



The **Aged Care**  
Standards and Accreditation Agency Ltd

## **Decision to Accredit Christies Beach Residential Care Service**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Christies Beach Residential Care Service in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of Christies Beach Residential Care Service is 3 years, until 22 July 2010.

The Agency has found that the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the "Agency Findings" column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied that the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with the improvements and compliance with the Accreditation Standards.

Nancy Morelli  
Assessment Manager  
SA and NT

### **Information considered in making an accreditation decision**

The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

# Service and Approved Provider Details

## Service Details

Service Name: Christies Beach Residential Care Service  
RACS ID: 6945E  
Number of beds: 96      Number of High Care Residents: 96  
Special Needs Group catered for: People with dementia or related disorders.

Street: 50 Gulfview Road  
City: Christies Beach      State: SA      Postcode: 5165  
Phone: 08 8384 3133      Facsimile: 08 8326 1060  
Email address: info@cbrcs.com.au

## Approved Provider

Approved Provider: Pakary Pty Ltd

## Assessment Team

Team Leader: Robert Hughes  
Team Member: Margaret Onley

Dates of audit: 15/05/2007 to 17/05/2007



## Executive summary of Assessment Team's Report

## Accreditation Decision

### Standard 3: Resident Lifestyle

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

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

### Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

## **Assessment team's reasons for recommendations to the Agency**

The assessment team's recommendations about the service's compliance with the Accreditation Standards are set out below. Please note the Agency may have made findings different from these recommendations.

### **Site Audit Report**

#### **Executive summary**

This is the report of a site audit of Christies Beach Residential Care Service 6945E, 50 Gulfview Road, CHRISTIES BEACH SA 5165 from 15 May 2007 to 17 May 2007 submitted to the Aged Care Standards and Accreditation Agency Ltd on 31 May 2007.

#### **Assessment team's recommendation regarding compliance**

The assessment team considers that the information obtained through the audit of the home indicates that the home complies with:

- 44 expected outcomes

#### **Assessment team's recommendation regarding accreditation**

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Christies Beach Residential Care Service.

The assessment team recommends that the period of accreditation be three years.

#### **Assessment team's recommendation regarding support contacts**

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within 12 months.

#### **Assessment team's reasons for recommendations**

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

# Site Audit Report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 15 May 2007 to 17 May 2007.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of 2 registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the *Quality of Care Principles 1997*.

## Assessment team

Team Leader:	Robert Hughes
Team Member:	Margaret Onley

## Approved provider details

Approved provider:	Pakary Pty Ltd
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## Details of home

Name of home:	Christies Beach Residential Care Service
RACS ID:	6945E

Total number of allocated places:	96
Number of residents during site audit:	96
Number of high care residents during site audit:	96
Special needs catered for:	Residents with dementia or related disorders.

Street:	50 Gulfview Road	State:	SA
City/Town:	CHRISTIES BEACH	Postcode:	5165

Phone number:	08 8384 3133	Facsimile:	08 8326 1060
E-mail address:	info@cbrcs.com.au		

### **Assessment team's recommendation regarding accreditation**

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The assessment team recommends that the period of accreditation be three years.

### **Assessment team's recommendation regarding support contacts**

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within 12 months.

### **Assessment team's reasons for recommendations**

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

### **Audit trail**

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

#### **Interviews**

	<b>Number</b>		<b>Number</b>
Proprietor	1	Residents	10
Executive Director of nursing	1	Relatives	3
Director of nursing	1	Occupational health and safety officer	1
Clinical nurse consultant	1	Quality systems manager	1
Registered nurse	1	Cleaning/laundry staff	4
Enroled nurse	2	Maintenance staff	1
Care staff	2	Catering manager	1
Office manager	1	Domestic supervisor	1
Office managers(Klemzig and Hahndorf)	2	Catering staff	1
Physiotherapist	1	Lifestyle staff	1

#### **Sampled documents**

	<b>Number</b>		<b>Number</b>
Residents' files	12	Medication charts	11
Resident agreements	4	Personnel files	4

## **Other documents reviewed**

The team also reviewed:

- Policies and procedures, nursing/carer practice manual
- Continuous improvement action plan, corrective action request forms
- Staff, resident and volunteer handbooks
- Comments/complaints/praise forms
- Incident forms and trends, hazard alerts, audit schedules and evaluations
- Various meeting minutes
- Recruitment folder, performance reviews, job descriptions, rosters, certificates, competencies
- Education records-schedules, attendance and evaluation
- Fire safety manual and logbook, asbestos register, triennial fire safety certificate, 1999 building certification report, material safety data sheets
- Maintenance records, maintenance schedules, maintenance request books
- Australian food safety assessment, temperature charts, menus
- External contractors contracts
- Komm-uni-kate cue cards folder
- Lifestyle activities information, weekly activity program
- Medication incident data
- Memos, newsletters, Information on noticeboards
- Admission and pre admission packages, waiting list for single room, multicultural kit
- Menus, dietary information, dietitian report, including recommendations, whiteboard with dietary information, residents' weight records
- The resident's guide to continence care, palliative care booklet, wound treatment documents.

## **Observations**

The team observed the following:

- Living environment-internal and external
- Residents at lunch
- Activities in progress
- Interactions between staff and residents
- Equipment and supply storage areas
- Medication administration and storage areas, staff administering medications
- Pamphlet carousel
- Mobility aids
- Fire suppression equipment and compliance tags
- Noticeboards
- Communication systems
- Laundry and kitchen
- Sluice rooms
- Handwashing stations
- Personal protective equipment

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Christies Beach Residential Care Service is a 96-bed home, and is one of three homes in the Bonney Health Care Group. There is a regular and systematic approach to continuous improvement activities. Information for improvement activities are gathered from a variety of sources, such as incidents, audits, surveys, meetings, comments and complaints, hazard reports and individual discussions. A key quality systems manager monitors and collate information from quality activities conducted within the home. All sourced information is discussed at the Quality Assurance Committee, which is held every month. Aspects of all the Accreditation outcomes are discussed as part of the forum. All of the home’s departments are represented on the committee, including residents. Corrective action request forms are used to document issues for improvement, with data from these added to a Continuous Improvement Action Plan.

Examples of improvements achieved over the last 12 months in management systems, staffing and organisational development include:

- revising all shift work schedules for nurses to reflect the home’s current practices
- amending the residents, staff and volunteer handbooks to represent the homes policy around police checks
- streamlining confidential file destruction practice by purchasing a large confidential paper bin which is kept on-site. This provides a common area for disposal and reduces the frequency of using external contractors to destroy the papers.
- enhancing resident and representative feedback mechanisms by attaching a simplistic comments survey to accounts being issued
- improving staff morale by developing a social club. Money raised from contributions will go towards a cash raffle and end of year function.

Planned improvements to be implemented over the next 12 months include:

- improving information sharing and networking across the three sites by purchasing new computer hardware and software. The pilot introduction will begin in the Hahndorf site.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems and process for identifying key legislation and professional standards and guidelines relevant to management systems, staffing and organisational development. Communication with administration staff at sister sites at Klemzig and Hahndorf promote extra channels for obtaining information on legislative requirements. With senior management in key positions within aged care associations' legislative changes are quickly accessed. Subscriptions to various papers and journals are also used as a means to gather information on any changes. Memos, e-mails, individual notes, meetings, policies and procedures, education sessions and handbooks are some of the communication channels used to inform residents and staff of relevant legislative changes. Regulatory compliance is monitored through internal and external audits and reviews.

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

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

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

Does comply

New staff are employed based on the skill level and experience required for the position. Job and person specifications for each role guide selection and recruitment processes. Orientation processes are conducted for new or temporary staff outlining home requirements, relevant documentation procedures and legislated responsibilities. New staff are rostered with experienced staff initially, who can be used as a resource. Mandatory and ongoing training is provided according to relevance to roles. An annual calendar details session dates and times. Annual performance appraisals monitor staff skills and knowledge and identify future training needs and requests. The office manager monitors staff education attendance, and provides this information to each area manager for follow-up. Feedback is obtained after all education sessions to monitor staff satisfaction and course relevance.

### **1.4 Comments and complaints**

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

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

Does comply

The director of nursing monitors and maintains the comment and complaint system. Residents and their representatives are provided with information on entering the home through discussions and the resident handbook. The written information provided is in English but various other languages are available if needed. A specific form to address all comments, complaints, praise and suggestions is available for residents, relatives and staff to use and is accessible through various locations in the home. Comments and complaints are also obtained through surveys, audits, meetings and individual discussions. Staff, relatives and representatives are able to act as advocates for residents if needed. Information about external complaints avenues is available. The director of nursing also has an 'open door' approach to persons wanting to discuss any issues or concerns. Complaints received are confidentially followed-up and actioned promptly, with feedback given to the complainant. Complaints data is collated monthly and addressed at the Quality Assurance Committee to identify opportunities for improvements. Residents are generally satisfied with the home's comment and complaint processes.

### **1.5 Planning and leadership**

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

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

Does comply

The service's mission statement and philosophy of care detail their commitment to quality, values and objectives. These statements are included in resident, staff and volunteer handbooks and on display in various locations through the home.

### **1.6 Human resource management**

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

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

Does comply

The home has processes to monitor and maintain sufficient and skilled staff relevant to their specific care and services areas. Once needs are identified to replace or increase staffing levels, casual staff are canvassed first for permanent positions, followed by external advertising. Residents are involved in the home's recruitment interviews. There is an orientation process for new and temporary staff. Qualifications are checked, filed and reviewed on an annual basis to monitor relevance and currency. Job and person specifications detail roles within the home. Education is offered to improve staff skills and qualifications. The director of nursing or senior registered nurse organise relief staff as required. Flexibility to increase staffing levels is available if resident acuity changes. Staff are satisfied they are able to carry out their tasks with sufficient time to provide individual care and support to residents

### **1.7 Inventory and equipment**

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

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

Does comply

The administration officer maintains an electronic equipment register, and handles all the administrative details, such as trials, purchasing and returning. Various key personnel in all departments within the home maintain adequate supplies of goods and equipment for their area. Goods are rotated in the kitchen so they can be used before their 'best by' dates. Feedback is obtained from relevant staff prior to the purchase of any new equipment. Education is provided to staff on equipment used to perform their duties. Routine and ongoing maintenance schedules, both by the on-site maintenance person and external contractors, monitor and maintain equipment.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

The home's information systems provide a means of communication to staff and relatives about issues that are relevant to their needs. Confidential information is kept within locked storage areas or password protected computers, which are accessed only by designated personnel. Sharing of information between the two sister sites at Klemzig and Hahndorf allow broader communication scope. Memos, e-mails, newsletters, meetings and minutes, schedules, handover, policies and procedures are some avenues of communication used by the home. Distribution of information is undertaken according to where it is required. Regular audits monitor information management practices. Files are archived in a secure area as the need arises with destruction of documentation according to set procedures. A confidential paper waste bin is located within the home and contents destroyed by external contractors.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

The home has a preferred supplier and maintenance list for external contractors. Specific criteria, such as certificates, business details and clearances are required prior to contracts being finalised by the home. Contracts are maintained and monitored by the office manager in the administration department. Work undertaken by external contractors is monitored for completion and thoroughness by various home staff. Suppliers are assessed and evaluated on a rating system every three months. If service delivery has not met expectations written notification is given.

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

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

### **2.1 Continuous improvement**

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

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

Does comply

There is a regular and systematic approach to health and personal care improvement activities. A key quality systems manager monitors and collates information from quality activities conducted within the home. Information for improvement activities is gathered from a variety of sources, such as incidents, audits, surveys, meetings, comments and complaints, hazard reports, staff handover and individual discussions. All sourced information is discussed at the Quality Assurance Committee, which is held every month. Aspects of all the outcomes of Standard Two are discussed as part of the forum. All of the home's departments are represented on the committee, including residents. Corrective action request forms are used to document issues for improvement, with data from these added to a Continuous Improvement Action Plan.

Examples of improvements achieved over the last 12 months in health and personal care include:

- improving information available to care staff through using Joanna Briggs evidence based practices in the policy and procedure manual
- refining and developing assessment tools covering all aspects of care from entry and ongoing. Staff are educated and monitored about this.
- improving staff knowledge and skill levels with peritoneal dialysis in response to an identified need.

### **2.2 Regulatory compliance**

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

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

Does comply

The home has systems and process for identifying key legislation and professional standards and guidelines relevant to health and personal care. The executive director of nursing is currently on the care management executive committee for the Aged Care Association of Australia. Subscriptions to various papers and journals are used as a means to gather information on any changes. Memos, e-mails, individual notes, meetings, policies and procedures, education sessions and handbooks are some of the communication channels used to inform residents and staff of relevant legislative changes. Regulatory compliance is monitored through internal and external audits and reviews.

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

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

#### **Team’s recommendation**

Does comply

New staff are employed based on experience and skill level required for the position. Nursing qualifications are verified on commencement and on an annual schedule. Job and person specifications are available for each role. Orientation processes are conducted for new or temporary agency staff outlining the home’s requirements, relevant care and assessment documentation procedures and legislated responsibilities. New staff are rostered with experienced staff initially, who can be used as a resource. Mandatory and ongoing training is provided, including medication competencies, manual handling and infection control. Extra training to improve care provision is provided if specific resident care needs are identified. For example, providing education to staff about peritoneal dialysis in response to an identified need. An annual calendar details mandatory training sessions dates and times. Annual performance appraisals monitor staff skills and knowledge and identify future training needs and requests. The office manager monitors staff education attendance, and provides this information to each area manager for follow-up. Feedback is obtained after all education sessions to monitor staff satisfaction and course relevance.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The home has entry, assessment and review processes for gathering information on residents’ health and personal care requirements. Information is collated from various sources at the time of entry and an interim care plan is completed. Assessment processes, which include all care domains are completed over a three-week period and used to develop resident care plans. Residents’ care is reviewed every three months and when their needs change. A range of healthcare professionals are involved in the assessment, care planning and review process. This includes registered nurses, physiotherapist, medical officers and when required a speech pathologist. Residents are referred to external health specialists as required. All residents have an annual review which includes reassessment of specified care domains. Resident incident data is collected, collated, evaluated for individuals and reported through the home’s Occupational Health and Safety Committee to identify opportunities for improvement. The Nursing/Carer Practice Manual guides staff practice in clinical care. Internal scheduled and spot audits, incident data and supervision is used to monitor staff practice and compliance with policies and procedures. Resident and representative satisfaction with health and personal care is monitored through feedback processes, including surveys, resident and representative meetings and individual discussions. Nursing staff consult with residents and/or their representative about the resident’s health and care requirements at the time of entry and on a needs basis. The home has a formal process for representatives to meet with the director of nursing six weeks post entry and annually to discuss resident care and other issues. The home does not consistently record the offer of this meeting or if the representatives declines. Residents and representatives are satisfied with the level of care and consultation provided at the home.

## **2.5 Specialised nursing care needs**

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

### **Team’s recommendation**

Does comply

The home’s entry, assessment, planning and review processes identify and manage residents specialised nursing care needs. A registered nurse is available in the home at all times. Registered nurses conduct assessments and monitor, implement and evaluate the effectiveness of specialised nursing care strategies. Enrolled nurses under the supervision of registered nurses attend aspects of specialised nursing care, such as wound care, clinical observations and medication administration. Internal scheduled and spot audits, incident data and supervision are used to monitor staff practice. Residents and representatives are satisfied with the care provided to residents with specialised nursing care needs.

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

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

### **Team’s recommendation**

Does comply

Information gathered at the time of entry identifies residents’ individual preferences for allied health services. The home has processes for referring residents to health specialists as required. Residents are supported to access their preferred health providers where possible. A physiotherapist and podiatrist attend the home on a regular basis and provide assessment, treatment and evaluation for residents. Other health professionals and services, such as speech pathologists, mental health services and optometrists visit as required. Recommendations and instructions for care and interventions are included on care documents and information is provided to relevant staff. Residents and representatives are satisfied with resident referral to health professionals and the care provided.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has processes to safely and correctly manage residents’ medications when supplying, administering, recording and storing medications. Policies and procedures are available to guide safe administration of medications. Medical practitioners and a pharmacist regularly conduct medication reviews. Nursing staff review the level of assistance residents require with medication administration every three months and as required. The effectiveness of ‘as required’ medications is evaluated and their use is monitored. Medications are predominately administered by enrolled nurses from dose administration aids. Specified medications are administered or checked by registered nurses. Residents who want to self-administer medications do so under direct supervision of the enrolled or registered nurse. Their medications are stored in the general secure medication storage area of the home, and taken to the resident for self-

administration at the appropriate time. The home has a Medication Advisory Committee with nursing, medical and pharmacy representation. Medication incidents are monitored through the homes Quality Assurance Committee meetings each month and the quarterly Medication Advisory Committee meetings. Registered and enrolled nurses complete annual medication competencies. Staff practice is monitored through observation, internal scheduled and spot audits and incident data. Residents and representatives are satisfied with medication management at the home.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

The home’s entry, assessment, planning and review processes identify, manage and review the effectiveness of strategies used to manage residents’ pain. The assessment process includes the use of a pain assessment tool to identify pain issues for all residents, including residents with cognitive and communication deficits. Care documents reflect assessment information. Residents’ pain management is reviewed every three months and when necessary. The home uses both pharmacological and alternative therapies, such as position changes, heat packs and massage as pain management strategies. The use of ‘as required’ pain relieving medications is monitored and action implemented where indicated. The home refers residents to their treating medical officer for additional pain management review when required. Staff practice is monitored through scheduled and spot audits and consultation with residents and representatives. Residents and representatives are satisfied with the pain management provided at the home.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

The home has processes to identify and manage the comfort and dignity needs of residents who require palliative care. Processes include gathering information on residents’ needs and preferences on entry to the home and reviewing information when residents’ needs change. The home provides new residents with relevant information, including the home’s palliative care booklet. Residents are encouraged to discuss their wishes and complete a ‘Good Palliative Care Plan’. Lifestyle and care staff gather relevant cultural and spiritual information in regard to palliative care. The home’s multi-cultural kit includes palliative care information relevant to some religions and cultures. Management strategies include referral to palliative care specialists and appropriate support services and access to specialist equipment. There is provision for residents to be relocated to a private area of the home and for representatives to remain with residents who are receiving palliative care.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The home’s entry, assessment, planning and review processes identify and manage residents’ dietary needs and preferences. Information from assessments is documented in care plans and communicated to catering staff. A nutrition risk assessment is completed for all residents at the time of entry, at annual reviews, and as required. Processes, such as completing a nutrition risk assessment, observing food and fluid intake, and monthly weighs monitor the adequacy of hydration and nutrition strategies. A speech pathologist and dietitian are accessed for assessment and care planning purposes as required. The home provides nutritional supplements and special dietary aids where indicated. A dietitian reviewed the menu and conducted an audit of the home’s catering service in October 2006. The home has implemented recommendations from this review. Processes, including resident surveys, comments and complaints and other feedback mechanisms monitor residents’ satisfaction with the meals and fluids provided. Residents and representatives are satisfied residents receive adequate nourishment and hydration.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

The home’s entry, assessment, planning and review processes consider aspects of health that may impact on skin integrity, such as nutrition, medical conditions, mobility and continence. Care documents reflect individual strategies to maintain and improve skin integrity, including the use of pressure relieving devices, position change schedules and emollients. Appropriately qualified staff implement wound care and have access to professional wound management manuals and guidelines. Clinical products and equipment for wound management are readily available. Scheduled and spot audits and incident data are used to monitor staff practice and identify opportunities to improve practice. Residents and representatives are satisfied with the provision of skin care and skin protection strategies at the home.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

The home's entry and assessment processes identify residents' with continence problems. The assessment process includes both functional and frequency based assessments, and considers aspects of resident care that continence may impact on, including skin integrity and behaviour. Information from assessments is used to develop a continence care plan. Continence management strategies include regularly assisting residents to the toilet, provision of appropriate continence aids, identifying dietary requirements and environmental prompts. The clinical nurse consultant monitors continence management at the home and staff have received continence product training. The effectiveness of the continence program is evaluated through the home's care review process, infection data and scheduled and spot audits. Residents and representatives are provided with information about continence management at the time of entry and they expressed satisfaction with continence management at the home.

### **2.13 Behavioural management**

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

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

Does comply

The home's entry, assessment, planning and review processes identify triggers for residents' behaviours of concern. The assessment process considers aspects of resident care that may impact on behaviour management, such as pain and continence. Behaviour and mental assessment tools are used to determine residents' cognitive and mental state. Behaviour management strategies are developed and regularly reviewed. Strategies include individually assessed interventions and accommodating residents in the homes secure area where necessary. Processes for authorizing and reviewing restraint practices are implemented. Referral to behaviour specialists is implemented as required to assist with individual residents who have behaviours of concern. The home collects, collates and uses information from resident behaviour incident reports to identify opportunities to improve behaviour management practices for individual residents. Residents and representatives are satisfied with residents' behaviour management.

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

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

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

Does comply

Processes are used to identify, assess, manage and review residents' mobility, dexterity and rehabilitation needs at the time of entry to the home and on an ongoing basis. Nursing staff complete initial mobility assessments and a mobility care plan. A physiotherapist, who attends the home on a regular basis reviews this care plan and completes further assessments. Manual handling requirements are identified and individualised exercise programs are developed and implemented. The physiotherapist reviews residents every three months and as required. A physiotherapy aide monitors resident progress and conducts group exercise programs and hydrotherapy. Mobility, physiotherapy and podiatry care documents include specific mobility and transfer needs, equipment requirements, individual exercise programs and treatments. The home collects, collates and uses information from resident falls data to identify improvements for individual residents. Residents and representatives are satisfied with the support residents receive with mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

The home’s entry, assessment, planning and review processes identify residents’ oral and dental care needs. Care documents include residents’ oral and dental health needs and preferences and level of assistance required to maintain oral hygiene. Care reviews monitor residents oral and dental health and referrals to dental health professionals are initiated as required. Staff practice is monitored through resident feedback processes, including surveys, individual discussions and observation. Residents and representatives are satisfied with the oral and dental care provided to residents at the home.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

The home’s entry, assessment, planning and review processes identify and manage residents’ sensory loss for all five senses. Care documents include information about sensory deficits, including touch, taste and smell, strategies to enhance communication and level of assistance required to optimise independence. The effectiveness of strategies implemented is monitored through regular review and handover processes. The need for referral to appropriate health professionals is identified. Residents with visual impairment are supported through regular low vision group meetings, convened at the home by the Royal Society for the Blind. There are processes for identifying and controlling environmental hazards that may impact on residents with sensory loss. Residents and representatives are satisfied with how the home assists residents to manage their sensory loss.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

The home’s entry, assessment, planning and review processes identify residents’ individual needs and preferences to assist them to achieve natural sleep. The home’s sleep management process involves implementing strategies that include improving comfort, warm drinks, pharmacological and environmental strategies. Residents are satisfied with the assistance offered by staff to promote sleep.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

There is a regular and systematic approach to monitoring, maintaining and improving resident lifestyle. Improvement opportunities are gathered from a variety of sources, such as incidents, audits, surveys, meetings, comments and complaints, hazard reports and individual discussions. All sourced information is discussed at the Quality Assurance Committee, which is held every month. Aspects of all the outcomes in Standard three are discussed as part of the forum. All of the homes departments are represented on the committee, including residents. Corrective action request forms are used to document issues for improvement, with data from these added to a Continuous Improvement Action Plan.

Examples of improvements achieved over the last 12 months in resident lifestyle include:

- accessing a list of local alternative therapy providers to compliment lifestyle activities for residents
- improving knowledge of sight aids and strategies by developing a low vision group convened by the Royal Society for the Blind
- increasing outings for residents by implementing community taxi tours using access cabs.

### **3.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems and process for identifying key legislation and professional standards and guidelines relevant to the provision of residents’ lifestyle requirements. Residents are informed of their statutory rights, such as security of tenure, and responsibilities on entry, with written details also highlighted throughout the home. Memos, e-mails, individual notes, meetings, policies and procedures, education sessions and handbooks are some of the communication channels used to inform residents and staff of relevant legislative changes. Regulatory compliance is monitored through internal and external audits and reviews.

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

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

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

Does comply

New staff are employed based on experience and skill level required for the position. Job and person specifications for each role guide selection and recruitment processes. Orientation processes are conducted for new or temporary staff outlining home requirements, relevant lifestyle documentation procedures and legislated responsibilities, such as residents' legal rights, confidentiality, privacy and security of tenure. New staff are rostered with experienced staff initially, who can be used as a resource. Mandatory and ongoing training is provided according to relevance to roles. An annual calendar details session dates and times. Annual performance appraisals monitor staff skills and knowledge and identify future training needs and requests. The office manager monitors staff education attendance, and provides this information to each area manager for follow-up. Feedback is obtained after all education sessions to monitor staff satisfaction and course relevance.

### **3.4 Emotional support**

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

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

Does comply

Information about the home and services provided is given to residents and their representative before entry. Human and social needs and resident profiles are completed. These documents do not specifically request information relating to emotional support, however, information is gathered over time through consultation and care assessments. Lifestyle staff meet with new residents daily over a seven day period to establish lifestyle needs and preferences, introduce them to other residents and provide gradual encouragement to become involved in the daily activities of the home. External advice and support is sought and initiated for specific resident needs. Representatives are provided with the opportunity to meet with the director of nursing six weeks after entering the home and annually (refer to Expected Outcome 2.4 for additional information). A variety of methods are used to evaluate the effectiveness of the support provided, including individual discussions, feedback at resident meetings and surveys.

### **3.5 Independence**

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

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

Does comply

Residents' individual independence needs are identified through care and lifestyle assessments, reviews and observations. Specific strategies to meet these needs are documented in care and lifestyle plans. The home encourages independence with activities of daily living through strategies, such as assisting residents to obtain specialised sensory appliances and equipment and provision of dietary aids. Exercise groups and the provision of mobility equipment provide opportunities to maintain physical mobility and dexterity. Community and home based activity programs and support strategies, enable residents to actively participate in events and groups that reflect their preferences and needs. Residents are encouraged to participate in the life of the home through strategies, such as attending quality assurance meetings and participating in staff recruitment. The home has processes to identify, action and monitor individual and environmental risks. Residents and representatives are satisfied residents' independence needs are identified and supported.

### **3.6 Privacy and dignity**

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

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

Does comply

Processes to optimise residents' privacy and dignity are outlined in policy and procedures documents, the privacy policy leaflet, and staff and volunteer handbooks. Staff orientation and training processes provide information and instruction to staff about how to facilitate residents' privacy and dignity needs. Staff attend residents' personal needs in privacy and use privacy curtains in shared rooms. Residents' confidential information is securely stored and personal information is discussed in areas where confidentiality can be maintained. Residents and representatives have access to a private function area. Scheduled and spot audits monitor the effect of the physical environment and delivery of care and services on residents' privacy and dignity needs and preferences. Residents are satisfied their privacy, dignity and confidentiality is recognised and respected.

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

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

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

Does comply

Lifestyle staff meet with new residents daily over a seven day period to establish lifestyle needs and preferences. Social and resident profiles are completed and a human and social needs care plan is developed in consultation with the resident and where appropriate the representative. The plan is reviewed every six months and as required. Residents are provided with a weekly activity program and these are also posted on noticeboards throughout the home. Programs that are conducted each day and evening include activities, and provide support for residents with cognitive, sensory and other identified deficits. Residents are assisted by lifestyle staff and volunteers to participate in activities according to their choices. Residents who reside in the secure unit are supported to participate in mainstream activities where appropriate. Community based activities are also encouraged, including attending support groups, outings and family visits. Participation levels are monitored and feedback on activities sought from resident, representatives, staff and volunteers.

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

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

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

Does comply

Residents' cultural and spiritual needs and preferences are identified through consultation at the time of entry to the home. Specific needs and preferences, such as religion, food and participation in cultural activities are identified and documented in care and lifestyle plans. The home has a multicultural kit and cue cards to assist staff in meeting the cultural needs of residents. A cultural calendar informs staff of occasions for cultural significance and celebration. Residents from culturally and linguistically diverse backgrounds are generally supported through community visitors and celebration of significant days. Religious services are provided at the home and pastoral and spiritual care is available to residents who wish to participate. The home facilitates residents to attend local church services as desired. Residents and representatives are satisfied with the way staff support their cultural and spiritual customs and beliefs.

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

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

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

Does comply

Residents are supported and encouraged to exercise control over decisions and choices related to their care and lifestyle. Where residents are unable to make decisions, authorised representatives are identified. Staff consult with residents and representatives about individual care and lifestyle preferences. Opportunities are provided for resident and representative input to planning services and activities through resident meetings, suggestions and individual discussions. Comment and complaint mechanisms are accessible and information is available on independent alternative sources of advice.

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

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

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

Does comply

Residents and their representatives are provided with written information about the home and the services they provide, in the resident agreement and handbook. This includes information about comment and complaint mechanisms, rights and responsibilities, services, fees and charges and security of tenure. Residents and representatives are offered resident agreements when they enter the home. Consultation processes facilitate resident room changes when residents' needs change, or at residents' or representatives' request where appropriate. Residents and representatives are satisfied their tenure is secure at the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

There is a regular and systematic approach to improvement activities in the physical environment and safe systems. Information about improvement activities are gathered from a variety of sources, such as incidents, audits, surveys, meetings, comments and complaints, hazard reports and individual discussions. Key personnel, such as an infection control nurse, occupational health and safety officer, and managers of domestic and catering services maintain, monitor and collate this information. All sourced information is discussed at the Quality Assurance Committee, which is held every month. Aspects of all the outcomes of Standard Four are discussed as part of the forum. All of the home’s departments are represented in the committee, including residents. Corrective action request forms are used to document issues for improvement, with data from these added to a Continuous Improvement Action Plan.

Examples of improvements achieved over the last 12 months in the physical environment and safe systems include:

- reducing potential injuries to staff and residents by purchasing electric high-lo beds across the whole site
- altering laundry area to create more space for handling residents clothing
- purchasing extra land to develop a ‘secret garden’ for all residents, including those confined to bed, to enjoy. Plans include building a pergola area, and activities shed.
- increasing the number of audits for occupational health and safety, and infection control. Smaller areas will be more intensely looked at.
- increasing manual handling education from every three months to every month to provide more intensive training to smaller groups
- developing a pandemic action plan for the home. This will include a kit, and relevant policies and procedures.
- altering influenza vaccination dates from the end of March to January/February. This is in response to an increase in upper respiratory infections identified in March prior to the vaccinations being given.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems and process for identifying key legislation and professional standards and guidelines. Staff assigned to specific roles, such as occupational health and safety and infection control monitor current legislation pertinent to these areas. Subscriptions to various papers and journals are also used as a means to obtain information on changes. Policies and procedures are altered according to the relevance of the legislative changes. Memos, e-mails, individual notes, meetings, policies and procedures, education sessions and handbooks are some of the communication channels used to inform residents and staff of relevant legislative changes. Regulatory compliance is monitored through internal and external audits and reviews.

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

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

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

Does comply

Job and person specifications for each role guide staff functions within the home. Orientation processes are conducted for new or temporary staff. Assigned staff to monitor specific areas in this Accreditation Standard are offered extra education sessions to enhance and maintain skills. Mandatory and ongoing training is provided to all staff according to relevance to their role. An annual calendar details session dates and times. Infection control, manual handling and fire safety are part of this schedule. An annual performance appraisal process monitors staff skills, completion of mandatory training requirements, and knowledge, and identifies future training needs and requests. The office manager monitors staff education attendance, and provides this information to each area manager for follow-up. Feedback is obtained after all education sessions to monitor staff satisfaction and course relevance.

#### **4.4 Living environment**

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

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

Does comply

Residents reside in either single or shared rooms. Screens to maintain resident privacy and dignity separate share rooms. An ongoing maintenance program, audits, incident and hazard reports are used to monitor and maintain environmental safety and comfort needs of the residents. Individual care assessments and ongoing reviews determine individual environmental requirements. The home has a restraint minimisation policy to guide staff practices when determining individual requirements. Comments and complaints, incidents, surveys, meetings and individual discussions are used to determine resident satisfaction. Residents are generally satisfied with the safety and comfort of the home's environment.

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

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

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

Does comply

The home has processes to monitor and maintain a safe working environment. There is a designated occupational health and safety representative who coordinates and manages staff education. Staff attend mandatory occupational health and safety training during orientation and annually. Policies and procedures are available to guide staff practice. The home has a preventative maintenance program to ensure all equipment is in working order. Hazard reporting, incidents and audits are used as a means to identify areas for improvement. Collated information from these are addressed at the Occupational Health and Safety, and Quality Assurance committee meetings for further discussions and actioning. New equipment is trialled by staff prior to being implemented to assess relevance and safety.

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

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

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

Does comply

The in-charge registered nurse on duty is the designated fire warden if the need arises. Mandatory fire education sessions repeated every three months are available for all staff. Fire zone maps and emergency flip charts are quick references in emergency situations. An external contractor undertakes compliance testing of all fire suppression equipment every six months. The home is completely secured after normal working hours with access to visitors only when cleared by staff. Duress alarms and emergency phones are available. There are daily routine inspections by the maintenance person of emergency lights, availability of fire suppression equipment and call bells. The home meets the safety section of the 1999 certification instrument and has a current triennial fire safety certificate. Residents have signs in their rooms detailing what to do in an emergency and understand this.

#### **4.7 Infection control**

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

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

Does comply

There is a designated person that monitors and maintains the infection control system in the home. Education is given to all staff at orientation and as part of the ongoing mandatory education session. Standard precautions, including the availability and use of personal protective equipment are implemented and understood by staff in all work areas. Audits and swabbing are undertaken regularly to monitor staff hygiene practices and the environment. Infection rates, incidents and complaints are used to improve infection control practices. Outbreak plans for pandemic influenza are still being formulated, with an appropriate general outbreak kit being developed. Residents are satisfied with the hygiene practices within the home.

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

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

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

Does comply

All laundering and meal preparation is done on-site. Dietary needs, and any changes, are forwarded to the kitchen by relevant care staff. Policies and procedures and schedules are detailed in all areas for staff to follow. Staff are provided with education to perform tasks required in the hospitality services. Meetings, memos, diaries and discussions inform staff about issues and changes within their area. Audits are undertaken regularly to monitor staff practice and compliance resident surveys, meetings and individual discussions monitor resident satisfaction with hospitality services. Residents are generally satisfied with the menu preferences and the quality and quantity of food provided. Recent changes to the laundry area have created additional space for staff working in this area.