
- Medication system and processes including storage of medications
- Notices, pamphlets, forms and other information on display for staff and residents
- Residents leisure activities in progress
- Residents leisure and lifestyle calendar
- Staff access to information systems
- Staff practices
- Staff work areas and staff room
- Storage of resident and staff files
- Vision, mission and values statements
- Visitor/contractor sign in/out books



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement through its improvement program which involves residents/resident representatives and staff. The program includes policies, improvement suggestion process, resident and staff committees, resident and staff satisfaction surveys and other feedback mechanisms such as comments and complaints. The home's improvement program also includes a range of audits and indicators which relate to all four Accreditation Standards. We noted that the home's improvement program is very responsive to any ideas proposed or issues identified and this was confirmed by our interviews with staff and residents/representatives.

Recent improvements are widespread and readily evident, supported by the corporate group. Improvements relevant to the Accreditation Standard include, but are not limited, to the development of new resident handbooks, new comments and complaints forms and processes, standardised improvement logs, new contractor induction and work processes and the redevelopment of the home's suite of policy and procedures. The home has also developed a new system of employee management processes and documents which are now in use. Notable among the improvements is the development of a suite of electronic registers, logs and reports available at local and corporate level. These registers include a range of management information such as mandatory reporting information, clinical indicators, incidents and accidents, compliance audits and comments and complaints. We noted that the information is up to date, clear, reported regularly and used to drive and monitor improvements.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has staff with specific responsibility to manage the home's compliance with legislative requirements, other relevant standards and guidelines and they demonstrated the mechanisms they have to keep abreast of, and ensure compliance with, regulatory changes. Ongoing changes and updates were overseen by the corporate group informed for example by memberships to professional associations and ongoing communication with relevant government departments. Policy and other documentation were noted by us to have been recently reviewed and contained reference to relevant legislation, regulatory requirements and guidelines such as the Aged Care Act and the Privacy Act. Interviews and document

review that we conducted demonstrated that staff had attended relevant educational programs concerning regulatory compliance.

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

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

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

The home meets this expected outcome

The home has a system, supported by the corporate group, to ensure that management and staff have appropriate knowledge and skills. The system includes regular performance appraisals, competency assessments, a staff orientation process, and an education program that spans the Accreditation Standards. Assessments of staff competency are conducted, as part of orientation and on an ongoing basis, in a range of general areas such as manual handling and in specific job related areas such as the management of medications, and safe food handling.

Our interviews with staff and our review of documentation indicate that a range of educational opportunities are available to, and accessed by, staff. The educational plan is developed based on a range of inputs including input from management and staff, audits, observation, a training needs analysis, competency assessment and staff. Education undertaken and/or available to management and staff relevant to this Accreditation Standard includes programs on the Aged Care Funding Instrument, frontline management, business management and the Accreditation Standards. We noted attendance at training and education is high as is staff satisfaction with the opportunities offered.

### **1.4 Comments and complaints**

*This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".*

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

The home meets this expected outcome

The home's complaints management process and external mechanisms for complaints are well documented and advertised, for example through the resident materials, displays, and through resident/representative meetings. Feedback forms are also used to gather feedback and are widely available and used by residents, representatives and staff. All residents/representatives we interviewed could describe their approach to raising complaints should they have one, usually through direct contact with staff and management. Complaints and comments are logged along with the actions taken and follow up feedback, all of which is regularly reported to management and staff committees. The home demonstrated its responsiveness to any complaints received.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home, as part of the corporate group, has documented its philosophy, goals and objectives all of which are supported by the home's quality plans and mission. The governance of the home's performance against its plans and values are overseen by a collaborative leadership team involving management of the home and the corporate group. The themes expressed in the home's statements are well advertised and promulgated throughout the home and we observed them to be reflected in the day to day interactions between staff, management, residents, and families. The leadership of the home was positively described to us by representatives and staff alike.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home's human resource policies and procedures include major functions for example recruitment and selection, position descriptions and detailed duty statements, orientation program, performance appraisal and review. All of these components of the human resources management system have been recently reviewed as part of a significant improvement initiative and we noted them to be functioning as planned. An education system, which includes competency assessments, is also in place and is described at expected outcomes 1.3, 2.3, 3.3 and 4.3 Education and staff development.

The home adjusts staff numbers and skill mix according to resident need. All representatives we interviewed reported that care is delivered competently in a caring and supportive atmosphere. Results of our interviews with residents support this information. Staff expressed satisfaction with their employment in the home. Notable throughout the home was a calm and positive atmosphere and a sense of teamwork.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has designated staff with responsibilities for inventory, stock control, equipment purchase and maintenance. All staff we interviewed stated they had ready access to all necessary goods and equipment at all times. Information we received from residents/representatives support this information. We observed kitchen and other to be well stocked with a first in first out system in operation. Medications, appropriate medical equipment and clinical stores, were observed to be available and stored appropriately with processes in place to ensure adequate stores are also available over the weekends and out of hours. Cleaning, laundry and other stores were observed to be well stocked and locked in

designated stock rooms. A preventative maintenance and equipment testing schedule is in place for equipment, including for example laundry systems, hospital equipment, kitchen equipment, and fire fighting equipment. Routine maintenance requirements can be and are raised by staff and representatives. Observation of records and interviews we had with staff and representatives demonstrated that repairs and replacements are generally carried out quickly.

### **1.8 Information systems**

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

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

The home meets this expected outcome

The home's information system and databases are comprehensive allowing staff password protected access to a range of information such as policies and procedures, memoranda, risk and incident registers, and comments and complaints. The improvements in the home's management and use of data, supported by their electronic management systems, are notable. Staff and managers that we interviewed described these and additional mechanisms that they use to enable them to share information to do their job. Additional mechanisms included for example the use of handovers, reminder boards, posters and alerts. Representatives that we interviewed confirmed the home's systems to keep them informed regarding any development and activities in the home and changes in resident care needs and preferences. These included meetings and other forums.

The home has policies and systems in place regarding privacy and confidentiality of staff and resident information and we noted that staff confidentiality agreements are in place. Staff records were observed to be kept in a designated lockable room. Residents' care plans and active files were observed to be stored in lockable areas in the nursing stations. Residents' administrative files and agreements were noted to be kept securely. The home's computer systems are backed up regularly.

### **1.9 External services**

*This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".*

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

The home meets this expected outcome

The home currently has contracts and agreements in place with external service providers which include for example providers of foodstuffs, chemical services, waste disposal, equipment maintenance, hospital and medical equipment and supplies, plumbers, electricians and fire services. Clinical, care and advisory services are also provided by external providers for examples doctors, pharmacy services, physiotherapist and podiatrist. We noted that external services are managed and scheduled by the home, that the quality of incoming goods and services were monitored and that external providers were generally meeting the home's quality requirements and goals. The home reviews each contractor's performance and contract regularly and gave examples of current contracts under consideration regarding levels of quality and responsiveness.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home actively pursues continuous improvement through its improvement system described under expected outcome 1.1 Continuous improvement. Audits, competency assessments, and other reviews are conducted across the expected outcomes of this Accreditation Standard including for instance, competency assessment of medication management. Clinical indicators are also collected such as falls, infection rates and incidents and accidents. Results of these audits and indicators are collated and reported to the home's management and committees as well as to corporate committees where they are discussed and responded to as required. Interviews with residents/representatives indicate that resident satisfaction with care is high.

Recent improvements relevant to the Accreditation Standard include the introduction of new dental services for residents to meet an identified need, the up-skilling of two certificate IV staff to administer medications under registered nurse supervision and the review and improvement of policies and competency assessments relevant to care services.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

The home has systems to manage regulatory compliance which are described at expected outcome 1.2 Regulatory compliance. The home's policies were noted to include reference to relevant legislation and regulatory requirements and reference to recent guidelines. The home has systems to provide information to residents/representatives concerning their care entitlements (as outlined in the Quality of Care principles) and to ensure that they have access to appropriate equipment and services. The home demonstrated that it conducts reviews relevant to the requirements of specific legislation, for example the review of registration status of registered nurses and other health professionals. Staff had attended relevant educational programs including programs aimed at promoting better practice in many aspects of care delivery such as medication management.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure that management and staff have appropriate knowledge and skills. This is described under expected outcome 1.3 Education and staff development. Our review of documentation and staff interviews demonstrated that nursing and care staff are consulted regarding their education needs, that they attend relevant education, and have undertaken competency assessments in clinical areas such as the management of medications and manual handling. Audit results, observation and clinical indicators are also used by the management team to assess the knowledge and skills of care staff in an ongoing way. A range of education sessions have been attended by staff relevant to this Accreditation Standard such as sessions in nutrition, continence management, wound management and palliative care. It is notable that the home has compulsory education for all staff, regardless of their role, in dementia and behavioural management. Staff expressed how valuable such education is to them in fulfilling their roles.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to ensure that residents receive appropriate clinical care. Registered nurses are responsible in liaison with the deputy facility services manager for directing and supervising clinical care which is delivered by qualified and trained staff within the scope of their practice. An interpersonal and collaborative process underpins the initial and ongoing assessment, planning, delivery and evaluation of residents’ care needs and preferences across a range of dependencies. The results are used to inform the development of care plans to guide staff in the delivery of clinical care that reflects the individual resident’s needs and preferences. We observed consultation occurring between the residents/representatives, management, staff, and medical practitioners about residents’ clinical care including changes occurring in their needs and preferences. Matters were being identified for further review as indicated, including referrals and follow-up by other health and related services personnel. Results of resident/representative interviews demonstrate their satisfaction with the clinical care received by residents.

### **2.5 Specialised nursing care needs**

*This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

#### **Team’s findings**

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Residents’ specialised nursing care needs are supervised and directed by the deputy facility services manager and registered nurses in consultation with the residents’ medical practitioners and/or other health and related services personnel. Management strategies and treatment regimes are in place to address residents’ specialised nursing care needs, including individualised palliative care programs, as required. The deputy facility services manager and registered nurses demonstrate a sound knowledge of specialised

nursing care needs including management of complex pain and wound care programs. Staff said, and our observations confirmed, that adequate supplies of equipment and resources are available to meet residents' identified specialised nursing care needs. Representatives interviewed expressed their satisfaction with the standard of specialised nursing care provided to residents.

## **2.6 Other health and related services**

*This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".*

### **Team's findings**

The home meets this expected outcome

The home has systems to facilitate the referral of residents to other health and related services personnel. Other health and related referral services available to residents include mental health, pain management, palliative care, physiotherapy, podiatry, speech pathology; wound care and specialist medical physicians. Residents are reviewed as required by trained and qualified audiology, dental, and optometry services personnel. Representatives interviewed are well informed, and stated they satisfied with the choices available to the residents.

## **2.7 Medication management**

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

### **Team's findings**

The home meets this expected outcome

The home has systems and processes to ensure residents' medication is managed safely and correctly. We observed qualified and trained staff using an accredited pre-packed medication system to administer prescribed medications to residents. Staff we interviewed explained practices and protocols they use to ensure residents receive their medications safely, as ordered. Document review confirms evaluation and review of residents' prescribed medication is regularly undertaken by their medical officers. The medication management system is monitored as part of the home's audit program, and additional auditing and review are carried out by an accredited pharmacist. All medication incidents are documented and reported to management and the home is responsive in taking remedial action as required. Representatives interviewed said they are satisfied with the way staff manage residents' medication needs.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

Residents/representatives interviewed expressed their satisfaction with how residents' pain is managed. Representatives expressed their belief that staff assist residents to be as free as possible from pain. Residents are assessed for acute and chronic pain states on entry to the home, and then regularly and as indicated. Assessment and review of individual residents' pain is carried out by qualified medical officers and trained and qualified staff in consultation with the residents and/or their representatives. Staff described their role in identifying and reporting residents' pain and demonstrated the use of an assessment they use for residents who are unable to verbalise their pain. Residents are provided with a holistic approach to

pain relief including prescribed analgesia and diversion through selected leisure activities. We observed staff asking residents about their pain states and offering them a range of pain management options. Additionally, we observed an accredited physiotherapist conducting a pain management program for residents in conjunction with the mobility, dexterity and rehabilitation program which is conducted at the home four days a week.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure the comfort and dignity of terminally ill residents is maintained through a palliative care approach. Residents’ terminal care wishes may be documented as indicated on entry to the home including the level of clinical intervention preferred by the resident. The home has a dedicated palliative care coordinator who works in liaison with a palliative care specialist from a local general hospital. The specialist provides palliative services and support including staff education when the home has a palliative care resident requiring assistance in ‘end of life’ comfort. Care and lifestyle staff described a range of interventions they would employ when caring for a terminally ill resident to ensure the resident’s pain would be managed and their comfort and dignity maintained. Non-medicinal care and resources that can be provided to residents include a program of gentle massage and the use of pressure relief air mattresses. Emotional support is provided by care and lifestyle staff and pastoral care is available as desired.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

The home provides residents with adequate nourishment and hydration. Residents’ initial and ongoing dietary requirements are assessed and care staff inform the kitchen staff about changes to residents’ dietary needs and preferences. Assessments identify any oral or dental deficiencies, swallowing difficulties, or the need for special diets. A speech pathologist is available as needed. All residents are weighed on entry to the home and then monthly. If a resident experiences a specific weight loss their medical officer and a dietician are notified and appropriate action is undertaken including weekly weight monitoring. Food supplements are prescribed by the dietician as indicated. Our observations and interviews conducted with representatives confirmed the residents are encouraged to maintain hydration including at meal times, at morning and afternoon tea and at regular intervals throughout the day. Our observations and interviews with residents indicated they are served food at satisfactory temperatures and are satisfied with the quantity, quality and choice of their meals.



## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

The home is ensuring that residents’ skin integrity is consistent with their general health. The home recognises a close link between residents’ skin integrity and nutrition and hydration, mobility status, and incidents and accidents including falls and skin tears. A podiatrist, a physiotherapist, and a continence management officer provide assistance to staff in assessing, actioning and evaluating residents’ skin care needs and preferences. Staff interviewed demonstrated their knowledge for identifying and reporting anomalies in residents’ skin integrity. A registered nurse regularly assesses and evaluates wounds using documented wound care charts. All complex wound care is provided by a registered nurse in liaison with the residents’ medical officers. Residents are referred as appropriate by their medical officers to wound care specialists for assessment and review of their wounds and treatment regimes. Representatives interviewed expressed their satisfaction with the skin care provided to residents.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ continence is managed effectively. The home has a continence management officer who oversees the continence program including the initial and ongoing assessment, planning, actioning and evaluation of residents’ continence needs and preferences. Other responsibilities include the distribution of appropriate aids, acting as a preceptor for new staff and liaising with the facility manager and staff on issues associated with individual residents’ continence management. Staff interviewed discussed toileting programs they use to manage individual resident’s needs and preferences and said adequate continence care supplies are readily available. Our observations confirm this information. Residents are regularly monitored for the presence of urinary tract infections which may impact on their level of continence, and preventive strategies are implemented. Bowel management programs are in place and include daily monitoring, regular fluids and appropriate diets. Specialist continence advisors are consulted by the continence management officer to ensure the programs and products used are effective in managing residents’ continence. Representatives interviewed expressed their belief that the home manages residents’ continence needs effectively.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure the needs of residents with challenging behaviours are managed effectively. Initial and ongoing assessments identify individual residents’ behaviour management needs and inform the development and implementation of their care plans. Our observations, and results of representative and staff interviews, demonstrated the home promotes residents’ independence as they can move about in a secure, calm and inclusive environment consistent with their needs and preferences. A holistic program of behaviour

management is used including a pain management program featuring regular analgesia and physiotherapy. Diversion through participation in lifestyle activities is encouraged and staff report the activities minimise residents' challenging behaviours through providing a sense of meaning and purpose. The home practices a minimalist approach to the use of physical and chemical restraint. Factors intensifying behaviours of concern are identified, and tailored management strategies implemented and evaluated through regular review involving the residents' representatives, medical officer and specialist mental health personnel. Behaviour incidents are recorded, addressed and evaluated in a timely manner and contributing medical causes are monitored and treated appropriately. Referrals to mental health specialists occur through the residents' medical officers as required. Representatives and staff interviewed said they are very satisfied with the way residents with challenging behaviours are managed at the home.

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

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

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

The home meets this expected outcome

The home has an established mobility program that is tailored to the individual resident's needs and preferences. A personalised physiotherapy program is delivered to residents at the home by a physiotherapist four days a week and includes initial and regular assessment, review and evaluation of all residents' mobility, dexterity and/or rehabilitation needs. The use of mobility aids and individual falls prevention strategies are consistent with identified needs of residents and are documented in regularly evaluated plans of care. The process occurs in consultation with residents/ representatives, medical and other health related personnel, registered nurses and care staff. Group exercises are part of the residents' lifestyle program and residents' participation levels are monitored and reviewed by the recreational activity officer who is also a trained physiotherapy aide. Additionally, a program of passive gentle exercises planned by the physiotherapist and delivered to residents by trained care staff form part of their daily personal care regime. Resident incidents such as falls are reported and responded to in a timely manner and feedback is provided to staff, residents and medical and other health related personnel. Our observations and residents interviewed indicated the residents' pleasure and satisfaction in the exercise classes being provided to them. Representatives interviewed said they are very satisfied with the home's approach to optimising residents' mobility, dexterity and/or rehabilitation.

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

*This expected outcome requires that "residents' oral and dental health is maintained".*

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

The home meets this expected outcome

Residents' oral and dental health is maintained. The home's approach to the maintenance of oral and dental health includes initial assessment and ongoing review of residents' oral and dental care needs. Assessments are carried out by registered nurses; care staff and referral to dentists or specialists of choice is arranged according to residents' needs and preferences. Arrangements are in place for a dental care clinic to provide on-site access to oral and dental care for all residents as desired. Staff said that residents have their daily oral care needs encouraged, supervised and/or attended by care staff. Representatives interviewed confirmed arrangements have been made for an on-site dental clinic to regularly visit the home. Representatives said that residents have access to a dentist of their choice in the local area and are assisted to make appointments as required.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure that residents’ sensory losses are identified and effectively managed. The identification of sensory impairment includes an assessment of the resident’s sight, hearing, smell, taste, touch, balance and communication. A plan of care incorporating the resident’s sensory needs is initially developed and regularly reviewed. Medical and other related health personnel are involved as required. Residents interviewed indicated that staff assist them in the maintenance of their sensory aids including cleaning and fitting of spectacles. Representatives interviewed said staff are aware of residents who have sensory losses and assist them as required including helping them to communicate. Sensory loss assessment information is incorporated into the development and planning of the home’s lifestyle and leisure program. Incorporated features that focus on sensory stimulation include art and craft and gardening. We observed residents being provided with supervised daily access to an inbuilt courtyard to experience fresh air and sunshine. We observed staff ensuring the residents in the courtyard were provided with sun protection such as wide-brimmed hats.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Representatives interviewed said that residents are encouraged to achieve natural sleeping patterns. The home has a system of initial and ongoing identification and review of night care requirements that encourages natural sleeping patterns for residents. Staff interviewed said residents can choose to have a sleep during the day and document review confirmed the information is used to identify individual resident routines. An active on-site lifestyle program, regular outings, physiotherapy, and the physiotherapy pain management program provide the residents with an environment conducive to developing/maintaining natural sleeping patterns. Sleep strategies implemented include a reduced noise level at night, flexible retiring times, offering a warm drink, appropriate continence management, one-to-one time and night sedation and/or pain relief medication if ordered by a medical officer. Residents interviewed indicated they sleep at night and that staff help them when they experience difficulty in sleeping.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

The home actively pursues continuous improvement through its improvement system described under expected outcome 1.1 Continuous improvement. Audits and other reviews are conducted across the expected outcomes of this Accreditation Standard and results of these are reported to management and staff committees where they are discussed and appropriate actions are planned. Interviews with residents/resident representatives that we conducted indicate that resident satisfaction with lifestyle is high.

Recent improvements relevant to the Accreditation Standard include the development of a lifestyle package, including cultural and lifestyle assessments, which will be supported by upcoming education for recreational staff. Regular bus outings have begun for residents in the home and the home has also made improvements in its processes to meet compulsory reporting requirements.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

The home has systems to manage regulatory compliance which are described at expected outcome 1.2 Regulatory compliance. The home’s policies were noted by us to have undergone a recent and comprehensive review and included consideration of relevant legislation and regulatory requirements such as The Aged Care Act and amendments. Interviews and document review that we conducted demonstrated that staff had attended relevant educational programs. Resident information packages and agreements, and staff information and files, were noted by us to include information relevant to particular legislative requirements for example information concerning privacy and confidentiality, the collection and use of resident information and security of tenure.

#### **3.3 Education and staff development**

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

##### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure that management and staff have appropriate knowledge and skills. This is described under expected outcome 1.3 Education and staff development.

Staff are consulted regarding their education needs and attend education specific to their roles and also regarding general areas of resident care and lifestyle. A range of education sessions have been attended by staff relevant to this Accreditation Standard such as programs on elder abuse and end of life care. We noted high levels of attendance at training and education offered by the home. A new program in lifestyle is to be rolled out in May 2012 for lifestyle 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**

The home meets this expected outcome

The home provides initial and ongoing support to residents/representatives in adjusting to a resident's new life in the home. Social, lifestyle and leisure assessments identify emotional support needs for individual residents and/or their representatives on a resident's entry to the home. The assessment results are used to inform the development of a personalised plan of care that is regularly reviewed and evaluated. We observed management and staff providing emotional support to a new resident and their family following the resident's entry to the home. Residents/representatives interviewed said that ongoing emotional support is provided as desired and discussed other support services available to residents/representatives including visits by religious clergy from various denominations. We observed staff providing support to residents by encouraging them to participate in life at the home whilst also respecting their right to refuse. Residents/representatives interviewed expressed their satisfaction with the emotional support offered to them by management and staff when residents first arrive and said the support is ongoing.

### **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**

The home meets this expected outcome

A range of residents' preferences for independence are identified in consultation with residents/representatives. Initial and ongoing assessments, completed social profiles and strategies for assisting residents' independence are implemented. The home encourages the involvement of family and friends and we observed visitors providing companionship to residents. Residents are encouraged and assisted to continue their involvement in the community including bus trips and planned outings to venues of local interest. Our observations and staff interviews revealed strategies used to assist residents maintain their physical independence include a regular program of gentle exercise and pain management provided by a physiotherapist. Risk taking consent forms are completed as necessary for preferred individual resident activity. Residents/representatives interviewed expressed their satisfaction with the encouragement and assistance staff provide to residents to maintain their independence, friendships, and a desired level of community participation.

### **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**

The home meets this expected outcome

Residents' privacy, dignity and confidentiality is maintained and valued at the home. Residents interviewed indicated they are treated politely and courteously by staff. Confidential and private information including permission to publish photographs is obtained with the prior consent of the residents/representatives and is securely stored. Staff receive training and are monitored on supporting residents' privacy, dignity and confidentiality. Our observations of staff attending residents in a respectful and courteous manner demonstrated their awareness of privacy issues. The home has indoor and outdoor sitting areas for residents and visitors desiring additional private areas (see also expected outcome 4.4. Living environment). Staff said they have signed a confidentiality agreement on commencing employment at the home. We observed, and representatives said that residents live their life at the home with respect and dignity.

### **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**

The home meets this expected outcome

A series of lifestyle and leisure assessments are carried out when a resident first enters the home. The results are used to develop a regularly reviewed lifestyle plan that encourages and supports residents' participation in a wide range of interests and activities of interest to them. Residents' participation levels and feedback guide the plan which includes group and one-on-one activities. Group interaction activities offered include planned outings, table games and exercise programs. We observed residents' participation and enjoyment in a group sing-a-long being provided by a volunteer musician. Document review shows one-on-one activities provided include gentle massage, reminiscence and daily walks. Residents interviewed spoke of activities offered to them including art and craft and bus trips. They indicated their satisfaction for the assistance provided to them by staff in this area of care. We observed, and representatives interviewed said that whilst residents are encouraged and supported to participate, they are regarded as individuals and their right to refuse to participate is respected.

### **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**

The home meets this expected outcome

Requirements for residents' individual cultural and spiritual needs, and customs and beliefs are identified using an initial data base and residents' social profiles as available. Information is recorded in a resident's lifestyle record and informs their plan of care. Staff interviewed said that friends and family are encouraged to visit residents. Holy days and cultural days such as Christmas, Easter, and ANZAC day are celebrated. Residents' backgrounds are respected and they are encouraged to use photographs and other visual reminders of their cultural and spiritual heritage. We observed management and staff valuing and fostering the

individual interests and cultural backgrounds of residents/representatives from culturally and linguistically diverse backgrounds. Two representatives interviewed confirmed the facility services manager provided them with information in their own language, on the Re-accreditation audit. Information provided included a letter advising them of the dates of the audit. Interviews with residents/representatives confirmed that residents' spiritual needs are met through on-site religious services. The services are provided by various denominational clergy. Representatives said they are satisfied with the range of individual and group cultural and spiritual services and support available to residents at or through 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**

The home meets this expected outcome

Consultation about a resident's (or his or her representative's) right to participate in decisions about the care and services a resident receives occurs between the resident/representative and staff on a resident's entry to the home. Residents/representatives decide on a range of care and services including residents' preferred time for hygiene activities and retiring, a choice of meals, and when or if to participate in leisure interests and activities. Information packages and the offer of a resident agreement ensure they are aware of choices available to residents. We observed information regarding residents' rights, complaints mechanisms and advocacy services is included, and is on display. Staff interviewed said that residents/representatives are aware of the need for residents to not infringe on the rights of other residents. Mechanisms used to monitor residents'/representatives' satisfaction about choice and decision-making opportunities available at the home include feedback arising from consultation between residents/representatives, staff, and/or medical and other health related personnel; and the facility services manager's 'open door' policy. Residents/representatives interviewed expressed their satisfaction with the level of encouragement and support provided in making choices and decisions about residents' lifestyles.

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

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

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

The home meets this expected outcome

The home has in place policies and procedures to ensure that residents have secure tenure within the residential care service, and understand their rights and responsibilities. New residents (and/or their representatives) are provided with comprehensive information about their rights and responsibilities on entry to the home. This information is explained both prior to and during the entry interview. A resident agreement is offered to each resident/representative during this time to formalise occupancy arrangements. The agreement includes information for residents/representatives about their rights and responsibilities, complaints handling, fees and charges, residents' security of tenure and the process for the termination of the agreement. Interviews with representatives revealed they are satisfied with the information the home provides regarding residents' security of tenure and their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home actively pursues continuous improvement through its improvement system described under expected outcome 1.1 Continuous improvement. Audits are conducted across the expected outcomes of this Accreditation Standard including audits of food safety and the environment. Indicators are also collected such as falls, infection rates and incidents and accidents. Results of these audits and indicators are reported to management and staff committees, and are discussed and responded to as required. Resident/representative interviews we conducted indicate that resident satisfaction with safety and the home’s environment is high.

Numerous improvements relevant to the Accreditation Standard have been made and they include the development of new Workplace Health and Safety (WHS) policies, WHS handbook and staff resources which are supported by staff education and assessment. The home has also made significant improvements to the environment, with renovation to include a new internal courtyard which we noted was well used by residents and visitors, and the upgrading of corridors, the dining room and other areas of the home. Safety of residents has been improved through the installation of additional perimeter security at the home’s entrance.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to manage regulatory compliance which are described at expected outcome 1.2 Regulatory compliance. The home’s policies were noted by us to include consideration of relevant legislation, regulatory requirements and guidelines. Interviews and document review conducted by us demonstrated that staff had attended relevant educational programs such as workplace health and safety, food safety, infection control, fire safety and manual handling. The home conducts reviews and audits relevant to the requirements of specific legislation and the Accreditation Standard, for example workplace inspections, fire safety and food safety audits.



### **4.3 Education and staff development**

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

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

The home meets this expected outcome

The home has a system to ensure that management and staff have appropriate knowledge and skills. This is described under expected outcome 1.3 Education and staff development.

Staff are consulted regarding their education needs, attend relevant education, and have undertaken competency assessments in areas such as manual handling, infection control, fire and emergency safety and food safety. A range of internal and external sessions have been attended by staff relevant to this Accreditation Standard such as programs on safe food handling, chemical handling, manual handling, infection control, workplace health and safety, and fire safety and evacuation. We noted that attendance at training and education was high as was staff satisfaction with the opportunities offered.

### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".*

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

The home meets this expected outcome

The home comprises accommodation over one floor for thirty five residents in single, double or triple rooms with either en suite bathrooms or shared bathroom facilities. Resident rooms throughout the home, like the common living, activities and dining areas, are very clean and uncluttered. Sitting areas and activity areas are available and well used as well as a small hairdressing salon. The home enjoys natural sunlight emphasised recently through a major renovation to provide a large internal courtyard which residents and visitors were observed to enjoy throughout our audit.

The home's security is maintained with coded access security gates and doors. Additional strategies are in place across the home to ensure the safety and security of residents with special needs, for example we noted handrails, belts and lifters to be available and in use. The home reviews safety in an ongoing way through comprehensive risk analysis and through monitoring resident falls and other incidents. We noted that this information was regularly reviewed, and appropriate improvement strategies were developed and implemented where required. All residents/representatives that we interviewed expressed satisfaction with the safety, security and comfort provided by the home and commented on recent improvements.

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

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

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

The home meets this expected outcome

The home has a system to ensure a safe environment for staff, residents and visitors. The system includes committee meetings, regular workplace inspections, risk assessment, contractor guidelines and processes, education and training and a range of policies and

procedures. Staff and others receive education on workplace health and safety at orientation and on an ongoing basis on topics such as manual handling, lifting, fire safety and chemical awareness. Competency assessments are also carried out for staff in some of these areas. Personal protective equipment is readily available to staff and we observed staff using this equipment appropriately. Staff can highlight risks through logs and maintenance requests, and all issues raised were noted by us to be addressed. Staff described (and we observed) how stocks of chemicals for cleaning, washing and maintenance purposes were kept in locked rooms and material safety data sheets were appropriately placed. The environment and equipment are regularly maintained and serviced according to maintenance schedules (see also expected outcome 1.7 Inventory and equipment). Staff incidents and accidents are monitored and evaluated, and action plans developed where required.

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

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

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

The home meets this expected outcome

The home has systems to promote the safety and security of residents and staff including documented procedures for responding to fire and other risks. Independent inspections are carried out annually for attainment of fire safety certification. We observed the home to be fitted with fire and smoke detectors, fire alarms and panels, fire fighting equipment, and fire and smoke doors, all of which were tested and maintained according to pre-determined schedules. Nominated staff in the home are trained as fire officers and all staff participate in compulsory fire and other emergency training at orientation and in an ongoing manner. Staff attendance at training, and their knowledge and competency are monitored regularly. Staff that we interviewed were aware of and could describe procedures for responding to fire and other emergencies.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has a system of infection control which includes policies and procedures, infection prevention strategies such as the application of universal precautions, hygiene schedules, colour coding of equipment, systems for the management and disposal of contaminated waste, a range of audits, vaccination programs, and the surveillance of infections. The home's orientation and ongoing education system supports the infection control program through staff training and competency assessments in aspects such as hand washing. Staff across the home were able to describe and were observed by us to use the above mentioned infection control strategies. Staff in the kitchen have received training on food safety, and temperature checks are conducted routinely on food during preparation. Temperature checks are also conducted on other equipment in the kitchen, laundry and throughout the home. The home regularly collects and reports data on infections and we noted that results were reviewed and discussed, and where required appropriate action was taken.

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

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

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

The home meets this expected outcome

##### **Catering**

The home has systems to identify the residents' special dietary requirements and preferences on entry into the home, and in an ongoing way. We confirmed that residents' needs are identified and communicated to kitchen staff who displayed knowledge of the residents' individual dietary requirements and preferences. We observed that special requirements were provided for, for example dietary supplements, soft diets and aids for eating. A new menu (including recipes) began recently which had been developed by a dietician. We noted that hot meal options are now available for residents at each meal and that alternative meals are readily available should they wish. Residents/representatives we interviewed are satisfied with the catering services. The home is monitoring the success of the new menu to identify further possible improvements.

##### **Cleaning**

The residents' rooms and bathrooms, and all common areas were observed by us to be very clean at all times during the visit. All residents/representatives that we interviewed provided positive feedback regarding the cleanliness of the home and their room. Cleaning occurs according to clearly defined specifications, duty statements and work schedules, and on an as needed basis. We observed staff conducting cleaning procedures in accordance with policy and safety procedures and in a friendly and professional manner.

##### **Laundry**

The home's laundry service for residents is provided on site managed by staff employed by the home. Staff we interviewed described, and were observed to use, appropriate infection control and hygiene procedures. Residents/representatives we interviewed expressed satisfaction with the laundry services, and we observed finished laundry and linen to be of a high standard.