



Australian Government

Australian Aged Care Quality Agency

Jenny-Lyn Nursing Home

RACS ID 2484
13 Henson Street
BRIGHTON-LE-SANDS NSW 2216

Approved provider: Jenny-Lynn Aged Care Centre 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 10 August 2018.

We made our decision on 23 June 2015.

The audit was conducted on 26 May 2015 to 27 May 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



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Australian Aged Care Quality Agency

Audit Report

Jenny-Lyn Nursing Home 2484

Approved provider: Jenny-Lynn Aged Care Centre Pty Ltd

Introduction

This is the report of a re-accreditation audit from 26 May 2015 to 27 May 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 26 May 2015 to 27 May 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:	Sindhu Summers

Approved provider details

Approved provider:	Jenny-Lynn Aged Care Centre Pty Ltd
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Details of home

Name of home:	Jenny-Lyn Nursing Home
RACS ID:	2484

Total number of allocated places:	40
Number of care recipients during audit:	36
Number of care recipients receiving high care during audit:	36
Special needs catered for:	n/a

Street/PO Box:	13 Henson Street
City/Town:	BRIGHTON-LE-SANDS
State:	NSW
Postcode:	2216
Phone number:	02 9599 2219
Facsimile:	02 9599 6113
E-mail address:	fsm.jennylyn@riverahealth.com.au

Audit trail

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

Interviews

Category	Number
Manager	1
Deputy manager/Administration and education coordinator	1
Registered nurses	3
Care staff	3
Cert IV assistant in nursing	1
Physiotherapist (contract)	1
Dental hygienist (contract)	1
Dietitian (contract)	1
Residents/ representatives	16
Riviera Health Quality manager/ Approved provider delegate	1
Riviera Health Manager building construction	1
Maintenance person	1
Cleaning staff with laundry distribution duties	2
Fire officer	1
Cook and kitchen hand	2
Recreational activities officer	1

Sampled documents

Category	Number
Resident's files including care plans, case conference notes, specialist referrals, medical records and hospital discharge documentation	10
Personnel files with applications, qualifications, reference checks and generic and job specific annual competencies	6
Medication charts	6

Other documents reviewed

The team also reviewed:

- Activity documentation: lifestyle assessment, resident's wellbeing activity guide, lifestyle program allocation list, lifestyle program (May-July 2015), lifestyle activity evaluation report and resident activity survey

- Catering - NSW Food Authority licence, diet summary sheet, food preferences, dietary information lists, meal choices, menus – new and previous four 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 (distribution only) – room and task cleaning schedules, work procedures, rosters, protocols for infection control and other specialised procedures, training records
- Clinical guidelines for admission, interim care plans, ongoing assessment and treatment records including behaviours, continence, falls risk, mobility and dexterity, pain, oral and dental, nutrition and hydration, skin integrity, sleep and sensory loss
- Comments, concerns register, verbal complaints diary
- 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 best practice committee minutes
- Daily care folder alerts assistants in nursing to care required: manual handling instructions, showers, weight measurement, bowel and behavioural records, incontinence records, catheter bag changes, repositioning and daily walks
- Education - orientation checklist, calendars 2014 and 2015, attendance records mandatory education, staff records for internal and external courses completed, staff competency assessments
- 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, ID tags and current photo of residents, emergency evacuation pack and contingency plan, other emergencies flip chart, fire warden training certificates
- 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, orientation checklist, code of conduct, staff handbook, confidentiality agreement, proof of qualifications and other declarations, staff handbook
- Infection control folder including resources, surveillance data and analysis reports, outbreak guidelines, care recipient and staff vaccination records, monthly management reports, pest control records, waste disposal records including clinical waste
- Information booklet for residents and relatives
- Information processes - meeting minutes, memo folder; communication books; handbooks, residents' information package and surveys; audit folder
- Inventory and equipment and external services - approved supplier list with details of insurances, public liability, evaluation dates and criminal record checks, service provider agreements, stock monitoring and delivery systems and contractors' handbook

- Maintenance records - routine requests and register, preventative maintenance program and completion acknowledgements
- Mobility and dexterity documentation: physiotherapy assessment and treatment records, accidents incidents review records, manual handling instruction chart and pain management directives (non-pharmacological)
- Physical restraint process including bedrails, risk assessments, authorisation and consent, reviews
- Policies, procedures and flowcharts, staff communication books, meeting minutes and the home's self-assessment kit
- Regulatory compliance documentation including communications from the board advisory and better practice committee, staff and volunteers police checks records, statutory declarations, consolidated registers of mandatory and discretionary elder abuse reports and attached incident forms, peak body and government update bulletins
- Residents admission pack including residents handbook, care agreement, privacy statements and personal information authority,
- Resident's list
- Scheduled drug registers, medication refrigerator temperature monitoring
- Self-assessment report in the format of Quantitative accreditation audit with information about each Accreditation Standard
- Specialised nursing documents: health and wellbeing plans and progress notes, care plan reviews, behaviour monitoring, pain charts and evaluations, catheter care, bowel management, diabetic management, continence system, advance care plans and therapeutic massage
- Weight records including dietary preference sheets, monthly dietitian reviews and treatments, referral sheet, supplement list and menu review for individual residents
- Work health and safety – promotional material, policies, identified hazard register and risk assessment processes
- Wound care program including assessment and treatment records, evaluations with photographic evidence, skin assessments and pressure area care

Observations

The team observed the following:

- Activity calendars displayed and activities in progress
- 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

- Clinical record keeping systems
- Communication systems
- Complaints mechanisms including brochures and suggestion boxes, external complaints mechanisms and advocacy brochures
- 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 including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak resources, personal protective and colour coded equipment and waste management bins
- Interactions between staff, resident and their representatives including meal service and short group observation
- Lifestyle resources available to staff and residents including cultural boxes, language cards, sensory and tranquillity boxes, memory boxes
- Living environment and service areas
- Low beds custom designed for aged care and pressure relieving mattresses in use
- Manual handling equipment including lifting machines, mobility transfer belts, protective clothing and walking frames
- Material safety data sheets, waste disposal systems, out of order tags
- Medication round, storage of medications, expiry dates process, medication refrigerator contents and temperature monitoring system
- Menu displayed in dining areas
- Mission and Values of the organisation and the Charter of Residents' Rights and Responsibilities displayed
- 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
- NSW Food Authority Certificate displayed

- Photographic records of activities
- Policies and procedures available to staff
- Secure storage of residents documents
- Sign in and out books
- Staff clinical area including medication trolleys and wound management equipment
- Staff practices and courteous interactions with residents, representatives, visitors and other staff
- Staff work areas (including clinic/treatment/staff room, reception and offices)
- 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 audit to assess, monitor and evaluate all areas of service and stakeholder satisfaction. Areas for improvement are identified through mechanisms that include the quarterly external audit, 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 Riviera Health 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 plan for continuous improvement 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:

- The Riviera Health advisory board recognised the advantage of implementing standardised quality procedures across all five homes in the group, while still encouraging individualised approaches to reflect the specific character of each home. To improve the quality of management, the group has implemented an incentive scheme where homes are assessed and scored by senior managers or an external consultant against a set of criteria. Each quarter the home that has improved the most receive a

\$1000 incentive bonus to spend on staff amenities. The manager reports staff are enthusiastic about demonstrating their improved performance and look forward to being awarded the bonus.

- The organisation's quality manager noted the small number of written complaints but relatively large number of verbal matters raised by residents or their representatives that are satisfactorily addressed by staff “on the spot”. A diary is now being provided for staff to capture and record those issues raised verbally. Staff now describe what issue was raised with them in conversation and what action they took. The diary assists management to improve access to the complaints system and better understand what issues are of concern to residents.

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 Riviera Health (the organisation) management support, has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation’s advisory board 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 quality 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.
- A register is maintained to ensure criminal history record checks have been carried out for all staff. The deputy manager maintains a schedule of “police check” expiry dates and staff are notified well in advance when new documentation is required.

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 home's deputy manager as 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 day 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. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through questionnaires, and competency assessments. 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 orientation 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 are informed of internal and external complaint mechanisms through: the resident handbook, resident agreement, orientation to the home, notices and at residents' meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available at a specified area in the home.

Management maintains a log of all written complaints and recently started recording verbal comments. These are all responded to in a timely manner. Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and other designated forums. Residents interviewed say while they are aware of how to make a comment or complaint, they rarely do due to the very small number of residents. Residents said they 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 organisationally 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, supported by the Riviera Health maintenance supervisor are responsive to stakeholder input, as is management when approval is required for purchases of equipment. There is a clear 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

There are information management systems to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. The registered nurses are responsible for the implementation, monitoring and effectiveness of the clinical documentation systems including the assessment, care plan development and evaluation. Policy and procedure manuals and job descriptions outline correct work practices and responsibilities for staff. Residents/representatives receive information when they come to the home and through a welcome package, meetings and case conferencing when needed. Mechanisms used to facilitate communication between and amongst management and staff are a communication book, meetings, memos, handover sheets, feedback and reporting forms. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives interviewed report they are kept informed and consulted about matters that impact on them

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 approved preferred suppliers and individualised written agreements with the external providers are maintained by the deputy manager/administration officer. The home has a system for managing non-conformance of suppliers when there is poor performance and the team noted examples of a change in suppliers who did not meet the home's quality requirements. Residents and staff reported satisfaction with the quality of service they receive from external service providers. External contracts are reviewed regularly against contracts where the home's quality requirements are clearly identified. The organisation 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 internal audit revealed inconsistencies in the supply and changing of residents' toothbrushes. The consultant suggested the addition into the residents' personal care folders of the date the toothbrush was changed and the due date for the next change. Another oral health initiative is the appointment of a contract dental hygienist to visit the home monthly. Her duties include updating oral assessments, suggesting new care strategies and providing staff education. Staff have reported the new toothbrush allocation system and the access to the dental hygienist assists them to ensure residents' oral hygiene is maintained.
- Staff and management recognised the need to enhance the comfort of residents receiving palliative care. A palliative care box has been put together containing an aromatherapy oil burner, essential oil for relaxation and calmness, high-care bath wipes, oral swabs, and a disc player with selected music and information pamphlets for relatives. It is expected these items will be used to provide extra comfort to terminally ill residents and their families.

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 information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussions with staff and management and documentation review that the home delivers education relevant to Standard Two that will promote residents’ physical and mental health. Examples of education provided specific to Standard two include diabetes in aged care, pain management, falls prevention, continence care and nutrition and malnutrition by the visiting dietitian.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Jenny-Lynn nursing home has systems and processes to ensure residents receive appropriate clinical care. Registered nurses are on duty twenty four hours a day across the week to oversee the clinical system. Screens are undertaken on entry to the home and inform the interim care plan. Comprehensive focused assessments, the resident’s medical history and consultation with residents/representatives and the multi-disciplinary team provide information to assist the care planning process. Health and wellbeing care plans are developed by the registered nurses and care strategies regularly monitored and reassessed three monthly or in response to changing needs. Staff are kept informed of changes to care and treatments through communication books and a handover process at the commencement of each shift.

Clinical care is monitored through a clinical indicator program and policy and procedures guide care delivery. Clinical and care staff demonstrate appropriate knowledge of individual care requirements and clinical procedures. Residents and representatives confirm the care received is appropriate to the resident's needs and is in accordance with their preferences.

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 operational systems and processes in place to ensure the specialised nursing care needs of residents are identified and appropriately delivered. Specialised nursing requirements are assessed, regularly reviewed, and documented by the registered nurses in consultation with other health professionals. A range of specialised nursing is managed effectively at the home including: complex wound management, pain management, oxygen therapy, catheter care, palliative care and diabetic management. Advice from specialist nurses regarding complex clinical matters can be accessed through the clinical nurse consultants and nurse practitioners within the St George Geriatric Flying Squad and the palliative care team. Clinical staff have access to relevant policies and procedures. Residents and representatives and staff confirm that the resident's specialised nursing care needs are assessed and managed by appropriately qualified staff.

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

Residents and representatives confirm they are satisfied that referrals to other health specialists are in accordance with resident needs. Appropriate systems are in place at the home to refer residents to relevant health specialists as required including medical, dental and appropriate allied health services. A range of other health services can be sourced and offered for geriatric medicine, dental care, physiotherapy, podiatry, speech therapy, pathology and dietary needs. Following these referrals staff document and implement any changes to the residents' care schedule. Staff interviews confirm that a wide range of other health and related services are available and can be readily accessed. Review of the documentation confirms residents' needs are assessed and they are referred to other health services as clinically indicated.

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 and processes in place to ensure the supply, storage, administration, and monitoring of medications, including controlled drugs, is managed in accordance with policy and legislative requirements. A single dose administration system is employed whereby medication is pre-packed by the pharmacist and administered by registered nurses. A certificate IV assistant in nursing also assists residents with their medication and has undergone the necessary training and competencies. We observed medication administration where residents were identified properly, medicines administered as prescribed and the ingestion of medicines monitored. General practitioners review residents’ medications regularly and their medication regimes are also reviewed by a clinical review pharmacist. Medication management processes are monitored through internal and external audit and data analysis systems. Clinical indicators are reviewed regularly by management at the home and further monitored by the corporate quality manager. Residents and representatives confirm they are satisfied with the home’s management of medication.

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 and processes to ensure residents’ pain management needs are regularly assessed, monitored, reviewed and documented. The initial and ongoing pain assessments are undertaken on entry to the home, at regular intervals and according to changing care needs. The care plan is generated from the assessment information and communicated to relevant care staff through daily handovers and the daily care folders. A range of pharmacological and non-pharmacological pain management strategies are employed in accordance with individual resident needs and preferences. These include such interventions as analgesic medications, transcutaneous electrical nerve stimulation (TENS), positional change, exercise, heat and massage. Staff demonstrate an ability to recognise and report pain, including instances of nonverbal and behavioural signs of pain among residents with communication and cognitive deficits. Residents and representatives confirm that staff regularly monitor resident comfort and that the resident is maintained as free as possible from 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

Systems and processes within the home ensure that the comfort and dignity of terminally ill residents is maintained. These are identified during assessment, care planning and review,

and undertaken in partnership with residents and their representatives. End of life wishes, as part of palliative care planning are respected. The residents' health and wellbeing plans are documented to reflect appropriate care and clinical interventions, in the early stages of palliation as well as the terminal phase. The home has access to external expertise through the palliative care team, visiting general practitioners and the interdisciplinary team.

Appropriate analgesia, as well as other pain relief and symptom management measures are available to optimise comfort and reduce resident distress. Palliating residents are reviewed by the dietitian to ensure diets are appropriate to their individual choice. Spiritual and cultural support is sourced according to individual preference. Residents and representatives confirm the staff are caring and maintain the resident's comfort and dignity.

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

Residents and representatives report they are satisfied with the home's approach to meeting the resident's nutrition and hydration needs. Initial and ongoing assessment of residents' dietary requirements is undertaken in response to personal choice and changing needs. The health and wellbeing care plan is developed, regularly monitored and evaluated. Residents' weight is monitored monthly, out of range weights identified in a timely manner and appropriate interventions implemented and monitored. A consultant dietitian visits the home monthly and provides staff education, reviews residents with 'out of range' weights, and those requiring textured modified diets and specialised diets. Staff report that special dietary needs are catered for appropriately including diabetic diets and nutritional supplements. This is supported by communication between the clinical, care and catering staff to ensure food allergies and current dietary needs are understood.

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 and processes to ensure residents' skin integrity is maintained in a manner consistent with their current health status. Skin care requirements are assessed, planned, monitored and evaluated on entry to the home, and on an ongoing basis. This process includes consultation with the resident and representative, care staff, general practitioner and the other relevant health professionals. A range of pressure relieving mechanisms and interventions are available to assist maintain skin integrity. Wound care is managed by the registered nurses, and there is a structured monitoring system in place. If required, external nurse specialist expertise is available for professional advice regarding wound management. The local management team monitor accidents and incidents, including wound infections and skin tears, and act appropriately on identified issues. Podiatry and hairdressing services are available at the home. Residents and representatives interviewed say they are satisfied with the care provided to the resident in relation to skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems and processes within the home to monitor and effectively manage residents’ bladder and bowel continence and constipation. Continence is assessed on entry to the home in consultation with the resident and representative. Care strategies are formulated, planned, implemented, and ongoing needs monitored. Where appropriate a toileting program is implemented, regularly reviewed and evaluated; additional/modified fluids and dietary changes are considered as necessary. A disposable continence aid system, coordinated by the deputy manager is available for residents with intractable incontinence.

Observation and staff feedback confirm there are adequate supplies of continence aids. Residents with identified bowel dysfunction are assisted to maintain optimal bowel care through individually designed management regimes; these are monitored to ensure the effectiveness of planned interventions. Residents and representatives expressed satisfaction with the way the resident’s continence is managed.

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 strategies in place to assist residents with the behavioural and psychological symptoms of dementia (BPSD). Behaviour assessments are conducted in consultation with residents and representatives and other health professionals as required. Health and wellbeing care plans are generated from the assessment information and include reference to possible individual unmet needs such as toileting, pain, discomfort and emotional distress. Staff interviews, and observation of staff/resident interaction, confirm staff are familiar with suitable strategies to reduce resident distress. The home was noted to be generally peaceful with staff actively reducing competing noise and unnecessary stimulation during meals and when residents were unsettled. The restraint policy includes direction for staff in relation to physical and chemical restraint. Residents and representatives are satisfied that behaviours of concern are addressed by staff in a manner that enhances the resident’s quality of life.

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

Residents are assisted to attain optimum levels of mobility and dexterity. New residents are screened on entry to the home by the registered nurse and assessed by the physiotherapist. A physiotherapy management plan is developed by the physiotherapist and individualised strategies implemented and monitored by the clinical and care staff. Additional training has

been provided for identified staff. These strategies include the use of a range of therapies, mobility aids where appropriate and manual handling guidance for staff. The recreational officer conducts gentle exercise groups five days a week. An accident and incident reporting system includes the collation of falls data and analysis of trends, leading to appropriate mitigation strategies to reduce falls risk. The home is well lit with handrails available on all corridors. Manual handling equipment is available to staff and they receive training on the safe and appropriate use of equipment; a structured manual handling competency process is also in place. Residents and representatives are satisfied that the resident's level of mobility and dexterity is optimised.

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

There is a system of initial and ongoing assessment, management and evaluation of residents' oral health to ensure their dental health is maintained. Residents' dental history, preferences related to the management of their teeth and dentures as well as other oral/dental care needs, are identified on entry to the home. The home has policies and procedures to assist staff maintain residents' oral and dental health. A dental hygienist has assessed most of the residents and developed individual oral health care plans. These plans outline resident's required day-to-day oral care which is undertaken by care staff. Appropriate resources are available including specialised dental care supplies for identified residents and those who are palliating. The dental hygienist also refers residents to dentists within both the public and private systems and provides staff in-service education. Residents and representatives say they are satisfied with the oral and dental care provided to the resident by the home.

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

The home has systems and processes in place to assess, plan, monitor and evaluate residents' sensory losses to ensure they are identified and managed effectively. Residents' means of perception such as sound, sight, touch, smell and taste are assessed by medical, allied health and registered nursing staff as appropriate. Care staff assist with the maintenance of visual and auditory aids and the care plan informs this process. Residents who require assistance related to sensory deficits, such as the cleaning and fitting of glasses or hearing devices, have management strategies documented in their plans of care. Sensory loss is also supported through the activities program including large print books and sensory stimulation programs. Assessment by audiologists and optometrists are arranged when necessary and residents are referred to other specialist health providers as required.

Residents and representatives are satisfied that the resident's sensory needs are managed effectively.

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

There is a system to ensure residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements. Sleep assessments are undertaken for identified residents and treatment strategies planned and implemented with ongoing monitoring and review. Care planning includes reference to the resident’s preferred sleeping times and any pre-existing patterns. Care plans are individualised to ensure they reflect resident’s needs and preferences. Non medication approaches to optimise restful sleep are also employed which include sleep-promoting techniques such as temperature control and reduced noise levels in the evening. Residents and representatives confirmed the resident is assisted to achieve natural sleep patterns where possible.

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: Care Recipient Lifestyle. This includes:

- As part of the organisation’s approach to creating a welcoming, homelike atmosphere, the quality manager authorised the installation of a fully stocked tea and coffee cupboard to be accessed by visitors, relatives and friends. Feedback to date has been very positive, with some relatives expressing satisfaction that not only can they make themselves “a cuppa” but they can also safely heat in the microwave residents’ favourite cultural foods.
- Staff observed residents’ lockers and wardrobes were too full and untidy and this was potentially impacting on residents’ dignity. To address this issue management introduced an allocation list for nominated staff on each shift to be responsible for tidying residents’ wardrobes. Prior to commencing the new system residents’ consent was obtained. The outcome to date has been positive feedback from staff, and residents are pleased their belongings are being maintained in a neat and tidy fashion. The orderly state of the wardrobes also ensures residents are wearing clothing that looks un-creased and presentable.

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 Care Recipient 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.
- 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.
- 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 Government’s *Compulsory Reporting Guidelines For Approved Providers of Residential Aged Care*

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 orientation program covering such topics as bullying and harassment
- The onsite mandatory program covering such topics as: privacy and dignity and reporting of missing persons and elder abuse
- The recreation activity officer is completing 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

Residents and representatives are satisfied the residents are supported in adjusting to life in the new environment and on an ongoing basis. Each resident receives pre-entry information to ensure a smooth transition to residential care, and there is ongoing emotional support throughout the care assessment process. During the entry period, the new resident is introduced to staff and other residents, as well as provided with an orientation to the home. This initial period is enhanced by social profiling and assessment of each resident's health, personal care, social, cultural and spiritual needs to gain an all-inclusive understanding of each resident's individual requirements and wishes. Visiting hours are open during the day and residents are encouraged where possible to participate in outings, maintain existing social connections and develop relationships with others within the home. Residents and representatives said they feel supported by the staff, both when the resident first entered 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

Resident and representatives expressed satisfaction that residents are assisted to achieve maximum independence, maintain friendships and participate in life within and outside the home. Residents' specific preferences and abilities, in relation to lifestyle and activities of daily living, are identified during the assessment process. Strategies to support residents optimise their independence are documented in the care plans; these are regularly monitored, reviewed and updated. The home welcomes visits from family, and residents have access to indoor common areas where they can entertain guests. In the lounge area upstairs tea and coffee making facilities are available to residents and representatives.

Mobility and continence programs assist residents to achieve optimal levels of independence. There are opportunities for residents to participate in life within the home as well as the wider community through the continuation of existing external activities, bus trips and leisure activities.

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

Residents are supported to retain their right to privacy and dignity with policies to guide staff in this process. Information on residents' rights and responsibilities is on display and also given to each resident on entry to the home. Observation of staff practices show these are consistent with the home's privacy and dignity related policies and procedures. Staff were observed considering residents' privacy by knocking on doors before entering and residents said the staff care for them in a respectful manner. Staff address residents by their preferred names and shift handover reports occur in a manner that ensures privacy of information.

Information for staff regarding residents' rights to privacy and confidentiality is provided through policies and procedures, handbooks and education programs. Staff sign a confidentiality agreement when first employed at the home and personal information is stored securely. Interviews with residents and representatives and observations demonstrate residents' privacy, dignity and confidentiality are recognised and respected.

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

Residents are encouraged and supported to participate in a range of activities of interest to them. Residents' needs and preferences in relation to leisure and lifestyle are assessed, in partnership with the resident and representative, through a social profiling process on entry to the home. This information is used to plan individualised lifestyle strategies aligned to the resident's cognitive and functional abilities, areas of interest, and cultural and spiritual preferences. The health and wellbeing care plan is regularly evaluated and resident feedback is sought in line with their changing needs and interests. The home's activity calendars are displayed on communiqué boards within the home and residents have the opportunity to evaluate the programs regarding their continuation and frequency. A range of activities are offered at the home that include special events such as market day, bus outings, different cultural food days (Greek, Italian, Australian), holidays such as Australia Day, St Patricks Day and Chinese New Year, art and craft and beauty care. Residents and representatives are satisfied that residents are enabled to participate in a wide range of lifestyle options.

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

The home has systems in place to ensure residents' individual interests, customs, beliefs, cultural and ethnic backgrounds are valued and fostered. Assessment of the residents' specific needs and preferences is undertaken on entry to the home. Their individual interests, customs, beliefs and cultural backgrounds, as well as spiritual needs, are documented to assist the design of individualised health and wellbeing plans. Activities reflect residents' cultural preferences and provision is made for the celebration of culturally and spiritually significant events where friends and family are encouraged to participate. Residents are actively encouraged and supported to maintain cultural and spiritual links within the community including hosting regular religious services for the Catholic, Greek Orthodox, Anglican and Russian Orthodox religions. Cue cards are available to assist staff communicate with residents who speak languages other than English. Residents and representatives confirm that the resident's cultural and spiritual needs are recognised and supported.

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

There are systems in place to ensure that each resident or their representative participates in decisions about the services received. They are enabled to exercise choice and control in their lifestyle, especially in relation to continuing existing activities within the community, while not infringing on the rights of other people. Residents are kept informed and given opportunities to provide input into the home through systems such as case conferences, comments and complaints mechanisms and resident meetings. Resident and representatives have also received regular communication regarding progress to the new building currently under construction. Residents are provided with choices involving activities of daily living, clinical care, cultural and spiritual choices and lifestyle options. The feedback from residents further indicates they are able to express views about the provision of care and services and their comments will be considered.

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

There are systems to ensure residents have secure tenure within the home and understand their rights and responsibilities. The Charter of Residents' Rights and Responsibilities is prominently displayed in the home and included in all resident information including the resident handbook. Residents' tenure is secured by the written resident's agreement offered on entry to the home. Management reported it is sometimes necessary to relocate residents within the home and this is only carried out after consultation and agreement by the residents/representatives.

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:

- The home has embarked on a major re-building and expansion project. When completed in 2017, the current building for 40 residents will be demolished and replaced by a modern facility for approximately 120 residents. The organisation has appointed a construction manager to liaise with the builders and part of that role is to ensure the building process has minimal impact on current residents. The construction manager provides regular reports to management and has implemented a range of measures, such as revised emergency egress provisions, to ensure residents’ and staff ongoing safety and comfort. Residents interviewed also expressed their pleasure at the way the home has facilitated clear window access to the building works giving them many fascinating viewing hours.
- The home’s advisory board considered the Coroner’s report following the Quakers Hill fire incident. The quality manager was tasked with the role to develop an action plan based on the coroner’s recommendations. Actions implemented to date include the tightening of questions in the interview process for new staff to obtain explanations of gaps in their employment history and commencement of a staff education program to assist them to better recognise and report signs of employees’ substance abuse.

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:

- 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.
- During the building of a new facility on the adjacent block of land the home's emergency egress plans are updated to reflect changes impacted by the building process.

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 and manual handling,
- Catering staff have attended food safety training

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

Jenny-Lyn Nursing Home provides residents with a secure and comfortable environment within the limitations of space of an older style building. Residents are accommodated in single, two, three or four bed rooms with shared bathroom facilities. Residents have the opportunity to personalise their bedroom area and call buzzers are located in resident rooms for resident safety. Appropriate and sufficient furniture is provided for residents and internal temperature, ventilation and noise levels are maintained at comfortable levels. The home has a preventative maintenance schedule and reactive maintenance and repairs are undertaken as necessary, given the building will be demolished at the completion of the new facility currently under construction. There are mechanisms for identifying, reporting and managing environmental hazards. The safety and comfort of the living environment is monitored through

audits, hazard reports and through feedback from staff, residents and representatives. The organisation's building construction manager is pro-active in ensuring residents and other stakeholders are minimally affected by the adjacent building works.

Residents and representatives provided positive feedback about the cleanliness and safety of the home's environment

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Jenny-Lyn Nursing Home has a range of work health and safety processes including hazard identification, risk assessments, environmental audits and accident and incident monitoring. Staff report any workplace hazards and corrective actions are undertaken in response.

Information on work health and safety forms part of the orientation program and manual handling instruction is included in compulsory education sessions attended by each staff member annually. Chemicals are safely stored and safety data sheets are accessible to staff in areas where chemicals are in use. Hand washing facilities and supplies of personal protective equipment are available to staff throughout the home. Staff said they are aware of the home's procedures in relation to safety and feel they work in a safe environment.

4.6 Fire, security and other emergencies

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

Team's 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. A trained fire officer oversees fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. All registered nurses are also trained as fire wardens to be present on after hours shifts or in the absence of the fire officer. 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 has an effective infection control program with a system for identifying, managing and minimising infections. The program includes auditing and reporting mechanisms, cleaning programs, a food safety program, laundry handling procedures, pest control and outbreak management guidelines and resources. Hand sanitisers and spill kits are located on both floors and personal protective equipment is readily available. Other components of the program include staff education, the provision of sufficient hand washing facilities, a vaccination program for residents and staff and waste management processes. The infection control coordinator at the home is a registered nurse. Staff complete mandatory training in infection control and hand washing. Staff said they are given ongoing education for infection control and have access to sufficient stocks of personal protective equipment.

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 at Jenny-Lyn Nursing Home are provided in a way that enhances residents' quality of life and the staff's working environment. Residents are provided with a freshly cooked meal service in the home. Residents' dietary needs - including allergies, likes and dislikes - are identified on their entry to the home, updated as required, and communicated to catering staff. The kitchen has a food safety system and staff undertake training in food safety practices. Cleaning is carried out following a schedule, with flexibility to include prioritised cleaning tasks such as food or drink spills. Cleaning staff use appropriate cleaning equipment, wet floor signage, and infection control principles. Residents' clothing and linen is laundered offsite and staff label residents' clothing to minimise lost items. The home monitors its hospitality services through regular audits, surveys, meetings and other feedback mechanisms. Residents and representatives expressed satisfaction with the catering, cleaning and laundry services provided at the home.