



Standards and Accreditation Agency Ltd

Decision to Accredit Alroy House Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Alroy House Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Alroy House Hostel is 3 years until 2 June 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and Approved provider details

Details of the home

Home's name:	Alroy House Hostel				
RACS ID:	0149				
Number of beds:	49	Number of high care residents:	40		
Special needs group catered for:	<ul style="list-style-type: none">Dementia Care				
Street/PO Box:	128 Blaxland Avenue				
City:	SINGLETON HEIGHTS	State:	NSW	Postcode:	2330
Phone:	02 6573 9901		Facsimile:	02 6573 2429	
Email address:	carol.lyddiard@uchunter.org.au				

Approved provider

Approved provider:	The Uniting Church in Australia Property Trust NSW
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Assessment team

Team leader:	Wendy Ommensen
Team member/s:	Jillian Kidd
Date/s of audit:	23 March 2009 to 27 March 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Alroy House Hostel
RACS ID	0149

Executive summary

This is the report of a site audit of Alroy House Hostel 0149 128 Blaxland Avenue SINGLETON HEIGHTS NSW from 23 March 2009 to 27 March 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Alroy House Hostel.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 23 March 2009 to 27 March 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Wendy Ommensen
Team member:	Jillian Kidd

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust NSW
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Details of home

Name of home:	Alroy House Hostel
RACS ID:	0149

Total number of allocated places:	49
Number of residents during site audit:	48
Number of high care residents during site audit:	40
Special need catered for:	Dementia Care

Street/PO Box:	128 Blaxland Avenue	State:	NSW
City/Town:	SINGLETON HEIGHTS	Postcode:	2330
Phone number:	02 6573 9901	Facsimile:	02 6573 2429
E-mail address:	carol.lyddiard@uchunter.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Alroy House Hostel.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

The assessment team recommends there should be 3 support contacts during the period of accreditation and the first should be within 12 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

The assessment team spent 5 days on-site and gathered information from the following:

Interviews

	Number		Number
Director of residential care services	1	Administration assistant	1
Regional information management coordinator	1	Catering staff	2
Regional quality and documentation coordinator	1	Volunteer coordinator	1
Regional OH&S and risk manager	1	Volunteers	2
Care service manager	1	Ladies auxiliary members	1
Clinical care coordinator/educator	1	Laundry staff	2
Quality coordinator	1	Cleaning staff	2
Registered nurses	1	Maintenance staff	1
Assistants in nursing	4	Residents	10
Assistant in nursing - physiotherapy aide	1	Relatives	3
Lifestyle coordinators	4		

Sampled documents

	Number		Number
Residents' files	7	Medication charts	5
Interim care plans	7	Care accountability records	7
Pain monitoring charts	7	Personnel records including letters of offer, safe care document commitment, leave requests, accident/incident forms, orientation checklist	7

Other documents reviewed

The team also reviewed:

- Annual fire safety statement (19/1/09)
- Accidents/incident reports 2008-2009
- Accident/incident forms including medication incidents
- Behaviour incidents 2008-2009
- Alroy House resident infections 2008-2009
- Incident data collection forms
- Audit monitoring reports
- Audit schedules – internal and external
- Audits
- Activities attendance records and programme
- Activities evaluation and satisfaction survey and audit
- Advanced care planning discussion record
- Blood sugar monitoring charts
- Carers worksheet and shift handover report
- Case histories of residents' lives at Elizabeth Gates Nursing Home
- Clinical incident investigation report
- Clinical indicator monitoring
- Communication diary
- Complaints handling procedure
- Complaints register
- Confidential agreements
- Continence and individual extra allocation of continence aids
- Continuous improvement summary
- Continuous quality improvement logs
- Criminal records check
- Doctor and allied health notes
- Doctors communication book
- Education calendar, flyers and memos, attendance lists and evaluations
- Emergency and disaster plan
- Employee orientation program –organisational and site specific
- Family conference checklists
- Food - product recall action form
- Food service resident data card
- General observation charts
- Guide to providing a person centred approach to caring

- Information handbook for volunteers
- Internal and external complaints mechanism procedures and brochures
- Job descriptions
- Kitchen cleaning schedule
- Laundry cleaning schedules
- Maintenance breakdown book
- Medication reviews including psychotropic drug usage report
- Meeting minutes 2008-2009
- Lifestyle support/ quality/occupational health and safety/ resident/ general staff/ registered nurse/ nurse and care service employee meeting minutes
- Newsletters – corporate and in-house
- Palliative care support group and Medication advisory meeting minutes
- P-cap assessment forms
- P-cap competency
- Performance appraisal schedule
- Pest maintenance log
- Pharmacy agreement for the provision of services
- Planned maintenance schedule
- Policies and procedure manuals
- Prevention and outbreak management plan for gastroenteritis and respiratory like illnesses.
- Procedures and flowcharts for identifying and/or responding to abuse of persons receiving care
- Resident application pack and orientation DVD
- Resident requirement form
- Resident right to take risks form
- Resident whereabouts forms
- Residents' handbook
- Restraint and assessment authorisations
- Rewards and recognition program
- Risk analysis and control plan register
- S8 register
- Safety action request notices (SARN)
- Sanitising log for fruit and vegetables
- Service agreements
- Sign in/sign out register
- Staff competencies –hand washing, manual handling,
- Staff handbook
- Staff rights and responsibilities regarding elder abuse
- Staff roster
- Temperature records – refrigerators, freezers, dishwasher, hot and cold food,
- Training records 2007-2008-2009
- Vision and mission statement
- Wander identification and daily clothing records
- Workplace safety inspection checklist
- Wound assessment charts and treatment sheets

Observations

The team observed the following:

- Activities in progress
- Assistive cutlery, crockery and plate guards.
- Two cats
- Black faced sheep and alpacas in the paddock adjoining Alroy House
- Rhode island red chooks in their pen
- Charter of residents' rights and responsibilities
- Chemical storage across the home
- Colour coded mops, buckets and cleaning cloths
- Disaster box
- Equipment and supply storage areas
- Ethical behaviour lanyards
- Hairdressing salon
- Hand washing facilities and hand wash in the corridors
- Labelling machine for clothes
- Medication round
- Observation of staff, residents, relatives and visitors washing their hands
- Interactions between staff and residents
- Living environment
- Noticeboards – residents' information and photographs, staff information
- Pamphlets – What is Elder Abuse?
- Rainbow flip charts at phones
- Sharps containers
- Stock rotation and storage according to dates
- Storage of medications including scheduled medication
- Suggestion box for confidential feedback

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

A sustainable continuous improvement system is in place at the regional level to support planning, monitoring and measurement of service delivery at the residential aged care facilities of the group. Alroy House, and the co-located nursing home, Elizabeth Gates Nursing Home, has adopted a model of care delivery which embraces a person centred philosophy and a whole of system approach has been adopted to progress this model. Continuous improvement opportunities at the home are identified through a variety of sources including internal and external auditing and benchmarking, research, legislative change, consultation with other professionals with specialist skills, comprehensive communication with staff, residents and other stakeholders. Quality initiatives, infection control and occupational health and safety discussions are standing agenda items at regularly convened meetings and the service has a continuous quality improvement coordinator. Residents, representatives and staff were enthusiastic in telling the accreditation team of the encouragement and support provided to enable their suggestions and allow their input into the continuous improvement mechanisms in the home. The care service manager reports monthly to the regional executive team about a range of issues which relate to the strategic planning processes of the organisation and to the day-to-day services at the home.

The following are some examples of improvements relating to management systems, staffing and organisational development that have been implemented at Alroy House in the last twelve months:

- An electronic blood pressure machine was purchased and has allowed the registered nurses to measure oxygen saturation levels as well as blood pressure and report these to the medical officer allowing for acute based assessment of the residents’ clinical care needs. Whilst this equipment is located in the nursing home it is available for use in the hostel if a need is indicated.
- The organisation introduced a Code of Ethical Behaviour for all staff and training was conducted by regional staff at the homes across the region. Lanyards of laminated cards which document the expectations of staff behaviour, have been developed and distributed as reminders of the highlights of all aspects of the Code.
- Data projectors now assist with recording of meeting minutes whilst these are in progress and the technology has enhanced presentations and education sessions.
- The chaplain provides support to staff requiring assistance with personal issues through confidential counselling processes which are convened away from the home. A special memorial service for the relatives of four staff members, who all passed away within a short period of time, was held at Alroy House chapel. An

education session on grief and loss was also conducted to assist all staff to share their feelings and to understand that grief impacts differently on people.

- Two sling lifters have been purchased to assist with the manual handling of frailer residents who reside in the memory support unit, known as Chateau. Security bed mats alert staff when a resident is out of bed at night and these have contributed to a reduction in the falls rate in the unit.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s recommendation

Does comply

The organisation has a system in place to identify and implement changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced through subscriptions to legislative update services, through industry related newsletters, from peak bodies, from State and Commonwealth government departments, from statutory authorities and via the internet. Changes to legislation are disseminated to the home’s staff through memos, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Internal audits, external auditing processes and benchmarking, surveys and continuous improvement activities ensure that work practices are consistent and compliant with legislative requirements.

The following examples illustrate regulatory compliance pertaining to Accreditation Standard One:

- Prospective employee’s criminal records are checked prior to engagement and there is a process in place to review the currency of this status every three years. Volunteers assisting at the home and contracted service personnel are also required to complete criminal record checks.
- Mandatory reporting guidelines regarding elder abuse have been implemented at the home. A system is in place to support notification, investigation and actions taken and records of alleged or proven elder abuse are maintained. The care services manager provided examples of incidents reported in line with the legislated reporting criteria.
- Changes under the Aged Care Act 1997 effective from 1 January 2009 have been implemented in regard to notification of missing residents to the Police Department and Department of Health and Ageing. The critical incident reporting mechanisms at the home ensure senior management of the organisation also receive this advice.
- Accreditation site audits are discussed at residents’ meetings, information is included in the newsletters and notices of impending audits are displayed prominently throughout the home.

1.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's recommendation

Does comply

The home has a range of mechanisms in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. These mechanisms include a regional and site specific orientation program, staff appraisals and competencies, organisational person centred approach (P-CAP) education and learning modules, self directed learning packages, staff newsletters and formal and informal education sessions. A training needs analysis is conducted annually and education occurs when a resident's needs change and new equipment for a resident or the home is purchased. The education program includes mandatory training, in-service education, one to one theoretical and practical sessions and external education. The effectiveness of education is evaluated through staff feedback, audit results, competency testing and monitoring of staff practices. All staff interviewed stated they participated in and were supported to attend education within the home and externally. An education program is provided for residents and representatives upon request and in response to changes in clinical indicators.

Education sessions and activities that relate to this standard include:

- Elder abuse – policies and procedures
- Protecting the older person
- Abuse, Ethics, Commitment to safe care
- Aged Care Funding Instrument (ACFI) Assessment

1.4 Comments and complaints

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

Team's recommendation

Does comply

There are a variety of ways in which residents and their representatives can provide feedback to management. These include residents' and representatives' meetings, comments and complaints forms, improvement logs, confidential written information to the care services manager, verbally to staff or management and by approaching external complaints bodies and advocacy services. Information regarding access to the complaints' mechanisms is provided to all residents and their relatives on entry to the home, through the residents' handbook, as reminders at meetings and in the home's newsletter. Brochures outlining the Aged Care Complaints Investigation Scheme are available at the home. Policies, procedures and a register of comments and complaints are in place. Investigation and timely responses to issues raised are undertaken. Confidential processes maintain privacy. Many compliments in the form of written appraisals, cards and letters of appreciation regarding care and services dominate the feedback system. This information forms part of the reporting system and when relevant generates improvement opportunities. Interviews with residents and their representatives demonstrated a clear understanding of the system and satisfaction with the way issues are responded to and acted upon.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's recommendation

Does comply

The home adopts the organisational vision, mission and values which link to business and strategic planning challenges which are constructed in consultation with stakeholders across the region. These are displayed at the home and documented in organisational newsletters and corporate publications. Alroy House, in cooperation with Elizabeth Gates Nursing Home, has developed a vision and mission statement which links directly to the Eden philosophy and encapsulates the home's commitment to providing person centred care to their residents by taking a person centred approach to their staff, stakeholders and the local community. The vision and mission statement is also on display throughout the home. The services provided aim to alleviate the residents from suffering boredom, loneliness and helplessness and provide them with a pathway to a continuation of a life that is worth living.

1.6 Human resource management

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

Team's recommendation

Does comply

There are systems and processes in place to ensure that sufficient, suitably skilled and qualified staff are available at Alroy House to provide services to residents in accordance with the Accreditation Standards and the philosophy and objectives of the person centred care program. Human resources' policies and procedures are in place and cover staff recruitment, orientation and induction, performance review through annual staff appraisals, a competency assessment program, which is linked to education, disciplinary and grievance processes. Position descriptions outline roles for all disciplines. Confidential personnel files are maintained and securely stored. Staffing levels are flexible and are monitored in line with reviews of residents' care and related dependencies, special care needs and challenging behaviours of residents. Flexible short and long term rostering ensures extra staff when residents' care needs increase. Staff who are unable to work or on leave are replaced by other permanent part time staff or from a casual pool and the home does not use agency staff. The organisation rewards exemplary staff commitment and long service with recognition and awards. Staff enjoy working at the home, (many have been employed for a long time), are committed to the person centred care program, confirm their ability to provide feedback regarding rosters and workload. All residents and representatives interviewed by the team spoke highly of the skills and caring attitude of all staff.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Staff, residents and their representatives interviewed by the team confirmed that there are adequate levels of goods and equipment available at the home. Cleaning, chemical, linen, continence products and clinical stores were observed to be well stocked. Regular ordering ensures an adequate supply of all food items required to sustain the freshly cooked daily menu in place at the home. There are stock rotation processes for perishable items and individual staff members are allocated responsibility for stock monitoring, day to day ordering and receipt of goods following standardised purchasing procedures. An asset register is maintained at the regional level and assists the replacement of equipment which is purchased following trial, service training and risk assessment. Preventative and corrective maintenance programs are in place and attended by the maintenance officer and external service contractors. Review of comprehensive maintenance records indicates that all maintenance is responded to appropriately and in a timely manner.

1.8 Information systems

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

Team's recommendation

Does comply

The home disseminates information to management, staff, residents and their representatives in relation to resident care, organisational activities and other matters that may be of interest to them. Review of residents' files and care planning documentation indicated that clinical care plans are regularly reviewed and there is a process of consultation and case conferencing with residents and their representatives. Newsletters, email, monthly reports to the senior management, memoranda, meetings, shift handover sheets, communication diaries, information posted on noticeboards, resident notices, education sessions, and policy and procedure manuals are some of the ways in which the home communicates with stakeholders. Management information, staff and resident records are kept securely stored in the nurses' stations and clinical care coordinator's office. Computer access is limited to authorised staff with password protection and is backed up on a daily basis. An electronic document storage system ensures currency of all forms and templates. Systems are in place to effectively manage the storage, archiving and destruction of all records. Staff interviewed confirmed systems enable them to receive adequate and timely information that assists with the planning of their work activities.

1.9 External services

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

Team's recommendation

Does comply

Contracts with external suppliers are negotiated and managed at the organisational level and include relevant licensing, insurance, occupational health and safety requirements. The care services manager told the team that tendering processes are undertaken for larger contracts and these outline clear parameters for methods of work, timeframes and include agreed outcomes. Contractors are presented with a handbook which outlines expectations of the services by the organisation. External services are monitored in a variety of ways including audits and inspections, observation of work practices and review of outcomes by the home's leadership team. Contracts are reviewed annually or as negotiated, and feedback is sought from stakeholders regarding service performance before contracts are renewed. Unsatisfactory performance by contractors may result in termination of the contract before the term of the contract has been completed. Contracts are in place for services such as food supplies, pharmacy, general and contaminated waste management, pest control, chemical product supply and continence supplies. Externally sourced services are provided at a level that meets the home's requirements and quality goals.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's recommendation

Does comply

The results of the team's observations, interviews and review of documentation revealed that the home is pursuing continuous improvement in relation to health and personal care of residents. For information regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

The following are examples of some of the improvements undertaken in relation to health and personal care of residents:

- Two assistants in nursing, a personal care assistant and the care service manager have attended advanced care planning workshops and are members of the palliative care support group at the home. To enhance this care planning and service delivery to residents the two assistants in nursing have completed Certificate IV in Palliative Care, a staff member has Certificate IV as a physiotherapy aide and the registered nurse is palliative care trained and has a Certificate IV in Therapeutic Massage. The chaplain also forms part of the group.
- Comprehensive pain assessment processes and tools have been implemented to provide broader, holistic assessments of residents' pain and allow for appropriate interventions to alleviate this. The P-Cap comfort and pain assessment and monitoring, the Abbey Pain Scale and behaviour response logs are used to identify triggers of pain. Medication reviews are completed by a consultant pharmacist, exercises, aromatherapy, cooking, gardening tasks are caring for the animals at the home (part of the Eden Alternative approach to care) are interventions which may be implemented following consultation with the residents' medical officers. This program is proving effective in mitigating residents' pain.
- Alroy House is participating in a government funded project being conducted by the Department of Gender and Ageing at Newcastle University into the nutrition and hydration of residents in residential aged care services. Residents and representatives signed consent forms agreeing to be part of the project. Residents' weights are recorded and body mass indexes calculated and monitored. The nutritional value of meals is assessed and suitable presentation of pureed food is being considered to ensure that it is attractive and appetising. Specially designed menus for cognitively impaired residents and the use of protein supplements also forms part of the research. The clinical care coordinator, registered nurses and assistants in nursing are all involved in improving the nutrition and hydration services to residents at the home.
- Assessments for depression were found to be inadequate in providing staff with an overview of residents' psychological well being. This was clear when a resident suffered a life threatening incident which resulted in hospitalisation, treatment and discharge without consideration of the resident's mental health at that time. The

home arranged a full allied health review, consulted with the mental health team, psychological counselling was arranged, other contributing health issues were addressed and the resident attended rehabilitation. Time was also spent forming a relationship with relevant hospital staff to ensure improved support and better management of health issues in the future.

- Residents in the memory support unit were confused about the days on which they were to be assisted with showering – the process was second daily showers. This has been changed in consultation with residents who now shower on Monday, Wednesday and Friday or Tuesday, Thursday and Saturday whichever program suits their needs. Sunday is a free day and residents receive a peri wash or a shower if they wish. This seems to be causing less confusion.
- A continence management coordinator has been appointed and is responsible for the ordering of continence management aids. Three day assessments are conducted to establish residents' urinary or faecal incontinence, toileting regimes are introduced and when necessary suitable pads are assigned. This has led to improved comfort and dignity for residents and relatives are more confident about taking them out.
- A comprehensive medication competency pack has been developed to ensure safe and correct administration of medication by staff in Alroy House. A learners' guide and medication management worksheet supports the skills development of staff who must be deemed competent before commencing administration of medication to residents.

2.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team’s recommendation

Does comply

The results of the team’s observations, interviews and review of documentation demonstrated that an effective system is in place to manage regulatory compliance in relation to health and personal care. For comments regarding the system see expected outcome 1.2 Regulatory compliance:

- Authority to practice registrations are sighted and records maintained by the home for all qualified staff and health professionals including registered nurses and medical officers. Other professional services such as physiotherapy and speech pathology are provided under service agreements with an external provider.
- Initial and ongoing assessment and care planning for all high care residents at the home is carried out by a registered nurse in line with legislative requirements outlined in the Specified care and services for residential care services in the Quality of Care Principles 1997.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s recommendation

Does comply

For details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions and activities that relate to this standard include:

- Dementia care
- Continence management
- Pathology
- Percutaneous endoscopic gastrostomy (PEG feeding)
- Pain management-Parkinson’s disease
- Depression
- Nutrition and the older person

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents receive appropriate clinical care. An interim care plan is completed on entry to the home to identify immediate care needs which is informed from resident and relative discussions, transfer and assessment documentation. After residents have settled into the home, a comprehensive series of assessments are completed over a period of weeks that assist in developing an individualised care plan. Review of resident assessments, care plans, progress notes and interviews with staff confirm care needs are provided for at the appropriate level for residents. Care plans are evaluated fourth monthly, or more frequently as care needs change, by the clinical care coordinator. The home conducts annual case conferences in consultation with residents, their representatives and residents’ medical practitioners, alongside informal discussions with residents’ representatives as they visit the home. Interviews with residents and their representatives confirm they are satisfied with the care and support provided, and comments made to the team include compliments on the care given by staff.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

The home has systems in place to identify residents’ specialised nursing care needs and appropriately qualified nursing staff to meet these needs. Registered nurses are on duty Monday to Friday, with 24 hour registered nurse coverage at the co-located high care facility, to manage and deliver specialised care including diabetes management, continence management and complex wound care. Care plans include specialised aspects of care required. Where specific advice is required, the home may access

specialist clinical staff from local hospitals. Interviews with staff confirm they have the skills and knowledge to provide specialised nursing care as required. Interviews with residents and their representatives confirm they are satisfied with the specialised nursing care provided by the home.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s recommendation

Does comply

The home has systems in place to ensure residents are referred to appropriate health specialists in accordance with their needs and preferences. Residents have access to a range of health professionals including a visiting podiatrist, speech pathologist, occupational therapist, the local mental health team and psycho-geriatrician, dietician, dentist and optometrist. The team noted referrals to allied health professionals that include psycho-geriatrician and speech pathologist. Review of residents’ files show referrals to specialist medical services are made by the residents’ treating medical officers and include results of investigations and letters of response from specialists. The team was advised that, wherever possible, residents may choose their medical officer from those attending the home. Interviews with residents and their representatives indicate they are satisfied with access to health specialists.

2.7 Medication management

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

Team’s recommendation

Does comply

Review of documentation, observation of staff practices and interviews with residents and their representatives and staff, demonstrate residents’ medication is managed safely and correctly. Medication is administered by care staff that have completed medication competencies and are overseen by the clinical care coordinator. The team observed safe storage of medications including Schedule 4 (S4) and Schedule 8 (S8) medications and maintenance of the schedule drugs register. Regular liaison with the supplying pharmacist ensures that new or changed medications are promptly supplied. Medication charts are noted to include resident photographs, allergies, the method of administration and medical officers’ signatures for each resident. An accredited pharmacist visits the home regularly, conducts chart checks and audits and the home takes actions where indicated. The home also conducts audits, monitors staff practices and medication incidents and provides education relating to medication delivery. Residents and their representative interviewed indicate they are satisfied with the way in which their medication is managed.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents’ pain is identified and managed to ensure all residents are as free as possible from pain. Residents’ pain is

assessed using either verbal or non-verbal assessments. Residents identified as having pain are commenced on pain charts to monitor where and how frequently pain occurs and to evaluate the effectiveness of pain treatments. To assist in pain management, therapies such as massage, aromatherapy, use of a spa bath, daily range of movement exercises and repositioning are utilised along with prescribed analgesia and medicated rubs. The physiotherapy aide and care staff assist in managing residents' pain through implementing individual exercise programs. Encouraging residents to partake in daily activities within the home consistent with their life experiences provides the opportunity for meaningful engagement and diversion to assist with managing their pain. For example residents assist with cooking, setting and clearing tables and washing up at meal times, feeding and caring for the home's animals and gardening. The effectiveness of strategies is evaluated on a regular basis to ensure pain relief treatments remain effective. Interviews with residents and their representatives confirm pain is managed for residents.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has effective systems in place to ensure the comfort and dignity of residents requiring palliative care is maintained. The home is currently implementing the use of advanced care directives that identify residents' end of life wishes and assist staff in providing person centred palliative care. A palliative care support group exists within the home and offers staff and residents specialised support and education during palliation. Care staff describe a range of interventions used to provide for the comfort and dignity of residents during the palliative care process that include frequent repositioning, specific oral care needs, maintaining skin integrity, nutritional requirements, pain relief treatments, privacy and dignity considerations, cultural differences and environmental requirements specific to the individual. Religious support is provided by the pastoral care team and the chaplain where requested. The home celebrates an annual remembering service in memory of residents who have passed away; relatives, friends, volunteers and staff are invited to attend. The home has access to external palliative care teams if required. Residents and their representatives interviewed report they are satisfied with all aspects of care and support provided by the home.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

The home has systems in place to ensure that residents receive adequate nourishment and hydration. Food preferences and dietary needs are assessed on entry to the home and this information is forwarded to the catering department and updated by the clinical care coordinator. Residents are weighed regularly, any variance noted and addressed with interventions that include nutritional supplements prescribed for weight loss and regular weight monitoring. The home accesses speech pathology and dietician services as required, care plans identify the specific needs of residents who require a modified diet that includes thickened fluids, texture modified foods as well as diabetic,

low potassium, high protein and lactose free diets. The team observed the use of assistive devices that promote independence with nutrition and hydration and noted environmental considerations to promote a pleasant dining experience. Progress notes highlight residents who are not eating well and require assistance and encouragement. Residents and their representatives interviewed are satisfied with the food and drinks provided by the home.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents’ skin integrity is maintained. Residents’ skin integrity is assessed on entry to the home and a risk assessment is completed to identify the degree of risk of skin breakdown. Care plans are developed to meet the identified needs of residents and are evaluated regularly. The team observed protective aids in use such as air mattresses, sheep skins, bed cradles and protective bandages. Other devices listed in care plans to be used to maintain skin integrity include the use of soap alternatives and daily application of skin moisturisers and emollient creams. Consideration is given to the nutritional requirements of residents in the maintenance of skin integrity. Registered nurses manage chronic and complex wounds and have access to external wound consultants and wound education as required. Wound charts include details of healing and dressings used. Interviews with residents and their representatives confirm they are satisfied with the care provided to maintain skin integrity.

2.12 Contenance management

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents’ continence is managed effectively. Continence is assessed on entry to the home, is monitored and regularly reviewed. Care plans are developed and evaluated to ensure they reflect residents’ needs and include toileting programs as appropriate for residents. Specific continence management needs are identified, aids provided, and referrals made to specialist where indicated. Bowel charts are observed to be maintained by care staff and are used to monitor requirements for aperients. Fluid balance charts are commenced where the registered nurse identifies the need for monitoring of resident intake and output. Residents are encouraged to maintain an adequate fluid intake and encouraged to include fruit and fruit juices in their daily diet to assist with continence management. Residents and their representatives interviewed indicate they are satisfied with the way in which their continence is managed.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has systems in place to manage the needs of residents with behaviours of concern. Residents' behaviour management needs are assessed on entry to the home to identify the frequency, nature and possible triggers for behaviours of concern. Assessments include observations that are recorded by care staff using behaviour response logs. Care plans are developed and include strategies and interventions for managing behaviours. Referrals to specialists are made when necessary in consultation with residents' representatives. Staff interviewed are able to demonstrate strategies utilised to manage residents' behaviours such as the use of diversion and engagement in the home's daily activities and lifestyle program. The introduction of animals, plants and relationship building, between residents; residents, staff and volunteers has assisted in reducing behaviours and the usage of medications to manage behaviours. Residents and their representatives interviewed indicate they are satisfied with the way in which behaviour is managed.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

The home has systems in place to maintain optimum levels of mobility and dexterity for residents. A registered nurse assesses residents on entry to the home and develops individualised exercise programs. Care staff attend to daily individual therapy with residents. Lifestyle coordinators facilitate group exercises, and for residents unable to actively participate in exercises, passive exercises are provided to maintain flexibility and comfort. The team observed a range of mobility aids available and in use throughout the home. The home has processes in place to address falls that include reassessment, falls monitoring, clinical investigations, increasing vitamin D levels and medication review. A podiatrist is available to visit the home as required and a foot care nurse completes assessments and provides foot care on an ongoing basis. Interviews with residents and their representatives confirm they are satisfied with support for their mobility and dexterity.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home has systems in place to ensure that residents' oral and dental health is maintained. The oral and dental health of residents and their ability to attend to their own oral and dental health is assessed on entry to the home and is regularly reviewed. Ongoing care needs are identified through resident feedback, staff observation of any discomfort or reluctance to eat and weight variances. Residents are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. The team noted documentation of referrals to and visits from dentists in residents files. Residents and their representatives interviewed stated they were satisfied with the oral and dental care provided.

2.16 Sensory loss

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

Team's recommendation

Does comply

The home has systems in place to ensure that residents' sensory losses are identified and managed effectively. The home completes assessments during the entry period to identify residents with sensory loss. Assessments and care plans are noted to include assistance required by residents to clean glasses and maintain and fit hearing aids as necessary. Residents have access to specialist services including speech therapy, audiology and optometry. Care and lifestyle staff identify the use of massage, cooking, pets, music and gardening to stimulate touch, taste, smell and hearing. The team observed residents engaging in activities which provide the opportunity for sensory stimulation such as listening to music, reading, attending to the homes' cats, birds, chooks, sheep and alpacas, and craft activities using a range of mediums to support tactile stimulation.

2.17 Sleep

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

Team's recommendation

Does comply

Residents' sleep patterns are assessed on entry to the home, and when sleep difficulties are identified. Information about sleep patterns and routines is sought from residents and their representatives. Review of documentation confirms care plans identify any specific needs of residents to achieve sleep. Where necessary, continence is managed so that residents require minimal toileting or disturbance during the night. If residents do wake a range of interventions are used to assist residents back to sleep, these include, the offer of warm drinks and snacks, pain management therapies, assistance with continence needs, companionship and reassurance. Interviews with residents confirmed that they are supported to sleep and rest and that staff are available to provide care and support during the night as needed.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home is pursuing continuous improvement in relation to resident lifestyle and this was confirmed by the team’s observations, interviews and review of documentation. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Some examples of the improvements made to resident lifestyle are outlined:

- To support the well being of residents, and in line with the Eden Philosophy of care, a chicken coupe was funded and built by workers from a “work for the dole” group. Located in the gardens of Chateau, the memory support unit at Alroy House, this has been therapeutic for residents and has brought much pleasure to those residents who care for the chooks. The eggs are used in cooking within the hostel. A volunteer worms and checks the chooks.
- The home purchased a badge machine and made individualised identification badges for all volunteers. Volunteers told the accreditation team that along with the warm, friendly support of the staff, the badges helped them to feel part of the community.
- A number of noticeboards show large photos of residents enjoying the activities and entertainment. Staff compile residents’ photographs on DVD’s and present them to the families as a record of the happy times spent at Alroy House.

3.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle”.

Team’s recommendation

Does comply

The results of the team’s observations, interviews and review of documentation revealed that an effective system is in place to manage regulatory compliance in relation to resident lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance:

- The documents displayed and stored on site to inform of relevant legislation and regulatory compliance include the charter of residents’ rights and responsibilities and the residents’ handbook. The residential agreement contains information outlining the fees structure operating at the home, the daily care fee and payment options.

- The residents' handbook outlines the home's responsibilities in relation to release of information. Residents sign releases in relation to the disclosure of health information and the publication of personal information such as photographs. Staff are advised of their role in relation to the Privacy and Personal Information Protection Act (1998) at orientation and through the contract of employment which they sign off.
- All residents are issued with a residential agreement which incorporates clauses required by law such as a 14 day cooling off period, reference to the User Rights Principles (1997) and the provision of specified care and services. The resident agreement is regularly reviewed to ensure that legislative requirements are met.

3.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's recommendation

Does comply

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions and activities that relate to this standard include:

- Sonas sensory stimulation
- Palliative care in diversional therapy
- Advance Care Planning
- Loss and grief
- Resident education – Urinary tract infections and practices, Mobility – posture and the correct use of equipment

3.4 Emotional support

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

Team's recommendation

Does comply

The home supports residents in adjusting to life in the new environment and on an ongoing basis. Prior to entering the home residents and their representatives attend a pre admission interview with the care service manager. They tour the home, are provided with an admission pack and resident handbook and encouraged to view the home's orientation DVD over morning tea. To assist residents to settle in to their new home they are encouraged to bring items into the home to personalise their rooms and the home's communal and garden areas. Lifestyle coordinators complete a social history that includes residents' previous social networks and details of any specific emotional support the resident may need; they also welcome and introduce new residents to current residents to assist with adjusting to life in the home. The team observed staff interacting with residents providing reassurance and guidance and demonstrating an understanding of residents needs. Visitors are welcome in the home and are observed to interact with staff and become involved in the daily activities of the home. Residents and representatives report they feel welcome and supported within

the home and to embrace the traditions and lifestyle known to the resident prior to entering the home.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation

Does comply

The home encourages residents to be as independent as they are able, to maintain friendships and participate in life both within and outside of the home. Residents level of independence and need for assistance are assessed on entry to the home and regularly reviewed. The home demonstrates that individual preferences are respected and the right to take risks is encouraged. Residents are supported to attend functions both within the wider community and the home and encouraged to maintain their independence using the local 'easy rider bus' service that operates during the week to transport residents into the local township. Taxis/wheelchair taxis are also used to take residents to specialist appointments or special events. The home has an exercise program to support and maintain mobility and independence. Regular resident meetings are conducted where residents and their representatives can express their views and have them acted upon. Residents and their representatives interviewed confirm they are able to be as independent as they wish and are able to maintain contacts and participate in activities within and outside the home.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Interviews with residents and representatives, and observations by the team, confirm residents' privacy, dignity and confidentiality are recognised and respected. Information on residents' rights and responsibilities is included in information given to the resident on entering the home and is also on display and care plans take account of residents' individual preferences and needs. Residents reside in single rooms with ensembles and the team observed staff knock prior to entering resident rooms. Shift handover reports occur in a manner that ensures privacy of information, and resident files are kept in offices which are locked when not in use. The home provides various areas within and around the home for residents and their representatives to utilise for quiet and private time. Residents and their representatives interviewed confirm that staff treat them with respect and dignity, and their confidentiality is respected.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home demonstrates that residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. The program provided

includes the use of an activities assessment, regular care plan and activities evaluations, monitoring of individual resident's activity attendance, resident feedback, surveys and staff observations. Residents and relatives are encouraged to contribute profiles of the resident's life through a documented biography termed "My Story", revelations from which help inform the individualised lifestyle care plan. The leisure and lifestyle program offers a wide range of activities conducted in large and small groups' and one to one sessions that reflect the interests and abilities of residents and encourages integration within the broader community's' annual events. The program includes activities specific to the needs of residents with behaviours of concern, sensory loss and limited mobility. Residents who tend to isolate themselves are encouraged to attend group activities or are provided with one on one activity by the lifestyle officers. A team of volunteers regularly visit residents in the home, which allows time for the lifestyle staff to attend to individual resident needs. The team observed the integration of care and lifestyle practices that support residents to make choices and continue with activities of interest to them. Interviews with residents and their representatives indicate they are encouraged and supported to participate in activities of interest to them and are satisfied with the range of activities provided.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has systems in place through which resident's cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, religion and cultural backgrounds. The home has regular religious services of varied denominations that include: Catholic, Anglican and Uniting, twice weekly ecumenical church services and monthly Holy Communion. Religious and cultural days of significance are recognised and celebrated, recent celebrations include Pancake Day, Service of remembrance, St Patrick's Day, Halloween and participation in the local show. Pastoral care support is available to residents, their representatives and staff. Memorial services are arranged and conducted on-site to allow for resident and staff attendance. Interviews with residents and their representatives indicate they are satisfied that the home values and supports individual cultural and spiritual life.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

The home has systems and processes in place to acquire and record resident preferences in relation to their care, activities, routines and meals. Examples of residents' choices include choice of and participation in activities, choice of meals which are reviewed daily by staff, showering preferences, waking and retiring time preferences, choice of clothing worn, choice of medical officer and choice of personal items in rooms. Residents are observed to have personal items in their rooms that are in accordance with their cultural and spiritual preferences. Resident meetings, surveys and comments and complaints forms are available for residents to provide input into

decisions about the care and services they receive (for example in relation to activities and catering). Residents and their representatives interviewed confirmed that, where able they generally make their own choices and decisions regarding their day to day activities in the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Information on security of tenure and resident rights and responsibilities is discussed with new residents prior to and on entering the home, and is contained in the resident agreement and the resident handbook. The home provides new residents and representatives with information on the care and services provided in the home and the Charter of Residents' Rights and Responsibilities is on display. Case conferencing with residents and their representatives is offered annually and agreement is obtained before a resident is moved to another room. Residents interviewed indicate that they feel secure in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home is pursuing continuous improvement in relation to the physical environment and safe systems. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Some examples of improvements made in relation to the physical environment and safe systems are:

- Staff were alerted to an outbreak of a respiratory like illness in the memory support unit, Chateau, and used the opportunity for full implementation of outbreak management protocols. The Public Health Unit was notified and forms were submitted and Chateau was closed to visitors for two weeks. Visitors were unhappy initially, but with information about the processes and regular updates on their residents, (some of whom were unaffected), they became accepting and supportive. Staff who were suffering from signs or symptoms of respiratory like illness were required to provide a clearance from their medical officer before returning to work.
- This outbreak prompted the introduction of outbreak management kits which are located at each nurses’ station and support rapid responses to suspected infectious outbreaks. These kits contain procedural flowcharts, signage, hand wash products and personal protective clothing. Forms for reporting are located in a folder at the nurses’ stations.
- During the floods of 2006 Alroy House and the co-located, Elizabeth Gates Nursing Home, experienced flooding of the grounds with isolation from nearby Singleton. As the buildings were not subject to flooding they were able to accommodate residents who were evacuated from other aged care facilities within the area. With the cessation of the flood a review of the processes of supporting other services was conducted and an overall review of the disaster plan, in tandem with regional office, was undertaken. A need for backup generators to supply power for food services and communication systems was identified and is being considered as part of the contingency plan. A store has been created with torches and batteries, personal protective equipment and a disaster welfare manual has been developed. The care services manager has established accommodation sites for residents should evacuation become necessary. Large burner barbeques have been purchased in order to prepare meals should the gas go off. The planning process is continuing.
- The home has adopted a positive approach to hand washing and this has been passed on to residents, families and other visitors. Hand washing sinks, signage, information about the importance of hand washing and hand washing products are readily accessible throughout the corridors of Alroy House. A new hand washing product has been trialled and introduced, with dispensers located at all entry and exit points.

- Children were riding their skate boards along the walking paths at one end of Alroy House and creating a risk to residents. The area has been closed off with security fencing.
- To support the occupational health and safety of the staff involved with the process and to ensure the safe transport of the home's farm animals and fodder for them, a caged trailer was purchased .

4.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems".

Team's recommendation

Does comply

The results of the team's observations, interviews and review of documentation revealed that an effective system is in place to manage regulatory compliance in relation to the physical environment and the implementation of safe systems. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

The team observed documents throughout the home to inform of relevant legislation and regulatory requirements such as occupational health and safety, manual handling information, food safety guidelines, and infection control procedures.

- The Annual Fire Safety Statement certifying that fire equipment is appropriate and suitably serviced is current. The home has achieved a pass in safety and is certified against the 1999 building certification assessment instrument
- The NSW Food Authority licence under the new legislation governing food services to vulnerable persons has been received. The home has implemented HACCP (hazard and critical control points) based food safety guidelines in the kitchen and these have been assessed by a food safety auditor.
- Contracted general and contaminated waste disposal services are in place.
- Annual electrical appliance testing and tagging is undertaken by the maintenance officer who is a licensed electrician.

4.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's recommendation

Does comply

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Education sessions and activities that relate to this standard include:

- Manual handling

- Infection control (including outbreak management)
- Fire safety training (theory and practical)
- Occupational health and safety (including risk management and OH&S consultation)
- Chemical awareness
- 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 residents' care needs".

Team's recommendation

Does comply

Residents' needs are identified on entry and the residents' handbook outlines the care and services available. Mechanisms, such as the annual residents' survey, residents' newsletter and residents' meetings, allow residents and their representatives to have input into their living environment. Alroy House has two units, Bellavista a twenty three bed mainstream assisted care unit and Chateau a twenty two bed secured memory support unit. Accommodation consists of single rooms with ensuites, there are spacious lounge and dining areas as well as smaller quiet rooms, covered verandas and a large garden courtyard, with a pergola, fish pond and chicken pen. The home is surrounded by a number of open paddocks which are occupied by small horses, two alpacas and eleven black faced sheep. Hand rails in the hallways, grab rails in the bathrooms and toilets, mobility aids, lifting equipment and access to a nurse call system contribute to the safe living environment. A replacement program is in progress to provide electronic beds in order to ensure the occupational health and safety of staff and the comfort of residents. Internal temperatures are comfortably maintained by a reverse cycle air conditioning system. Staff report that residents have formed relationships with fellow residents and their families within the residential community, thus breaking down barriers to isolation. Staff are aware of and assist with the requirements of those who suffer with dementia, sensory loss and other special needs. To ensure safety and security for all residents and staff the external doors to the building are locked at dusk. All residents interviewed expressed satisfaction with their living environment and the sense of security provided at the home.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has an occupational health and safety system including comprehensive policies and procedures. An occupational health and safety committee or risk reduction team, is in place and members who are representatives of the various work areas, assume responsibility for monitoring the living and working environment and reporting risks. Infections, accident and incident data is presented and discussed at meetings. The home monitors work practices which support a 'non lift policy', stand up and sling lifters are available, and staff complete manual handling training during orientation and annually. Personal protective clothing and equipment is available to all staff and was observed being used appropriately. Chemicals are securely stored and material safety data sheets are readily accessible. Safe work practices which reflect regulatory compliance are documented and monitored. All staff are encouraged to identify unsafe

work practices and non-conforming staff receive one to one refresher training. Identified risks are recorded in the maintenance register, prioritised for repair and actioned in a timely manner by the maintenance officer or contracted services. The care services manager and clinical care coordinator, who is to commence training in April 2009 as a return to work coordinator, support injured staff in conjunction with regional office staff and the insurance company.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

Systems are in place to ensure the safety and security of residents and staff. Regular checking and tagging of fire fighting equipment by external contractors, audits by members of the risk reduction team, lock-up procedures which include the closure of roller doors on either side of the elevator access walkway, fire and emergency evacuation procedures are all in place. Staff wear identification badges and there is a sign in and sign out register for residents, representatives, contractors and visitors. Fire evacuation maps are correctly orientated and emergency procedure flip charts are located at strategic points throughout the building. The home is fitted with a fire warning system and fire fighting equipment, smoke detectors, emergency lighting, extinguishers and fire blankets. Electrical tagging is completed by the maintenance officer who is a qualified electrician. Chemical storage is secured and in line with hazardous substances guidelines and material safety data sheets are located in relevant chemical storage locations throughout the home. Designated smoking areas for staff and residents have been nominated. The clinical care coordinator has completed the Fire Officer Level 1 course. Staff confirmed their attendance at compulsory fire safety training and demonstrated an understanding of evacuation procedures and use of fire fighting equipment. A disaster welfare plan is being developed as part of a regional initiative and a disaster welfare kit is available, regularly checked and contains an occupancy list with current residents' profiles.

4.7 Infection control

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

Team's recommendation

Does comply

Evidence was provided to demonstrate that the home has an effective infection control program which is monitored by a designated infection control coordinator, who is a registered nurse. Comprehensive policies and procedures including outbreak management guidelines are available to all staff. There is a system for collecting and analysing infection data with appropriate action plans developed in response. The team noted hand washing basins, hand washing foam and hand washing information available throughout the home and staff, visitors and residents were observed regularly using these facilities. Staff from all disciplines were able to describe appropriate actions to prevent cross infection and the procedures to be followed in case of an infectious outbreak. A range of prophylactic interventions, such as residents' immunisation against influenza and pneumonia and cranberry tablets for the management of urinary tract infections, are used to help reduce the possibility of infections. Appropriate disposal of general and contaminated waste, effective cleaning schedules and safe

food handling practices further enhance this program. Legionella testing of the warm water system at the home by the Public Health Unit is undertaken in line with infection control guidelines.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Catering

The home has a system where food is freshly cooked on site following a 28-day rotating menu. Mostly residents are encouraged to attend the dining areas for meals however, trays are available to those who are unable or do so. Catering staff have implemented food safety guidelines in the kitchen, systems ensure that residents' food preferences are identified and communication between care and catering staff support any changes to clinical nutritional requirements. Texture modified food and nutritional supplements are provided as required. A consultant dietician provides support in regard to the content of the menu, special diets, recipes, new products, staff education, quality initiatives, policies and practices.

Cleaning

The living environment was observed to be clean and staff duty lists guide the multi-skilled staff, who provide catering and laundry assistance as well. The cleaning staff demonstrated a working knowledge of the home's cleaning requirements, infection control practices and safe chemical use. Chemicals used in the service were observed to be safely stored and material safety data sheets were available and accessible. The cleaning roster ensures all rooms, communal areas, hallways and offices are cleaned according to a set schedule. The kitchen areas are cleaned by catering staff and a contracted high cleaning service according to daily, weekly and quarterly schedules. The team observed colour-coded cleaning mops, cloths and buckets and personal protective clothing in use in all areas. The cleaners' storage area was locked and the cleaning trolleys were not left unattended. Residents and their representatives interviewed by the team are very satisfied with the level of cleanliness of their rooms and of the home. Regular audits of the building and the cleaning service are undertaken and actions implemented to address any shortfalls.

Laundry

All flat linen and residents' personal clothing is laundered in the laundry located in the adjacent Elizabeth Gates Nursing Home. Four residents in Alroy House manage their own laundry in the residential laundry in Bellavista. The laundry staff explained the labelling system and processes in place to reduce loss of personal items, and for the management and expedient return of laundry. A dirty to clean flow of laundry is maintained and linen supplies are regularly monitored, replaced when worn and were observed to be adequate. Mop heads are changed at the end of each day or more regularly if required and washed separately. Residents and representatives expressed satisfaction with the laundry services and advised that staff respond promptly to comments and suggestions.