# Decision to accredit
# Ashburn House Aged Care Facility

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

The Agency has decided that the period of accreditation of Ashburn House Aged Care Facility is three years until 18 August 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 progress with improvements and 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: | Ashburn House Aged Care Facility |
| RACS ID: | 2018 |

| | | | |
|---|---|---|---|
| Number of beds: | 111 | Number of high care residents: | 82 |

| | |
|---|---|
| Special needs group catered for: | Nil |

| | |
|---|---|
| Street/PO Box: | 20-24 Ashburn Place |

| | | | | | |
|---|---|---|---|---|---|
| City: | GLADESVILLE | State: | NSW | Postcode: | 2111 |
| Phone: | | 02 8876 9200 | | Facsimile: | 02 8876 9210 |
| Email address: | | bwalsh@chomes.com.au | | | |

## Approved provider

| | |
|---|---|
| Approved provider: | Christadelphian Homes |

## Assessment team

| | |
|---|---|
| Team leader: | Katrina Bailey |
| Team member/s: | Robyn Draper |
| Date/s of audit: | 25 May 2009 to 27 May 2009 |

## Executive summary of assessment team's report

### Accreditation decision

### Standard 1: Management systems, staffing and organisational development

| Expected outcome | Assessment team recommendations | Agency findings |
|---|---|---|
| 1.1 Continuous improvement | Does comply | Does comply |
| 1.2 Regulatory compliance | Does comply | Does comply |
| 1.3 Education and staff development | Does comply | Does comply |
| 1.4 Comments and complaints | Does comply | Does comply |
| 1.5 Planning and leadership | Does comply | Does comply |
| 1.6 Human resource management | Does comply | Does comply |
| 1.7 Inventory and equipment | Does comply | Does comply |
| 1.8 Information systems | Does comply | Does comply |
| 1.9 External services | Does comply | Does comply |

### Standard 2: Health and personal care

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

| Executive summary of assessment team's report | | | Accreditation decision |
|---|---|---|---|
| **Standard 3:  Resident lifestyle** | | | |
| **Expected outcome** | | **Assessment team recommendations** | **Agency findings** |
| 3.1 | Continuous improvement | Does comply | Does comply |
| 3.2 | Regulatory compliance | Does comply | Does comply |
| 3.3 | Education and staff development | Does comply | Does comply |
| 3.4 | Emotional support | Does comply | Does comply |
| 3.5 | Independence | Does comply | Does comply |
| 3.6 | Privacy and dignity | Does comply | Does comply |
| 3.7 | Leisure interests and activities | Does comply | Does comply |
| 3.8 | Cultural and spiritual life | Does comply | Does comply |
| 3.9 | Choice and decision-making | Does comply | Does comply |
| 3.10 | Resident security of tenure and responsibilities | Does comply | Does comply |
| **Standard 4: Physical environment and safe systems** | | | |
| **Expected outcome** | | **Assessment team recommendations** | **Agency findings** |
| 4.1 | Continuous improvement | Does comply | Does comply |
| 4.2 | Regulatory compliance | Does comply | Does comply |
| 4.3 | Education and staff development | Does comply | Does comply |
| 4.4 | Living environment | Does comply | Does comply |
| 4.5 | Occupational health and safety | Does comply | Does comply |
| 4.6 | Fire, security and other emergencies | Does comply | Does comply |
| 4.7 | Infection control | Does comply | Does comply |
| 4.8 | Catering, cleaning and laundry services | Does comply | 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 | Ashburn House Aged Care Facility |
|---|---|
| RACS ID | 2018 |

**Executive summary**

This is the report of a site audit of Ashburn House Aged Care Facility 2018 20-24 Ashburn Place GLADESVILLE NSW from 25 May 2009 to 27 May 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 Ashburn House Aged Care Facility.

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 25 May 2009 to 27 May 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: | Katrina Bailey |
|---|---|
| Team member/s: | Robyn Draper |

**Approved provider details**

| Approved provider: | Christadelphian Homes |
|---|---|

**Details of home**

| Name of home: | Ashburn House Aged Care Facility |
|---|---|
| RACS ID: | 2018 |

| Total number of allocated places: | 111 |
|---|---|
| Number of residents during site audit: | 106 |
| Number of high care residents during site audit: | 82 |
| Special needs catered for: | Secure unit within the high care area |

| Street/PO Box: | 20-24 Ashburn Place | State: | NSW |
|---|---|---|---|
| City/Town: | GLADESVILLE | Postcode: | 2111 |
| Phone number: | 02 8876 9200 | Facsimile: | 02 8876 9210 |
| E-mail address: | bwalsh@chomes.com.au | | |

**Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Ashburn House Aged Care Facility.

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.

**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 3 days on-site and gathered information from the following:

**Interviews**

|  | Number |  | Number |
|---|---|---|---|
| Director of nursing | 1 | Residents | 15 |
| Registered nurses | 4 | Relatives | 8 |
| Certificate IV – wound care | 1 | Volunteer co-ordinator | 1 |
| Care staff | 15 | Hostel supervisor | 1 |
| Activity officer | 2 | Continence aid coordinator | 1 |
| Deputy director of nursing | 1 | Volunteers | 3 |
| Medical practitioner | 1 | Educator | 1 |
| General manager operations | 1 | Chef | 1 |
| Cleaner | 2 | Laundry employee | 2 |
| Maintenance supervisor | 1 | Maintenance officer | 1 |
| Cleaning supervisor | 1 | General manager Corporate services | 1 |
| Quality coordinator Corporate services | 1 | Kitchen hand | 1 |

**Sampled documents**

|  | Number |  | Number |
|---|---|---|---|
| Residents' files and associated documentation – computer files and hard copy files | 25 | Medication charts and associated documentation | 30 |
| Restraint authorisation forms | 4 | Incident and accident report forms in detail | 5 |
| Assistant in nursing folders | 3 | Resident individual activity plans in detail | 15 |
| Personnel files (including recruitment documentation, job descriptions, signed confidentiality statement, orientation checklists, education records, performance appraisal, competency skills assessments) | 10 | Resident agreements residents security of tenure information | 9 |

**Other documents reviewed**

The team also reviewed:

- Accident incident and hazard folders (2008/2009)
- Activity folders and associated documentation in all areas
- Assistant in nursing folders in all areas
- Audit schedule and audit records
- Building certification instrument 1999 dated 30 August 2006
- Cleaner documents including: communication book, policy and procedure manual, training schedule, cleaning schedule and duty lists and annual independent audit
- Comments and complaints folder
- Communication books
- Compulsory reporting records
- Continence aid management information
- Continuous improvement plan
- Contractors' register, induction checklist, handbook, agreements and insurance, and policies and procedures.
- Dietary requirement and preference sheets
- Electrical testing and tagging documentation
- External service providers sign in book
- Fire evacuation exercise and training documentation
- Fire officer manual
- Fire safety and emergency evacuation policy and procedure
- Fire safety equipment inspections completed by approved external services
- Fire safety statement (dated 22 October 2008)
- Fire systems and equipment maintenance agreement
- Incident reports (infections) and the analysis/trends report
- Infection control policies and procedures
- Internal memos
- Job descriptions and daily task lists
- Kitchen temperature recording sheets
- Maintenance prevention program and repair service records and process
- Medication incident forms (2008/2009)
- Meeting minutes (including quality, staff, management, volunteers, residents/representatives)
- Menu and daily meal preference selections
- Organisational chart
- Physiotherapy – mobility programs
- Police check registers – staff, volunteers and cleaners
- Policy and procedure manuals
- Resident hand book and information for prospective residents
- Resident lists
- Restraint folders and information
- Schedule eight medication register
- Staff competency records – including manual handling techniques, hand washing, medication administration
- Staff duty lists
- Staff education records including control lists for compulsory attendance at fire safety training
- Staff information handbook
- Staff orientation information pack
- Staff registration records
- Staff rosters
- Volunteer handbook
- Volunteers handbook and associated documentation including the orientation program, pastoral care program and system for criminal record checks,
- Wound care folder

**Observations**

The team observed the following:

- Activities in progress
- Adequate stocks of personal care items, clinical, oral and dental hygiene supplies
- Aged care complaints investigation scheme brochure
- Cafe and theatre area
- Care offices
- Charter of residents' rights and responsibilities displayed at the home
- Chemical storage and MSDS information displayed
- Clinical waste bins
- Colour coded cleaning and kitchen equipment
- Comments and complaints information on display (internal and external)
- Department of Health and Aged Care outbreak guidelines and packs
- Department of Health and Ageing annual fire safety declaration
- Dining rooms during lunch meal, staff assisting residents with meals, delivery and serving of meals
- Dirty utility rooms
- Emergency exits clearly marked and with easy access
- Emergency flips charts displayed throughout the home
- Equipment storage areas containing adequate and relevant equipment in good condition
- Fire and emergency panels and inspection logs completed
- Fire evacuation plans and fire safety equipment tagged and dated throughout the home
- Fire safety annual certificate displayed
- Food stored correctly and dated
- Hairdressing salon
- Hand washing facilities
- High/low beds and the use of bed rails
- Infection control audits, analysis and reporting at meetings
- Interactions between staff and residents/ representatives
- Internal and external living and working environments
- Kitchen servery areas and system for ensuring right meal to right resident.
- Manual handling equipment
- Medication round in progress
- Mobility aids
- Noticeboards for residents/representatives with relevant information displayed throughout the home.
- Nutritional folders being used by staff to check the residents' needs and preferences
- Personal protective clothing, spill kits and equipment supplies
- Pressure relieving equipment in use
- Secure outdoor garden
- Secure storage of resident files in both the paper and computer based systems
- Security systems (including nurse call system, external lighting, numeric coded key pad locks)
- Staff practices and interactions with residents, visitors and other staff
- Staff room with notice boards including material for occupational health and safety, infection control, education and memos
- Suggestions box
- Swine influenza information throughout the home for staff and residents/representatives
- Tagged electrical equipment
- Temperature monitoring probes being used to check meal preparation and serving at lunchtime
- Use of 'hearing loops' in the theatre
- Vision and mission displayed
- Visitors' sign in and out book at the front of the home
- Waste disposal system
- Wine and a variety of beverages served during lunchtime

Name of home: Ashburn House Aged Care Facility RACS ID 2018
Dates of site audit: 25 May 2009 to 27 May 2009
AS_RP_00857 v1.2
Page 9

**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 quality management system is in place and the home is actively pursuing continuous improvement. The home identifies improvement opportunities through a number of avenues including residents, relatives and staff meetings, internal audits, benchmarking program, workplace inspections, compliments, complaints and suggestions and maintenance reports. Results from auditing and survey activities are collated and reported regularly to management and to the quality committee meetings. Areas requiring improvement are actioned, monitored and evaluated, and the home utilises a plan for continuous improvement to record and monitor progress on identified activities. Feedback is provided to stakeholders through attendance at meetings, meeting minutes, quality newsletter and verbally. Continuous improvement is monitored by management at the home and also at an organisational level. Staff state they have the opportunity and are encouraged to participate in the home's continuous improvement activities, such as audits, inspections and meetings and they contribute to suggestions for improvement. Residents and representatives stated and a review of the resident/relative meeting minutes confirmed that they are able to make suggestions for improvement, the home responds quickly and feedback has resulted in improvements for residents.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this include:
- The home has benefited from an organisational approach by the parent organisation to review and consolidate policy and procedures including audits and continuous improvement plan reporting and publishing a quality improvement newsletter for residents, relatives, staff and volunteers.
- Implementation of human resource and payroll computer systems which supports the registers of police checks for staff and the records of annual staff registrations.
- Introduced an annual employee scholarship fund with four staff participating in the scheme.
- The home introduced competency assessments of staff in manual handling, hand washing and medication administration to improve safe working practices and reduce risks for residents.
- The home has revised the preventative maintenance schedule and has increased maintenance staff allocation.
- In response to changing care needs of residents, the home purchased two additional shower chairs.

**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 home has systems in place to receive, identify and ensure compliance with relevant legislation, regulatory requirements, standards and guidelines. The organisation is a member of an industry association and receives information through this avenue and

through subscriptions to a variety of government and independent information services. Changes and information are discussed and any relevant changes to policies and practice are reviewed and implemented. Where appropriate, education sessions are conducted to ensure the staff are aware of the changes. Information is also given to residents and their representatives at the resident meetings and on notice boards located throughout the home. The home conducts audits to ensure compliance with the system of ensuring regulatory compliance on a regular basis. Evidence of regulatory compliance applicable to Accreditation Standard One includes:

- Residents/representatives were advised of the accreditation visit as per the requirements under the Aged Care Act 1997.
- Staff, key personnel, volunteers and external contractors have police clearance checks conducted.
- The home's policies and procedures have been updated accordingly in line with recent changes in the Aged Care Act 1997.

## 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 demonstrates that staff have the knowledge and skills that are required for effective performance across all four Accreditation standards. The home conducts orientation and education sessions for new employees and volunteers. The home also uses a buddy system for new staff starting as well as a comprehensive orientation process. Staff are offered internal education as well as being encouraged to take personal responsibility for their professional development. The education program is developed from input from staff surveys, audits, performance appraisals and competencies, identified needs and current issues in aged care. Management respond to the educational needs of staff when the needs of residents change. The home maintains a program to manage and track education for all staff in the home as well as the region overall. Staff interviewed are satisfied with the support and education provided by the home.

Some recent examples of education relevant to Standard One are:
- Staff roles and responsibilities in accreditation
- Identification and reporting of elderly abuse and missing residents
- Use of the computer based clinical management system
- Introduction of new forms for reporting maintenance problems
- Bullying and harassment in the workplace.

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

**Team's recommendation**
Does comply

The home demonstrates that information about internal and external complaints' mechanisms is accessible to each resident/representative. Information about complaints' mechanisms is included in the resident agreement, resident handbook, during orientation to the home, residents' meetings, verbally and through regular communication with staff. Residents and staff are encouraged to give input and provide feedback. Issues arising from complaints are communicated to all stakeholders, documented in a complaints register and are actioned appropriately in a timely manner. Audits are conducted to ensure the home complies with the organisation's comments, feedback and complaints management policy. Residents/representatives interviewed are familiar with the

Name of home: Ashburn House Aged Care Facility RACS ID 2018
Dates of site audit: 25 May 2009 to 27 May 2009
AS_RP_00857 v1.2
Page 11

complaints mechanisms at the home and residents are satisfied with the complaints mechanisms available to them.

## 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 organisation's vision, values and philosophy are documented and communicated to all stakeholders. These statements and core values are published in the home's key documentation including policy and procedures manuals, displayed throughout the home and in the handbooks for residents, staff and volunteers. These are given to all residents/ representatives, staff and volunteers on entry to the home or commencement of employment. In addition, staff are made aware of the vision, values and philosophy of care through the home's staff recruitment, orientation and education processes.

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

### Team's recommendation
Does comply

The home demonstrates that there are sufficient staff with the appropriate knowledge and skills to perform their roles effectively. Staffing levels and rosters are determined by resident needs and preferences and short term staffing shortfalls are supported by a pool of casual staff. All care staff currently hold certificate III in aged care work or a higher qualification. Recruitment and training of care staff is managed by the home's manager and undertaken by senior staff. Performance of new and existing staff is evaluated through observation, performance appraisals and specific competencies. Residents interviewed by the team indicated satisfaction with the responsiveness of staff and the adequacy of care. The home monitors the registered nurses authorities to practice and all staff have had criminal record checks prior to commencement. An orientation program is in place for all new staff that includes compulsory information including elder abuse legislation, infection control, resident rights, privacy and dignity of residents, fire and safety and manual handling.

## 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

There are policies and procedures in place for ensuring that there are adequate supplies of inventory and equipment available for quality service delivery. A stock control and ordering system is in operation, with particular staff roles having specific responsibility for particular areas of inventory monitoring and ordering. The home also has procedures in place for purchasing and replacing necessary equipment for use in various functional areas, and staff receive education in its use. The team observed storerooms and functional areas such as staff areas, clinical areas, and the kitchen, to be adequately equipped, stocked, and maintained. Staff advised in interviews that there were sufficient supplies of inventory and equipment for them to perform their roles effectively. A routine and preventive maintenance program is in place for the home, which among other things, ensures that equipment is maintained and ready for use.

## 1.8 Information systems
*This expected outcome requires that "effective information management systems are in place".*

**Team's recommendation**
Does comply

The team's observations, document review and interviews indicated that effective information management systems are in place, and that these support the range of functional areas in the home. The resident information system includes, but is not limited to, administration forms, residents' handbook, resident agreements, information brochures, residents' meetings, newsletters, resident assessments, care plans and clinical records. The home is currently implementing a computer based resident care management system using a planned approach. Staff communication systems are in place to ensure relevant information provision to and between staff. These systems include meetings, access to computers, distribution of materials in soft and/or hard copy (e.g. policies and procedures, memos, newsletters, minutes of meetings), staff noticeboards, communication books, and induction and training. The team observed that resident and staff records are kept in secured areas to help ensure appropriate security and confidentiality of information. Computers are secured by password. The team's interviews indicated that residents and staff receive information appropriate to their needs.

## 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

There is a system in place to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into with major contractors and suppliers for the provision of services including a requirement to comply with occupational health and safety legislation and have current licences and insurances. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. Residents are able to access external services such as hairdressing, beauty therapy, podiatry and other allied health professionals. The services provided are monitored by management through regular evaluations, audits and the feedback mechanisms of the home and there is a system for managing non-conformance of suppliers.

**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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:
- The home is currently implementing a computer based clinical management system which includes a review of assessment forms and processes, care planning processes and staff documentation of care delivery.
- In response to changing resident care needs, the home is purchasing an additional mobile shower chair.

**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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:
- Maintenance of a register of nurses' professional registrations and the tracking of registrations for effective prompting on renewal notification.
- The home conducts medication management audits to ensure the home is compliant with all regulations and best practice guidelines for medication management.
- The home has implemented systems in response to the new aged care funding instrument (ACFI).

**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

Refer to expected outcome 1.3 Education and staff development for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:
- Dementia: the 'respect' approach
- Resident hydration during heatwaves
- Continence management
- Wound management: vacuum assisted closure
- Management of challenging behaviour in dementia care
- Medications and dementia care
- Bowel management
- Palliative care and advance care planning
- Gluten free diet

Name of home: Ashburn House Aged Care Facility RACS ID 2018
Dates of site audit: 25 May 2009 to 27 May 2009
AS_RP_00857 v1.2
Page 14

- Medication administration
- Safe use of restraints
- Modified texture food and fluids and swallowing problem.

### 2.4 Clinical care
*This expected outcome requires that "residents receive appropriate clinical care".*

**Team's recommendation**
Does comply

The home provides residents with clinical care which is appropriate to their needs and preferences. This is achieved by collecting information from personal history, initial assessment data, focus assessments, progress notes, referrals and clinical reports. Care is planned, delivered and evaluated with the input of staff, other health professionals, residents and/or their representatives. Each resident has a documented care plan which is reviewed in line with the home's policy and procedures. General observations are conducted and reviewed regularly**.** A resident accident and incident reporting system is in place through which residents' accidents and incidents are reported, acted upon, evaluated and reviewed. Residents with injuries and illnesses are receiving appropriate monitoring and clinical care reviews. The home has recently introduced a new care planning and assessment process through a computerised system, the team identified gaps in the documentation and review of the resident care needs in the hard copy care plans reviewed. Staff interviewed demonstrated knowledge of individual resident care requirements. Information in relation to residents current care needs is verbally reported to staff through the 'handover reporting system'. Residents and/or representatives interviewed confirm that they are satisfied with the care provided.

### 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

There are systems in place to identify and meet residents' specialised care needs. This includes educating staff to the appropriate level to deliver specialised care and ensuring that appropriately trained staff and equipment is available. 24 hour registered nursing care is provided and registered nurses generally co-ordinate assessments and care planning for residents' with specialised care needs. The low care area is supervised by a certificate IV staff member with support from a part-time registered nurse. The home has access to specialised nurse consultants for referral and specialised care is provided according to medical and clinical orders. Staff interviewed demonstrated knowledge and understanding of specific residents' specialised nursing care needs, for example, wound care, diabetic management, and catheter care. Residents/resident representatives expressed satisfaction with the management of specialised nursing care needs.

### 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

Effective processes are in place that enables residents to receive timely and appropriate care from health specialists according to individual needs and preferences. There are systems in place for the provision of admission, regular and emergency medical practitioners' resident reviews. Resident incidents and accidents, which resulted in resident injury, are investigated and appropriate clinical care/referral is provided such as contacting the doctor, first aid and/or transfer to hospital. Staff interviewed demonstrated

an understanding of the referral system and staff have access to information on resident referral requirements. The team viewed information in relation to the referral to the appropriate health specialist and follow-up of referrals; for example: the dietician, optometry, podiatry, doctors, pathology, physiotherapy and dental.  Residents/resident representatives interviewed expressed satisfaction with the access and choice of medical and clinical care.

## 2.7   Medication management
*This expected outcome requires that "residents' medication is managed safely and correctly".*

### Team's recommendation
Does comply

There are effective systems in place to ensure that medication orders are current and resident medication requirements are identified including assessment of resident's cognitive level and physical requirements. Residents' medications are regularly reviewed and changes in medications are communicated and supplied in a timely way. The medication management system is monitored through the continuous improvement system, pharmacy reviews, medication incident reporting and through the medication advisory committee. Staff interviewed and observed demonstrated that medications are provided according to the home's medication policy and procedures the provision of prescribed treatments and management of scheduled medication. The team found that all medications reviewed are stored and administered in a safe and correct manner.  Staff interviewed and observed demonstrated an understanding of administration of medications including residents with specific requirements, routine monitoring of residents response to medication's and the reporting of medication errors. Residents and/or representatives are satisfied with the homes approach to and monitoring and managing of their medication.

## 2.8   Pain management
*This expected outcome requires that "all residents are as free as possible from pain".*

### Team's recommendation
Does comply

Pain management is provided through the identification, assessment, exploratory investigations and evaluation of pain levels which are completed on admission and as required. Focus assessments include the identification of pain through non-verbal and verbal cues and interventions to manage and minimise pain levels are generally documented in the residents care plan. Evaluation of pain by clinical staff and medical practitioners is documented. Regular consultation with medical practitioners, the allied health team and observations/feedback from residents assist staff with the ongoing management and evaluation of residents' pain. Referral to medical specialists and/or other health care professionals is undertaken as necessary. The home provides treatment options for residents' pain management including positioning, physical therapy, massage, music and medication management. Staff interviewed demonstrated an understanding of individual resident's pain management requirements. Resident representatives interviewed reported satisfaction with the care and assistance provided to minimise pain and residents interviewed and observed indicated that pain is being effectively managed.

## 2.9   Palliative care
*This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".*

### Team's recommendation
Does comply

Name of home: Ashburn House Aged Care Facility RACS ID 2018
Dates of site audit: 25 May 2009 to 27 May 2009
AS_RP_00857 v1.2
Page 16

The staff and management at Ashburn House demonstrate that the dignity and comfort of residents who are terminally ill is maintained. Systems are in place to identify and put into practice end of life wishes and palliative care needs. Staff interviewed demonstrated knowledge and skills in the management of residents who have a terminal illness including skin care, pain management, cultural and spiritual needs and emotional support. The home has access to advice on palliative care from palliative care health professionals and a palliative care team. Funeral wishes and requirements are documented in most resident records reviewed. Consultation with the resident and/or representative, their preferred medical practitioner assists with the palliation of residents.

### 2.10 Nutrition and hydration
*This expected outcome requires that "residents receive adequate nourishment and hydration".*

**Team's recommendation**
Does comply

Residents' dietary needs and preferences are obtained on entry to Ashburn House and this information is provided to the kitchen. Staff said they are aware of residents' levels of assistance, types of diet, food allergies and any specific behaviour associated with eating. Morning and afternoon tea and snacks are provided. Resident files reviewed and staff interviewed demonstrates strategies used by the home to monitor and care for residents with identified nutritional and hydration needs including: the provision of special diets and extra fluids; supplements; referral to dietician, speech pathologist; provision of specific crockery/utensils; feeding assistance; and the review of resident weights. Residents' weights are reviewed monthly and more often if required. Special dietary needs are catered for and staff said that residents with swallowing difficulties are referred to appropriate specialists. Residents/resident representatives expressed and indicated satisfaction with the food and fluid services.

### 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 skin integrity is assessed on admission to the home. Skin, nail and hair care needs are identified and incorporated into the care for the residents. Monitoring and treating of skin irregularities and skin integrity incidents is undertaken and a regular review of skin, hair and nails is conducted by the clinical and care staff. Residents receive specific and routine skin, hygiene, pressure area care, continence management and hair care needs. External providers such as podiatry, hairdressing and referral to wound/skin specialists are available and accessible. The team observed specialised equipment used to assist with maintaining skin integrity such as pressure relieving devices, wound care products, specific manual handling equipment and the use of skin moisturisers. Skin breakdowns have wound/dressing charts recorded and treatments overseen by registered nurses. The home has a staff member assigned to wound care (minimal qualifications certificate IV in aged care work). Education for staff has been provided. Staff interviewed stated they have sufficient supplies of skin care products and equipment and receive training in skin care management. Residents and resident representatives interviewed are satisfied with the skin care provided

### 2.12 Continence management
*This expected outcome requires that "residents' continence is managed effectively".*

**Team's recommendation**
Does comply

Name of home: Ashburn House Aged Care Facility RACS ID 2018
Dates of site audit: 25 May 2009 to 27 May 2009
AS_RP_00857 v1.2
Page 17

Residents' continence is managed effectively through: initial and focus continence assessments (voiding patterns, bowel management and toileting); care planning and the provision of individual toileting programs; bowel management programs; and continence products. The home demonstrated an effective system for the management of continence aids, bowel habit recording, catheter care, observations for urinary tract infections and for the management of resident changing urinary and bowel management requirements. There are systems in place for the assessment, usage and distribution of continence pads and training has been provided. Staff interviewed demonstrated an understanding of specific resident's continence requirements and knowledge of the systems and policies used at the home. Residents/resident representatives expressed satisfaction with the management of continence.

### 2.13 Behavioural management
*This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".*

**Team's recommendation**
Does comply

Ashburn House generally has systems in place to generally manage the needs of residents with challenging behaviours. Assessment and intervention strategies generally occur in consultation with residents and/or representatives, medical practitioners and/or other health professionals or teams as required. Referrals for the management of residents with challenging behaviours include reviews from medical practitioners and psycho-geriatricians according to the residents care needs relating to challenging behaviours. Staff interviewed described some general and specific managements of residents' behaviour.  The home has a secure unit which accommodates some residents with dementia related illnesses. The home has a system in place to manage residents who abscond from the home and for the management of residents who require chemical or physical restraint. The team found some gaps in the system for documentation, management and reviewing some residents with identified challenging behaviours which are being addressed by management. Residents and/or representatives are generally satisfied that resident behaviours of concern are addressed

### 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 for ensuring that optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments, the development of mobility and dexterity plans and mobility programs. A physical therapy program is developed for residents by a physiotherapist. The activity officers provide group exercises and other activities which encourages dexterity.  Resident manual handling assessments are conducted and the information is updated and accessible for all staff. There is a system in place for referral to medical, allied and other health professionals as required. Individual walking, mobility and dexterity programs are regularly conducted by the physio-aide and the physiotherapist in the extra services unit. The effectiveness of the program is assessed through physiotherapy assessments, and through the monitoring and review of incidents and accidents. Falls risk assessments are undertaken and residents are reviewed and monitored to prevent and/or reduce further falls. The physio aide interviewed discussed and demonstrated knowledge of the programs. Staff are provided with education on manual handling and mobility and dexterity. Residents/ resident representatives interviewed expressed satisfaction with the management of 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's system for ensuring that residents' oral and dental health needs are maintained, identified on admission, and includes consultation with resident and their representatives. Staff interviewed demonstrated knowledge of policy and practice in relation to the oral and dental care provided at the home including the cleaning of teeth, oral health care, and management of dentures.  Residents with their own teeth are encouraged and supported to maintain their independence in terms of oral hygiene and brushing. Residents/resident representatives interviewed stated that they are supported by staff to maintain their dental care independently, or are assisted by care staff as required. Residents who are able to leave the home, access dental care in the community and the home has access to services that visit the home.

### 2.16  Sensory loss
*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

**Team's recommendation**
Does comply

Ashburn House staff ensure that residents' communication requirements and sensory losses are identified through the assessment process. Optometry and hearing aid services are accessible and the home can access other specialist medical services if necessary. The home has access to an optometry service that visits the home. The level of assistance required and sensory loss interventions, including the management of relevant aids such as reading glasses and/or hearing aids, are included on the resident's care plan that is regularly reviewed.  Staff interviewed said that 'they are familiar with procedures to assist residents with communication and with the care of resident's spectacles and hearing aid devices'. The activity program and the environment supports residents with sensory loss such as: providing garden areas;   large print books; notices to assist residents with their orientation to time and place; playing of music; massage therapist; hand massages; and environmental/room surveys. Residents/resident representatives interviewed stated that they are satisfied with the care they received from staff in relation to their sensory losses.

### 2.17  Sleep
*This expected outcome requires that "residents are able to achieve natural sleep patterns".*

**Team's recommendation**
Does comply

The home has provided information through staff interviews, documentation reviews and observations that residents' achieve natural sleep patterns. Individual sleep and nap management strategies are not consistently developed, however they have been developed for residents who have been assessed using the new clinical care software program, and sleep assessments for some residents were commenced during the accreditation visit. Staff described general management of residents' sleep including maintaining usual settling and rising times, pain relief, regular toileting or provision of night continence aid and night sedation. Staff are able to adjust the environment by keeping noise levels to a minimum, regulating heating, cooling and lighting to assist residents to have a good night's sleep. Residents' sleep patterns are monitored by the staff on night duty and sleep disturbances and interventions are recorded in the residents' progress notes. Poor sleep patterns are followed up by the day staff who may request a review by the resident's medical practitioner. Residents interviewed reported general satisfaction

with the assistance and care given including assisting with their settling and sleep requirements.

**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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:

- In response to suggestions from residents and staff, the home has updated entertainment equipment in the activities area, including a DVD player and plasma TV screen. Residents are reported to be very satisfied with this improvement in making activities more enjoyable.
- The home has introduced digital photograph frames so that pictorial presentations of residents enjoyment of activities are more easily kept up to date Residents/ representatives are reported to be very satisfied with this initiative.
- The leisure and lifestyle program is under review and a research paper has been completed together with a detailed action plan for improvements. Planned improvements include: conducting a detailed review of the leisure and lifestyle program and reassessing the needs of all residents at the home (by June 2009); rename the staff positions in consultation with residents and relatives (by July 2009); and staff attendance at external training (by August 2009).
- The home has redeveloped the pastoral care program to enhance resident outcomes for emotional support and grief and loss counselling.
- In response to changing care needs of residents, the home purchased clothing protectors for residents to use during meal times.

### 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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:

- Information is provided to residents/representatives in the resident handbook and other material regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.
- The 'Charter of Residents' Rights and Responsibilities' is included in the resident admission pack and displayed in the home.

### 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

Refer to expected outcome 1.3 Education and staff development for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:

- Promoting health and wellbeing
- Sexuality and the older person
- Resident rights and effective communication.

## 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

Residents and representatives interviewed expressed satisfaction with the assistance provided by staff to meet their initial and ongoing emotional needs. The home has systems in place to assess emotional needs of the residents through consultation with the resident and their representatives. Family and friends and volunteers are included in activities and are encouraged to visit. Information is collected on entry and specific information is documented, which reflects resident wishes, interests and emotional needs. Information in relation to feedback from residents and representatives is gained through individual discussions, family conferences (as required), clinical assessments and resident and relative meetings. Birthdays and special occasions are celebrated. Interviews with management and staff confirmed that all staff are encouraged to spend time talking and comforting and supporting residents. A pastoral care program is in place. Care staff and the activity staff provide one to one support. Observations of staff with their interactions with residents and with the resident representatives demonstrated sensitivity and a caring attitude.

## 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

Residents and their representatives interviewed stated that they are assisted in maintaining their independence as much as possible and to participate in the life of the community outside of the home if they are able. The home has systems in place to encourage physical, financial and social independence though consultation with resident and their representatives. Residents' independence are supported in all aspects of their lives including, participation in the physical therapy and recreational program, access to telephones, residents right to refuse treatment. Staff facilitate regular outings in the community (both independent and wheelchair residents), arrange regular entertainers to the home, a movie theatre and a cafe is open to staff, residents and resident representatives. Residents are encouraged to maintain their independence for as long as possible. The team reviewed strategies used to assist individual residents maintain independence, friendships and participate in the life of the community within and outside the residential care services.

## 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

Name of home: Ashburn House Aged Care Facility RACS ID 2018
Dates of site audit: 25 May 2009 to 27 May 2009
AS_RP_00857 v1.2
Page 22

All residents and their representatives interviewed stated that staff recognise and respect residents' right to privacy, dignity and confidentiality. This was also confirmed by observations of staff delivering care and their interactions with residents. Information regarding residents' rights to privacy and confidentiality is included in material provided during the entry process and staff sign confidentiality agreements. Consent to collect information use and disclose personal information is requested on admission. The home has a number of single rooms available and there are quiet areas available at the home. Residents' rooms for residents with share accommodation have curtains to ensure privacy during the delivery of personal or clinical care. The team also observed that residents' records are kept secure. Information of a confidential nature is stored in a restricted access areas and verbal handover between care staff is being conducted away from resident accommodation areas in the nurses' station.

### 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

Documents reviewed showed that records are kept on residents' participation in activities. The home's activity program consists of group and individual activities, regular outings, cultural, cognitive and physical activities and visiting entertainers. Residents interviewed were happy with activities and understood that they could choose to participate in the activities or not. The activities staff stated they provide programs and assistance for residents with a number of deficits such as memory loss, dementia, physical impairment, visual and hearing loss. The home has a secure area for some residents with a dementia illness and a limited program is conducted in this area. The team observed the activity program on display, and that it was regularly reviewed with resident input at the residents meetings. The activity program is run five days a week. The hostel activity program is coordinated by the hostel manger and undertaken by the hostel staff. The team observed residents engaged in a variety of activities.

### 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

All residents and their representatives interviewed stated they were satisfied that residents' cultural and spiritual backgrounds are valued. The home's system identifies residents' social, cultural and spiritual needs on entry to the home in consultation with residents and their representatives. Specific cultural days are commemorated such as Australia Day and Easter and Communion and church services are held onsite. The home has access to ministers from different denominations who visit and a list of residents' religious preferences has been developed. A volunteer pastoral care worker program is in place and volunteer workers receive an extensive orientation and training program. Staff explained that access to an external interpreter service is available. The team observed access to information in appropriate languages if required.

### 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

Name of home: Ashburn House Aged Care Facility RACS ID 2018
Dates of site audit: 25 May 2009 to 27 May 2009
AS_RP_00857 v1.2
Page 23

Interviews with residents and resident representatives identified that residents are satisfied with the choices available to them at the home. The systems in the home offer residents choice and control over their lifestyles through family conferencing meetings (annually), and one to one feedback and through residents'/resident representative meetings. Residents can choose to participate in activities of their choice, choose their preferred medical practitioner/allied health practitioner, choose their preferred showering times, choose their meal preferences, what they wish to wear and can furnish their rooms with their own belongings. The home also encourages residents and resident representatives to participate in decisions about the services they receive. Information is provided to the residents/resident representatives on entry to the home and as required and the information is discussed with individuals which allow them to make informed choices about the services provided by 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

Residents/representatives are provided with information, prior to entry to the home, outlining the residents' rights and responsibilities and security of tenure. This includes a resident handbook which gives detailed information about all aspects of life at the home. The home's mission statement and the charter of residents' rights and responsibilities are included in the admission pack and resident handbook and are displayed in the home. Resident agreements are in place for all residents and fully detail: all services provided, resident fees, cooling-off period, rules of occupancy and information about security of tenure and other rights of residents. Entry and exit criteria are discussed with the resident/representative when they come to the home. Residents/representatives interviewed by the team understand their rights and feel secure in their tenure.

Name of home: Ashburn House Aged Care Facility RACS ID 2018
Dates of site audit: 25 May 2009 to 27 May 2009
AS_RP_00857 v1.2
Page 24

**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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:

- In response to an incident and to improve security for residents with dementia, the home has installed a key pad security device at the front door.
- The home has implemented improvements to the food stock rotation making it easier for staff to follow, with the introduction of a monthly colour sticker system.
- The home has commenced a review of the menu in consultation with residents and relatives, which has been reviewed by a dietician and will be implemented during June 2009.

**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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is on display in the home.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.

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

**Team's recommendation**
Does comply

Refer to expected outcome 1.3 Education and staff development for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:
- Fire awareness and evacuation
- Manual handling
- Falls prevention and management
- Infection control and the management of scabies
- Accident/incident investigation and follow up
- Chemical safety and sanitisation

- Safe food 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 residents' care needs".*

**Team's recommendation**
Does comply

Management and staff actively work to ensure that the home is well maintained and provides residents with a safe and comfortable environment that meets their care needs. The home was observed to be clean, tidy and free from clutter. Comfortable and well-furnished areas are available for resident relaxation. The home has a sufficient level of supplies and equipment to meet residents' needs. The home has systems in place to identify and carry out regular preventative maintenance.  Residents/representatives interviewed by the team reported that the home provides a comfortable 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 recommendation**
Does comply

The home has occupational health and safety systems in place to ensure that a safe working environment is maintained that meets regulatory requirements that includes  staff education, accident/incident reporting, hazard reporting, infection surveillance, and safe operating procedures. A range of mechanisms such as regular inspections, observations, audits and surveys are used to monitor the safety of the home. Documentation and interviews revealed that corrective action is taken where deficiencies are identified. Occupational health and safety is discussed at quality and staff meetings and interviews with staff revealed that they are aware of safe work practices and hazard identification principles

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

**Team's recommendation**
Does comply

The home's fire and safety systems are maintained and monitored to provide an environment that minimises fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment, compulsory training and evacuation drills. Review of documentation and interviews with staff confirmed that they receive compulsory fire training during orientation and then at regular intervals. The team observed that emergency procedures and equipment is easily accessible to staff throughout the home. The team observed exit signs and clear egress routes and evacuation plans appropriately positioned throughout the home. Interviews with staff demonstrated that they have a sound knowledge of the location of emergency equipment and emergency procedures Interviews with residents/representatives confirmed that they feel safe and have an appropriate understanding of the home's emergency procedures.

## 4.7 Infection control
*This expected outcome requires that there is "an effective infection control program".*

**Team's recommendation**
Does comply

The home has an effective infection control system for preventing, identifying, managing and minimising infections. The system includes: policies and procedures; signage around the workplace; infection prevention strategies; surveillance and reporting processes; hazard risk management; waste management; and a food safety program. The home collects and analysis infection control data and the results are used to improve clinical outcomes for the residents. The kitchen, cleaning and laundry areas have effective infection control measures in place and interviews with staff demonstrated an understanding of infection control principles and guidelines. All work areas provide sufficient and appropriate equipment to minimise infection risk. The home has an effective outbreak program and staff interviews confirmed that they have a sound knowledge of outbreak procedures.

**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

The home has a system in place to deliver hospitality services in a way that enhances residents' quality of life and the staff's working environment.  Resident's dietary information is recorded on admission to the home and there is an effective system to ensure that any change in residents' dietary needs are updated and communicated to the catering staff. The kitchen has an effective food safety system in place and staff confirmed that they undertake training in food safety practices. The home has cleaning schedules in place to ensure cleaning and detailing is carried out on a regular systematic basis. The onsite laundry service efficiently undertakes the laundering of residents' personal clothing and linen. The home has a system in place to minimise the loss of residents' personal clothing. Resident/representative interviews confirmed that they are satisfied with the laundry service. Staff interviews confirmed that they receive education in food safety, manual handling, safe handling of chemicals, and infection control. The home has a process for receiving feedback on catering, cleaning and laundry services and residents/representatives confirmed that they do provide feedback to the home and management is responsive to their concerns. Resident/representative and staff interviews indicated that overall they are satisfied with the home's hospitality services.