



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

## **Decision to Accredite Goodhew Gardens**

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

The Agency has also decided that the period of accreditation of Goodhew Gardens is 3 years, until 5 May 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 preceding the 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 improvements and compliance with the Accreditation Standards.

Rod Offner  
Accreditation Decision Maker  
NSW / ACT

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

The Agency has taken into account the following, 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: Goodhew Gardens  
RACS ID: 697  
Number of beds: 119      Number of High Care Residents: 0  
Special Needs Group catered for: People with dementia or related disorders.

Street/PO Box: 2 - 28 Alexander Avenue  
City: TAREN POINT      State: NSW      Postcode: 2229  
Phone: 02 9710 7333      Facsimile: 02 9710 7337  
Email address: tracey\_sykes@arv.org.au

## Approved Provider

Approved Provider: Anglican Retirement Villages

## Assessment Team

Team Leader: Mrs Helen Hill  
Team Member/s: Mr Sean Mack

Date/s of audit: 13/02/2007 to 14/02/2007



**Executive summary of Assessment Team's Report**

**Accreditation Decision**

**Standard 3: Resident Lifestyle**

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

<b>Agency Findings</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>

**Standard 4: Physical Environment and Safe Systems**

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

<b>Agency Findings</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>

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

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

### **Site Audit Report**



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

## SITE AUDIT REPORT

Name of Home	Goodhew Gardens
RACS ID	697

### **Executive summary**

This is the report of a site audit of Goodhew Gardens 697, 2 - 28 Alexander Avenue, TAREN POINT NSW 2229 from 13 February 2007 to 14 February 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 19 February 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 Goodhew Gardens.

The assessment team recommends that the period of accreditation be 3 years.

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

The assessment team recommends that there should be two support contacts during the period of accreditation and the first should be within nine 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 13 February 2007 to 14 February 2007.

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

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

## Assessment team

Team Leader:	Mrs Helen Hill
Team Member/s:	Mr Sean Mack

## Approved provider details

Approved provider:	Anglican Retirement Villages
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## Details of home

Name of home:	Goodhew Gardens
RACS ID:	697

Total number of allocated places:	119
Number of residents during site audit:	73
Number of high care residents during site audit:	5
Special needs catered for:	Dementia Specific Unit

Street/PO Box:	2 - 28 Alexander Avenue	State:	NSW
City/Town:	TAREN POINT	Postcode:	2229

Phone number:	02 9710 7333	Facsimile:	02 9710 7337
E-mail address:	tracey_sykes@arv.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Goodhew Gardens.

The assessment team recommends that the period of accreditation be 3 years.

### Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be two support contacts during the period of accreditation and the first should be within nine 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 two days on-site and gathered information from the following:

#### Interviews

	Number		Number
Village manager	1	Residents/resident representatives	13
Compliance manager, ARV*	1	Care service employees (CSEs)	11
Care manager	1	Building services coordinator	1
Care staff	1	Building manager	1
Business manager, ARV* food services	1	Maintenance staff	1
Account manager, ARV* food services	1	Group manager, ARV*	1
Care support team staff, ARV*	2	Diversional therapists	2
Workplace trainer	1	Care support facilitator infection control	1
General manager – residential aged care, ARV*	1	Laundry staff	1

\*ARV denotes Anglican Retirement Villages

#### Sampled documents

Residents' files including entry information, assessments, care plans, medical officers' progress notes, correspondence from health professionals.	7	Medication charts	8
Summary/quick reference care plans	7		

#### Other documents reviewed

Service Name: Goodhew Gardens  
RACS ID: 697

Date/s of audit: 13/02/2007 to 14/02/2007  
AC I1.1 Ver 1.5

The team also reviewed:

- Abbey pain scale
- Accident/incident register
- Activity participation record
- Aged care channel education program
- Analysis/investigation of weight loss and action plan
- Annual fire safety statement
- Appliance maintenance and testing records
- Audits and associated results (internal and external)
- Benchmarking data
- Blood sugar levels record
- Bowel charts
- Building certification documentation
- Care conference report
- Care plan summary
- Care plans
- Cleaning programs, chemical information including material safety data sheets
- Clinical documentation stored on the computer system
- Complaints brochures and other associated documentation
- Complaints log and associated documentation
- Continence assessment
- Continence management review
- Continuous improvement documentation (including continuous improvement register, continuous improvement work plans, quality activity schedules, survey and internal and external audit results and associated action plans, quality indicators and benchmark data, feedback forms for compliments, suggestions and complaints)
- Controlled self assessment tool (2006)
- Daily resident care plan
- Daily shower list
- Education records (including program, training kits and session outlines, course/in-service attendance records and competency records)
- Emergency and exit lighting maintenance log book
- External service providers service schedules
- Fire evacuation procedures
- Fire service maintenance logbooks
- Handover sheet
- Hazard reports and risk assessments
- Induction checklist and materials
- Infection control audit
- Infection control checklists and orientation material
- Interim care plan
- Job descriptions and duty statements

- Legislative information and source material
- Leisure and recreational activity plan
- Letters of appointment
- Lifestyle monthly calendar
- Lists of food likes and dislikes
- Maintenance records and other related documentation
- Medical and nursing admission form
- Medical officer reviews
- Medical officer's folder
- Medication assessment
- Medication management induction sheet
- Medication signing sheet and administration record
- Meditrax review
- Meeting schedules and minutes for 2006 and 2007
- Memo book
- Memos
- Menus
- Non packed medication signing sheet
- Nurse initiated list
- Observation chart
- Pain management reviews
- Physiotherapy folder
- Planning documentation (including Anglican Retirement Villages mission, vision, values, philosophy and objectives statements, organisational charts)
- Policy and procedures manuals
- Primary medication chart
- PRN medication signing sheet
- Registered nurse clinical care folder
- Resident and relative newsletters
- Resident consent form
- Resident history and assessment
- Resident lifestyle profile
- Resident meeting minutes
- Resident physiotherapy program
- Resident satisfaction and other survey results
- Residents' agreements
- Residents' handbook
- Residents' information handbook
- Sign in/out book
- Staff rosters
- Staff vaccination information
- Statistical data (infections, accidents, incidents, falls)

- Temperature testing and recording sheets
- Test records of fire detection system
- Three monthly evaluation schedule
- Treatment plan evaluation and dressing record
- Water testing documentation
- Weight record
- Weight review
- Wound assessment and treatment plan

## **Observations**

The team observed the following:

- Activities in progress
- Balconies and garden areas
- Case for residents to take on external medical officers visits
- Chapel
- Charter of rights and responsibilities on display
- Chemical storage areas
- Computer-based care planning system
- Dining rooms during meal time
- Equipment and supply storage areas and supply levels
- Evacuation plans and fire safety equipment
- Fire safety systems and equipment
- Hairdressing salon
- Interactions between staff and residents
- Living environment – residential accommodation and communal areas
- Nurses offices
- Secure storage of resident information
- Secure storage of resident records
- Staff access to computers and information
- Staff and residents' noticeboards and wall plaques
- Staff giving medications
- Staff practices and interactions with residents and visitors
- Staff work areas – reception, care stations, kitchens, laundries, utility rooms, offices, treatment rooms, staff room, meeting rooms, servery/kitchen and laundries
- Storage of medications
- Village centre adjacent to and available to the home including: café, library, chapel, hall, swimming pool, children's playground and gardens

## **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

The home has in place a well-developed and effective system for actively pursuing continuous improvement, incorporating a cycle of monitoring, assessment, action, review and evaluation. The home’s overall approach includes a combination of local and Anglican Retirement Villages corporate level initiatives that ensure continuous improvement of the home’s processes, practices, service delivery and management, encompassing all four Accreditation Standards. The system is based on a series of committees and meetings, including a local-level continuous improvement committee, through which staff, residents and relatives are encouraged and supported to make suggestions for improvement. Other supporting activities include, but are not limited to, audits, surveys, benchmarking, accident and incident reporting, complaints, hazards logs, data collection and other monitoring systems. Processes are in place to provide stakeholders with feedback on improvement actions taken, as appropriate.

Examples of specific improvements relating to this Standard have included, but not been limited to:

- establishing a continuous improvement committee to oversee quality activities on site and provide a forum for staff, residents and residents’ representatives (in addition to management and staff from various functional areas, the committee’s membership includes a resident and a relative)
- commencing use of a commercial benchmarking service, as part of wider organisational quality initiatives, which provides the home with performance data on which to compare its performance with comparable aged care facilities
- developing a system for the management of resources used for residents’ activities, including a catalogue of all such resources and an audit tool to ensure appropriate maintenance of resources
- purchasing additional “basic” fax machines in convenient locations in the home to give easier and quicker access to staff and reduce demands on staff time.

### **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’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is advised of any changes in regulatory requirements and professional standards by the Anglican Retirement Villages corporate level, which monitors the regulatory environment through updates from government and industry bodies, an aged care specific legislation service, staff membership of relevant professional organisations and networks, attendance at external education and industry conferences, and internet access. Staff are advised of regulatory requirements and any relevant changes to them through updates to the organisation's intranet, policy and procedures manuals, memos, staff handbooks, induction and orientation programs, training and education, and meetings, as well as on notice boards. The team sighted relevant legislation and/or legal documentation displayed in various locations such as the home's foyer, residents' common areas and staff work areas. As examples of regulatory compliance related to this Standard, the team noted that residents and other stakeholders have access to appropriate complaints mechanisms, employment arrangements are in line with relevant employment legislation, and access to information is subject to relevant privacy legislation.

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

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

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

Does comply

It was evident from the team's observations, document review and interviews that management and staff have appropriate knowledge and skills to perform their roles effectively. The home has in place an education program, which is based on educational needs identified in a number of ways including job skills, competency assessments, staff appraisals, audit results, survey results, mandatory requirements, changes in the regulatory environment, changes in resident care needs, residents' and relatives' feedback, and issues raised at meetings. The education program is comprehensive and covers a range of functional areas, encompassing all four Accreditation Standards, including this Standard. The home's orientation program in particular incorporates a range of topics relating to management systems, staffing and organisational development. Staff also have access to relevant external educational opportunities and, where appropriate, are supported to obtain formal qualifications. The team noted that staff education relevant to this Standard since June 2006 covered computer based information systems, documentation, coaching and mentoring, and quality management and accreditation, as well as other areas. (See expected outcome 1.6 Human resource management, for other mechanisms designed to ensure appropriate staff performance.)

### **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 home has in place policies, procedures and processes to ensure that each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Residents/representatives and staff are made aware of internal and external complaints mechanisms through the residents' handbook, the residents' agreement, complaints forms, other information displayed in the home, and residents' meetings. There is a procedure in place to ensure that any

complaints raised are recorded for review, action, follow-up and feedback, as appropriate. Residents/representatives interviewed advised that they feel comfortable approaching management about any concerns or suggestions they might have.

### **1.5 Planning and leadership**

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

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

Does comply

The home is a part of the Anglican Retirement Villages organisation, and, as such, comes under its overall vision, values, philosophy, objectives and commitment to quality. Statements of the vision, values, philosophy, objectives and commitment to quality have been documented and communicated to all stakeholders in the home. These statements are published in the home's key documentation including policy and procedures manuals, and resident and staff handbooks, which are given to all residents/ resident representatives and staff on admission or commencement of employment. The statements are also posted on walls throughout the home and are wallpaper on most computers. In addition, staff are made aware of the home's vision, values, philosophy, objectives and commitment to quality through its staff recruitment, orientation and education processes, staff meetings and other communication.

### **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, through the Anglican Retirement Villages organisation, has in place a range of human resource policies and procedures to ensure that there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. A human resources system (consisting of position descriptions, duty statements, recruitment and selection processes, staff rosters, induction and orientation, training and staff development, performance appraisals, and occupational health and safety) has been established to ensure appropriate staffing and skills levels for quality service provision. The team noted that the majority of care staff are studying for or have obtained qualifications relevant to their job roles. There are systems and processes in place to monitor and ensure that staffing levels and workflows operate according to the resident mix, and residents' changing needs. The team's observations, document review and interviews indicated that the 24-hour staffing roster is sufficient to ensure the desired quality of care. It includes extra staff on duty at times when there are greater demands in relation to resident care, such as early mornings. Residents/representatives confirmed the care provided by staff is very good.

## 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

There are policies and procedures in place for ensuring that there are adequate supplies of inventory and equipment available for quality service delivery. Anglican Retirement Villages has in place an overall purchasing system of selected suppliers. A stock control and ordering system is in operation, with particular staff roles having specific responsibility for particular areas of inventory monitoring and ordering. The home also has clear procedures in place for trialling, purchasing and replacing necessary equipment for use in various functional areas. The team observed storerooms and functional areas such as staff areas, clinical areas, the kitchen and laundry, to be well equipped, well stocked, and well maintained. Staff advised in interviews that there were adequate supplies of inventory and equipment for them to perform their job roles effectively. A routine and preventive maintenance program is in place for the home, which among other things, ensures that equipment is maintained and ready for use.

## 1.8 Information systems

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

### Team's recommendation

Does comply

The team's observations, document review and interviews indicated that effective information management systems are in place, and that these support the range of functional areas in the home. The resident information system includes, but is not limited to, administration forms, residents' handbook, resident agreements, residents' meetings, newsletters, resident assessments, care plans and clinical records. Staff communication systems are in place to ensure relevant information provision to and between staff. These systems include a range of meetings, access to computers, distribution of hardcopy materials (eg policies and procedures, memos, staff newsletters, minutes of meetings), staff noticeboards, communication books, and induction and training. The team observed that resident and staff records are kept in secured areas to help ensure appropriate security and confidentiality of information.

## 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 Anglican Retirement Villages organisation has a contract management system in place to ensure that externally sourced services are provided in a way that meets the home's needs and service quality goals. A range of contractors and external service providers operate within contracts and formalised agreements, covering resident and care related services, fire systems and various building maintenance and services. Service agreements are regularly reviewed, primarily at the organisational level. The organisation, in conjunction with the management and staff of the home, monitors the

performance of external service providers and takes appropriate action, including their replacement if necessary, in order to ensure that services are provided at the desired level of quality. The home also relies on feedback from residents/representatives to assess the quality of service providers such as podiatry, hairdressing, physiotherapy and other similar resident-related services. It was reported that there are good working relationships with the range of visiting service providers and that services are being provided at desired levels.

## **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

The home's well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including this Standard. In addition, the home participates in a regional medication advisory committee to assist in the monitoring and improvement of processes relating to medication management and associated processes.

Examples of specific improvements relating to this Standard have included, but not been limited to:

- continuing to develop and refine the staff handover process and protocols (including verbal, use of diaries in each cluster and a communication folder) so that communication is improved and resident care is sustained
- establishing an doctors' folder as a means of improving communication between visiting doctors and staff re medical care requirements for residents including the provision of details to doctors on reviews of residents initiated by the home
- developing a regime for ensuring that readings of residents' blood sugar levels (BSLs) and blood pressures (BPs) are taken, recorded and monitored on a regular basis (for those residents requiring these observations)
- contracting a specialist external provider to conduct regular independent reviews of residents' medications and audits of the medication management system, resulting in an improved medication regime for residents and more effective medication management
- introducing and/or increasing the use of exercise programs for residents including small group walking sessions, aimed at improving the mobility and dexterity for residents, resulting in increased mobility and independence for residents
- reviewing and improving the system for recordings on bowel charts to ensure that documentation is up to date, thereby assisting overall bowel management in the home

## 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’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including this Standard. In addition, the home participates in a regional medication advisory committee to assist in the monitoring of regulatory requirements in relation to medication management and related processes. The team noted that appropriate arrangements are in place to ensure the correct management of medications.

## 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

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including this Standard. The team noted that the education program, during 2006 and 2007 to date, included an extensive range of subjects specific to residents’ health and personal care. Examples of relevant subjects covered in this period included resident assessment and documentation (online and hard copy), personal care, first aid, medication management, dementia and behaviour management, management of challenging behaviours, continence management, , peg feeds, dental and oral hygiene, falls prevention, dementia care, and various other aspects of resident care. The team further noted that on several occasions during recent months the home used educational interventions, in conjunction with other strategies, to improve residents’ care in key areas (such as Parkinsons disease). A review of records showed that the majority of care staff are either currently completing their certificate III in aged care or have obtained the qualification.

## 2.4 Clinical care

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure that residents receive appropriate clinical care. Interviews conducted with residents and their representatives confirmed they are involved in care requirements and that they are very satisfied with the care provided. During entry to the home, residents/resident representatives are required to identify a doctor of choice who is available to care for the resident and visit the home. Residents can independently visit their own medical officer in the community if they wish. All resident files observed confirmed care needs are assessed and evaluated and resident preferences are identified. Medical officers’ notes confirmed regular consultation and there are after hour’s medical support arrangements in place. Families are invited to care conferences. Staff interviewed were able to confirm knowledge of procedures relating to clinical care and ways that individualised care is provided to the 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 recommendation**

Does comply

The home has effective systems in place to ensure that residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff.

Residents/resident representatives interviewed confirmed that the residents who had a specialised care need were appropriately cared for by the staff. The home cares for residents with specialised nursing procedures such as nebulisers and blood glucose monitoring. Resident files confirmed consultation with appropriate specialists to assist in the management of specialised care needs. Registered nurses confirmed to the team they are responsible for overseeing any specialised care need that may be required at the home. Care plans describe care required for individual residents and files contain referrals to health specialists and follow up of treatment prescribed.

## 2.6 Other health and related services

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

### **Team’s recommendation**

Does comply

The home has an effective system to ensure there is referral of residents to appropriate health specialists. This was confirmed by interviews conducted with residents and their representatives. The team’s review of documentation confirmed that residents are referred to other health and related services as their clinical condition requires. Staff informed the team that there is a wide range of other health and related services available some of which will visit the home such as podiatry, dietary, speech pathology, optometry, pathology, and an area palliative care team. Staff advised and residents/resident representatives confirmed that staff at the home arrange referrals and assist to arrange transportation as required.

## 2.7 Medication management

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

### **Team’s recommendation**

Does comply

Residents/resident representatives interviewed reported to the team that they are happy with the care given with their medication requirements. Medications are administered to the residents by CSEs once they are assessed as competent in medication administration. An accredited pharmacist reviews residents’ medication and the team observed written reports that resulted from this. A review of medication charts by the team confirmed they were reviewed by medical officers regularly and that practices were consistent with the home’s policy and procedures. A medication incident reporting system is in place. Staff confirmed that management requires them to demonstrate competency with medication management.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

The home has a system in place to ensure that all residents are as free as possible from pain. A resident history collects information during the entry process regarding individual residents' needs in relation to pain. Pain assessments are completed for all residents if they are identified as suffering pain. Alternative pain relief measures are also available such as heat rubs, massage and pressure relieving mattresses. Staff interviewed were able to demonstrate an understanding of the need to identify pain and ways in which the staff can assist in identifying those residents who may be experiencing pain. Interviews conducted with residents/resident representatives confirmed that they are maintained as free from pain as possible and that staff ask about their pain needs regularly.

## **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 a system to ensure that terminally ill residents have their comfort and dignity maintained. Staff informed the team that during entry to the home residents are given the opportunity to indicate any specific instructions in relation to palliative and terminal wishes. Staff also confirmed to the team that if the care requirements can be managed for residents when palliative care is required they will be cared for at the home. A palliative care team is available to visit the home and assist with the care for residents. Residents/resident representatives interviewed confirmed that they were comfortable that their wishes would be considered and respected.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Staff and residents/resident representatives interviewed and review of documentation confirmed that residents receive adequate nourishment and hydration. Residents' nutrition and hydration needs are assessed, planned and documented on the care plan. The residents are offered a varied, healthy and well balanced diet that is developed to also meet the likes and dislikes of the residents. The home carries out two monthly weighing of residents. Dietary supplements and drinks are provided to residents as the need is identified. Residents/resident representatives interviewed confirmed to the team that they are given the opportunity to provide feedback to the home regarding food and drinks.

## 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 has a system to ensure that residents’ skin integrity is consistent with their general health. Clinical documentation reviewed confirmed that residents have a skin assessment completed during the entry process and a care plan is developed which includes individual needs to assist in maintaining/improving the residents’ skin integrity. Management strategies included on the care plans include limb protectors, specialised mattress products, application of skin emollients and the use of water chairs. Staff interviewed confirmed that residents’ skin integrity is monitored daily and staff report any abrasions, rashes or abnormality to the registered nurse. Residents/resident representatives interviewed confirmed they were happy with the care provided. All residents who have wounds have a wound assessment and ongoing wound assessment charts completed. Access to wound clinics at local hospitals can be arranged.

## 2.12 Contenance management

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

### **Team’s recommendation**

Does comply

The home has an effective system to ensure that residents’ urinary and bowel continence is managed effectively. Review of clinical documentation shows that this system includes an assessment of the residents’ needs at entry to the home, and as required thereafter. A care plan and toileting program is developed which is reviewed to evaluate the care required. A disposable continence aid system is used for residents who are assessed as requiring them for high care residents and low care residents are required to provide their own. Staff interviewed confirmed there are adequate supplies of disposable continence aids of varying sizes available for residents. Residents/resident representatives confirmed they are happy with the care provided.

## 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 has effective systems in place to manage residents’ behaviours. Residents/resident representatives confirmed they were very happy with the care and the staff management and interaction with residents’ requiring care. Behaviour incident forms, care plans and progress notes indicate development of strategies for each resident and the ongoing evaluation of the effectiveness of the strategies for each resident. Other care needs that impact on behaviour such as pain management and sleep are also considered when assessing behaviours. Staff interviewed were able to confirm various strategies they use to assist in modifying residents’ behaviours and also stated that they are given education to improve their behavioural management skills.

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

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

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

Does comply

The home has an effective system in place to ensure that optimum levels of mobility and dexterity are achieved for all residents. Documentation review confirmed that the physiotherapist assesses residents and also develops individualised programs for residents that may include a range of movement exercises, walking programs, specific exercises and breathing exercises. Residents/resident representatives interviewed stated they were happy with the mobility program provided and residents were able to carry out the exercise program they were given on their own or with support from staff. Staff interviewed confirmed to the team how they assist with maintaining mobility for residents.

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

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

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

Does comply

The home has strategies in place to ensure the residents' oral and dental health is maintained. Residents/resident representatives told the team that they were happy with all care provided. Residents' oral and dental needs are assessed during the entry process and then transferred to the care plan. The review of clinical documentation showed the residents' care plans are regularly reviewed. The team was informed by the registered nurses that residents can go out to their own dentist if they choose or the need was identified by staff and staff would assist in arranging appointments and transport. A dental technician is available to visit the home if required. Staff interviewed demonstrated sound knowledge of oral care and care of residents' dentures.

#### **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

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

Does comply

The home has a system in place to identify and effectively manage residents' sensory losses. Assessments of residents' sensory needs are undertaken during entry to the home and when there is a change in the resident's condition. Interviews with staff and review of clinical documentation confirmed that all residents are assessed for the identification of their sensory loss and needs. Residents who are identified as having sensory deficits, for example, require glasses or hearing devices have management strategies documented in their care plans. Residents/resident representatives interviewed reported that staff assist them with the care and maintenance of their glasses and hearing devices. Staff who provided activities for the residents were able to identify sensory activities offered such as smelling, touching and tasting, such as cooking sessions and hand massage.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

The home has implemented strategies to assist residents to achieve natural sleep patterns. Review of clinical documentation revealed that a sleep assessment is conducted in the initial assessment period. Care plans are developed and reviewed. Residents/resident representatives interviewed advised that the environment was conducive for them to achieve uninterrupted sleep. Staff confirmed various ways in which they can assist in maintaining an adequate sleep pattern for residents.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including this Standard. Of particular relevance to this Standard, the home gains feedback and suggestions for improvement from regular meetings of residents and residents’ representatives.

Examples of specific improvements relating to this Standard have included, but not been limited to:

- completely revising and redeveloping the residents’ handbook, including consulting with residents and residents’ representatives, to ensure that they are provided with relevant information about the home’s activities, services, systems and their rights and responsibilities
- inclusion of residents and relatives in the home’s education plan for 2007, in order to give them relevant information and knowledge to make them better informed and empowered, and thereby assist with emotional support, independence and choice and decision-making
- using a bus service to give residents regular access to a shopping centre, and also setting up a small kiosk in the adjacent community centre on the site and thereby help them maintain their independence
- increasing the number of bus trips in response to residents’ requests for same, involving staff changes and special roster arrangements to make more trips possible.

### **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’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including this Standard. In relation to regulatory requirements for this Standard, the team noted for example that the home has various arrangements in place to meet its obligations regarding privacy legislation, staff and residents’ confidentiality and privacy provisions, residents’ security of tenure, and informing residents of their rights and responsibilities.

### **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

The home's comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including this Standard. The team noted that induction and in-service education sessions canvass issues related to resident lifestyle and pastoral care training has been conducted by an external provider. In addition, various resident lifestyle issues are also covered indirectly in the staff education program in the treatment of issues relating to residents' health and personal care. For example, emotional support is an element of dementia education; privacy and dignity are aspects of continence management; and, choice and decision-making are considerations in medication management (especially self-medication). The diversional therapists have had access to relevant education and participate in professional networks that provide additional input and ideas. Furthermore, staff practices related to resident lifestyle issues are monitored through day-to-day supervision and mentoring, in order to ensure their appropriate application in the home.

### **3.4 Emotional support**

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

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

Does comply

The home has systems in place to ensure each resident receives initial and ongoing emotional support through the pre-entry process, during the entry process and the orientation process including assessments of emotional, leisure, physical, cultural, linguistic, social and family care needs. Staff interviewed described appropriate ways that they assist new residents and their family on entry to the home and on an ongoing basis. The care staff informed the team of ways in which they provide residents with emotional support particularly after arrival such as introducing them to other residents, checking on a daily basis to ensure they are aware of and invited to attend activities on the day. Residents/resident representatives were very satisfied about the way that staff make them feel welcome to the home and support them.

### **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/resident representatives interviewed stated to the team that residents are encouraged to maintain their independence and participate in community life, and that their ability to make choices is facilitated and respected including participation in activities and community life. The charter of residents' rights and responsibilities is on display within the home and documented in the residents' handbook. Community groups and entertainers are encouraged to visit the home, and residents are supported

in maintaining their contacts with family and the community. Residents who wish to participate in activities and community outings are encouraged to do so. The resident activities program ensures that residents, who are able, have access to the community via bus trips and visits to local organisations.

### **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

The home has systems in place to ensure each residents' right to privacy, dignity and confidentiality is recognised and respected. Residents/resident representatives interviewed confirmed to the team that residents' privacy and dignity is respected at all times and that staff are particularly considerate when attending to personal care. Residents/resident representatives also stated that staff always speak to them respectfully. The entry process information contains information which residents/resident representative sign regarding privacy of their formation. The team observed the nurses' offices which are designed to enable residents' personal information to be maintained in a confidential manner. During the site audit the team observed staff to be diligent about maintaining residents' privacy, closing doors to residents' rooms and knocking before entering a resident's room.

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

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

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

Does comply

The home encourages and supports residents to participate in leisure interests and activities through providing a varied group recreational activity program. The team observed the lifestyle monthly activity program displayed which indicated the program to be varied and interesting and planned by a diversional therapist. During the entry process an assessment is completed and a care plan is developed. This information obtained assists in development of the monthly activity program. The RAO informed the team that other information used to assist in the development of the program includes attendance at activity sessions, results of resident and resident representative surveys and feedback via the resident meetings. Residents/resident representatives interviewed confirmed they are supported and encouraged to participate in activities and interests according to their needs and preferences.

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

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

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

Does comply

The home has systems in place to ensure that individual interests, beliefs and cultural and ethnic backgrounds are valued and fostered. Residents/resident representatives interviewed by the team stated that they felt that the home values and fosters residents' individual interests, customs, beliefs and cultural backgrounds. The staff advised the

team that they arrange days to maximise residents' enjoyment in cultural experiences. Culturally specific days are celebrated for example, St. Patrick's Day, Melbourne Cup, Christmas, Anzac Day and Easter. Religious services are made available to residents at the home on a regular basis and pastoral care support is provided. Residents interviewed also confirmed their satisfaction with the services available to them.

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

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

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

Does comply

The home has effective mechanisms to assist residents/resident representatives to participate in decisions about care and services they receive. Residents/resident representatives interviewed by the team were able to confirm a number of choices and decisions that they are offered. These include for example choice of meals, choice of medical officer and choice of participation in activities. They stated they had been made aware of their rights and responsibilities and were complimentary of the service's encouragement and response regarding individual choices and decisions. Minutes of the meetings available to the team confirmed that there are discussions on topics such as meals, outings and recreational programs.

### **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/residents representatives interviewed by the team confirmed that they feel secure in their or their relative's tenure and that they understand their rights and responsibilities. A residency agreement is offered to all residents and is discussed with them and/or their representative prior to arrival to the home. It contains information for residents and resident representatives about security of tenure, residents' rights and responsibilities, resident fees, cooling-off period and rules of occupancy. Staff interviewed by the team said that they are aware of residents' rights and responsibilities and their security of tenure. Residents and residents' representatives interviewed by the team indicated that they had received the resident handbook during the entry process and that they felt comfortable to raise any issue of tenure and their rights and responsibilities with the staff or management.

## **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

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including this Standard. In particular regard to this Standard, the home’s continuous improvement committee has specific responsibility for occupational health and safety and infection control, as well as other aspects of this Standard).

Examples of specific improvements relating to this Standard have included, but not been limited to:

- commissioning of the home’s building incorporating the implementation and ongoing adjustment of major systems encompassing every expected outcome in this Accreditation Standard including the living environment, fire, security and other safety systems, infection control and hospitality services
- developing gardens and outside areas, including the purchase of garden furniture, so that residents can have pride in and enjoy these areas of the home
- reviewing and improving arrangements for ensuring the appropriate food serving temperatures in one of the residents’ clusters in the home.

### **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’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards, including this Standard. To assist further in the monitoring of regulatory compliance in this Standard, the home’s continuous improvement committee has responsibility for occupational health and safety and infection control. As examples of regulatory requirements related to this Standard, the team observed on display in the home relevant regulatory information concerning occupational health and safety, fire safety and other relevant matters, and noted that fire safety and other mandatory training takes place. (See expected outcomes 4.3 Education and staff development and 4.6 Fire, security and other emergencies, for other details). The team further noted that annual fire safety statements and building certification are maintained in accordance with legislative requirements.

#### **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

The home's comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including this Standard. In particular, staff have undertaken mandatory training in fire safety, manual handling and other facets of occupational health and safety, as well as training in various aspects of infection control and food safety and handling. There have also been special sessions on the use of chemicals, cleaning products and equipment.

#### **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

The management of the Anglican Retirement Villages organisation and the home have put in place mechanisms that demonstrate that they are actively working to provide a safe and comfortable environment consistent with residents' care needs. These mechanisms include regular environmental safety inspections, cleaning, maintenance and other safety related checks, warm water systems, electrical equipment checks, fire safety systems, hazard assessment, and incident and accident reporting. There are also resident feedback mechanisms, such as residents and relatives meetings and direct discussions with management, in relation to the comfort and safety of the living environment. Interviews and survey results indicated that residents/representatives feel that the home is safe and comfortable. This view was also supported by various safety monitoring and reporting data reviewed by the team.

#### **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

There are effective mechanisms in place to ensure that management is actively working to provide a safe working environment that meets regulatory requirements. The home's occupational health and safety system is overseen by its continuous improvement committee. The safety system includes, among other things, regular staff training (including manual handling), regular safety related audits and inspections, electrical equipment checks, safe operating procedures for chemicals and dangerous goods, access to material safety data sheets, manual handling equipment, personal protective equipment, hazard reporting, and accident and incident reporting. A preventative and routine maintenance program is in place for the facility, which helps ensure the overall safety of the environment and equipment. The team's review of data and accident and incident reports showed that there have been minimal incidents

relating to staff safety, thereby indicating the effectiveness of the home's approach to occupational health 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 home's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are documented emergency procedures in place. Fire safety systems in the home include, but are not limited to, a designated fire officer, fire alarms, fire panel, smoke/fire doors, sprinklers, fire hoses and extinguishers, exit signs, regular system and equipment checks, and evacuation plans at every exit. The home has formal, external contractual arrangements for the monitoring and maintenance of all fire safety equipment and systems on the site. In addition, the team sighted the annual fire safety statement (displayed in the home's foyer) and a current certification inspection report of the premises (that showed that the home's score for fire safety was over the required minimum). Staff training records confirmed that staff participate in regular fire safety training; staff interviewed were aware of fire safety and emergency procedures. The team observed that the home provides a secure environment including electronic controls on access, security cameras, evening lock up procedures and security checks, and adequate staffing arrangements.

#### **4.7 Infection control**

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

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

Does comply

The home has in place an effective infection control program, including infection control policies, practices and guidelines. A staff specialist from the Anglican Retirement Villages organisational monitors and supports the operation of the infection control system and the home's continuous improvement committee monitors its effectiveness. The program includes the use of standard precautions, food safety procedures, management of contaminated waste, appropriate linen handling and transporting, outbreak management, sharps containers, regular and appropriate use of personal protective equipment, staff and resident access to immunisation, a cleaning regime, temperature monitoring, colour coding, and hand washing. Education on infection control procedures has been conducted and staff interviewed indicated that they were aware of their responsibilities in this regard. There are also regular environment audits of relevant areas such as catering, cleaning and the laundry. The team observed that there are appropriate infection control practices in operation in the kitchen and laundry areas. Clinical indicator data is used to monitor infections rates on a monthly basis. It was noted by the team that infection rates are at minimal levels and well within normal limits for an aged care facility.

#### **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

The Anglican Retirement Villages organisation and the home's management have put in place policies, procedures and appropriate arrangements to ensure that hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. The hospitality services are subject to regular audits and surveys to ensure that they are operating at desired levels. Food is cook chilled by Anglican Retirement Villages food services and the home's catering system ensures that residents' preferences are taken into account in the food planning process, and that appropriate choices and alternatives are offered. Residents have input into catering system through feedback directly to staff, satisfaction surveys and residents' meetings. The bulk of the home's cleaning is done by a contract cleaning service. The cleaning system is well organised and effective, with common areas and each resident's room being cleaned regularly. Laundry services are provided in such a way as to ensure that residents' personal items are washed and returned to their owner, within a reasonable turnaround time. Interviews and survey results indicated that residents/representatives are satisfied with the way in which the home provides cleaning and laundry services.