

IBIS Care Miranda

RACS ID: 0034

Approved provider: IBIS (No 2) Pty Ltd

Home address: 2C Karimbla Road MIRANDA NSW 2228

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| 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 11 March 2021.We made our decision on 03 January 2018.The audit was conducted on 05 December 2017 to 06 December 2017. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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:

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 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: Care recipient lifestyle

### Principle:

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

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 Care recipient security of tenure and responsibilities Met

## 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 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



Audit Report

Name of home: IBIS Care Miranda

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# Introduction

This is the report of a Re-accreditation Audit from 05 December 2017 to 06 December 2017 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# 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 this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 05 December 2017 to 06 December 2017.

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.

# Details of home

Total number of allocated places: 76

Number of care recipients during audit: 72

Number of care recipients receiving high care during audit: 72

Special needs catered for: N/A

# Audit trail

The assessment team spent 2 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Managing director | 1 |
| Executive services manager | 1 |
| Care manager | 1 |
| Registered nurse | 3 |
| Enrolled nurse | 1 |
| Medical Officer | 2 |
| Care staff | 9 |
| Dietitian | 1 |
| Physiotherapist | 1 |
| Lifestyle coordinator | 1 |
| Leisure officer | 1 |
| Admission assistant | 2 |
| Care recipients/ representatives | 26 |
| Cleaning staff | 6 |
| Maintenance supervisor | 1 |
| Catering staff | 3 |
| Laundry staff | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' files | 7 |
| Medication charts | 6 |
| Personnel files | 5 |

**Other documents reviewed**

The team also reviewed:

* Accident and incident reports
* Behaviour management: monitoring charts, behaviour management plans, psychogeriatric and mental health team referrals and reports, behaviour incident reports, bed rail risk assessments
* Care recipient residential agreements
* Care recipient room listing
* Cleaning and laundry schedules and records
* Clinical care: bowel charts, blood glucose level monitoring, continence management, meals and drinks, weight monitoring, wound management/dressings, pain charts, incident reports, medical officers directives of care, case conferences, resident of the day, electronic care documentation
* Contractor register, external service agreements, scope of works and insurance certificates of currency
* Education records: education calendars, competency assessment schedule and assessments, individual training records
* Firefighting and safety equipment documentation and test records, emergency management plan, pre shift – emergency evacuation check list
* Food safety program and logs: equipment and food temperatures, sanitizing, receipt of goods, cleaning, pest inspections
* Human resource management documentation: staff roster, roster process guide staff daily allocation sheets, employee orientation checklist, facility induction checklist, staff performance review documentation, staff code of conduct documentation, staff handbook, job descriptions and duty statements, recruitment process guide
* Infection control: surveillance data, infection control guidelines, vaccination registers for care recipients and staff, outbreak management report and line listing data
* Information system documentation: policies and procedures, flowcharts, meeting minutes, handover record, admission and information pack including care recipient information handbook, communication diaries, memoranda, notices, survey results, contact lists, organisational information, contractor guide manual
* Leisure and lifestyle: social profile assessments and care plans, activity program, attendance sheets, evaluations, photos
* Maintenance documentation: preventative maintenance schedules/ inspection reports, maintenance and approved supplier documentation, maintenance service reports and warm water temperature check records, pest control reports, legionella species reports, maintenance request logs, contractor review documentation, impress stock ordering forms, environmental audit report
* Medication management: medication advisory committee terms of reference and meeting minutes, ward registers of drugs of addiction, refrigerated medication storage records, medication policies and procedures, emergency and PRN medications, nurse initiated medications
* Nutrition and hydration: food preference lists, specialised dietary requirements, seasonal menus, dietician reviews, nutritional supplement charts
* Physiotherapist: assessments, interventions, falls risk and mobility assessments, pain therapy
* Quality management system: Mission, Philosophy, Purpose, Values, Goal statements, clinical governance framework terms of reference, audit schedules, audit results and reports, clinical indicator results, organisational strategic plan, strategic direction, continuous improvement plan and register, complaints register
* Regulatory compliance documentation: contractor auditing process, contractor induction procedures, incident management reporting system includes reportable incidents, staff and volunteer criminal record check reporting system, NSW Food Authority Licence, professional registration records, electrical equipment inspection register and consent forms for the collection and handling of private information
* Self-assessment report for re-accreditation and associated documentation
* Work health and safety system documentation: incident and hazard reports, work health and safety documentation, safety data sheets, risk assessment documentation, workplace inspection checklists including work health and safety and maintenance aspects, site safety folder, certificate of plant item registration

**Observations**

The team observed the following:

* Australian Aged Care Quality Agency Re-accreditation audit notices displayed throughout the home
* The team observed the following:
* Activities in progress and associated resources and notices
* Care recipients utilising pressure relieving and hip and limb protection equipment
* Charter of Care Recipients' Rights and Responsibilities displayed
* Dining environment during midday meal service and morning and afternoon teas including staff serving meals, supervision and assisting care recipients
* Clinical information noticeboards in treatment rooms
* Electronic and hardcopy documentation systems
* Equipment and supplies storage
* Fire panel, fire-fighting equipment, emergency exits, emergency evacuation diagrams, emergency response guide flipcharts, annual fire safety statement, emergency evacuation kit, assembly points
* Infection control resources including hand washing facilities, hand sanitising gel, colour coded and personal protective equipment, sharps containers, spills kits, outbreak management supplies, pest control and waste management systems
* Interactions between staff, care recipient/representatives
* Internal and external complaint mechanisms and feedback processes, feedback form box
* Leisure and lifestyle program displayed
* Living environment internal and external
* Medication administration and storage
* Menu on display, meal and beverage service
* Mobility equipment in use including mechanical lifters, walk belts, wheel chairs, shower chairs, low-low beds and hand rails in corridors
* Information noticeboards: posters, notices, brochures and forms displayed for care recipients, representatives and staff
* Nurse call system in operation
* Photographs of care recipients participating in exercise and lifestyle programs
* Re-accreditation audit notices on display.
* Secure storage of care recipients' clinical files
* Sign in/out registers, keypad access, closed circuit television (CCTV) security cameras
* Short group observation main dining room
* Staff handover
* Staff work practices and work areas including administrative, clinical, lifestyle, catering, cleaning, laundry and maintenance

# 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 services, 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

IBIS Care Miranda (the home) has an established system of continuous improvement and quality processes to ensure its performance is monitored and measured against the four Accreditation Standards. The system is underpinned by a wide range of processes including mechanisms used to assess, monitor and evaluate the quality of care and services being provided to care recipients. Mechanisms used to identify improvement opportunities include logs, internal and external audits, satisfaction surveys, comments and complaints, analysis of incidents and accidents, benchmarking of performance indicators, and staff education and performance reports. Planned improvement initiatives, actions, results and feedback are discussed and evaluated at meetings including governance, management, clinical; work, health and safety and general staff meetings, and care recipient. Other feedback mechanisms used include staff memoranda and care recipient newsletters. Staff and care recipients/representatives interviewed said, and document review shows management pursues, encourages and is responsive to their feedback.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples include:

* The Executive services manager Identified there was unused office space that could be converted and utilised as an office for the Lifestyle coordinator. This has provided lifestyle with a work area where they can have private conversations with care recipients and their representatives. The lifestyle coordinator is very happy with this office area.
* An audit of the homes close circuit TV monitoring cameras identified that not all cameras are displayed. One CCTV camera was undetected on a timely basis. A system has been implemented with weekly remote checks of all CCTV to make sure all cameras are working to ensure monitoring of care recipients safety occurs at all times.
* The home purchased policy and procedure manuals and adapted/edited them to suit the homes requirements. A copy of the manuals has been put on the desktop on all staff work computers for all staff to access. On the 27 September 2017 the policy and procedure manuals were officially rolled out at the general staff meeting. Hard copies have been placed in the nurse’s stations, staff room, care managers office and executive services manager’s office. Toolbox talks have been attended to educate staff on the manuals. All staff are aware of the policy and procedure manuals and how to access information.

### 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 has a system for identifying relevant legislation, regulatory requirements, professional standards and guidelines and has mechanisms for monitoring and maintaining compliance. The organisation receives notification of directives and changes in policy from the Australian Government, local health authorities, their membership with a peak body advisory service, Australian aged care quality agency and a legislation alert service it subscribes to. Action is taken as required to ensure the home maintains regulatory compliance. Relevant information is communicated to staff and/or care recipients/representatives through a variety of mechanisms including policies and procedures, various meetings, notice boards, information handbooks, care recipient agreements and staff education.

Examples of responsiveness to regulatory compliance relating to Accreditation Standard One Management systems, staffing and organisational development include:

* Care recipients/representatives were advised of the Re-accreditation audit in line with requirements under the Aged Care Act.
* There is a system to ensure all staff and volunteers have national criminal history checks and these are monitored for renewal.
* Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards and include current police certificates for relevant contractors visiting the home.
* There is a system for the secure creation, usage, storage and destruction of personal information in accordance with privacy legislation and regulations including care recipients’ records.

### 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 ensures management and staff have appropriate knowledge and skills to perform their roles effectively through providing an orientation and annual education program. A ‘buddy’ program is used to support commencing staff and all staff are required to attend compulsory annual education and training sessions. Topics covered include elder abuse, fire safety, infection control and manual handling. Attendance at all sessions is recorded and management monitors and follows up on non-attendance. The effectiveness of the training provided is measured through audits, care recipient/representative feedback, observations, staff evaluations and questionnaires, a range of competency and skills tests and staff performance reviews. Staff interviewed said they are encouraged and reminded to attend education and training courses.

Examples of education sessions and activities provide in relation to Standard One Management systems, staffing and organisational development include orientation and annual program topics, bullying and harassment, electronic documentation systems, first aid incident reporting and professional conduct.

### 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

There is a system to provide care recipients/representatives and other interested parties with access to internal and external complaints mechanisms. Care recipients/representatives are encouraged to communicate compliments, suggestions, concerns and complaints both verbally and in written form. Feedback forms, comments and complaints logs, information about the Aged Care Complaints Commissioner and suggestion boxes are readily available throughout the home. Mechanisms are provided for care recipients/representatives from culturally and linguistically diverse (CALD) backgrounds including advocacy and complaints information brochures. Document review shows comments and complaints received are documented and action is taken to resolve complaints in a timely manner. Feedback is provided by management including to the complainant in a timely manner. Complaints management is monitored including benchmarking and the reports are tabled at leadership and quality meetings.

### 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 philosophy, vision and value statements are on display throughout the home. The information is provided to care recipients/representatives on a care recipient’s entry to the home and to a commencing staff member. The information is provided through mechanisms including the care recipient information package and the staff handbook.

### 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

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of care recipients. The home’s human resource policies and procedures underpin staff recruitment and selection, induction and performance management and provide guidelines for management and all staff. Staff records are maintained including position descriptions, criminal history checks, and relevant registration details. Staff said and document review shows they have access to an employee assistance program (EAP), staff award incentives and participate in education and training on topics relevant to the Accreditation Standards. Staffing levels and skills mix are monitored and adjusted on an ongoing basis in accordance with the care recipients’ needs. Monitoring mechanisms include clinical incident and accident data, care recipient/representative and/or staff feedback and staff performance reviews. Relief arrangements, to ensure roster coverage, are met by existing permanent and casual staff. There are job descriptions for all positions and staff interviewed said they have sufficient time to complete their duties and meet the needs of care recipients during their allocated shifts.

### 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 has a system and processes which ensure appropriate stocks of goods and equipment are fit for purpose and available at all times including mobility and manual handling aids, medical and personal care supplies, food, linen and furniture. The processes for ordering, storing and monitoring levels of supplies are delegated to designated personnel and overseen by the general manager. Maintenance records show equipment is serviced in line with a regular schedule and corrective maintenance is completed in a timely manner. The availability of appropriate goods and equipment is monitored through a number of mechanisms including audits, surveys, meetings and the home’s feedback mechanisms. We observed adequate supplies of goods and equipment available for the provision of health and personal care, care recipient lifestyle and the hospitality services. Staff said they have access to sufficient stocks of appropriate goods and equipment for quality service delivery.

### 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 systems in place that effectively manage the creation, usage, storage and destruction of hard copy and electronic records in accordance with privacy legislation. The organisation effectively disseminates information to management, staff and care recipients/representatives through mechanisms including its private internet technology network, electronic mail and electronic documentation systems including clinical care records. Other mechanisms include memorandum, staff handovers, noticeboards, meetings and minutes, care recipient and staff handbooks, education sessions and policy and procedure manuals. Staff and care recipients/representatives interviewed said they are kept informed and are consulted about matters relevant to them. The majority of care recipients said they have access to information to assist them in making decisions about their needs and preferences. Two care recipients said staff do not always return with the information when they raise things with 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

The home has a system that ensures all externally sourced services are provided in a way that meets its needs and service quality goals. A range of external service providers operate within contracts and/or service agreements to provide maintenance and other services including air conditioning, health and personal care, fire systems, cleaning, the nurse call system and plumbing. The contracts/agreements encompass the home’s requirements and expectations for quality service provision and other relevant criteria including insurances, licences and police certificates. Management and staff monitor the performance of the service providers and take appropriate action, including their replacement if necessary, in order to ensure services are provided at the desired level. Management, staff sand care recipients/representatives interviewed said they are satisfied with the standard of externally sourced services provided by the home’s preferred service providers.

## 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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples are listed below.

* IBIS Miranda’s sister facility at Blakehurst trialled and evaluated an electronic medication system (EMMS). It was approved to be continued at IBIS Blakehurst and has been rolled out at the IBIS Miranda site. Tablets were sourced and staff have undergone training with the system now fully implemented. There has been a reduction in medication incidents, improved documentation and reporting for medication management. A medication audit attended in November showed a compliance rate of 99%. The executive services manager said feedback from staff has been very positive and they are now familiar with the electronic medication system.
* The care manager and registered nurse identified psychotropic medication required a paper based review and the inclusion of consent forms. Psychotropic review forms were purchased and all care recipients being administered psychotropic medications were reviewed by the treating doctor and psychotropic medications were de-prescribed where appropriate. The Care manager will provide information regarding the progress in January 2018.
* The Care manager, Registered nurse, and lifestyle officer identified all care recipients on chemotherapy did not have assessments completed. All care recipients require completion of the new chemotherapy assessments. The updated /improved assessment tool runs a report through the clinical care computer database identifying all care recipients receiving chemotherapy. Consequently gaps were identified from October 2017 and all chemotherapy assessments have now been completed. The lifestyle officer ensures all new care recipients’ assessments are completed on admission.
* Verbal feedback received from care staff identified a knowledge deficit about care recipients individual specialised care needs. The care manager undertook a further written survey of all care staff to identify specific knowledge deficits. As a result the ‘Empower flower system’ was implemented a week ago. Staff have plastic tags that have a different colour coded flower to identify the individual specialised care needs for:

Specialised diets

Diabetes

Mobility

Requires cytotoxic precautions

Sensory impairment

Cognitive impairment

Requires infection control precautions.

Staff have received training on this system and the care manager quizzes the staff daily and encourages them to look at the tags until they become more familiar with the system. This process also assist agency and new staff to become more aware of the care recipients individual specialised care needs at a glance. Feedback from staff has been positive.

### 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

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two:

* A record is kept of the current registration of registered and enrolled nurses and other health care professionals.
* A registered nurse is responsible for the assessment, planning and evaluation of care needs identified and delivered to care recipients with specialised nursing care needs.
* Medications are stored in accordance with the relevant legislation including The Poisons and Therapeutic Drugs Act and Regulations.
* The home has procedures for the notification of unexplained absences of care recipients and maintains a register for recording these incidents.

### 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.

Education and training provided in relation to Accreditation Standard Two includes responding to challenging behaviours, continence management, dementia care, oral care, medication administration, new medical computerised medication tablets, palliative care and wound 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 mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and transfer of information, consultation with the care recipient/ representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through incident analysis, reviews and feedback. The home regularly reviews and evaluates the effectiveness of the clinical care system and tools used. Changes in care needs are identified and documented; where appropriate, referrals are made to medical officers or health professionals. Staff provide care consistent with individual care plans. The majority of care recipients/ representatives interviewed stated they are satisfied with the clinical care being provided. Two care recipients stated that it can take too long for the call bell to be answered.

### 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

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. Care is planned and managed by appropriately qualified staff. This information, together with instructions from medical officers and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. The home's monitoring processes identify opportunities for improvement in relation to specialised nursing care systems and processes. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. The home has effective working relationships with external health services or specialists and this provides additional access to clinical expertise. Care recipients/representatives interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 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 ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Staff support care recipients to attend external appointments with health specialists. Management, staff and medical officers refer care recipients to services, such as podiatry, optometry, audiology, dentists, dental technicians, wound care providers, palliative care and mental health specialists. Care recipients/ representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 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 care recipients' medication is managed safely and correctly. There is a medication dispensing system which supports the safe delivery of medication to care recipients. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. Opportunities for improvement in relation to the medication management system are identified and addressed. Registered nurses and medical officers assess and regularly review and monitor care recipients who self-administer medication. Staff who administer or assist with medications receive education in relation to this. Care recipients/ representatives interviewed are satisfied care recipients' medications are provided as prescribed and in a timely manner.

### 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

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. Staff monitor care recipient's pain and record the use and effects of interventions and strategies for pain relief. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients/representatives interviewed are satisfied care recipients are 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

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. Equipment to support the care recipient during the end stage of life is available. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes which may be requested. Care recipients/representatives interviewed are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

### 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

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. Care recipients are weighed as required and weight loss/gain is monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients/ representatives interviewed are satisfied care recipients' nutrition and hydration requirements are met.

### 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

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients/ representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The registered nurse oversees wound management and are responsible for wound treatments, completion of treatment records, and documenting interventions. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling technique. Care recipients/representatives interviewed are satisfied with the assistance provided to maintain 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

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients/representatives interviewed are satisfied with the support provided to care recipients in relation to continence management.

### 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 needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home practices a minimal restraint policy; where restraint is used it has been assessed, authorised and is monitored to ensure safe and appropriate use. Restraint authorisation is reviewed on a regular basis. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipients' challenging behaviours, including those care recipients who are at risk of wandering. Care recipients/representatives interviewed said staff are responsive and support care recipients with behaviours which may impact on others.

### 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

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative.  Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists and occupational therapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients/representatives interviewed are satisfied with the support provided for achieving optimum levels of mobility and dexterity.

### 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

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative.  Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients/ representatives interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

### 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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients/ representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 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

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients/representatives interviewed are satisfied support is provided to care recipients and they are assisted to achieve natural sleep patterns.

## 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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

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

* The executive services manager identified there was only one bus trip per fortnight for care recipients with cognitive impairment. The bus trips have been increased to two outings once a week. The sightseeing bus group now have the opportunity to attend an outing on a weekly basis. Care recipients report they love the bus trips.
* A large screen television set has been purchased to replace a smaller television; this has increased the care recipients entertainment and viewing pleasure. They also have access to video music via the television. The television has been connected to Wi-Fi. Care recipients now have a subscription to an external Internet provider this enables care recipients to access movies and television series. Care recipients are enjoying the larger screen television and the extra entertainment it provides.
* The lifestyle coordinator has commenced a reminiscence morning tea to stimulate the minds of care recipients in a social environment. Evaluation of this new activity on the 8 November 2017 rated a five for enjoyment of this new activity. Care recipients are enjoying this new activity.
* The lifestyle coordinator identified through feedback from care recipients that they would like pets visiting the home. The lifestyle approached an external provider to discuss the availability of companion dogs. The first visit was enjoyed by the care recipient’s on the 30 October 2017. Feedback from care recipients loved the visit by the dog and the handler.

### 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

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three:

* In accordance with the Aged Care Reforms introduced from 1 July 2014, all accommodation pricing and service information is provided on the MyAgedCare.gov.au website.
* Information is provided to care recipients/representatives in the care recipient handbook and the care recipient agreement. Information includes care recipients' rights and responsibilities including security of tenure and the care and services to be provided to them. The Charter of care recipients' rights and responsibilities is included in the care recipient agreement and is displayed in the home.
* Commencing staff and volunteers are required to sign a code of conduct including confidentiality to ensure care recipients' rights to privacy and confidentiality are respected.
* The home has a policy and procedures for the compulsory reporting of alleged and suspected assaults of care recipients and maintains a consolidated record of these incidents.

### 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.

Education and training provided in relation to Accreditation Standard Three includes compulsory training on compulsory reporting of elder abuse, activities for people with dementia, privacy, bullying and harassment.

### 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

Care recipients' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need; concerns relating to emotional health are referred to appropriate support services. The home's monitoring processes, including feedback and care reviews, identify opportunities for improvement in relation to the emotional support provided. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. Staff were observed to show warmth, respect, empathy and understanding in their interactions with care recipients. The majority of care recipients interviewed are satisfied that they are supported on entry to the home and on an ongoing basis. However, one care recipient said they had been having some medical issues and staff were supportive but they don’t seem interested and they don’t have the training to help with their issues. One care recipient said they talk to family if they needed to.

### 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

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain current and effective. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. The home's monitoring processes, including feedback, and environmental and care reviews, identify opportunities for improvement in relation to care recipient independence. Staff are familiar with the individual needs of care recipients. Care recipients/ representatives interviewed are satisfied with the information and assistance provided to care recipients to achieve independence, maintain friendships and participate in 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

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented; this information is documented in the care plan. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to the home's privacy, dignity and confidentiality systems and processes. Confidential information is discussed in private and care recipients' files are securely stored. Staff were observed to address care recipients in a courteous and polite manner. Care recipients/representatives interviewed said staff treat everyone with respect and feel their information is secure.

### 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

Care recipients' interests and activities of choice are identified on entry; barriers to participation, cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. Special events are celebrated and care recipient/ representatives are invited and encouraged to attend. Staff encourage and support care recipient participation. Care recipients are satisfied with activities and confirm they are supported to participate in activities of interests to them.

### 3.8 Cultural and spiritual life

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

#### Team's findings

The home meets this expected outcome

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. The home has access to support services and community groups and provision is made for the observation of special days. Care recipients have access to religious services at the home. Care recipients' cultural and spiritual needs are included in the facilitation of leisure activities. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Staff support care recipients to attend and participate in activities of their choice. Care recipients/ representatives interviewed confirmed care recipients' customs and beliefs are respected.

### 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 processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. The home uses a variety of strategies to foster care recipient participation in decision making including care recipient meetings, comments/complaints mechanism, case conferences, surveys and feedback forms. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices.

### 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 to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. All care recipients are offered a care recipient agreement and information handbook prior to, or on their entry to the home. The general manager and/or care manager discuss the information in the documents with the care recipients/representatives including security of tenure, fees and charges, care and services, care recipients’ rights and complaints processes. The executive service manager stated any room changes in the home would be discussed and agreement reached prior to any moves being undertaken. Care recipients/ representatives expressed satisfaction with care recipients’ security of tenure at the home and demonstrated awareness of care recipients’ 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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

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

Key padded systems have been installed on all doors. Cognitive care recipients, representatives and staff have been oriented to the new system. The installation of the keypads has improved care recipient safety.

* The executive services manager identified the need to revise the emergency plan and building occupant warning systems as well as the installation of sliding glass doors at the top of stair wells throughout the home. A contractor was sourced to obtain a quote and works were approved. Falls risks and care recipient safety has been enhanced by the new doors on the stairwells. Site maps have been updated and replaced and the emergency map and evacuation procedures are now accurate and current.
* The executive services manager identified the need to replace furniture, renovate the care recipients’ rooms, provide bedside tables and wall units. The care recipients are happy with the comfortable chairs now in the lounge rooms and the renovation of their personal bedrooms and bathrooms.
* The homes laundry has been upgraded with new washing machines, dryers and a steam iron. Staff have attended toolbox talks on the new equipment and are happy with the new equipment, and said it makes the work load easier to manage.
* The executive services manager identified the need to develop an agency catering staff information handbook and orientation package. All visiting agency catering staff will now be orientated to the home on commencement of their shift.
* The owners of the home and the executive services manager engaged an independent catering reviewer to visit the home on the 7 September 2017. Review of the kitchen action plan, the food authority audit, systems and the environment was attended on the 8 September 2017. The results of this review included the replacement of the hot box meal warming system with the installation of a bain-marie in the extension dining room. This has improved temperature and the quality of service and increased care recipients dining experience with food provided in the dining room. Other improvements include the kitchen being renovated with a new cool room extra cupboards and storage space. A new stove has also been ordered to ensure the home complies with the food safety audit recommendations.

### 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

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four:

* Fire safety equipment is inspected, tested and maintained in accordance with regulations and staff complete annual compulsory fire education and evacuation training.
* The home has an infection control program that is managed in accordance with government health regulations and guidelines.
* The home has a current food industry report issued in February 2017. A food safety program is in place and the home received a compliant rating in its food premises report dated January 2017.
* Safety data sheets (SDS) are displayed next to chemicals in use at the home.

### 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.

Education and training provided in relation to Accreditation Standard Four includes fire safety and evacuation, food safety, infection control, manual handling and safe chemical handling.

### 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 is actively working to provide a safe and comfortable environment consistent with the needs of care recipients. Care recipients are accommodated in three sections predominantly featuring single, personalised rooms with ensuite bathrooms, there are two adjoining rooms that share an ensuite bathroom. The upstairs wing has a kitchenette servery and each wing features a dining room, communal area and lounge room, as well secure external courtyards and gardens accessible to the care recipients. There is a lift between floors for care recipients’/ representatives and visitors use. The living environment is clean, well-furnished and free of clutter. It is well lit and has air conditioning throughout and the buildings and grounds are well maintained. The home has a program of preventative and corrective maintenance undertaken by a list of preferred external service providers which is supported by routine repair and maintenance undertaken by the home’s maintenance team. The safety and comfort of the living environment is monitored through environmental workplace inspections, care recipient/representative feedback, hazard/incident/accident reports and observations by staff. The care recipients/ representatives interviewed expressed their satisfaction with the comfort and safety of the home’s living 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 has a system and processes in place to ensure a safe working environment is provided that meets regulatory requirements. The executive services manager in conjunction with the home’s care manager and staff oversee occupational health and safety at the home and provides staff with access to an employee assistance scheme if needed. Staff are required to complete mandatory training in safe work practices during orientation and on an on-going basis. We observed equipment is available for staff to assist with safe work practice including manual handling. The home monitors the health and safety of staff and their working environment through regular audits, review of risks/hazards/incidents and accidents and daily observations by the manager and staff. Staff interviewed show knowledge and understanding of safe work practices, confirm they receive initial and ongoing training in safe work practices and said they have access to sufficient supplies of well-maintained equipment.

### 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

There is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks in the home. The home has external contractual arrangements for the routine maintenance of the firefighting equipment and internal fire alarm system. Document review and our observations including the fire sprinkler system confirm equipment and the fire alarm system are inspected on a regular basis. Emergency flipcharts and evacuation plans are located throughout the home. Safety and security is maintained through a variety of mechanisms including provision of care recipient buzzers, electronic access, and lock-up procedures and security patrols at night. The environment and safe systems are monitored through internal audits, external inspections and discussed at leadership, staff and care recipient meetings. Fire safety and evacuation procedures are included in staff orientation sessions and the home’s compulsory annual education program. Staff interviewed and observed show responses consistent with the home’s documented procedures to be followed in the event of an emergency. Care recipients interviewed said they feel safe and secure at 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. This includes education for staff, the provision of equipment, routine monitoring of infections as well as the availability of policies and practice information to guide staff work practices. Infection data is collected and analysed externally and within the organisation. Relevant infection control issues are discussed and reviewed at staff meetings. Infection control procedures such as the use of colour coded cleaning equipment, personal protective equipment and monitoring of temperatures were observed. Audits are undertaken, there are processes for the removal of contaminated waste, infectious outbreak supplies, spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work such as regular hand washing or disinfecting. Staff confirm they have undertaken infection control education. There is a care recipient vaccination program and staff are encouraged to be vaccinated for influenza. There is a pest control program.

### 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

Fresh cooked meals are prepared daily on-site by chefs under the direction of a catering manager in accordance with a dietitian approved four-week seasonal rotating menu. The menu provides care recipients with a range of choices including a wide variety of daily menu alternatives. Care recipients’ likes and dislikes, food allergies, special dietary needs and their feedback is regularly sought, monitored and recorded through 1:1 meetings with the catering manager, the care recipient council, the comments and complaints system and satisfaction surveys. Care recipient interviews confirm the home regularly seeks information including their feedback on food they like and dislike, special dietary needs and their expectations regarding quality and quantity of meals. Care recipients/representatives generally expressed satisfaction with the menu and quality of meals provided to care recipients. Two care recipients advised they enjoyed the meals some of the time one care recipient said she liked the breakfast and staff offer her something else to eat if she doesn’t like the meal served.

A planned cleaning program is provided by the home’s internal cleaning staff to ensure appropriate cleaning standards are maintained. Care recipient/representative and staff interviews confirm the clean, attractive and hygienic environment we observed is maintained at all times.

The home provides a five day on-site laundry service for the collection, laundering and delivery of flat linens, care recipients' personal clothing is laundered on site. Care recipient/representative interviews show they are generally satisfied with the standard of laundry service provided to care recipients.