



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

Decision to Accredit Regis Corinya

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

The Agency has also decided that the period of accreditation of Regis Corinya is 3 years, until 22 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 progress with the improvements and compliance with the Accreditation Standards.

Ken Jones
State Manager
Queensland

Information considered in making an accreditation decision

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

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

Service and Approved Provider Details

Service Details

Service Name: Regis Corinya
RACS ID: 5015E
Number of beds: 70 Number of High Care Residents: 70
Special Needs Group catered for: People with dementia or related disorders.

Street/PO Box: 218 Moray Street
City: NEW FARM State: QLD Postcode: 4005
Phone: 07 3358 2888 Facsimile: 07 3358 4410
Email address:

Approved Provider

Approved Provider: Regis Group Pty Ltd

Assessment Team

Team Leader: Mrs Jo-Anne Tudhope
Team Member/s: Mrs Debra Smith

Date/s of audit: 12/06/2007 to 13/06/2007

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
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
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 Regis Corinya 5015E, 218 Moray Street, NEW FARM QLD 4005 from 12 June 2007 to 13 June 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 15 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 Regis Corinya.

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 4 support contacts during the period of accreditation and the first should be within 8 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 12 June 2007 to 13 June 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 Jo Tudhope
Team Member/s:	Mrs Debra Smith

Approved provider details

Approved provider:	Regis Group Pty Ltd
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Details of home

Name of home:	Regis Corinya
RACS ID:	5015E

Total number of allocated places:	70
Number of residents during site audit:	69
Number of high care residents during site audit:	67
Special needs catered for:	Not applicable

Street/PO Box:	218 Moray Street	State:	QLD
City/Town:	NEW FARM	Postcode:	4005

Phone number:	07 3358 2888	Facsimile:	07 3358 4410
E-mail address:	corinya@regis.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Regis Corinya.

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 4 support contacts during the period of accreditation and the first should be within 8 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 2 days on-site and gathered information from the following:

Interviews

List types of people eg.	Number		Number
Manager	1	Residents/ Relatives	7
Clinical Nurse	1	Administration assistant	1
Registered nurses	2	Catering staff	2
Endorsed enrolled nurses	1	Laundry staff	1
Care staff	3	Cleaning staff	2
Physiotherapist	1	Maintenance staff	1
Occupational therapist	1	Diversional therapist	1
Physiotherapy aide/activity officer	1	Cooks	2
Quality Systems Manager	1	Continuous Quality Improvement Coordinator	1
Workplace Health and Safety officer	1	Rehabilitation Coordinator	1

Sampled documents

List documents eg.	Number		Number
Residents' files	8	Medication charts	7
Resident agreements	6	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities calendar
- Aged Care Certification Assessment Instrument 1999 (Score of 63, 27 June 2001)
- Agency staff folder
- Audit schedule
- Audit/survey results
- Benchmarking folder
- Catering service reports
- Certificate of Maintenance Annual Declaration (1 February 2006 to 31 May 2007)
- Chemical tracker
- Cleaning schedules
- Clinical indicator records
- Clinical monitoring records
- Comments, complaints and compliments records
- Communication books
- Contractor contact lists
- Correspondence – staff and residents
- Customer service handbook
- Declaration of fire maintenance
- Diaries
- Dietary profiles
- Dietitian records
- Education calendars
- Education tracker records
- Education attendance / competency records
- Emergency Bed Register / handover form
- Emergency procedure manual
- Essential services maintenance folder
- Food Business Licence (expiry 4 May 2008)
- Food safe plan
- Fire safety records/tracker
- Fire maintenance records
- Fire Safety Declaration (1 March 2007)
- Flow charts
- Handover sheets
- Hazard folder
- Improvement requests forms/folder
- Incident forms/records folder
- Infection control manual
- Infection control tracking records
- Job descriptions
- Laundry service reports
- Maintenance records
- Management reports
- Mandatory training tracker records
- Mandatory education folder
- Material Safety Data Sheets
- Memo folder
- Meeting planner

- Menu
- Minutes of meetings
- Newsletters
- Orientation packs
- Police check tracker records
- Preventive maintenance schedules
- Procedural guidelines
- Queensland fire and Rescue compliance inspection report
- Regulatory reference resources
- Registered staff registration records (2006/2007 and 2007/2008)
- Resident handbook
- Risk management folder/records
- Rosters
- Service agreements
- 'Snapshot Sam' alert icons
- Staff handbook
- Standards manual – policies and protocols
- Temperature monitoring records
- Testing and tagging records (electrical equipment)
- Timber pest detection report
- Vision and mission statements
- Workcover report (February 2007)
- Work request forms

Observations

The team observed the following:

- Fire evacuation procedures displayed
- Posters/notices on display
- Photographs of activities/events
- Photographs of wound healing progress
- Mobility functional outcomes graphs
- Meal time practices
- Medication administration and storage practices
- Interactions between staff and residents
- Staff communication practices
- Staff shift handover
- Staff pre-shift exercises
- Activities in progress
- Residents' living environment
- Staff work practices
- Spills kits
- Signage
- Personal protective equipment in use
- Pest control points
- Maintenance area
- Storage sheds
- Snoezelen therapy equipment/area

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

Regis Corinya has systems in place that identify opportunities for improvement, for implementing improvement activities and monitoring to ensure timely evaluation of outcomes. The home has dedicated personnel for the purpose of coordinating and monitoring the continuous improvement system. Staff are aware of the systems and have input through improvement request forms, regular meetings, surveys and personal interaction with management. Information is provided through incident and hazard reports, compliments and complaints and risk management forms; outcomes are collated and the results of clinical and organisational data is compared against like services in the organisation as a means of monitoring performance and progress of the home. Residents are informed of the continuous improvement system and have input through surveys, verbal feedback to management and staff as well as the option of using comments and complaints forms. Audits and surveys are used to monitor the effectiveness of systems as well as identifying areas for improvement.

Examples of continuous improvement relevant to Standard One include, but are not limited to, the following:

- The home has introduced new tracking systems that have improved the home’s capacity for monitoring and analysis of clinical data.
- The home has introduced a new handover sheet format that communicates essential information relevant to care. Staff and management consider these to have improved communication of key points of care to staff including agency staff. Management report that agency staff have provided positive feedback in relation to these forms being introduced.
- A process of using discrete icons called, ‘Snapshot Sam, has been implemented to provide a quick reference/prompt for staff. The icons are included on handover sheets and notices to highlight key issues staff need to be aware of, such as aggression. Staff and management consider these icons have been effective for communicating issues to staff.

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

Regis Corinya has systems in place to identify current legislation, professional standards and regulatory requirements through subscriptions to aged care peak bodies, organisational networks and the internet. Management review policies and a schedule for review are in place to ensure currency is maintained. Updates are communicated to the home through postal services, fax, emails, memos and meetings. Staff have access to policy/procedure manuals and are informed of relevant changes through verbal feedback, memos and meetings. Compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals, and observation of staff practice. Actions are taken to address any identified areas for improvement or to implement required changes to ensure compliance is maintained.

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

The home has processes in place to ensure staff have appropriate qualifications, knowledge and skills, as well as being provided with information outlining their roles and responsibilities. The orientation program includes training specific to each staff designation. Position descriptions, duties lists, policies, procedures and work instructions are provided to guide staff practice. The home monitors day-to-day practices for effectiveness of education provided to staff. Training needs are identified through performance appraisals, audits, clinical trends and staff feedback. An education calendar is developed based on identified needs, including mandatory training. Education is evaluated and processes have been established to monitor attendance. Staff consider that the education program provides them with sufficient knowledge applicable to their various 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

The home has processes for informing residents/representatives about the internal and external complaint mechanisms available to them. Information is provided through the resident handbook, agreements and customer service handbook. Brochures and notices are displayed and guidance is offered by staff and management where indicated. Staff are provided with education to support resident's to submit their concerns if required. Complaints and comments forms are accessible to residents and

staff; completed forms are registered to support identification of trends. Corrective actions are taken and monitored through to resolution including a process of providing feedback to the complainant. Residents/representatives indicated they are aware of external complaints processes and would communicate directly to staff and management if they had any concerns

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 aims, values and commitment to providing quality services. These are found in the resident handbook, staff handbook, customer service handbook, and residents' agreements, which are accessible within the home.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has systems in place for the recruitment of care and environmental support services staff as well as the coordination of rosters and staff replacement. Recruitment is conducted in consideration of the services to be provided and skills required to meet the facility and residents' needs. Registered nurses are available at all times to support residents and staff. Staffing levels are determined by monitoring the level of residents' care needs and negotiating staffing hours to ensure sufficient staff to meet the residents' needs. Resident and staff feedback, observation, surveys, audits and competencies are used to monitor staff performance. Performance appraisals are conducted annually and are used in the identification of staff skills or education needs. Residents / representatives state they are satisfied with the quality of care and services provided and the availability of staff when they require assistance.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems and processes in place to ensure there are appropriate goods and equipment for quality service delivery. Trialling of new products/equipment occurs and feedback from residents and staff contributes to the decision making process. Equipment is maintained as part of the home's maintenance program including outsourcing of specialised services to external service providers. Repair needs are identified, communicated using work request forms and arrangements for follow-up occurs in a timely manner. Delegated personnel perform ordering of stock and there are sufficient supplies accessible to meet residents' needs. There are processes in

place for the identification and return of unsatisfactory stock. Staff and residents are satisfied with the availability and quality of goods and equipment at the home.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes in place to ensure effective information management. Staff identify and record key information relating to clinical care, leisure and lifestyle, administration, financial, human resource and maintenance needs. Records are maintained as required and information is stored securely. Communication systems are in place to guide staff practice across all disciplines. Communication of confidential information is discussed with relevant personnel only. There are policies and procedures in place to guide staff practice and monitoring occurs through auditing processes as well as resident and staff input. Residents and staff are satisfied that information is communicated effectively through verbal and written methods.

1.9 External services

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

Team's recommendation

Does comply

The home has a process for providing and coordinating external services based upon resident, operational and legislative requirements. Service agreements have been developed that outline the expectations for services by external service providers and to support the monitoring of the standard of service. Qualifications of external providers are identified and performance competency is monitored through observation and feedback from residents and staff. External service providers are informed of the home's expectations in relation to safety and service standards. Residents and staff are satisfied with the quality of services provided by external service providers.

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

Regis Corinya has systems in place that identify opportunities for improvement, for implementing improvement activities and monitoring to ensure timely evaluation of outcomes. The home has dedicated personnel for the purpose of coordinating and monitoring the continuous improvement system. Staff are aware of the systems and

have input through improvement request forms, regular meetings, surveys and personal interaction with management. Information is provided through incident and hazard reports, compliments and complaints and risk management forms; outcomes are collated and the results of clinical and organisational data is compared against like services in the organisation as a means of monitoring performance and progress of the home. Residents are informed of the continuous improvement system and have input through surveys, verbal feedback to management and staff as well as the option of using comments and complaints forms. Audits and surveys are used to monitor the effectiveness of systems as well as identifying areas for improvement.

Examples of continuous improvement relevant to Standard Two include, but are not limited to, the following:

- The home has developed and implemented a clinical pathway to support effective weight management. Management and staff consider that weight management process has been more consistently since implementing this process.
- After trialling a skin care/bath bag product, new products have been introduced to support residents' skin care. A list of residents, identified as being at risk of skin impairment, has been provided to staff to highlight the need to utilise this new product. Management and staff consider this has reduced the incidence of skin tears and improved the integrity of residents' skin.
- "Get out of bed" lists have been introduced that have minimised the occasions of manual handling and ensured consistency in the management of residents requiring manual handling. Management and staff consider this approach has improved residents' skin integrity.
- A flowchart has been introduced that has improved the process of ensuring accuracy in managing thickened fluids.

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

Regis Corinya has systems in place to identify current legislation, professional standards and regulatory requirements through subscriptions to aged care peak bodies, organisational networks and the internet. Management review policies and a schedule for review are in place to ensure currency is maintained. Updates are communicated to the home through postal services, fax, emails, memos and meetings. Staff have access to policy/procedure manuals and are informed of relevant changes through verbal feedback, memos and meetings. Compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals, and observation of staff practice. Actions are taken to address any identified areas for improvement or to implement required changes to ensure compliance is maintained.

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 has processes in place to ensure staff have appropriate qualifications, knowledge and skills, as well as being provided with information outlining their roles and responsibilities. The orientation program includes training specific to each staff designation. Position descriptions, duties lists, policies, procedures and work instructions are provided to guide staff practice. The home monitors day-to-day practices for effectiveness of education provided to staff. Training needs are identified through performance appraisals, audits, clinical trends and staff feedback. An education calendar is developed based on identified needs, including mandatory training. Education is evaluated and processes have been established to monitor attendance. Staff consider that the education program provides them with sufficient knowledge applicable to their various roles.

2.4 Clinical care

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

Team’s recommendation

Does comply

Clinical care processes are coordinated and overseen by a fulltime Clinical Nurse with registered nurses rostered on duty 24 hours a day. A full time registered nurse is allocated to each of the two resident care areas and is responsible for coordinating residents’ clinical care within the area. There is a structured entry and assessment process to identify and assess each resident’s clinical care needs. Assessment processes include initial identification of immediate risk factors, basic health screening and focused assessment where screening identifies a health need. There is a mechanism to link assessment information to care planning. Care plans are developed and amended by registered nurses and there is a mechanism to review and evaluate the effectiveness of clinical management strategies. There are processes in place to monitor residents’ clinical status regularly and effective communication processes ensure that investigation and re-assessment occurs where necessary. Continuity of staffing and a proactive approach to education and continuous improvement also support the home’s clinical care systems. Resident feedback mechanisms indicate satisfaction with the way residents’ clinical needs are met.

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 identified and managed by registered nurses within the home’s assessment and care planning processes. Instructions are sufficiently detailed to guide clinical practice and there is a staff training program that is

responsive to residents' clinical needs. The home has established effective working relationships with a nearby tertiary health care facility and this has resulted in hospital staff providing specialist clinical advice, equipment support, and in-service education at the home. Processes are in place to monitor the effectiveness of specialised nursing care management and resident/representative feedback mechanisms indicate satisfaction with the way residents' specialised nursing care needs are identified and met.

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 appropriate health specialists in accordance with their assessed needs and preferences. Various health specialists including physiotherapy, occupational therapy, and podiatry visit the home on a regular basis to assess and review residents and as required. Other services such as speech pathology, dietetics and mental health service visit on an as needs basis. Referral mechanisms include priority and the outcome of the referral is documented for future reference. Resident/representative feedback mechanisms indicate satisfaction with referral to appropriate health specialist as appropriate to their needs and preferences.

2.7 Medication management

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

Team's recommendation

Does comply

There are processes to identify and review each resident's requirements for assistance with their medications on a regular basis. Medication orders and administration instructions, precautionary measures and photographic identification are recorded in medication charts. Mechanisms are in place to ensure that medications are administered by qualified nursing staff in accordance with documented instructions. Processes are in place to ensure that medication supplies are available, suitable for use and stored securely. The safety and correctness of the home's medication management processes is monitored through competency assessment of qualified staff, an audit program and an incident reporting mechanism. Resident feedback mechanisms and continuous improvement mechanisms indicate residents' medications are managed safely and correctly.

2.8 Pain management

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

Team's recommendation

Does comply

Processes are in place to identify and assess residents with a history of pain or at risk of experiencing pain due to clinical conditions. Assessment methods incorporate analysis of both verbal and non-verbal information and management strategies are aimed at minimising and/or preventing a recurrence of pain. Residents are monitored

for pain during routine interactions and changes are communicated and investigated. A variety of pain relieving methodologies are used including repositioning, aromatherapy, massage, rest and analgesia. Guidelines are in place to direct staff practices in relation to managing residents' pain. Staff demonstrated understanding of common signs of pain and pain relieving methods for individual residents. Resident/representative feedback indicates residents are as free as possible from pain.

2.9 Palliative care

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

Team's recommendation

Does comply

Processes are in place to ensure that comfort and dignity needs for residents with conditions commonly associated with palliative are identified and maintained. Assessment processes gather information about residents/representatives' terminal wishes and a multidisciplinary approach to care is delivered in accordance with these wishes. Resources are available including staff with expertise in palliative care and specialised equipment/aids; food and drinks are available at all times, family/friends are encouraged to stay and rooms can be adjusted to promote privacy for visitors. Spiritual support is accessed in accordance with individual preferences. Resident/representative feedback indicates satisfaction with the way terminally ill residents' comfort and dignity needs are met.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

There are processes in place to identify and manage each resident's nutritional and hydration needs. The menu is reviewed by a dietitian for nutritional content and mechanisms are in place to monitor residents' weight, skin condition, elimination and eating/drinking patterns. Strategies to maintain nutrition and hydration, and manage weight variation, include referral to appropriate specialists, use of dietary supplements, and additional encouragement/physical assistance. Texture modified diets/fluids are provided in consultation with relevant health specialists. Monitoring mechanisms indicate adequate nourishment and hydration and resident/representative feedback indicates satisfaction with the home's approach to meeting residents' nourishment and hydration needs.

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 uses a risk-based approach to managing residents' skin care. Each resident's risk level is identified on entry and is reviewed regularly and as changes occur. Strategies to manage residents' skin care include use of emollients, frequent

repositioning, pressure relieving devices, fluid/nutritional maintenance and effective wound management practices. Mechanisms are in place to monitor breaks in skin integrity and this information informs continuous improvement activities including staff development opportunities. Resident/representative feedback mechanisms indicate effective management of residents' skin in accordance with their general health.

2.12 Contenance management

This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation

Does comply

Each resident's elimination history and continence status is identified and assessed on entry and at regular intervals in accordance with the home's assessment and care planning processes. Assessment incorporates identification of risks to maintaining continence levels such as medication and mobility/sensory/cognitive difficulties. There are mechanisms to monitor continence levels on an ongoing basis and changes to continence levels and/or risk factors result in re-assessment. Strategies are in place to promote continence (including consideration of environmental factors, provision of aids, prompting and physical assistance) and manage incontinence effectively. Resident /representative feedback mechanisms indicate effective continence management.

2.13 Behavioural management

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

Team's recommendation

Does comply

There are processes in place to identify and assess residents with a history of experiencing challenging behaviours. The assessment and care planning process includes a multidisciplinary approach including occupational therapy, identification and investigation of patterns to identify possible triggers including discomfort and/or other stressors. Strategies to meet the needs of residents with challenging behaviours incorporate maintaining residents' comfort and security levels, an inclusive activities program, maintaining preferred routines and sensory therapy. Mechanisms are in place to monitor the effectiveness of the home's approach to managing the needs of residents with challenging behaviours and these mechanisms, together with resident/representative feedback, indicates effective management. Staff development incorporates behavioural management and staff demonstrate practices consistent with effective behavioural management.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents' mobility/dexterity and risk status are identified and assessed on entry and at regular intervals using a multidisciplinary approach. Strategies to assist residents to achieve maximum mobility and dexterity levels are incorporated in to care planning and

activities programming and their effectiveness is evaluated using functional outcomes measures. The home has implemented a falls prevention program that incorporates exercises, balance/strength and coordination training and the home is monitoring the effectiveness of the program through comparing and trending risk ratings to actual falls incidents. Monitoring processes are in place to identify changes and manage new risks. Incident reporting processes are in place and are used in continuous improvement activities to prevent recurrence. Staff and residents have access to suitable equipment and furnishings and staff development incorporates mobility, dexterity and rehabilitation. Resident/representative and staff feedback mechanisms indicate residents are assisted to achieve optimum levels of mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home’s assessment and care planning processes identify and manage residents’ oral and dental health needs. Strategies to assist residents to maintain their oral and dental health include referral to relevant health specialists, consideration of risk factors such as medications, maintenance of hydration levels, and physical assistance with oral hygiene. There are mechanisms in place to monitor, identify and investigate changes to residents’ oral/dental health. Resident/representative and staff feedback mechanisms indicate residents’ oral and dental health is maintained.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Initial entry health screening and focused assessment and referral processes gather information to manage residents’ sensory losses. Strategies to minimise risk, maintain dignity and enhance functional ability are incorporated in to personal care and service planning, environmental management, and activities programming. The effectiveness of strategies are evaluated through incident monitoring and analysis, and resident/representative feedback mechanisms. Staff demonstrate understanding of individual residents’ needs and strategies to assist them in managing their sensory losses and resident/representative feedback indicates satisfaction with the ways residents’ sensory losses are identified and managed.

2.17 Sleep

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

Team’s recommendation

Does comply

Information about residents’ sleep history is gathered and used in developing strategies to assist them to achieve natural sleep patterns. Factors that impact on sleep such as comfort, medications and the environment are considered and managed to promote

sleep. Strategies include minimising noise levels, maintaining comfort levels, and where necessary, pharmaceutical support are implemented and evaluated for their effectiveness. Resident/representative and staff feedback mechanisms indicate residents are assisted to achieve natural 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

Regis Corinya has systems in place that identify opportunities for improvement, for implementing improvement activities and monitoring to ensure timely evaluation of outcomes. The home has dedicated personnel for the purpose of coordinating and monitoring the continuous improvement system. Staff are aware of the systems and have input through improvement request forms, regular meetings, surveys and personal interaction with management. Information is provided through incident and hazard reports, compliments and complaints and risk management forms; outcomes are collated and the results of clinical and organisational data is compared against like services in the organisation as a means of monitoring performance and progress of the home. Residents are informed of the continuous improvement system and have input through surveys, verbal feedback to management and staff as well as the option of using comments and complaints forms. Audits and surveys are used to monitor the effectiveness of systems as well as identifying areas for improvement.

Examples of continuous improvement relevant to Standard Three include, but are not limited to, the following:

- The home has introduced a system for managing residents’ photographs, providing a record of events for residents. Copies are sent to families to support their inclusion in the resident’s life at the home. The ‘time and place’ albums are utilised in planned activities and as resources to initiate discussion and as memory prompts for residents. The Diversional Therapist and management consider the albums have improved connections with family and residents.

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

Regis Corinya has systems in place to identify current legislation, professional standards and regulatory requirements through subscriptions to aged care peak bodies, organisational networks and the internet. Management review policies and a schedule for review is in place to ensure currency is maintained. Updates are communicated to the home through postal services, fax, emails, memos and meetings. Staff have access to policy/procedure manuals and are informed of relevant changes

through verbal feedback, memos and meetings. Compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals, and observation of staff practice. Actions are taken to address any identified areas for improvement or to implement required changes to ensure compliance is maintained.

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 has processes in place to ensure staff have appropriate qualifications, knowledge and skills, as well as being provided with information outlining their roles and responsibilities. The orientation program includes training specific to each staff designation. Position descriptions, duties lists, policies, procedures and work instructions are provided to guide staff practice. The home monitors day-to-day practices for effectiveness of education provided to staff. Training needs are identified through performance appraisals, audits, clinical trends and staff feedback. An education calendar is developed based on identified needs, including mandatory training. Education is evaluated and processes have been established to monitor attendance. Staff consider that the education program provides them with sufficient knowledge applicable to their various 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

Entry mechanisms gather information about each resident's emotional support history and current supportive network and this information is used to develop supportive strategies in adjusting the new environment. Staff monitor day-to-day interactions with residents for circumstances that may impact on residents' emotional states. Strategies are developed in consultation with residents/representatives, implemented by staff across service areas, and are evaluated for their effectiveness. Staff demonstrate understanding of circumstances where additional support may be required and ways to provide that support. Resident/representative feedback mechanisms indicate residents receive support to adjust to life in the new environment and on an ongoing basis.

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

Assessment and care planning processes collect and use information about residents' current and past social history and community involvement in care and service planning. Strategies are in place to assist residents to achieve maximum functional

ability in their instrumental activities of daily living. Residents' preferences for social interaction are considered and strategies to establish and maintain friendships are implemented. Activities programming incorporates links with the wider community for demonstrations, presentations and a visitation program. Residents are assisted to attend external events in accordance with their preferences. Resident/representative feedback mechanisms indicate satisfaction with the level of independence, friendships and participation that residents are able to achieve within and outside the facility.

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

Information about each resident's needs and preferences in relation to their privacy, dignity and confidentiality is collected and used in care and service planning. Factors that may place residents' privacy, dignity and confidentiality at risk such as cognitive and/or continence difficulties are recognised and managed. There are mechanisms to store residents' personal information confidentiality and strategies to assist residents to maintain their privacy, dignity and confidentiality are implemented by staff across service areas. Staff practices are consistent with maintaining residents' privacy, dignity and confidentiality and resident/representative feedback mechanisms indicate residents' privacy, dignity and confidentiality are recognised and respected.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Information about each resident's past and current interests and possible barriers to participation is collected on entry using a multidisciplinary approach and reviewed at regular intervals. This information is used in programming group and individual activities across seven day per week and involvement in special events for residents. Strategies to encourage and support residents to participate in activities of interest to them are implemented by staff across service areas and are evaluated for effectiveness through attendance statistics and direct feedback. Strategies include modifying equipment, ensuring proximity of support, purchasing equipment and other resources and ensuring that residents are aware of planned activities. Resident/representative feedback indicates residents are encouraged and supported to participate in a wide range of interests and activities of interest to them.

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

Information about residents' spiritual/cultural beliefs and needs is gathered on entry and used in care planning and service provision. Staff liaise with relevant religious and support groups and residents spiritual needs are met on a regular basis. Clinical records identify events of personal significance for residents and staff demonstrate understanding of activity preferences for residents. Residents/representative feedback indicates residents are satisfied with their cultural and spiritual life.

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

Mechanisms are in place to capture and record residents' needs and preferences for involvement in decision-making on entry and as changes occur. Information about authorised substitute decision makers (where relevant) is retained and available to staff. Processes are in place to ensure that residents/representatives are provided with information about choices in care and service delivery and to encourage resident/representative input through meetings and individual communication. Residents/representatives are consulted with regard to their preferences and records indicate that residents are enabled to exercise choice and control over their lifestyle. Resident/representative feedback mechanisms indicate satisfaction with the level of involvement in decision-making.

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

Information is provided to residents/representatives with regard to their conditions of tenure and their rights and responsibilities on admission and through resident meetings and individual communication. Residents are provided with information handbooks and individual consultation occurs with residents and their relatives if there is a significant change to their care needs. Monthly resident/representative meetings are held to ensure residents understand their rights and responsibilities. Residents/representatives are informed of conditions of occupancy and consulted if changes are considered. Resident/representatives are aware of, and understand 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

Regis Corinya has systems in place that identify opportunities for improvement, for implementing improvement activities and monitoring to ensure timely evaluation of outcomes. The home has dedicated personnel for the purpose of coordinating and monitoring the continuous improvement system. Staff are aware of the systems and have input through improvement request forms, regular meetings, surveys and personal interaction with management. Information is provided through incident and hazard reports, compliments and complaints and risk management forms; outcomes are collated and the results of clinical and organisational data is compared against like services in the organisation as a means of monitoring performance and progress of the home. Residents are informed of the continuous improvement system and have input through surveys, verbal feedback to management and staff as well as the option of using comments and complaints forms. Audits and surveys are used to monitor the effectiveness of systems as well as identifying areas for improvement.

Examples of improvements relevant to Standard Four include, but are not limited to, the following:

- The home has improved its process for recording and tracking of infections. This has improved the staff capacity to monitor the incidence of infection for individual residents and identify issues for follow up in a more timely manner.
- Workplace health and safety audits and risk management processes identified a manual handling risk for staff who manually lifted large bags of milk. The home now purchases smaller bottles of milk to support safer practice and minimise the risk of injury.

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

Regis Corinya has systems in place to identify current legislation, professional standards and regulatory requirements through subscriptions to aged care peak bodies, organisational networks and the internet. Management review policies and a schedule for review is in place to ensure currency is maintained. Updates are communicated to the home through postal services, fax, emails, memos and meetings. Staff have access to policy/procedure manuals and are informed of relevant changes through verbal feedback, memos and meetings. Compliance with legislative

requirements is monitored through audits, staff competencies, performance appraisals, and observation of staff practice. Actions are taken to address any identified areas for improvement or to implement required changes to ensure compliance is maintained.

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 has processes in place to ensure staff have appropriate qualifications, knowledge and skills, as well as being provided with information outlining their roles and responsibilities. The orientation program includes training specific to each staff designation. Position descriptions, duties lists, policies, procedures and work instructions are provided to guide staff practice. The home monitors day-to-day practices for effectiveness of education provided to staff. Training needs are identified through performance appraisals, audits, clinical trends and staff feedback. An education calendar is developed based on identified needs, including mandatory training. Education is evaluated and processes have been established to monitor attendance. Staff consider that the education program provides them with sufficient knowledge applicable to their various 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

The home has processes in place to ensure the safety and comfort of residents is maintained. The living environment enhances residents' safety and comfort through the provision of equipment, furnishings and personalising of rooms and common areas with items of interest to the residents. Residents are offered shared and individual rooms, and have access to communal dining, lounge and outdoor areas. Procedures are in place, and equipment is provided, to support safe mobilising around the home. Building and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. Monitoring of the living environment is conducted through the reporting and actioning of hazards, risk assessments, review and completion of audits and investigation of incidents. Residents / representatives expressed satisfaction with the living environment and indicated that they felt safe and comfortable living at the home.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has policies and guidelines in place and systems in place to identify, monitor and review issues concerning workplace health and safety. Personnel are designated to provide coordination of health and safety systems. Audits of the environment and work practices occur and actions are taken to address identified areas for improvement. Incident and hazard reports are recorded, analysed for trends and monitored; follow-up activity occurs as indicated. Risk assessments are conducted and risk management processes are implemented and reviewed as required. Staff are provided with education and resources to support safe practice, and demonstrate safe work practices consistent with organisational and regulatory requirements.

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 has systems and processes in place to ensure that the risk of fire, security and other emergencies is minimised. Fire detection systems are in place, evacuation plans and emergency procedures are displayed, and fire fighting equipment is accessible to staff. Registered nurses and management monitor corridors and exit pathways to ensure they are free of obstacles. Staff training in fire safety and evacuation procedures is conducted during orientation and annually; records of attendance are maintained. There are established procedures in the event of emergencies for bomb threats, flooding and personal threats including access to community facilities in the event of evacuation. Staff demonstrated accurate knowledge of fire and emergency procedures and their role in the event of a fire alarm or emergency requiring evacuation.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an infection control program that tracks the incidence of infections, provides guidelines for the minimisation of cross infection and the management of infections including outbreaks. Infections are recorded for monthly review of the incidence and results are analysed for trends or potential need for changes to practice or interventions as indicated. There are sufficient resources, such as personal protective equipment, chemicals and colour coded equipment, to support safe practice in the areas of clinical care, laundry and catering services. Staff receive regular education on infection control issues and undertake hand-washing competencies. Staff are aware of infection control guidelines and practice was observed to be generally consistent with current infection control guidelines.

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

Catering services are provided at the home to meet residents' individual dietary needs and preferences that are identified on entry to the home and as needs change. Residents have input into the menu through one-to-one discussion with staff and resident meetings; a dietitian reviews the menu and individual needs to ensure that nutritional requirements are met. Residents are offered a choice of meals on a daily basis and alternative meals are provided if requested. The kitchen has monitoring systems to ensure that food is stored and served within safe temperature ranges; stock is dated and rotated as required. Cleaning schedules are in place to maintain resident rooms, common areas and service areas on a regular basis. Processes are in place for a same day laundry service; residents' personal laundry and flat linen is laundered on site. Residents indicated satisfaction with the catering, cleaning and laundry services that are provided.