



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

## **Decision to Accredite Raynbird Place**

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

The Agency has also decided that the period of accreditation of Raynbird Place is 3 years, until 14 August 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 Service will undertake continuous improvement measured against the Accreditation Standards.

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

Maureen Douglas-Holland  
Assessment Manager  
Queensland

### **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: Raynbird Place  
RACS ID: 5517  
Number of beds: 90      Number of High Care Residents: 15  
Special Needs Group catered for:

Street/PO Box: 40 Raynbird Place  
City: CARSELDINE      State: QLD      Postcode: 4034  
Phone: 3500 9300      Facsimile: 3500 9311  
Email address:

## Approved Provider

Approved Provider: Domain Aged Care NO. 2

## Assessment Team

Team Leader: Ms Sandra Henry  
Team Member/s: Ms Elizabeth White

Date/s of audit: 29/05/2007 to 31/05/2007



## 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 Raynbird Place 5517, 40 Raynbird Place, CARSELDINE QLD 4034 from 29 May 2007 to 31 May 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 7 June 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 Raynbird Place.

The assessment team recommends that the period of accreditation be 1 year.

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

The assessment team recommends that there should be 3 support contacts during the period of accreditation and the first should be within 3 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 29 May 2007 to 31 May 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:	Ms Sandra Henry
Team Member/s:	Ms Elizabeth White

## Approved provider details

Approved provider:	Guardian Aged Care Pty Ltd
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## Details of home

Name of home:	Raynbird Place
RACS ID:	5517

Total number of allocated places:	90
Number of residents during site audit:	89
Number of high care residents during site audit:	55
Special needs catered for:	

Street/PO Box:	40 Raynbird Place	State:	QLD
City/Town:	CARSELDINE	Postcode:	4034

Phone number:	3500 9300	Facsimile:	3500 9311
E-mail address:	csmrp@guardianagedcare.com.au		

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

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Raynbird Place.

The assessment team recommends that the period of accreditation be one year.

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

The assessment team recommends that there should be 3 support contacts during the period of accreditation and the first should be within 3 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>
Care operations manager	1	Residents	14
Care coordinator	1	Relatives	5
Registered nurses	2	Workplace health and safety officer	1
Endorsed enrolled nurse	2	Laundry staff	1
Enrolled nurse	1	Cleaning staff	2
Catering staff	2	Maintenance staff	1
Personal carers	5	Diversional therapist	1
Activity officer	1	General services manager	1

#### **Sampled documents**

	<b>Number</b>		<b>Number</b>
Residents' clinical files	9	Medication charts	24
Residential agreements	10	Personnel files	10

Other documents reviewed

The team also reviewed:

- Accident / incident forms
- Action plans
- Activity participation records
- Activity planner monthly
- Activity planner weekly
- Activity program events planner and evaluation
- Annual education planner
- Approved supplier/contractor database
- Assessment book
- Audit planner
- Audit results
- Audit schedule
- Audit summary
- Bowel charts
- Bus outing records
- Catering resident meal preference record
- Catering staff communication book
- Charter of Residents Rights and Responsibilities
- Code of conduct
- Comments and complaints register
- Communication book / appointment diary
- Competency assessments
- Confidentiality agreement statements
- Continuous improvement progress report
- Continuous quality improvement forms/register/plan
- Dietary assessments
- Diversional therapy activity evaluations
- Doctors communication books
- Documentation spot check results
- Duty lists
- Education planner
- Enteral feeding regimes
- Evaluation and nursing care plan schedule
- Falls prevention working party terms of reference
- Fire and emergency manual
- Food safety manual
- Handover sheets
- Hazard reports
- Health monitoring records
- Hygiene signing charts
- Incident/investigation report
- Infection control guidelines
- In-service attendance records
- Internal audit package
- Kitchenette nutrition and hydration folders
- Maintenance logs
- Management of weight loss flow chart
- Mandatory training audit results
- Material and Safety Data Sheets
- Medication review committee terms of reference

- Meeting minutes
- Meeting schedule
- Memo folder
- Menus
- Mission, vision and values statement
- Monthly clinical indicators
- Monthly in-service planner
- Monthly lifestyle program
- Audit folder
- Multi purpose forms
- Nurse initiated medication agreements
- Oral hygienist assessments
- Organisational chart
- Pain assessments
- Pharmacy audit
- Pharmacy medication review reports
- Physiotherapy communication book
- Podiatry communication book
- Privacy statement
- PRN medication response record
- RCS and evaluation planner
- Resident and relative handbook
- Resident birthday list
- Resident dietary and hydration needs assessment sheets
- Resident drinks and supplements list
- Resident fingernail cut and clean list
- Resident satisfaction survey
- Resident special diets list
- Residents and Relatives Handbook
- Residents' newsletter
- Restraint authorities
- Restraint monitoring tools
- Support services contractors training records
- Spot check records
- Staff participation and feedback record
- Summary of incidents
- Team handbook
- Temperature logs-refrigerators, meals
- Thickened fluids recipes
- Volunteer handbook
- Weekly food wastage report
- Weight management flow chart
- Weight monitoring records
- Weight records
- Weight watchers folder
- Weight watchers follow up plan
- WHSO annual reports
- Wound treatment folders

**Observations**

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Fire exits and assembly areas
- Interactions between staff and residents
- Living environment
- Storage of medications

## Assessment Information

This section covers information about each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

##### Team’s recommendation

Does comply

Raynbird Place has implemented processes to monitor the quality of care and services the home provides, identify improvement opportunities and implement and evaluate improvement actions. Performance information is collected from a variety of sources including: verbal feedback from residents/representatives and staff; satisfaction surveys; continuous quality improvement forms; management and staff meetings; incident, hazard and risk assessment reports; resident clinical/lifestyle reviews; third party audit/inspection reports; and scheduled quality audits. The results of quality monitoring activities are reviewed by relevant personnel and groups representing management and all staff functions. Residents/representatives and staff contribute to identifying improvement opportunities and receive information and feedback about initiated improvement activities.

Examples of improvements related to Standard One include:

- The purchase of four extra wheel chairs. The purchase had been in response to the identified changing mobility needs of residents and has enabled residents to more readily access communal area within the facility.
- The erection of a bookshelf within the administration area has provided a storage facility for folders with ready access for administrative needs.
- The placement of a perpetual calendar in the residents’ dining areas has provided a central place for current resident information to be on display.

#### 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

Processes are in place to enable the home to identify legislation, regulations, standards and guidelines relevant to the four accreditation standards through: subscriptions to an industry peak body, legislative update services; and membership of professional organisations. Regulatory, standards and professional practice guidelines relevant to management systems, staffing and organisational development expected outcomes are incorporated into policies and procedures where relevant and these documents are reviewed by the organisation regularly and revised as required. Management and staff have access to legislation, regulations and standards and updated information is reviewed by management and communicated to all relevant staff through memos and

staff meetings. The home monitors compliance with regulatory, standard and professional requirements through internal audits, third party audits/inspections, performance appraisals and observation of staff practices. Results of monitoring link with continuous improvement processes and identified non-compliances are remedied.

### **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

Education and staff development processes are in place that include: a corporate and job specific orientation for all new staff; work instructions, a planned education program with topics relevant to the four accreditation standards; annual mandatory training in occupational health and safety topics and fire safety; and annual performance appraisals and competency assessments. Other than mandatory training, the education program topics are based on direct feedback/requests from staff, residents' current health and lifestyle needs, audit/survey results, incident and infection data. Internal and external training resources are accessed, sessions are advertised, records of attendance are maintained and attendance at mandatory sessions is monitored. Staff generally demonstrated knowledge and skills appropriate to their roles.

### **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

Residents and representatives are advised of internal and external complaint mechanisms (verbally) on entry to the home and information relating to internal and external complaints processes is provided in the Residents/Relatives Handbook. Forms are available for resident/representatives wishing to make a written complaint and all issues are documented, discussed, actioned and feedback provided to the individual. A comments and complaints register provides a record and details appropriate action and response where indicated. Resident/representatives reported general satisfaction with management's response to complaints and/or issues of concern.

### **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 has documented its mission, vision, values, philosophy, objectives and commitment to quality care and services that are provided at Raynbird Place. This information is included in the resident and staff handbooks.

## **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

Processes are established to identify, monitor and review the qualifications/skills mix and number of staff required to meet residents' needs and organisational requirements. Position descriptions are written for each role that outline the qualifications, skills and experience required and role specific staff duty lists and work instructions provide details of responsibilities and accountabilities. New employees complete an orientation program, which includes at least one shift as a supernumerary with a more experienced staff member. Staff knowledge, skills and practices are monitored through competency assessments, performance appraisals and observation of practices and relevant staff development is provided to meet individual needs. Management report recent changes in key personnel with a new Care Service Manager and Care Coordinator commencing employment in the preceding month. The home continues to recruit to fill its staff complement and staff performance appraisals are to be completed in August 2007 (the first anniversary date of the opening of the home). Staff reported they are usually able to complete their duties within allocated times, and that management respond by replacing vacant shifts with agency staff (wherever possible) to ensure that residents' needs are met. Residents/representatives indicated they are generally satisfied with the care and services they receive and that staff generally attend to requests for assistance within acceptable time frames.

## **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

Processes are established to assess, purchase, monitor and maintain goods and equipment appropriate to the needs and requirements of the residents, staff and management. Goods and equipment are budgeted for purchase or replacement based on maintenance/service reports, staff feedback and legislative requirements. Stock control and rotation processes are in place for bulk supplies and storage facilities are secured appropriately. Preventive, routine and breakdown maintenance processes are established and records are maintained; internal maintenance staff and external contractors in accordance with a planned schedule carry out preventive and routine maintenance. Due to the newness of the facility a defects register is in place and all equipment under warranty provisions is monitored. Residents and staff indicated that there are sufficient stocks of goods and equipment available and that breakdown maintenance requests are attended to in a timely manner.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

The home has implemented processes to identify, collect, store and communicate information to meet the needs and requirements of the organisation, management, staff, residents/representatives and other stakeholders. Processes include controlling the security of access to organisational, staff and resident information to appropriate personnel through providing locked storage facilities, password protection of electronic files and staff education regarding confidentiality of information. Current information regarding legislative requirements, policies and procedures, administrative and educational issues are communicated to staff and residents by various means as appropriate including manuals, notices/memos, meeting minutes and one-to-one discussion. Key documents are kept as master copies with review dates identified, superseded documents are removed to ensure that information available to residents and staff is current. Resident care information is communicated to staff at shift hand over reports, in care plans and in the communication diary. Staff confirmed they have access to the information they require to perform their roles.

## 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 established service agreements with the providers of key external services who are required to provide the organisation with evidence they have established quality management processes. The performance and quality of goods and services provided by external suppliers is continually monitored by management through feedback from staff and residents/representatives, audit results and quality checks of goods and produce, prior to accepting delivery. Performance issues with an external service provider are addressed and service agreements are renewed or changed to meet the organisation's requirements. Residents/representatives and staff expressed satisfaction with the provision of externally sourced services.

## **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

Raynbird Place has implemented processes to monitor the quality of care and services the home provides, identify improvement opportunities and implement and evaluate improvement actions. Performance information is collected from a variety of sources including: verbal feedback from residents/representatives and staff; satisfaction surveys, continuous quality improvement forms; management and staff meetings, incident, hazard and risk assessment reports; resident clinical/lifestyle reviews, third party audit/inspection reports, and scheduled quality audits. The results of quality monitoring activities are reviewed by relevant personnel and groups representing management and all staff functions. Residents/representatives and staff contribute to identifying improvement opportunities and receive information and feedback about initiated improvement activities.

Examples of improvements related to Standard Two include:

- A team approach has been introduced to the delivery of care in each of the three houses. It is anticipated that this will lead to increased continuity of care for residents.
- The 'Weight Watchers' Program' was introduced to address issues related to residents' weight loss and it has provided a useful surveillance tool to monitor residents' weight status and their response to the addition of dietary supplements.
- The planned introduction of a computerised program for the assessment planning and recording of care delivery is currently in progress. It is anticipated that this will facilitate staff in the recording and monitoring of care delivery.

### **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

Processes are in place to enable the home to identify legislation, regulations, standards and guidelines relevant to the four accreditation standards through: subscriptions to an industry peak body; legislative update services; and membership of professional organisations. Regulatory, standards and professional practice guidelines relevant to management systems, staffing and organisational development expected outcomes are incorporated into policies and procedures where relevant and these documents are reviewed by the organisation regularly and revised as required. Management and staff

have access to legislation, regulations and standards and updated information is reviewed by management and communicated to all relevant staff through memos and staff meetings. The home monitors compliance with regulatory, standard and professional requirements through internal audits, third party audits/inspections, performance appraisals and observation of staff practices. Results of monitoring link with continuous improvement processes and identified non-compliances are remedied.

### **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

Education and staff development processes are in place that include: a corporate and job specific orientation for all new staff; work instructions, a planned education program with topics relevant to the four accreditation standards; annual mandatory training in occupational health and safety topics and fire safety; and annual performance appraisals and competency assessments. Other than mandatory training the education program topics are based on direct feedback/requests from staff, residents’ current health and lifestyle needs, audit/survey results, incident and infection data. Internal and external training resources are accessed, sessions are advertised, records of attendance are maintained and attendance at mandatory sessions is monitored. Staff demonstrated knowledge and skills appropriate to their roles.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Assessment/re-assessment processes in place at the home inform development of individualised resident care plans that are reviewed three monthly or when changes occur. Following changes to staffing patterns in clinical areas (implemented May 2007), care teams are assigned to the three resident houses, providing a registered nurse or endorsed enrolled nurse as team leader and consistency of care staff as far as possible to support continuity of resident care. Staff have received education relating to care planning/documentation /evaluation and revised duty lists will outline enhanced staff responsibilities in care planning and delivery. Review of clinical records indicates the majority of residents have current assessments/care plans in place following recent actions to address identified deficiencies in clinical care processes. Ongoing review/corrective action is in place to achieve current information to guide resident care and to support the home’s transition to computer-based clinical documentation, planned to begin in June 2007. Residents are attended by a medical practitioner of their choice and referred to allied health professionals as their needs indicate. Progress notes indicate residents’ treatment is provided as prescribed and acute care episodes are reported, actioned in a timely manner and followed up until resolution. Residents’ ongoing health status is monitored through medical review, monthly recording of weights/observations and review of infections and other resident clinical data; case conferences involving the resident and/or representative and health care practitioners are held as required. Nursing and care staff document in the progress notes and communicate through verbal and written handover reports and diaries in relation to residents’ needs. Care staff demonstrated knowledge of residents’ needs and

preferences related to health and personal care and the interventions necessary to meet these needs in their daily practice. Residents/ representatives reported satisfaction with the care they receive.

## **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

Residents’ specialised nursing care needs are assessed on entry and through reassessment when a change in the resident’s clinical status and/ or care needs is identified. Registered nurses/endorsed enrolled nurses attend to residents’ specialised care and equipment is supplied as necessary to meet identified needs. Staff expertise in specialised care such as wound management, diabetes care and pain management is developed through internal and external education. Changes in residents’ clinical status are transmitted to the relevant medical officer, and any required investigations and/or hospital admission for acute illness episodes arranged. Residents/representatives indicated satisfaction with the specialised nursing care provided.

## **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

Residents are referred to specialist medical and/or allied health professionals as their assessed needs indicate. Residents are referred to a physiotherapist for initial mobility assessment and care planning, with reviews undertaken regularly. Speech pathology, podiatry and nutritional consultations are arranged according to residents’ assessed needs with care interventions changed as required. Indicators for referral to other allied health professionals are documented in progress notes and residents are assisted to access internal and/or external services. Information relating to reports from health related services is documented in residents’ clinical records. Residents reported they have access to allied health services and are assisted to attend appointments when necessary.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Residents’ medications are supplied by an external pharmacy utilising a packaged system, with administration undertaken by registered nurses and endorsed enrolled nurses. Medication charts reflect correct prescribing, documentation and administration procedures, and observation of administration and storage practices indicates that processes support safe management of residents’ medication. Staff demonstrated

understanding of the medication incident reporting/investigation system; the overall incidence of medication incidents at the home is low. Controlled drugs are stored and managed according to legislative requirements. Effectiveness of medication management processes is monitored through audits, incident recording, investigation and analysis, medication reviews by medical officers and pharmacists. Medication incidents/issues are addressed by individual/group discussion and process review if required. Deficiencies in documentation on medication summary sheets (consistent dating, three monthly doctor's signatures, resident allergies) identified in a recent pharmacy audit were actioned and no documentation deficiencies were noted during the audit. Residents are satisfied with management of their medications, as well as with the assistance and support provided.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Residents' pain is identified during initial assessments, and reassessment is implemented annually, when new pain is identified and/or when existing pain control strategies are ineffective. Medical practitioners and allied health professionals are involved in pain management; individualised care plans reflect the location and intensity of pain, and strategies to manage the pain including gentle exercise, positioning, heat therapy and administration of analgesia and other medication. Effectiveness of interventions, including use of "as necessary" (PRN) analgesia is monitored, and documented on a pain assessment record and/or in residents' progress notes. Non-verbal pain assessment tools are available for residents unable to articulate their pain. Staff stated they receive education/training on pain identification and management, and demonstrated awareness of nonverbal cues to assist in identifying residents' pain or discomfort. Residents/representatives expressed satisfaction with current pain management strategies and reported care staff monitor the effectiveness of interventions promptly and consistently.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Residents' end of life care wishes are discussed with residents and/or representatives during the entry process or as the needs of the resident indicate, with relevant information recorded in residents' clinical records. The home aims to maintain/support seriously ill and dying residents and specialist palliative care input from external services is accessed when necessary. Residents' pain, comfort and spiritual needs are managed in consultation with the resident and/or representative, health care practitioners, and pastoral care personnel according to the residents' preferences. Education in palliative care is available for staff and the home plans to form a palliative care group to ensure that the increasing number of high care residents receive appropriate end of life care. Members of the care team work together to provide physical, psychological, emotional and spiritual support to seriously ill and dying residents and their families.

## 2.10 Nutrition and hydration

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

### **Team’s recommendation**

Does comply

Residents’ nutrition and hydration needs and preferences including special dietary requirements and food allergies are identified on entry to the home; initial information and any dietary changes are recorded in resident’s dietary profiles and forwarded to catering staff. Meals are prepared on site according to rotating menus and choice is available. Residents are assessed by a speech pathologist when swallowing difficulties are identified, and texture modified diets introduced according to assessed needs. Residents’ weights are monitored monthly, with variations to be assessed, monitored and actioned; an April 2007 audit indicated that residents’ significant weight loss had not been actioned appropriately. A “weight watchers” group was formed to coordinate management of unplanned weight loss/gain; strategies include more frequent weight monitoring, dietitian and/or speech pathologist assessment, introduction of food supplements and/or special diets as required. Specialist medical/dental referrals are initiated according to need. Initial evaluation of the strategies indicates positive outcomes for residents. Residents are assisted with meals and fluids, and special eating utensils supplied as necessary. Issues relating to food/catering services are discussed at resident meetings; dissatisfaction with some texture modified foods expressed early in 2007 was addressed and resident feedback is positive. Residents reported they are satisfied with the quality and quantity of food and fluids supplied

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

On admission, residents’ skin care needs, and strategies to prevent breaks in skin integrity are identified through the use of focus assessment tools, mobility and falls risk assessments and consultation with the resident and/or representative. Individualised care plans are developed and reviewed three monthly and as necessary. Care strategies include attention to correct manual handling procedures, regular repositioning, pressure relieving aids, application of emollients, use of limb protectors, attention to residents’ nutritional status and staff and resident education. Podiatry and manicure services are provided/available to reduce the risk of self-inflicted skin tears. Registered nurses/endorsed enrolled nurses are responsible for wound management, wound care records document interventions, monitoring and progress of healing; advice from external wound care consultants is available if required. Skin tears and pressure ulcer data is documented, analysed and trends investigated; review of data indicates the overall level of incidents is low. Review of staff manual handling techniques/additional education are implemented if/when an increase in resident skin tears is identified. Residents/representatives stated they are happy with the assistance provided to maintain skin integrity.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Continence history and details of any previous management strategies are obtained for residents on entry to the home. Continence assessments are completed, including collection of bladder and bowel continence data over designated periods; data is analysed by nursing staff and appropriate interventions such as toileting regimens and use of continence aids implemented and documented in residents’ care plans. Bowel management programs include provision of natural dietary products, encouragement of additional fluid intake and optimum levels of physical activity. Medical practitioners prescribe aperients and evacuants as required, including for those residents taking regular analgesia for pain management. Care staff receive continence education, including assessment/use of continence aids from an external service provider, link nurses are designated in all houses and an endorsed enrolled nurse is responsible for ensuring that continence plans are current. Data relating to the incidence of urinary tract infections is analysed to identify trends and causative factors, including those relating to residents’ personal hygiene. Residents reported staff are discreet when providing continence care and they are happy with the home’s approach to meeting their continence needs.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Residents with challenging behaviours are assessed for a period following entry to the home and a detailed behaviour care plan developed in consultation with the resident, family members and the resident’s medical practitioner. Assessments identify the context of behaviours, possible triggers and successful interventions. Residents’ episodes of challenging behaviour are managed by a variety of techniques including the use of distraction, one to one interaction, involvement in activities, medication review and family support. Input from the area mental health services is available if required. Staff demonstrated knowledge of individual resident’s behaviours and appropriate management interventions; the activities officer provides additional one to one contact for residents experiencing periods of agitation/anxiety. Education relating to behaviour management is currently being offered to all levels of staff. Residents/representatives reported that staff implement strategies to minimise and/or prevent disturbing/intrusive behaviours to ensure that all resident’s rights are respected.

## **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 physiotherapist assesses residents’ mobility, dexterity and rehabilitation needs on entry to the home; individualised care plans reflect transfer and mobility requirements,

falls risk and risk management strategies and are reviewed three monthly and when changes occur. The physiotherapist documents correct manual handling procedures and daily exercise programs for residents and assists care staff to implement exercise programs whenever possible. Following a fall or change in resident's mobility / transfer status, referrals are made to the physiotherapist for reassessment and/ or treatment. A review of resident clinical records, including physiotherapy assessments confirmed these processes are in place. Residents' falls data is analysed to inform the development of interventions to prevent further falls and risk of injury. A falls prevention working party has been formed to develop falls prevention education and to review falls data/ develop falls prevention programs for individual residents with a history of repeated falls. Strategies include review of the resident's toileting program, provision of bedside sensor mats and medication review. Early identification of resident infections and effective behaviour management are additional falls minimisation/prevention strategies. Residents utilise assistive devices according to assessed needs and staff receive education/training in the mobility and transfer requirements of residents and correct use of equipment. Residents reported that their mobility and dexterity needs are met.

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

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

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

Does comply

Residents' dental history, preferences relating to management of their teeth and dentures and other oral/dental care needs are identified on entry through interview and assessment of their oral health status. Care plans reflect assessment information and outline required assistance/interventions and are reviewed three monthly. Care staff monitor residents' ability to self manage their oral care, assist when required and initiate referral to dentists as necessary. Some delays in accessing dental appointments are currently experienced due to a lack of available services; the home has contracted a dental hygienist to provide oral assessments/dental hygiene for all residents. The program includes planned reviews as required. Equipment to meet residents' oral hygiene needs is available and attention to fluid intake and nutritional status are included in strategies to maintain/improve residents' oral health. Residents generally reported satisfaction with the assistance given by staff to maintain their dentures and overall oral hygiene.

### **2.16 Sensory loss**

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

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

Does comply

Special senses including vision and hearing losses are assessed on entry and residents' needs and preferences recorded in care plans to guide staff practice and to ensure residents' safety is maintained. Residents' preferences relating to hearing and optometry services are identified, staff receive training related to the care and maintenance of hearing aids and glasses and assist those residents unable to self manage their assistive devices. Residents with sensory and cognitive impairment are assisted to participate in activity programs, and staff are educated regarding care strategies, including risk management, necessary for residents with specific sensory

losses. A safe environment is maintained and assistance with daily living activities provided for residents with vision loss and other sensory impairment as necessary. Residents reported that staff assist them as required and confirmed satisfaction with the way their sensory losses are managed.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents’ usual rising and retiring times are identified on entry and sleep pattern assessments are completed. Care plans document individual resident’s preferences in regard to rising and retiring times and strategies required to promote restful sleep. Night staff monitor noise levels, lighting and environmental temperature to assist residents in maintaining restful sleep. Staff report that offering a warm drink, one to one contact and management of symptoms such as pain help residents to settle at night or when their sleep is disturbed. Feedback from residents indicated they are generally able to achieve their desired sleep patterns.

## **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

Raynbird Place has implemented processes to monitor the quality of care and services the home provides, identify improvement opportunities and implement and evaluate improvement actions. Performance information is collected from a variety of sources including: verbal feedback from residents/representatives and staff; satisfaction surveys, continuous quality improvement forms, management and staff meetings; incident, hazard and risk assessment reports; resident clinical/lifestyle reviews; third party audit/inspection reports; and scheduled quality audits. The results of quality monitoring activities are reviewed by relevant personnel and groups representing management and all staff functions. Residents/representatives and staff contribute to identifying improvement opportunities and receive information and feedback about initiated improvement activities.

Examples of improvements related to Standard Three include:

- A review of all residents’ lifestyle care plans is intended to ensure residents’ needs are current and reflect any changes that have resulted from residents moving into the facility.
- The diversional therapist is planning a sensory area in the ‘high care’ house to address the needs of residents with challenging behaviours.
- A pet therapy program has recently been approved. It is considered that this will be beneficial to many residents, especially those who have previously been fond of pets.

### **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

Processes are in place to enable the home to identify legislation, regulations, standards and guidelines relevant to the four accreditation standards through: subscriptions to an industry peak body, legislative update services; and membership of professional organisations. Regulatory, standards and professional practice guidelines relevant to management systems, staffing and organisational development expected outcomes are incorporated into policies and procedures where relevant and these documents are reviewed by the organisation regularly and revised as required. Management and staff have access to legislation, regulations and standards and updated information is reviewed by management and communicated to all relevant staff through memos and staff meetings. The home monitors compliance with regulatory, standard and professional requirements through internal audits, third party audits/inspections,

performance appraisals and observation of staff practices. Results of monitoring link with continuous improvement processes and identified non-compliances are remedied.

### **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

Education and staff development processes are in place that include: a corporate and job specific orientation for all new staff; work instructions, a planned education program with topics relevant to the four accreditation standards; annual mandatory training in occupational health and safety topics and fire safety; and annual performance appraisals and competency assessments. Other than mandatory training the education program topics are based on direct feedback/requests from staff, residents' current health and lifestyle needs, audit/survey results, incident and infection data. Internal and external training resources are accessed, sessions are advertised, records of attendance are maintained and attendance at mandatory sessions is monitored. Staff generally demonstrated knowledge and skills appropriate to their roles.

### **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

Residents are provided with information about the home prior to and on admission to assist them in adjusting to their new environment. Residents' emotional needs and preferences are identified and a care plan outlining social and support needs for both the resident and family members is developed. Emotional support is further enhanced through orientation of new residents to the physical layout of the home, personalisation of their rooms, introduction to other residents and encouragement of family visits. High level of family involvement was noted at the home. Regular one to one interaction with the activities officer assists residents' adjustment to communal life. Staff provide additional contact with residents at times of special need such as loss and bereavement and acute anxiety. Residents reported they are satisfied with the support they received from staff during the settling-in period, and with the ongoing support provided by management and staff.

### **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' previous lifestyle and interests and current interests and abilities are identified during baseline assessments, to assist with development of a care plan that maximises individual resident's independence. Residents are assisted with those

aspects of personal care and other activities they are unable to manage unaided, and appropriate equipment such as mobility aids and feeding utensils is provided to support independence. A range of leisure activities is provided at the home and staff encourage residents to actively participate in social activities of their choice and to maintain external friendships. Residents/representatives report satisfaction with the support provided to enable them/their relative to enjoy their lifestyle both within the home and in the wider community; residents indicated that maintaining independence in as many aspects of their lives as possible was important to them. Staff indicated they respect resident's independence while monitoring for the development of depression or isolation.

### **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 maintains policies and processes to protect residents' privacy and dignity. On entry, residents are provided with information about their rights including their right to privacy; all staff receive similar information on commencement of employment and further education relating to these topics is included in ongoing education programs. Result of a recent audit indicated that privacy and dignity was not addressed adequately in the care areas. Staff received relevant education and a repeat audit revealed significant improvement; monitoring of this area of care will continue. Files containing residents' personal information are stored in locked areas with access limited to authorised staff and visiting health professionals. Staff reported they are mindful of appropriate practices, such as knocking on residents' doors and aim to ensure maintenance of residents' dignity when providing personal care. Residents reported staff are courteous and respectful of their privacy.

### **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

Residents' past and current interests are identified prior to and following entry through interview and completion of a comprehensive social profile. Individualised leisure interests care plans are developed by the activities officer in consultation with the resident/representative, and reflect the resident's physical, sensory and cognitive abilities as well as their identified interests. The activities officer develops monthly activity programs with individual interests and capabilities in mind; the range of activities includes large and small group and one to one sessions. The activities program is communicated through noticeboards, resident meetings and daily announcements. Activities/participation levels are evaluated regularly; residents reported they are generally satisfied with the programs offered. Residents in the high care house indicated their participation in-group activities in the central activity area is limited if care staff are unavailable to help them transfer to the area. Residents reported they attend activities of their choice, may engage in activities in their rooms and they are assisted to attend outings with family members.

### **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' specific cultural and spiritual needs are identified on entry to the home and a care plan developed in consultation with the resident/representative. Ministers of religion and pastoral care visitors provide emotional and spiritual support, religious services are held regularly on site and assistance to attend external religious observances is provided. Management and staff offer support and assistance with personal issues including adjustment to lifestyle changes. Celebrations are held to mark days of cultural and religious significance, with the catering service able to provide special meals on these occasions, as well as providing for specific cultural requirements of individual residents. Staff receive information to increase their awareness of cultural considerations when providing personal care, and residents report that their cultural and spiritual needs and preferences are respected.

### **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 provided with opportunities to exercise choice and decision making in the planning and provision of care and are encouraged to be actively involved. Methods to identify residents' choices are incorporated into admission processes and on an ongoing basis through resident meetings, case conferences, annual resident surveys, the comments and complaints process and through daily one to one contact between staff and residents. Staff indicated they aim to accommodate residents' choices and provide flexibility in routines, for example with meals, attention to hygiene needs, retiring times, and participation in activities; management reported this area of care has improved significantly following recent staff education. Staff advise registered nurses and/or management of resident dissatisfaction with any aspect of care and services, and residents and/or representatives are informed of processes to access advocacy services if required. Residents reported they were satisfied with the choices they were offered in matters relating to their care.

### **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

A resident handbook containing information about security of tenure is provided to residents and their representatives and the residential care agreement offered to all new residents contains information about residents' rights and responsibilities, the

terms and conditions of their tenure and information about dispute resolution. Residents and/or their representatives indicated they have been provided with sufficient information in relation to their security of tenure and understood their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Raynbird Place has implemented processes to monitor the quality of care and services the home provides, identify improvement opportunities and implement and evaluate improvement actions. Performance information is collected from a variety of sources including: verbal feedback from residents/representatives and staff, satisfaction surveys, continuous quality improvement forms, management and staff meetings; incident, hazard and risk assessment reports; resident clinical/lifestyle reviews, third party audit/inspection reports and scheduled quality audits. The results of quality monitoring activities are reviewed by relevant personnel and groups representing management and all staff functions. Residents/representatives and staff contribute to identifying improvement opportunities and receive information and feedback about initiated improvement activities.

Examples of improvements related to Standard Four include

- The regional workplace health and safety officer has provided training to residents at the monthly residents’ meeting. This was in response to a resident’s suggestion and residents reported that it now makes them more confident of their surroundings and what steps to take in the event of the need to evacuate their rooms.
- The infection control surveillance procedures have recently been revised and now record the incidences of infection which are collated and analysed so as to identify trends.

### **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

Processes are in place to enable the home to identify legislation, regulations, standards and guidelines relevant to the four accreditation standards through: subscriptions to an industry peak body; legislative update services; and membership of professional organisations. Regulatory, standards and professional practice guidelines relevant to management systems, staffing and organisational development expected outcomes are incorporated into policies and procedures where relevant and these documents are reviewed by the organisation regularly and revised as required. Management and staff have access to legislation, regulations and standards and updated information is reviewed by management and communicated to all relevant staff through memos and staff meetings. The home monitors compliance with regulatory, standard and professional requirements through internal audits, third party audits/inspections,

performance appraisals and observation of staff practices. Results of monitoring link with continuous improvement processes and identified non-compliances are remedied.

#### **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

Education and staff development processes are in place that include: a corporate and job specific orientation for all new staff; work instructions, a planned education program with topics relevant to the four accreditation standards; annual mandatory training in occupational health and safety topics and fire safety; and annual performance appraisals and competency assessments. Other than mandatory training the education program topics are based on direct feedback/requests from staff, residents' current health and lifestyle needs, audit/survey results, incident and infection data. Internal and external training resources are accessed, sessions are advertised, records of attendance are maintained and attendance at mandatory sessions is monitored. Staff generally demonstrated knowledge and skills appropriate to their roles.

#### **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

Raynbird has implemented processes to provide a safe and comfortable environment for residents including individual assessment, incident and hazard reporting and investigation, environmental safety audits and environmental security measures. Residents are able to bring in small items of furniture and personal items to enhance their comfort and personalise their accommodation. Hand rails are provided in hallways and bathrooms/toilets and the design of and internal and external surfaces enable residents to mobilise safely. The building, grounds and equipment are maintained in accordance with preventive and routine maintenance schedules and repairs are attended in a timely manner. Residents reported they are comfortable in the home and feel safe and secure.

#### **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

Processes are in place to manage the occupational health and safety system including the provision of a manual of policies and procedures, incident and hazard reporting and investigation and risk management. An occupational health and safety group representing management and all staff functions meets regularly to review audits results, continuous quality improvement forms, resident and staff incident reports,

hazard reports and risk assessments results. Environmental safety audits are conducted; identified issues are reviewed and corrective actions are implemented. Processes are in place to provide all staff with initial education about occupational health and safety including manual handling, infection control, use of personal protective equipment and chemical safety and staff are required to attend annual mandatory updates in manual handling. Staff demonstrated awareness of their responsibilities in maintaining a safe working environment.

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

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

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

Does comply

Fire, security and other emergency procedures are documented, included in staff orientation and annual mandatory update training programs and are accessible to all staff. Fire detection and alarm equipment, evacuation lighting and signage and external security lighting are maintained through the scheduled maintenance program and external provider contracts; records of service are maintained and actions are taken to remedy identified deficiencies. Fire drills are conducted and audits and staff questionnaires are completed in accordance with the audit schedule to assess staff's knowledge of procedures and overall compliance with processes. Results are reviewed at the occupational health and safety and quality management meetings and actions are taken as required. Staff demonstrated knowledge of their roles in the event of emergency and knew where to access key contact information.

#### **4.7 Infection control**

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

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

Does comply

Staff are provided with information about infection control during orientation. Standard precautions, work area guidelines including food safety practices and outbreak management resources are available for staff in each work area. Personal protective equipment is accessible and used appropriately. Staff demonstrated knowledge of infection control principles relevant to their roles and responsibilities. Staff practices are monitored through audits, hand washing competencies, and observation of practice with action taken to address identified deficiencies. A surveillance system is in place to monitor the home's infections. The system has recently been reviewed/adjusted to ensure monthly collection, analysis and trending of resident infections is timely and comprehensive. Feedback and information on individual resident infections and control practices is provided through handover processes, and at staff meetings to be implemented in the three resident houses. Resident infections are documented, investigated and followed in individual residents' clinical records. The home has a colour-coded system for cleaning equipment, monitors food and equipment temperatures and has a linen and waste management program in place.

#### **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

Processes for ensuring hospitality services are provided in a way that enhances residents' quality of life and staff's working environment have been established and generally maintained. Catering services are provided to meet residents' identified dietary needs and preferences and residents have input into the menu via resident meetings, surveys, suggestion forms and informal discussions. Cleaning schedules are in place and used to ensure resident rooms, common areas and service areas are cleaned on a regular basis. Residents' personal laundry and flat linen is laundered on site and processes are in place to sort and return residents' items in a timely manner. Staff demonstrated knowledge of their roles and responsibilities and indicated that the working environment supports their safety and comfort at work. The quality of catering, cleaning and laundry services is monitored through resident/representative and staff feedback and scheduled activities such as infection control and environmental safety audits. Residents reported general satisfaction with the catering, cleaning and laundry services.