



Mitch Fialkowski and Wendy Oakes holding a piece of kangaroo tail

Anyone for some more magpie goose?

Once a month the residents of Frontier Services Rocky Ridge Nursing Home and Rocky Ridge Hostel in Katherine, Northern Territory, enjoy a traditional bush tucker barbecue complete with home-made damper.

It's not unusual for the menu to consist of magpie goose, buffalo or kangaroo tail. On a rare occasion there might even be some turtle available to cook. This is traditional fare for many of the indigenous residents who live at Rocky Ridge.

The meat is cooked in the traditional way, in a fire pit in the grounds of the home. The barbecue gets started early in the day to allow for a long, slow cooking of the meat. On the day of the barbecue the residents wake up early and head outside to enjoy the whole spectacle of the cooking process.

The Director of Nursing, Helen Mar said the barbecue days were initiated about 10 months ago and have proved very popular with the residents.

"You can tell when it's barbecue day, the residents are so happy to sit out under the trees and enjoy the smells of the food. It's really communal, it's what it would have been like when they were living out in their communities" Helen said.

This is not the home's first bush tucker undertaking. A few years ago, a bush tucker garden was planted out the front of the home containing native berries, wild passionfruit and other native flora. Helen said the native flora is sometimes used for cooking but more often residents use the plants to make products such as shampoo.

They have recently built a concrete path through the garden to enable residents with wheelchairs to more easily access the garden.

Just a word



Food is the theme for this month's issue of *The Standard*, with a smorgasbord of stories and updates to suit a variety of tastes, including a food-related hypothetical scenario in our regular feature 'case in point'.

Also, in this month's issue we have included results of industry feedback about our performance at site visits over the past 12 months. Overwhelmingly, the feedback we receive about the way we conduct site visits is positive.

We are always interested in opportunities to measure our performance as an organisation. Our ISQua membership provides a measure of our performance as an accrediting body in relation to other accrediting bodies across the globe. In addition to this, we have maintained our ISO 9001 certification since 2004, which provides us with ongoing assurance about the integrity of our systems and processes. The results of our most recent SAI Global audit are included in this issue.

In addition to these performance measures, the Australian National Audit Office (ANAO) will be undertaking an audit titled 'Residential Aged Care Providers; Monitoring and Compliance Regime'. The objective is to assess the effectiveness of the monitoring arrangements to ensure compliance with the Accreditation Standards and other requirements under the *Aged Care Act 1997*.

The audit will cover our role as the accreditation body and that of the Department of Health and Ageing as the regulator and is expected to be completed in May 2011.

Mark Brandon
Chief Executive Officer

The new one day course

6 RCNA CNE points

Our new seminar Making support contacts work for you: knowing and monitoring your own performance is a one-day course designed to give participants an overview of the accreditation process and methodology, and help management and staff from aged care homes more effectively prepare for, and work with aged care quality assessors, during announced and unannounced support contacts.

The course will assist participants:

- identify how to more effectively plan and prepare for announced and unannounced support contacts
- better prepare, educate and support staff for support contacts
- more effectively work with aged care quality assessors during support contacts
- demonstrate compliance with the Accreditation Standards.

The course will provide participants with an understanding of:

- the purpose, focus and process of support contacts
- the essential roles of key people in the assessment process
- how assessment modules are applied and may assist the home with monitoring and analysing their performance
- the relationship between promoting high quality care and demonstrating compliance with the Accreditation Standards.

This seminar is ideal for group and site managers, directors of nursing, directors of care, village managers and quality managers.

	Making Support Contacts work for you
NSW/ ACT	14 October 2010, Chatswood 15 November 2010, Brighton Beach 8 December 2010, Canberra
VIC/ TAS	8 October 2010, Box Hill 16 November 2010, Melbourne CBD 15 December 2010, Bairnsdale
QLD	28 September 2010, Southport 13 October 2010, Brisbane
SA	29 September 2010, Glen Osmond
WA	24 September 2010, Mt Claremont

Industry feedback 2009/10

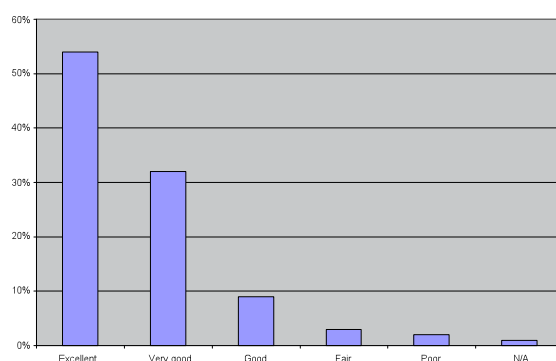
Homes continue to find assessment teams perform well both in terms of their overall satisfaction with site visits and their ability to continue their duties during the visit.

Homes are asked to assess the performance of assessment teams at each visit by completing a site visit questionnaire. The questionnaire asks the home to rate the team's performance in terms of how the visit was conducted, how staff were enabled to continue their duties and the knowledge, flexibility and feedback provided by the assessment team.

The response rate remains consistently high for site visits at 84 per cent. The response rate for announced support contacts was 28 per cent and 35 per cent of responses were received for unannounced support contacts.

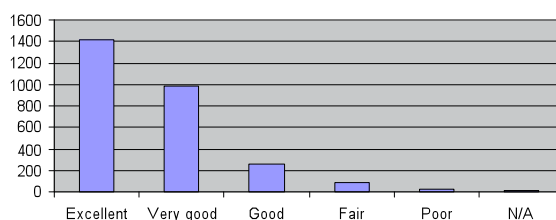
Of the responses received, 54 per cent rated their overall satisfaction with the assessment team's performance as 'excellent', 32 per cent rated overall satisfaction as 'very good', nine per cent responded 'good' to overall satisfaction. Of the 2,769 questionnaires, two per cent rated overall satisfaction level as 'poor'.

Overall satisfaction with site visits



In terms of staff being able to continue their work during site visits, over 95 per cent of homes rated the assessment team's performance in this respect as 'good', 'very good' or excellent'.

The performance of the team in terms of allowing care staff to continue their duties during the visit



Chief Executive Officer, Mark Brandon, said the questionnaire results provide a positive picture about the way assessment teams conduct visits.

"The fact that our visits are positively received by the industry tells us that assessment teams performing well when they are out on visits. It also tells us when there has been a problem and helps us identify areas where we can improve our performance.

"I think the results also tell us that management and staff at aged care homes are becoming more familiar with accreditation processes and this level of knowledge and understanding about the way we conduct visits creates a growing sense of confidence and ease during site visits".

Five ticks of approval and a further three years

SAI Global Limited has recently conducted a triennial audit of the Accreditation Agency's Quality Management System, assessed against the ISO 9001 standard and has issued a further three-year period of accreditation.

SAI Global Limited said the management team "embraces the principles and practice of quality management and encourages a quality culture at all levels of the organisation". The Agency was seen to deliver quality service as defined by the organisation's 'Charter of Commitment to Service Quality (Quality Policy)'. Evidence showed the Agency's Quality Management System (QMS) continues to mature through the application of continual improvement strategy adopted by top management. The support and commitment displayed through the allocation of human resources and infrastructure as well as financial investment aided in the significant improvements of the Agency's operating structure.

The audit also observed that "a positive team spirit appears to permeate at all levels and across all areas of the Agency."

SAI Global Limited said personnel interviewed during the audit process "displayed confidence and competence in demonstrating the process being sampled, including identifying and accessing records to verify the outcomes of workplace activities."

According to SAI Global the Agency's Quality Management System:

- provide for continual improvement activities through the recording of audit findings and the implementation of workplace best practice initiatives;
- provide for a controlled environment for capturing, monitoring and tracking vital data against set business objectives, budget forecast and relevant key performance indicators;
- provides an avenue that enhances a quality focus regarding service deliverables through quality improvement activities;
- ensures significant checks and balances have been established that aims to ensure that stakeholders' requirements are being met as prescribed in contractual and/or legislative requirements; and
- attests that Management has established a risk management strategy that is integrated into all business critical activities.



Case in point

This month's case in point scenario is centred on food that is brought into residential aged care homes by residents' relatives and friends. The scenario prompts discussion about the cultural and spiritual significance of food, residents' independence and consumer rights balanced against food safety issues.

A nursing home has 75 residents, comprising of high-care and low-care residents who have been long-term residents of the home. At different times during the year, relatives bring foods to celebrate their cultural and personal events.

Food brought in by relatives often looks and smells very tempting and this has led to family members bringing enough for the residents in the home to share. Some residents who are on special diets choose to try these different foods even though their health may be affected.

The DON is about to implement a policy to stop all food being brought into the home but the residents want to keep sharing food at their home.

From the Aged Care Standards and Accreditation Agency Ltd

The underlying principles of the Accreditation Standards specify for residents that:

- management systems are responsive to their needs (Standard one);
- their physical and mental health is “promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health team” (Standard two);
- they “retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives” (Standard three); and
- their “quality of life and welfare” are assured (Standard four).

These principles are a guide to interpreting the Accreditation Standards.

This scenario is about weighing up resident lifestyle with food safety issues. Of consideration are expected outcomes for residents related to their cultural and spiritual lives, independence and choice and decision making. These fundamental aspects of resident lifestyle need to be considered in relation to issues of food safety given the increased vulnerability of older people to food poisoning and its adverse effects.


Food is a critical component of cultural and spiritual life. Expected outcome 3.8 Cultural and spiritual life requires that “individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered”. Residents’ relatives, friends and visitors play a crucial role in enhancing the cultural and spiritual life of residents and the aged care home more generally. Visitors often bring food and drink to celebrate birthdays and other special events or just to provide some familiar smells and tastes from home. In making a decision to stop food from being brought into the home, one of the areas the approved provider should consider is the home’s capacity for meeting the food and drink component of the cultural needs of residents.

The impact on resident independence and choice and decision-making should also be considered in this case. Expected outcome 3.5 Independence requires that “residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside of the residential care service”. The decision to stop food being brought into the home by visitors would limit the way in which residents are able to share a normal life and engage in community life within the home. It could have a negative impact on the self-determination of residents who are able to make informed decisions about their lifestyles and disempower residents’ relatives and friends who express their support and friendship through the delivery of food to their loved one in the home.

Prior to making a policy restricting food coming into the home, consideration should be given to whether this would potentially impact on the fabric of community life in the home and what alternative arrangements could be put in place to minimise the impact of this decision on the residents and visitors of the home.

Expected outcome 3.9 Choice and decision-making requires that “each resident (or his or her representative) participates in decisions about the service 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”. A decision to stop visitors bringing food into the home will take away an aspect of choice and control for residents who are impacted by the decision.

Expected outcome 4.7 Infection control requires that “an effective infection control program” is in place. An effective infection control program will invariably include a food safety program for the preparation and delivery of food services within the home but will not necessarily preclude food being brought in to the home through other avenues.



It is appropriate for homes to take a risk management approach to this issue. Management of this issue will depend on a variety of considerations, for example the extent to which food is being brought in by visitors, information available to residents and visitors about food safety issues for vulnerable populations, whether the food is being consumed by one resident or multiple residents, whether there are processes for ensuring the food can be appropriately stored, labelled and disposed of when necessary.

Homes should also be aware of their obligations under the Australia New Zealand Food Standards Code, in particular in relation to Food Safety Programs required for vulnerable people such as their residents (http://www.foodstandards.gov.au/_srcfiles/Std%20331-Food%20Safety%20Prog%20Vul%20Pers-guideFNL1.pdf). However, those obligations should not be taken to be an impediment. They should only be seen as something to be accounted for in the home's processing of food for the residents in order to ensure the residents' ongoing safety while satisfying the requirements of residents' lifestyles.

A response from a residential aged care provider

Lyn Warnock, Chief Executive Officer, St. Anna's Residential Care Facility

The Croatian, Ukrainian and Belarusian Aged Care Association has 37 residents within the home. The majority of residents (70 per cent) are from the three communities and maintain a close connection after moving to the facility. Currently there is an average stay of seven years and strong relationships are developed with most families.

The facility has a strong "focus" of celebrating "cultural days" e.g. Croatian National Day, Ukrainian Independence Day, St Anna's Day, Christmases (Orthodox and 25th December) are but a few of the celebrations. Thus food is a very important part of these days of celebration as well as religious aspects.

There is a strong involvement of families, community groups and religious persons. The Nuns of each community consider part of their role is to provide for their people (e.g. food).

Considering resident choice, continued family and community involvement and legislative requirements becomes a balancing "act" to ensure a good outcome for everyone. It is not simple to implement a policy that will change "a way of life" for families and community members as well as staff who have an affiliation with the communities. A common thought is that the changes made are someone's idea and there is limited understanding of legislative requirements.

Food safety has been discussed with Community Board Representatives, staff, residents and family members. Information regarding food safety is provided in newsletters and in a monthly letter which is sent out with invoices.

Invitations for functions inform people that food will be provided. Relatives are encouraged to join residents for meals and birthday cakes are provided by the facility. Families may use the courtyard pergola area for functions but are informed that if other residents are to attend that catering will be provided by the Association.

When all else fails accept graciously and dispose of discreetly.

A response from a Manager of residential aged care

Rosemary Jeffery, Manager Residential Care, Frontier Services

Frontier Services, in all its aged care facilities actively encourages families and friends to bring in cultural foods for their loved ones. It is important for residents to have the company as well as the food which comes with this activity of cultural food being provided. Across the world all our societies and cultures place a great emphasis on food as a time for friendships and relationships to be maintained and developed. So why should that stop when a person enters a nursing home? It

should not. We (you) should try and imagine being admitted to a nursing home in say Indonesia where they served only Indonesian food all the time. How would we cope? How nice would it be, on occasions for someone to bring you a lamb roast dinner?

The risk of eating inappropriate food would depend on the condition of each individual resident therefore the participants need to be made aware of the risk they would be taking by eating the food. If these cultural food events became a regular event the individual residents would need to make their own decision based on the information given to them. This information may need to be backed up with further information coming from appropriate allied health. Documentation demonstrating this process would be required.

However the choice is the resident's to make and we need to respect that choice. After all we make those choices every day so just because you are in a nursing home doesn't mean that the control should be taken away.

It is not our place to divulge to visitors restriction that other residents may have so being prepared before visits would be an advantage.

I believe the DON should be writing a letter or a news letter encouraging the cultural food feast, but asking for notice so residents who choose to participate can and perhaps a few subtle hints on food safety issues could also be pointed out for example keeping hot food hot and cold food cold.

A response from a daughter of a resident of residential aged care

Liz Smith

My mother has been in hostel care now for over three years. As a constant visitor I have built up a strong rapport with many of the other residents, many of whom seldom have any visitors. I love to sit and have morning/afternoon tea with my mum and of course many of the others see me there and go to get their cups and make tea/coffee and join us.

They love to hear all that has been happening in my life, about my grandchildren, whom they have met, and want details about whatever I am knitting, crocheting whatever. It follows naturally that I often make scones or buy a tea cake to share with them all. The other residents usually enjoy the bit of food I bring, probably because it is a bit different from the usual fare served at the home.

In many ways the food becomes the focal point for what is an enjoyable and impromptu social gathering. I understand there are food safety issues to be considered but I would be disappointed if I could no longer bring morning tea in every now and then to share with my mum and the other ladies who have become part of our lives.

Do you have a 'case'? Let us know. Email: editor@accreditation.org.au



Education courses and locations

22 RCNA CNE points

Understanding accreditation: a practical toolkit for homes course – three day

NSW	19-21 October 2010, North Parramatta 9-11 November 2010, Parramatta
QLD	18-20 October 2010, Stones Corner 29 November – 1 December 2010, Stones Corner
SA	9-11 November 2010, Modbury
WA	19-21 October 2010, Mt Claremont
VIC	Victorian courses are now hosted by Aged and Community Care Victoria (ACCV).

7 RCNA CNE points

	Managing risk to avoid non-compliance	Achieving compliance with 1.8 Information systems
NSW/ACT	3 November 2010, Wollongong	
VIC/TAS	18 March 2011, Albury	16 February 2011, Mildura
QLD	9 December 2010, Toowoomba	13 October 2010, Brisbane
SA	23 November 2010, Glen Osmond	3 December 2010, Naracoorte
WA	14 March 2011, Mt Claremont	24 February 2011, Mt Claremont

For more information go to www.accreditation.org.au or call 1800 728 589.

Food safety for vulnerable populations: an update

Food Standards Australia and New Zealand (FSANZ) gazetted Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons in October 2006. The Standard came into effect in October 2008 but the date from which businesses have been subject to audit for compliance with the Standard has varied depending on the State or Territory in which the business operates.

Standard 3.3.1 requires food businesses that prepare food for service to six or more vulnerable persons to implement a documented and audited food safety program in accordance with Standard 3.2.1 Food Safety Programs.

Premises that handle potentially hazardous food served to vulnerable groups include residential aged care facilities, hospitals and child care centres. The requirements placed on the provision of food to vulnerable people reflect the fact that the frail aged, the seriously ill and the very young are more vulnerable to the severe consequences of food poisoning.

In Queensland food businesses that process or serve food to vulnerable people are required to have a documented and audited food safety program. Further information on food safety programs can be obtained at www.health.qld.gov.au/foodsafety/

In New South Wales businesses that serve food to vulnerable people must hold a NSW Food Authority Licence and have an audited food safety program in place. For further information visit www.foodauthority.nsw.gov.au

All food businesses that process food for vulnerable people in the Australian Capital Territory (ACT) are required to have food safety programs and to have them audited by public health officers from the Health Protection Service, ACT Health. Further information can be obtained at www.health.act.gov.au

On 1 July 2010, a new food premises classification system was introduced in Victoria. Under the new system premises that predominantly handle potentially hazardous foods served to vulnerable people, such as aged care facilities, remain classified as Class 1 food premises. Class 1 premises are required to have a food safety program tailored specifically for the food premises, have a food safety supervisor with the necessary skills and accredited training (except in circumstances set out for food safety programs prepared under a recognised Quality Assurance (QA) system that includes required staff training), and have their food safety program audited by a Department of Health approved auditor. Further information about the QA food safety programs, reforms to the Food Act and future changes can be accessed at www.health.vic.gov.au/foodsafety/

In South Australia food businesses serving food to vulnerable people are required to have a food safety program in place and to have it audited by a Department of Health approved food safety auditor. The initial audit frequency is six months. Thereafter the audit frequency is based on performance and will range from 3 to 12 months. The register of approved food safety auditors can be accessed at www.dh.sa.gov.au/pehs/food-index.htm

The Northern Territory adopts the Australian and New Zealand Food Standards Code by reference without amendment, therefore Standard 3.3.1 has in effect come into force in the Territory. Whilst this is the case, the Department of Health and Families is still in the process of developing regulations under its head legislation, the Food Act 2004, to allow for the audit infrastructure needed to support the Standard. At this stage organisations are not being audited against the Standard by the Department, however it is encouraging development of programs that comply with Standard 3.3.1 ahead of the legislation necessary for the Territory to implement the audit system. Further information can be obtained from www.health.nt.gov.au/

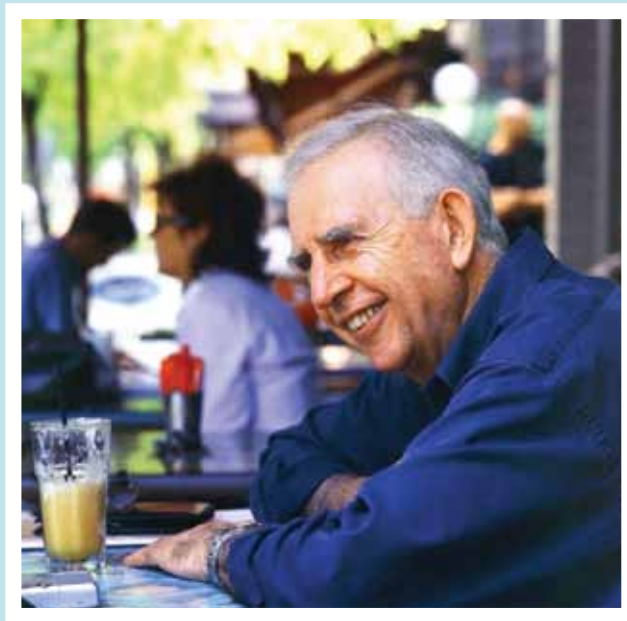
In Western Australia (WA) Food Act 2008 came into operation on 23 October 2009. It is now the principal piece of legislation that regulates the sale of food in WA. Residential aged care homes are required to have an approved food safety program in place. These programs will be audited from October 2010 and must be fully implemented by that time.

In Tasmania business affected by Standard 3.3.1 are required to have a food safety program audited by an approved auditor. Further information and a list of approved food safety auditors are available from the www.dhhs.tas.gov.au/peh/food_safety



Hugh Mackay: Looking ahead - social changes that will shape aged care

Hugh Mackay is a psychologist, social researcher, newspaper columnist and best-selling author. He is the leading voice on Australian attitudinal and behavioural trends and at this year's Better Practice events he reflects on the future of residential aged care based on current and emerging patterns of social behaviour.



In a DVD made exclusively for our Better Practice events, Hugh presents a thought-provoking projection of residential aged care based on emerging social trends. He outlines some of the major social changes that have taken place in modern

Australian society and reflects on how these changes will manifest themselves in the context of residential aged care in coming years. His presentation walks us through recent societal changes; the way we organise ourselves in relation to family, accommodation, work and recreation and he extrapolates on these trends to paint a picture of residential aged care in the years ahead.

The presentation provides a window into the social profile of future aged care residents, providing an opportunity for us to think about what changes we might expect to see in the industry and start to plan for how best we can accommodate and care for future consumers of residential aged care.

Hugh is a fellow of the Australian Psychological Society and received the University of Sydney's 2004 Alumni Award for community service. In recognition of his pioneering work in social research, Hugh has been awarded honorary doctorates by Charles Sturt, Macquarie and NSW universities.

He is a former deputy chairman of the Australia Council, a former chairman of trustees of Sydney Grammar School, and was the inaugural chairman of the ACT Government's Community Inclusion Board. He was a newspaper columnist for almost 30 years and now writes occasionally for *The Sydney Morning Herald*, *The Age* and *The West Australian*. He is a frequent guest on ABC radio.



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