



Australian Government

Australian Aged Care Quality Agency

Constitution Hill Aged Care

RACS ID 0169
3 Centenary Avenue
Northmead NSW 2152

Approved provider: Australian Unity Care Services Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 12 July 2018.

We made our decision on 25 May 2015.

The audit was conducted on 21 April 2015 to 23 April 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against 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.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

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.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle

Principle:

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

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

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.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Australian Government

Australian Aged Care Quality Agency

Audit Report

Constitution Hill Aged Care 0169

Approved provider: Australian Unity Care Services Pty Ltd

Introduction

This is the report of a re-accreditation audit from 21 April 2015 to 23 April 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 21 April 2015 to 23 April 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Toby Hammerman
Team member/s:	Rosemary Chaplin

Approved provider details

Approved provider:	Australian Unity Care Services Pty Ltd
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Details of home

Name of home:	Constitution Hill Aged Care
RACS ID:	0169

Total number of allocated places:	121
Number of care recipients during audit:	118
Number of care recipients receiving high care during audit:	105
Special needs catered for:	Special care 15 bed unit

Street/PO Box:	3 Centenary Avenue
City/Town:	Northmead
State:	NSW
Postcode:	2152
Phone number:	02 8868 9000
Facsimile:	02 8868 9040
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
General manager	1
Care manager	1
Clinical manager	1
Australian Unity corporate managers: service development, regional and property	4
Registered nurses	2
Team leaders	2
Assistants in nursing	16
Pastoral care staff	1
Administration and client liaison manager	1
Pharmacy co-ordinator	1
Residents	18
Representatives	9
External supplier representatives	2
Infection control coordinator, ACFI manager and Our way of being safe(WHS) co-chair	1
Lifestyle team leader and recreation activity officers	3
Catering chef managers	2
Catering and serving staff	6
Catering and serving staff	6
Cleaning staff and contactor representatives	4
Property services coordinator and maintenance staff	3

Sampled documents

Category	Number
Residents' files including assessments, care plans, progress notes, medical and allied health documentation and referrals, pathology and transfer documentation	12
Medication charts including registered nurse initiated medication charts	12
Bedrail authorisations and signing charts	11
Lap restraint authorisation and restraint management chart	1
Residents' administration files including application packs, signed residential care and accommodation agreements, privacy consents, nominated representative information, enduring power of attorney and guardianship documentation	4
Wound management charts including photographic records of wound progress	6
Personnel files	8
Self-medicating assessments	6

Other documents reviewed

The team also reviewed:

- Catering - NSW Food Authority licence, diet summary sheet, food preferences, dietary information lists, meal choices, menus – seasonal and seven week rotating, kitchen communication book, order book, food safety manual, delivery monitoring records, temperature monitoring records, audits and results, kitchen cleaning schedule, duty lists, daily menu on display
- Cleaning and laundry – room and task cleaning schedules, work procedures, rosters, protocols for infection control and other specialised procedures, training records.
- Clinical - diabetes management plans, enteral feeding plans, catheter plans, INR/warfarin lists, clinical indicator reports including monthly weights, wound care, mapping documentation, clinical activity lists, continence and manual handling instruction in residents' wardrobes, continence allocation folder, incident and accident reports and monthly analysis, pain clinic and maintenance program list, daily observations list, weekly blood pressure list, case conference records, care plan review schedules, extra care day schedule, monthly podiatry schedules, dietetics assessment folder, dietary advise sheets, psychotropic and antibiotic medication audits, schedule 8 medication check list, neocytamin injection checklist, staff handover sheets, medication and supplement refrigerators' temperature monitoring records
- Comments, concerns ,complaints register, Tell us about it forms
- Communication systems – newsletters, notices, memorandums, handover system, diaries and communication books

- Continuous improvement: quality improvement register, internal scheduled and responsive audit plan, staff and resident questionnaires, quality indicators and monthly reports
- Education - orientation checklist, calendars 2014 and 2015, attendance records mandatory education, staff records for internal and external courses completed, assistants in nursing competency pack
- Fire safety – certification of fire safety measures, training attendance records, equipment inspection and testing reports, fire panel inspection and maintenance records, resident evacuation folder with list of residents, emergency evacuation pack and contingency plan, other emergencies flip chart, fire warden training certificates
- General practitioners' communication folders at nurses' stations
- Human resource documentation including recruitment policies and procedures, job descriptions and duty lists, rosters, nurses' and other professionals registration spreadsheet, staff employment kit including application for employment forms, induction checklist, code of conduct, staff handbook, confidentiality agreement, proof of qualifications and other declarations, staff handbook
- Infection control material - trend data, outbreak management program, resident/staff vaccination records and promotional material, infection incidence and antibiotic utilisation chart, needle stick injury procedure, cleaning clinical equipment schedule, respiratory and infection control mapping documentation, staff daily cleaning checklist
- Information booklet for residents and relatives
- Information processes - Electronic communication systems; meeting minutes including quality, lifestyle, staff, registered nurses/team leaders, residents, relatives, medication advisory committee, food focus group, dementia focus group forum ; memo folder; tell us about it forms folder; communication books; handbooks, residents' information package and surveys; audit folder
- Inventory and equipment and external services - approved supplier spreadsheet with details of insurances, public liability, evaluation dates and criminal record checks, service provider agreements, stock monitoring and delivery systems and contractors' handbook.
- Lifestyle - lifestyle and social histories, personal profiles, care plan review schedule, volunteers register, activity room checklist folder, activity attendance records, activity risk assessments, bus trip folder, 'a story of our residents', monthly birthday list, weekly activity booklets, individual activity folders for residents in Willyama (dementia) unit
- Maintenance records - routine requests and register, preventative maintenance program and completion acknowledgements
- Mandatory consolidated reporting registers for alleged or suspected elder abuse and missing persons incidents and attached incident forms
- Policies and procedures – electronic and selected hardcopies
- Regulatory compliance documentation including communications from the corporate legal and compliance team, staff and volunteers police checks records, consolidated registers of mandatory and discretionary elder abuse reports, peak body and government update bulletins

- Residents admission pack including residents handbook, care agreement, privacy statements and personal information authority, resident contract agreement register on electronic format
- Residents list
- Self-assessment report with information about each Accreditation Standard
- Work health and safety –Our way of being safe reports and promotional material, policies, identified hazard register and risk assessment processes

Observations

The team observed the following:

- Activities, entertainment and exercises in progress, activity program on display; residents participating in activities, activity calendars, activity folders, residents' meeting notices, monthly barbeque dates and special events notices available for residents and visitors
- Annual fire safety certificate (on display)
- Call bell system including call bells, pendants, sensor mats and response by staff
- Charter of Residents' Rights and Responsibilities displayed
- Cleaning in progress including use of equipment, trolleys and wet floor signage boards and response to emergency flooding incident
- Clinical instruction available to staff
- Communication systems
- Complaints mechanisms including tell us about it forms, brochures and suggestion boxes, external complaints mechanisms and advocacy brochures in four languages
- Continuous improvement suggestions box
- Daily menu displayed on notice boards
- Dietary preferences information available to servery staff
- Equipment and supply storage areas including pressure relieving, continence and clinical supplies, linen stock in sufficient quantities and equipment available and in use for manual handling such as lifters, hand rails, ramps, walk belts, pressure relieving, limb protecting and mobility equipment
- Hand washing sinks, hand hygiene dispensers around the home and staff personal dispensers
- Infection control resources, facilities and equipment, waste management including clinical waste, outbreak management kit, spill kits, sharps containers, personal protective equipment in use and in storage, specimen refrigerator, colour coded equipment, infection control resource information, utility areas, cleaners rooms, signage promoting a safe working environment

- Lifestyle resources available to staff and residents including cultural boxes, language cards, sensory and tranquillity boxes, memory boxes
- Living environment internal and external including hairdresser salon, coffee shop, residents' laundry, resting stations, pamper room, library, men's room
- Low beds and pressure relieving mattresses in use
- Material safety data sheets, waste disposal systems, out of order tags
- Medication round in progress
- Menu displayed in dining areas
- Mission and Values of the organisation and the Charter of Residents' Rights and Responsibilities displayed
- Movie room
- Notice boards for staff, residents and visitors with information brochures on display for residents, visitors and staff
- Notices of impending Accreditation site audit on display throughout the home in four languages
- NSW Food Authority Certificate displayed
- Photographic records of activities
- Policies and procedures available to staff
- Residents utilising pressure relieving mattresses, bed rail protectors, hip and limb protection equipment
- Shift handover
- Short group observation in the Willyama unit special care unit
- Sign in and out books
- Staff practices and courteous interactions with residents, representatives, visitors and other staff
- Staff work areas (including clinic/treatment/staff room, reception and offices)
- Storage of medications including pharmacy packed medication, non-packed medication, emergency medication supplies, medication trolleys, secure cupboards, medication refrigerators, supplement refrigerator, opened medication expiry dates
- Suggestion boxes accessible to residents/visitors
- The dining environments during midday meal service, morning and afternoon tea, including resident seating, staff serving/supervising, use of assistive devices for meals and residents being assisted with meals in their rooms

Assessment information

This section covers information about the home's performance against 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 care recipients, 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 findings

The home meets this expected outcome

The home is actively pursuing continuous improvement by using an organisational quality framework to assess, monitor and evaluate all areas of service and stakeholder satisfaction. Areas for improvement are identified through mechanisms that include: 'tell us about it forms', scheduled questionnaires, regular meetings, feedback from stakeholders, a program of organisational and internal audits and surveys and a monthly analysis of key performance and monitoring data. Opportunities for improvement are also formulated centrally into quality projects by the Australian Unity head office (the organisation) and often result in a systems review, change of practice, purchase of new equipment or staff education. Other identified improvements are noted on a register that identifies its relevance to an expected outcome of the Accreditation Standards. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below:

- To enhance communication at all levels, the organisation initiated a major move to online information management systems for business activities and clinical documentation. When fully implemented the computerised software systems will provide corporate management and on-site managers access to standardised information. An early result, following the launch of the online system, is the development of an expanded continuous improvement register. The new format contains a description of the source and why the improvement was necessary, the actions required and implemented and the results achieved and measured. The new format prompts on-site quality coordinators to address all aspects of the improvement cycle and allows the organisation's service development coordinator to centrally monitor progress and results achieved.
- On appointment to the position in 2013, the general manager identified deficits in staff skills in a range of clinical areas, poor commitment and confidence of some staff, a lack of team work and less sensitivity on cultural diversity and communication. The Constitution Hill Aged Care Champions program was developed to address those deficits and ensure residents are cared for by competent, confident and committed staff, working together as a team, enriched by the diversity of their multi-lingual and cultural backgrounds. The project commenced with the appointment of staff champions in those

areas where the home had acknowledged skill and practice gaps. The champion initiative initially identified groups of staff who would be agents of change through their chosen field of interests such as wound care, infection control, manual handling, behaviour management, falls prevention, nutrition and hydration and oral care. Each champion group of up to 10 staff was empowered to research best practice and develop innovative ways to transform staff skills to capabilities. Some champion groups chose song, others chose play acting, pre-recorded videos and other innovative forms of presenting vital information at monthly staff development days. After 12 months operation and a noted increase in staff commitment and confidence at work, some of the key champion topics were revised, and others such as the lifestyle, therapy and sensory stimulation group or the 'Our way of being safe' (work, health and safety) group were added. At the conclusion of the second year of operation of the champions project, the home has seen a marked improvement in the development of staff skills sets in these areas, an increase in compliments and corresponding reduction of complaints. Staff surveys report high morale, satisfaction at work and ongoing creativity in developing and presenting key ideas to their colleagues.

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 findings

The home meets this expected outcome

The home, with Australian Unity (the organisation) management support, has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation's legal and compliance team subscribes to an aged care specific legislation update service and a peak body service to ensure the home is up to date with regulatory requirements. The home receives regular updates from the organisation's regulatory compliance processes that are responsible for identifying all regulatory related information. The general manager ensures policies and procedures reviewed and updated by head office are implemented at site level. The team verified that staff are informed of changes to regulatory requirements through meetings and memos and staff practices are monitored regularly to ensure compliance with regulatory requirements. Examples of the home's responsiveness to recent legislative changes are:

- There is a system for the secure storage, archiving and destruction of personal information in accordance with the NSW Privacy and Personal Information Protection Act and regulations for residents' records.
- An electronic register is maintained to ensure criminal history record checks have been carried out for all staff. The organisation's legal and compliance team informed site managers of the changes to the Aged Care Principles (2014) and the Accountability Principles (2014) that expanded the definition of 'police certificate' to be clear that it captures records held electronically by Crimtrac.
- A comprehensive policy was developed on elder abuse and reporting procedures outlining the organisation's interpretation of the legislation. The policy lists the specific requirements from all stakeholders to ensure compliance. The team was shown evidence that the reporting processes are in place and staff have been trained to use the appropriate forms should the need arise. The home has a consolidated register of all incidents documenting all information recommended in Appendix A of the Australian

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 findings

The home meets this expected outcome

The home has a system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The program is overseen by the organisation's manager and a part time on-site educator. The recruitment process identifies the knowledge, skills and education required for each position. There is a comprehensive induction program for all new staff and an allocated buddy system to support the new staff during their first days of employment. The education program, including topics covering the four Accreditation Standards, is developed with reference to resident needs, staff surveys, performance appraisals, and management assessments. A Champions program empowers groups of staff to research best practice in nominated areas and present results in innovative and creative ways to their peers. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through questionnaires, competency assessments and performance appraisals. Management and staff interviewed report they are supported to attend relevant internal and external education and training.

Residents/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard One include:

- The induction program covering such topics as: policies and procedures, the philosophy of the organisation, the communication system and the complaints process
- The mandatory in-service day program which includes such topics as: protecting older people from abuse, work place bullying and harassment and understanding your role and responsibilities

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives are informed of internal and external complaint mechanisms through: the resident handbook, resident agreement, orientation to the home, notices and at residents' meetings. A 'tell us about it' feedback form for comments and complaints is available in the home and brochures about an external complaint mechanism are also clearly displayed. Management maintains a log of all comments and these form part of the organisation's monthly key quality indicator report. Issues that require ongoing consideration are escalated to a management committee. We noted that issues raised are addressed in a timely manner to the satisfaction of most complainants. Residents/representatives can also

raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Residents/representatives interviewed say they are aware of how to make a comment or complaint and feel confident that concerns are addressed appropriately.

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 findings

The home meets this expected outcome

The organisation's mission statement, vision, values, philosophy and commitment to wellbeing are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Vision, mission and values are included in the induction program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality.

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 findings

The home meets this expected outcome

Residents and their representatives interviewed told us staff who provide care to the residents are skilled and competent. There is a system to manage human resources that includes policies and procedures, staff appraisals, job descriptions, selection and recruitment processes, appropriate rostering and an education program. Replacement staff come from a casual pool. Rosters reviewed demonstrated appropriate replacement of staff, and there is evidence of considerable effort to ensure all shifts are filled. Residents/representatives are very satisfied with the level and competency of staff and their ability to meet residents' care and service needs. Staffing levels and rostering is set and monitored to meet the demands of residents, taking into consideration regulatory requirements, occupancy levels, resident needs, and the changing environment in which the home operates

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home uses corporate generated systems to ensure that appropriate stocks of goods and equipment are available at all times. Observations, interviews and review of documentation demonstrated that appropriate stocks of goods and equipment, food, furniture and linen are achieved. Stock rotation processes, budgeting, and purchasing through preferred suppliers

ensures this ongoing program is effective. Staff and relatives interviewed all confirmed that there is sufficient and suitable equipment for their use. In particular, it was noted that the maintenance person is responsive to stakeholder input, as is management when approval is required for purchases of equipment. There is a corporate-based, preventative maintenance schedule and a daily maintenance procedure to ensure that equipment is maintained in a safe operational standard. All maintenance requirements are carried out in an appropriate time frame by the persons at the home. The team observed and all stakeholders reported there is sufficient and appropriately maintained equipment and stocks of goods.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has organisational and locally generated systems that manage the creation, usage, storage and destruction of all records, both hardcopy and electronic. Interviews and documents reviewed showed the home disseminates information from management to staff and residents/representatives relating to legislation, resident care, organisational information and other matters that are relevant to them. This is achieved through ready access by staff to online management and intranet systems that provide centralised publishing of policies and associated forms. The home also effectively conveys information through newsletters, memos, noticeboards, meetings, resident electronic clinical records, resident information packages, education sessions, meeting minutes, and electronic policy and procedure manuals. Information is managed in accordance with the home's privacy policy. The team observed stakeholders accessing the documentation system that is used daily for the management and dissemination of information. The processes cover all aspects of the home's functioning and this enables staff and management to maintain consistent access to up to date information for appropriate decision-making.

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 findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The home has a list of corporate approved and locally based preferred suppliers and individualised written agreements with the external providers are maintained at head office. The organisation has a centralised system for managing suppliers' contracts and when there is poor performance we noted examples of a change in suppliers who did not meet the home's quality requirements. All stakeholders reported satisfaction with the quality of service they receive from external service providers. External contracts are reviewed at organisational level with the home's quality requirements clearly identified. The home audits performance of locally based suppliers. Additionally, the organisation's head office regularly reviews the work performed or goods supplied by external contractors to ensure they are provided in a timely manner and as requested.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 findings

The home meets this expected outcome

As a result of the home's continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, we noted improvements have been made in relation to Standard two: Health and Personal Care. These include:

- An audit identified gaps in completion and congruence of documentation for management of people with diabetes. An action plan to address this gap included a review of all documentation used for diabetic management, additional staff education on specific requirements of assessments care plans and charts. The home's audit processes include scheduling of a repeat or responsive audit, within an allocated time frame, to ensure all changes have been successfully implemented.
- An external benchmark audit noted residents who self-administer medications did not have readily accessible medication lists, in the event of an emergency or they needed to be transferred to hospital. A list of residents who self-medicate was compiled and a system implemented to ensure the list is monitored regularly.
- Management reviewed the home's systems for the management of hearing aids in January 2015, following feedback from families. To ensure residents' hearing aids are correctly fitted and to minimise loss, the hearing aids belonging to residents who are unable to manage them are collected each evening by care staff. The hearing aids are stored in the medication trolley and returned to the residents in the morning. Staff have received additional training in the correct use of hearing aids. Management has received positive feedback from families regarding this initiative and report improved communication for hearing impaired residents.

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 findings

The home meets this expected outcome

The home’s regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home uses those processes to identify and implement a range of compliance measures relevant to Standard two Health and Personal Care. These include:

- Implementing a system to ensure registered nurses and other health care professional registrations are maintained. The administration officer can also access the Australian Health Practitioner Regulatory Agency (AHPRA) website to verify registrations if needed.
- Registered nurses and staff assisting with medications are monitored to ensure they comply with the relevant policies that reflect the Health (Drugs and Poisons) Regulations 1996 and Best Practice Guidelines in Medication Management.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Two is listed below.

- The in-service program using refresher education, coaching and competency assessments covering such topics as: diabetes management, palliative care, continence management including catheters, oral and dental care, falls prevention, diet and nutrition.
- Indirect care staff, including administration, lifestyle ,kitchen, laundry and other ancillary roles have commenced training on dementia awareness and incident management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care. A comprehensive program of assessment is undertaken when a resident moves into the home and a care plan is developed using the computerised care management documentation system. Residents

and/or their representatives are consulted in the assessment and care planning process including through case conferences. Documentation review confirms allied health professionals and medical officers are involved in the planning and delivery of residents' clinical care. Registered nurses develop and review care plans on a regular basis and when residents' identified needs and preferences change. Medical officers review residents regularly and as requested and residents are referred to specialist medical and allied health services as required. A range of care based audits and clinical indicators are used to monitor the quality of care. Care staff are provided with current resident clinical care information through handovers, communication diaries, care plans, progress notes and prompts kept in residents' rooms. Staff report they have appropriate equipment, resources, education and supervision to ensure residents receive appropriate clinical care. Staff interviews demonstrate that they are knowledgeable about the care requirements and preferences of individual residents. Residents/representatives are satisfied with the clinical care the residents receive.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care needs are assessed and documented on care plans when residents move into the home. Changes are documented in the progress notes, clinical charts, specialist forms and charts and in the care plans. Care plans are regularly reviewed and evaluated in consultation with residents and/or their representatives. Registered nurses and trained team leaders attend residents' specialised care and equipment is supplied as necessary to meet identified needs. Clinical nurse specialists supports staff and residents with specialised nursing needs including wound care, pain management and palliative care if required. Staff informed us they have appropriate training, resources, equipment and support to provide specialised nursing care for residents. Residents/representatives are satisfied with the specialised nursing care provided for residents.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

The home has systems to assist staff to identify, assess and refer residents to appropriate health specialists in accordance with their needs and preferences. Review of documentation including residents' files demonstrates that residents are referred to medical specialists and other allied health professionals such as dietician, speech pathologist, podiatrist, behaviour management specialists, physiotherapist and audiology and optometry services as required. External providers of specialist services visit residents in the home or residents are assisted to attend appointments outside the home. Staff are aware of the processes to ensure information from specialists and allied health professionals is incorporated into care plans.

Residents/representatives are satisfied with the referral process and are consulted when referral to health specialists is required.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents medication is managed safely and correctly. Medication needs and preferences are assessed on entry to the home and as residents’ needs and preferences change. Competency assessed team leaders and medication nurses administer medications which are prescribed by medical officers and dispensed by a pharmacist in blister packs. Registered nurses administer injectable medication, schedule eight medication, PRN (as required) and non-packed medication. Residents’ medications are regularly reviewed by medical officers and the pharmacist. The home has a medication advisory committee which meets to communicate such issues as legislative requirements, medication management audit results and current best practice. Review of the medication charts confirms residents’ identifying information is documented clearly including photographs, name, date of birth and allergies. Observation and staff interview demonstrates medication is stored safely in locked areas and dispensed in accordance with the home’s policies and procedures. The home has a system for identifying and managing medication incidents. Residents informed us they are satisfied with their medication management.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure all residents are as free as possible from pain. A range of pain assessment, including assessments used for residents living with dementia and non-verbal residents, is undertaken by nursing staff and the physiotherapist to identify and monitor residents’ pain. Care plans are developed for each resident which include individualised interventions. The physiotherapy program incorporates a pain clinic which includes targeted exercise programs and the use of transcutaneous nerve stimulation. Other interventions used to assist residents to manage their pain include application of heat, gentle exercise, massage, and analgesic medication. The lifestyle staff employ diversional therapy techniques such as music and meditation for residents who are assessed as responding to these interventions. Pain management measures are evaluated for effectiveness and residents are referred to their medical officers or pain management specialists if required.

Residents informed us they are satisfied with the management of their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Residents who are terminally ill are regularly assessed in consultation with their representatives and medical officer to ensure their comfort and dignity is maintained. Case conferences provide residents/representatives an opportunity to provide information regarding end of life wishes and residents are offered advanced care directives to sign. Staff are aware of maintaining the respect and dignity of residents who are terminally ill, and of supporting their families. Palliative care specialists are available to support staff with education and to direct care for residents receiving palliative care. Music and aromatherapy are utilised in conjunction with medical and nursing interventions to maintain comfort.

Residents’ emotional and spiritual needs and preferences are included in the care planning for terminally ill residents. We observed supplies of equipment used for palliative care including specialised pressure relieving equipment, electric beds and mechanical lifters.

2.10 Nutrition and hydration

This expected outcome requires that “care recipients receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents receive adequate nourishment and hydration including initial and ongoing assessments of residents’ needs and preferences. Care plans are developed and reviewed regularly and as changes are identified. The registered nurses and clinical manager identifies residents at risk of weight loss and malnutrition by monitoring regular weight records. A dietician regularly visits the home and reviews residents’ nutritional management. The speech pathologist is available when required. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as required. Staff are aware of special diets, residents’ preferences and special requirements such as any modified textured meals through the care plans, white boards and dietary requirement lists kept in the nurses’ stations and the serveries. Residents have input into menu planning through resident meetings, comments and complaints mechanisms, the food forums and informal discussions with staff. Observation confirms the menu is displayed for residents in the dining areas of the home. Residents/representatives informed us they are satisfied with the management of nutrition and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that each care recipient’s skin integrity is consistent with their general health. Residents’ skin integrity is assessed when they move into the home through the initial assessment process. Ongoing assessment occurs regularly and as residents’ needs and preferences change. Care staff confirm they monitor residents’ skin integrity as part of daily care and report any changes to the registered nurse for review and referral as appropriate. Complex wound management is carried out by registered nurses. Wounds are assessed regularly using comprehensive wound assessment charts. Skin tears and infections are recorded and data is analysed by management. A podiatrist attends the home on a regular basis. A range of skin protective devices are available, if needed, including pressure relieving mattresses, hip protectors, skin emollients and protective bandaging. These are consistent with individual care plans and identified resident needs.

Residents/representatives informed us they are satisfied with the way staff provide skin care and the range of equipment available to them.

2.12 Continence management

This expected outcome requires that “care recipients’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Residents are satisfied with the management of their continence. The home has systems to ensure residents’ continence is managed effectively. Clinical documentation review and interviews with staff confirms continence management strategies are developed for each resident, if required, following initial and ongoing assessment. Individual continence plans are kept in residents wardrobes to instruct staff of residents’ current needs. Staff said they assist residents with their toileting regimes, monitor skin integrity and receive training and supervision in the management of continence and the use of continence aids. The home has sufficient stock of continence aids in appropriate sizes to meet residents’ needs. Staff were observed being considerate of residents’ privacy and dignity at all times. Residents and their representatives are satisfied with the continence program.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage residents with challenging behaviours. In consultation with residents/representatives assessment and monitoring is undertaken on entry to the home and on an ongoing basis as residents’ needs and preferences change. Information from assessments populates into care plans which are regularly reviewed and

evaluated for effectiveness. Challenging behaviours, triggers that lead to challenging behaviours and successful interventions are identified and known to staff. Residents are referred to their medical officer and behaviour management specialists for clinical review and assessment when necessary. Care and lifestyle staff receive ongoing training and we observed their interactions with residents who exhibit challenging behaviours to be consistent with staff training provided. The home employs a minimal restraint policy.

Residents/representatives are satisfied with the management of residents with challenging behaviours and informed us they are not disturbed by these residents.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure that optimum levels of mobility and dexterity are achieved for all residents. Residents’ mobility and dexterity needs and preferences are assessed on entry to the home and on a regular basis or as needs change. The physiotherapist develops individual exercise and mobility programs for residents with identified needs. Documentation review and interviews with staff confirms all residents are assessed on moving into the home for mobility, dexterity and transfers, falls risk and pain management. The physiotherapy and exercise programs are implemented by the physiotherapist, physiotherapy assistants, care staff and lifestyle staff. Programs are regularly reviewed and evaluated by the physiotherapist. Staff are trained in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Mobility and manual handling plans are kept in residents’ wardrobes ensuring they are accessible to staff. Assistive devices such as mobile frames, mechanical lifters and wheelchairs are available if required. All falls incidents are documented and the data is analysed. Residents/representatives informed us they are satisfied with the way the residents’ mobility and dexterity needs are managed.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ oral and dental health is maintained. A review of documentation shows that residents’ oral and dental health is assessed when they move to the home and individual care plans are regularly reviewed and evaluated to meet changing needs. Diet and fluids are provided in line with the resident’s oral and dental health needs and preferences and specialist advice for residents with swallowing problems is sought if needed. Specialist dental consultations are arranged in accordance with residents’ needs and preferences. Staff are aware of residents’ individual oral care needs and interventions required to manage these needs. Residents/representatives informed us staff provide assistance with residents’ oral and dental care as required and as requested.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Initial assessment of residents’ sensory loss is identified when they move into the home. Management strategies are implemented, regularly reviewed and evaluated in consultation with the resident and referral to specialist services is arranged as needed. External optometry and hearing services are accessed as needed. The team observed the environment to have good lighting, including natural light, and that rooms and corridors are spacious and uncluttered to facilitate resident safety. Staff said they use a variety of strategies to manage sensory loss, including appropriate equipment and support to promote independence. Residents/representatives informed us staff are attentive to their individual needs, including the care of glasses, hearing devices and if needed assistance to move around the home.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents informed us they are satisfied with the management of their sleep and they are assisted to maintain natural sleep patterns. Residents’ sleep patterns and known strategies to assist sleep are assessed when they move into the home and their care plans are regularly reviewed and evaluated by appropriately qualified staff. Residents’ preferences for rising and retiring are respected and accommodated by staff. A review of documentation and discussions with staff show residents are offered comforts such as snacks, warm milk, and other support to assist achievement of natural sleep patterns. Disturbances in sleep patterns are monitored and referred to the medical officer as needed. Lifestyle staff encourage activities including exercises during the day to promote sleep at night. Lighting and noise levels are subdued at night.

Standard 3 – Care recipient lifestyle

Principle: Care recipients 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 findings

The home meets this expected outcome

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, we noted improvements have been made in relation to Standard Three: Resident Lifestyle. This includes:

- The introduction of the organisation’s person centred “Better together” model of care prompted a review of the way lifestyle programs are delivered. The lifestyle, therapy and sensory champions group were mandated to transform the lifestyle program to match the philosophy of care. Some of the changes introduced include enabling residents to do their own cooking and baking, providing emotional support and pastoral care with an ‘end of life’ program, installation of improved picture and memory boards to display photos of residents now and in earlier years and birthday celebrations involving family members as guests. Feedback from staff, residents and relatives about these and other activity programs has been highly positive.
- The lifestyle coordinator identified male orientated activities being offered in the home were limited. This became especially evident on days when female residents were involved in hairdressing appointments. With the active involvement of the maintenance person, it was decided to provide meaningful and constructive activities to male residents, on the days the ladies were having their hair done. As an outdoor activity the men have enthusiastically adopted the rejuvenating and sanding of the wooden outdoor furniture. Some of the furniture has been completed and the ongoing success of the project is measured by positive feedback from residents and increasing participation rates.
- The administration and client liaison officer identified the need to track completion of resident agreements. A register of those residents who have signed agreements has been established. This enables appropriate follow up of those who haven’t signed, creating the opportunity to clarify details and ensure residents and their representatives understand their rights and obligations of tenure at the home.
- In March 2015, management identified staff did not have specific knowledge relating to one of the resident’s cultural needs. With the support of the lifestyle team a cultural box was set up which contained information on the history, language and other culturally significant aspects of this resident’s background. The cultural box has been very successful and has resulted in the formation of boxes for many different cultures to enable staff access to information across a range of residents’ cultural needs. As many staff are not from an Australian background, the home is now setting up an Australian cultural box to assist staff understand residents who have an Australian background.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

The home’s regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Three Resident lifestyle. These include:

- A copy of residents’ rights and responsibilities is displayed at the entrance to the home and reprinted in the residents’ handbook.
- Resident contracts are generated by head office, on advice from the industry peak body, and updated as legislative changes occur. Notifications of significant changes are sent direct to relevant stakeholders.
- In accordance with the Accreditation Grant Principles 1999 the organisation has made residents and their representatives aware of this re- accreditation site audit visit and of their opportunity to speak with the assessors in confidence. Individual letters were sent to all residents or their nominated representatives.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Three is listed below.

- The induction program covering such topics as person centred care
- The onsite mandatory program covering such topics as: privacy and dignity and reporting of missing persons and elder abuse
- Recreation activity staff have completed Certificate IV in Leisure and Lifestyle.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each care recipient is supported adjusting to life when they enter the home and on an ongoing basis. Residents and their families are welcomed when they first enter the home with flowers and families are invited to share lunch with the resident. Lifestyle and pastoral care staff spend one to one time with residents during their settling in period and thereafter according to the residents' needs. The entry process includes gathering information from residents and their representatives to identify residents existing care and lifestyle preferences. Religious clergy, pastoral care staff and trained volunteers provide individual support as needed. Feedback about residents' levels of satisfaction with the provision of emotional support is gained through meetings, audits and resident surveys.

Residents/representatives expressed satisfaction with the emotional support offered to residents and families to support them adjust with their new life at the home and on an ongoing basis.

3.5 Independence

This expected outcome requires that "care recipients 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 findings

The home meets this expected outcome

Residents are encouraged to entertain at the home and visitors and relatives are made to feel welcome when they visit. Staff facilitate resident participation in the local community, for example, through the arrangement of regular bus trips. Residents join in activities and functions held by the residents living in the co-located independent living units. Various community groups visit the home including entertainers and special interest groups. Regular exercise programs assist residents to maintain their mobility levels and independence.

Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so. Observations and interviews confirm staff promote residents' independence when assisting with their activities of daily living. Residents are satisfied with the opportunities available to them to participate in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. The home's privacy policy is included in the resident and staff handbooks. Residents' care plans and progress notes provide evidence of consultation regarding their preferences for the manner in which care is provided. Residents' individual preferences are documented and known by staff. Residents' records are securely stored at the nurses' stations and administration office. Observations confirm staff address residents in a respectful manner by their preferred names. Staff were observed to knock on residents' bedroom doors before entering and close the door when attending to personal care.

Residents informed us staff are respectful of privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle and personal history assessments are documented when residents move into the home. Care plans are developed and evaluated regularly. Lifestyle staff plan monthly activity calendars for the home which include a variety of events and activities in consultation with the residents. One on one activity is included in the calendar to cater for those who prefer not to attend group activities. Resources are available to all staff enabling flexibility and spontaneous activities. Special consideration is taken into account for residents living with dementia and a specific program has been developed in the Willyama unit. The lifestyle staff document residents' participation in activities. They regularly evaluate activities, including bus outings. Residents are consulted through resident meetings and informal discussions regarding the activity program. This information is evaluated to make improvements to the program on an individual and group basis. Residents informed us they enjoyed the activities and particularly enjoyed the concerts, bus trips, craft groups and word games.

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 findings

The home meets this expected outcome

Residents are assessed on entry to the home for their individual customs, beliefs and cultural and ethnic backgrounds. Pastoral care and services from a variety of denominations are provided regularly for residents to attend if they wish to do so. Specific cultural days such as

ANZAC Day, Australia Day, Christmas, Easter and Chinese New Year are commemorated with appropriate festivities. Residents' birthdays are individually celebrated with flowers, signage, balloons and cards if they wish. Lifestyle staff and care staff have knowledge of and respect for the residents' individual backgrounds and beliefs. Resources including language cards and culturally specific information is available to staff. Residents/representatives informed us they are satisfied with the cultural and spiritual life offered at the home.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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 findings

The home meets this expected outcome

The home has systems to ensure residents participate in decisions about the services they receive and are able to exercise choice and control. Mechanisms providing this include case conferences, discussions with staff, residents' meetings and through the comments and complaints processes. Residents informed us they are involved in decisions about their care routines and their participation in the activity program. Residents' choice of medical officer, pharmacist and allied health services is respected. Residents have personalised their rooms with memorabilia and items of their choosing. Residents/representatives informed us they are satisfied with their involvement in decisions and choices regarding care and services received.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes ensuring potential and new residents/representatives are provided with information on security of tenure, their rights and responsibilities and the choices available to them for care and services. A residential care and accommodation agreement is given to each resident and/ or representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Residents/representatives are advised to seek independent legal and/or financial advice prior to signing the agreement.

Residents/representatives reported they are satisfied with the information the home provides regarding security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, we noted improvements have been made in relation to Standard Four. These include:

- Food surveys indicated the need for ongoing consultation with residents about catering services in general as well as specific preferences. A monthly, well attended, food focus group and the introduction of a Chef’s table, now provides opportunity to discuss a wide range of issues concerning food and catering services. Improvements introduced to date include individualised plate wastage reporting to enhance monitoring of residents’ dietary intake and tray service trolleys are now equipped with spare condiments, jams and butter to improve time management and enhance residents’ dining experience when eating in their rooms.
- Staff noted resistance to pureed meals from some residents who require them. Rejection of pureed foods often resulted in weight loss. To address this issue the catering chef manager researched and purchased puree moulds. The process requires extra tasks by the catering team but the advantage is, they allow the pureed food to be re-shaped into the format of foods that mimic the menu of the day. We were informed use of the moulds has resulted in enhanced appetite and increased food intake. Relatives have been highly complimentary and appreciative of this initiative.
- Work health and safety practices are promoted through the efforts of a committee called “Our way of being safe”. Activities of the committee includes a dedicated safety month with themes and associated activities about knowledge, practice, challenging situations and understanding safe practices through humour. Other promotions have been around flu vaccinations and work place stress. The OWOBS committee has initiated a range of other improvements resulting in an increase in staff awareness of safety issues when carrying out their duties.

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 findings

The home meets this expected outcome

This expected outcome is based on the home’s regulatory compliance system, referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Four Physical environment and safe systems. These include:

- Implementation of a staff consultation/nomination process to choose a “Our way of being safe” (work health and safety) representative which is in accordance with current legislation.
- The team observed documents stored on site used to inform the workforce of relevant legislation and regulatory requirements such as work health and safety and manual handling information displayed on a staff notice board, food safe information in the kitchen and infection control policy and procedure.
- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations. Staff training records and interviews with staff indicate staff have fulfilled the mandatory fire awareness and evacuation training.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and Staff Development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Four is listed below.

- The induction program includes training in: fire safety, infection control, work health and safety, manual handling, accident/incident reporting, and the maintenance system.
- All staff have participated in the mandatory program covering topics such as: infection control, fire awareness and evacuation, manual handling, and ‘our way of being safe’ awareness program
- Catering staff have attended food safety training and some have completed certificate III in hospitality.

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

The home has systems to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with ensuites and these are fitted with nurse call alarms. A homelike environment is encouraged and several dining rooms, activity rooms and sitting areas are available. A secure environment and garden area are available for residents with exit seeking behaviour and bed and room sensor alarms are available for use. Maintenance requests are actioned usually within 24 hours and preventative maintenance schedules ensure the safety of the internal environment, garden areas and equipment. Regular audits and workplace inspections monitor the internal and external environments and risk assessments are conducted. Residents' rooms are monitored for clutter, walkways are fitted with handrails and are without obstruction and outside paved and garden areas are well maintained. Residents' rooms and communal areas are of an agreeable temperature. Residents/representatives interviewed are very satisfied with the maintenance and comfort of the environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home is actively working to provide a safe environment with organisational and local systems to register hazards and to manage issues identified through risk identification reporting. The home nominates, elects and trains a group of staff members to be the local "Our way of being safe" (OWOBS) representatives who conduct regular safety audits of the home and its environment. When a risk analysis is completed, the immediate remedial action is reported to the committee meeting. Through the champion program, they are also involved in promotional activities to educate and raise staff awareness of work safety issues.

Management oversees a return to work program, if required following any staff injuries. We were shown the system to record, analyse and review any identified hazards. Staff receive manual handling education on orientation and on an ongoing basis. New equipment is risk assessed for safety considerations and staff training is provided as required. Safe work practices were observed on site and staff stated they receive relevant education.

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 findings

The home meets this expected outcome

The home has a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. Two trained fire officers oversee fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. Staff are also trained as fire wardens to be present on after hours shifts or in the absence of the fire officers. Inspection of the external contractor records and equipment tagging confirms that the firefighting equipment is regularly maintained. Emergency folders and evacuation plans are accessible in various locations in the home and emergency evacuation packs are located at the nurse's station in case of evacuation. Security is maintained with a lock-up procedures and appropriate security lighting. The systems to minimise fire, security and emergency risks are monitored through resident surveys, staff meetings and external inspections. Staff interviewed indicate they know what to do in the event of an emergency and residents interviewed state they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home ensures that its infection control program is effective through clear policies and procedures, education and an infection surveillance program. A nominated infection control coordinator implements the program and monitors effectiveness of staff practices with assistance of registered nurses and department heads overseeing cleaning, laundry and catering. The home has mandatory training in infection control and hand washing competencies are assessed. Hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an outbreak management policy and kits, a food safety program used in the kitchen, a vaccination program for residents and staff, pest control and waste management. The staff interviewed show they have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, audits, benchmarking and trend analysis.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. All residents are assessed for their dietary preferences and needs when they move into the home. There is a seven week rotating menu that has been prepared by a dietician and reflects current residents' preferences. The menu caters for special diets and

provides choices for residents and where necessary is adapted to meet residents' changing dietary needs. The home is cleaned by contract cleaners and is carried out according to a schedule which includes routine and detailed cleaning. The quality of the cleaning is monitored by the cleaner's supervisor and the team observed the home to be clean.

Personal clothing is washed using purpose built barrier machines, with dirty laundry placed in the machine in one room and retrieved clean in another room. Ironing is done on request and linen is laundered externally. Clothing is marked by the home and there is a minimal amount of lost items. The hospitality services are monitored through audits, surveys, meetings and the general manager. Residents/representatives interviewed say they are satisfied with the hospitality services provided.