



Aged Care

Standards and Accreditation Agency Ltd

Decision to Accredite Barossa Valley Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredite Barossa Valley Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Barossa Valley Nursing Home is 3 years until 24 January 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:	Barossa Valley Nursing Home				
RACS ID:	6909				
Number of beds:	50	Number of high care residents:	45		
Special needs group catered for:	<ul style="list-style-type: none">• People with dementia or related disordersAgeing in place				
Street:	14 Scholz Avenue				
City:	Nuriootpa	State:	SA	Postcode:	5355
Phone:	08 8561 0400		Facsimile:	08 8561 0499	
Email address:	clinical@barossavillage.org				

Approved provider

Approved provider:	Barossa Village Incorporated
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Assessment team

Team leader:	Helen Bowes
Team member:	Mary Dunn
Dates of audit:	24 November 2008 to 26 November 2008

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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Does comply

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
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	Barossa Valley Nursing Home
RACS ID	6909

Executive summary

This is the report of a site audit of Barossa Valley Nursing Home 6909, 14 Scholz Avenue NURIOTPA SA 5355 from 24 November 2008 to 26 November 2008 submitted to the Aged Care Standards and Accreditation Agency Ltd on 28 November 2008.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through the audit of the home indicates 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 Barossa Valley Nursing Home.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be six support contacts 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 believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 24 November 2008 to 26 November 2008.

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:	Helen Bowes
Team Member:	Mary Dunn

Approved provider details

Approved provider:	Barossa Village Incorporated
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Details of home

Name of home:	Barossa Valley Nursing Home
RACS ID:	6909

Total number of allocated places:	50
Number of residents during site audit:	45
Number of high care residents during site audit:	45
Special needs catered for:	People with dementia or related disorders Ageing in place

Street:	14 Scholz Avenue	State:	SA
Town:	NURIOOTPA	Postcode:	5355

Phone number:	08 8562 1635	Facsimile:	08 8562 4973
E-mail address:	admin@barossavillage.org		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Barossa Valley Nursing Home.

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

Assessment team's recommendation regarding support contacts

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

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents	2
Board of directors' member / Chaplain	1	Relatives	2
Clinical services manager / nurse practitioner	1	Catering staff	2
Clinical nurse	1	Laundry staff	2
Registered nurses	2	Cleaning staff	1
Enrolled nurse	1	Maintenance staff	1
Care staff	4	Occupational health, safety and welfare / quality coordinator	1
Continence nurse	1	Health and safety representatives	2
Lifestyle coordinator	1		

Sampled documents

	Number		Number
Residents' files	4	Medication charts	9
Summary/quick reference care plans	5	Personnel files	5
Lifestyle care plans and related progress notes	2	Wound action plans	6
Resident dietary charts	5	Exercise charts	4

Other documents reviewed

The team also reviewed:

- Barossa Village Incorporated annual report, three year strategic plan, business plans with key result areas, The Residency's continuous improvement log, comments and complaints log with actions and follow-up details, audit schedule with results and outcomes, electronic data collation and analysis tools and reports, including medication omission of signature, restraint data, falls, and comments and complaints
- Policies and procedures, including recruitment, confidentiality, privacy, information management and police certification, job descriptions, staff performance appraisals, reflective medication incident practice tool, staff rosters and allocation sheets,
- Residents' information package and surveys with data analysis, resident agreements, reports and outcomes, residents' newsletters
- Various meeting minutes, including, Board, residents', registered and enrolled nurses, house, services, lifestyle and family information evening, memoranda folder, appointment diaries
- Electronic and paper based documents, including care and lifestyle assessment, planning and monitoring tools, monitoring tools such as staff police checks due date, activity calendars, activity guides
- Staff handbook, education folder with staff attendance monitoring and training session evaluations, schedules of skills days for care staff and volunteers
- Various communication via email or facsimile from external agencies for example Department of Health and Ageing, community visitors scheme, visiting schools or general practitioners regarding residents' care or planned care or lifestyle needs
- Records of medication and food refrigerator temperatures, S4 and S8 licence
- Triennial fire certificate 16 August 2007, fire log record, building certification using 1999 aged care assessment instrument
- Approved supplier list and contracts with external service providers
- Records of equipment trials with staff feedback
- Dietician review of the home's menu dated November 2008

Observations

The team observed the following:

- Living environment, including residents individualised rooms, communal areas and private lounges, new flat screen television, outdoor areas with residents' gardens, café for resident and staff use
- Activities in progress, including group and individual including bowls, craft and conversation, residents engaging with staff, other residents and volunteers, chaplain visiting, meal service and residents being assisted
- Information on display regarding comments and complaints, suggestion boxes, handcrafts for sale, notices of site audit displayed throughout the home
- Lifestyle resources, including Montessori equipment, posters, culturally and linguistically diverse books, large print books, new pin boards with photographs of activities and residents participating as well as cultural celebration memorabilia
- Individualised residents' rooms, residents with drinks, mobility aids and bell at hand when in their room
- File and archive storage room, storage of files in nurses' station, computers available for staff and residents
- Storage of medications and medication round in progress
- Sluice areas, equipment and supply storage areas, personal protective equipment and spills kit

- Chemical dispensing systems, 'childproof locks' on chemical storage cupboards throughout the home, plus material safety data sheets
- Main kitchen and four kitchenettes with food safety and infection control measures in place, laundry with separate clean and dirty linen areas
- Photographic instruction for safe removal of food trays from kitchenette ovens, including oven gloves
- Key pad access to external doors, nurses stations, staff room and kitchen
- Fire panel including mimic panels near the two nurses stations, fire blankets and extinguishers, first aid kits.

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

Barossa Valley Nursing Home has continued to use its systems for monitoring compliance with the Accreditation Standards. The organisational continuous improvement framework of Barossa Village Incorporated supports the home’s continuous improvement. Organisational policies and procedures, and strategic and business plans assist and guide staff practice in the management of continuous improvement activities. Opportunities for improvement are identified through monitoring processes such as incident data, survey results, audits and, verbal and suggestion/continuous improvement form feedback from staff, residents and other stakeholders. Improvement activities are logged and monitored using a computerised program. Some staff have access to add suggestions or opportunities for improvement directly into the computerised program. The home uses staff and management meetings, and verbal feedback directly from residents and staff to monitor the benefits of improvement initiatives. Residents, their representatives and staff interviewed by the assessment team indicated they are aware of the home’s continuous improvement processes and are satisfied with the home’s responsiveness to their suggestions.

Improvement activities relating to management systems, staffing and organisational development in the last twelve months include:

- After recognising the need for succession planning and broadening the scope of the Board of Management as a result of a Board member’s resignation, the following changes have been undertaken;
 - A Board members’ orientation manual has been developed. This tool is yet to be evaluated as two new members will start within the next week.
 - To develop the governance knowledge of Board Members, the content of meetings held every month have been reviewed. The agenda now includes specific items such as risk management, clinical governance issues or financial management.
 - A register of Board members’ skills and interests is in the process of being developed.
- Following a resident’s request to meet Board members, members have visited the home and met residents informally by having lunch with them. This occurred recently and feedback from all stakeholders has been favourable. This event is now included on the Board’s schedule.
- To monitor the organisation’s long term viability a 10 year financial plan has been developed which links with the three yearly strategic and yearly business plans.

- The home is in the process of implementing a continuous improvement and clinical management computerised software program. Staff training has been planned and key staff have been trained who act as a resource person for other staff.
- Following an external complaint the home has implemented a process to orientate and welcome respite residents and their representatives to the home. As a result the improved process includes;
 - Appointing a care staff member to link with respite residents on a daily basis when they first enter the home.
 - The development of a checklist to assist with the settling in of residents into the home.
 - The development of a care needs assessment that records residents' medical and care history and preferred care needs.
 The outcome of these strategies has been that there have not been any further complaints received.
- After identifying staff distraction as a contributing factor to medication incidents during the morning medication round, an administration officer now starts work at 7.00 am to deal with the home's incoming phone calls. This initiative commenced recently and staff verbal feedback has been positive.
- The number of hours for lifestyle staff has been increased by 12 hours a week to facilitate the integration of complementary therapy with care and lifestyle to meet residents' needs. The complementary therapist is a registered nurse who liaises with all stakeholders to provide resident specific therapy, such as foot spas and massage.
- After the home participated in a national collaborative research study (which was published in November 2007) relating to nurse practitioner led care in aged care the organisation facilitated the maintenance of the nurse practitioner role at the home. To facilitate the clinical services manager/nurse practitioner to consult and act on referrals, administration hours at the home were increased by 38 hours a week.

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's staff are provided with current information and ready access to changes in relevant legislation, regulations and professional standards. This is achieved through the organisation's membership to professional bodies and internal information systems and processes. Updated policies and procedures are distributed to staff and memoranda advise staff of changes to the documents. Meeting processes and agenda facilitate staff with the opportunity to discuss changes or affects of legislative changes relevant to their role. Internal audits and review of staff practice monitors and ensures compliance with regulatory requirements. Policy and procedure folders are available to all staff. Staff are aware of regulatory requirements relating to management systems, staffing and organisational development.

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

At an organisational and home level, formal and informal processes are used to identify, action, plan and generally monitor the knowledge and skills of management and staff. Training and education needs are identified through staff suggestions, surveys, audits or incident data analysis, observation, questionnaires and appraisals. Education planning is based on staff training needs, mandatory training requirements, staff requests and topics of interest. Key management staff have recently taken part in an education session regarding the management of the media. Management support staff to pursue professional development. Training attendances recorded, and evaluations completed for all in house education topics. Resources, such as information kits, journals, practice manuals and workbooks are available for staff according to their role. Staff confirmed recent education opportunities and are satisfied the home provides opportunities for their development and skill maintenance.

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

Formal processes are used to provide comment and complaint information to residents and representatives when they enter the home and on an ongoing basis. Posters and information leaflets about internal and external complaints are available in more than one place in the home. Suggestion boxes are located in the home where anonymous suggestions and complaints can be lodged. Organisational processes support the care services manager to manage the home's comment and complaint processes, actions and outcomes. Comments and complaints are identified through forms, resident meetings, surveys and general discussion. The care services manager records verbal complaints, identifying the date, type of complaint and the action taken and the resolution and its date. Written and verbal complaints given directly to the care services manager are managed confidentially. Where appropriate improvements identified through a complaint are added to the continuous improvement log. Residents and representatives are satisfied they have access to comment and complaint mechanisms and are satisfied with how the home's staff responds to and manages their comments, complaints and suggestions.

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's commitment to providing quality care and services is facilitated by implementing strategies to meet the organisation's documented vision and mission. The organisation's strategic plan provides an organisational foundation for the provision of care and service excellence by measuring key performance indicators. The home uses its continuous improvement programs to monitor service quality, identify opportunities for improvement and make changes. Management, staff and residents are aware of the organisation's mission and the home's strategies to, '...strive for continuous improvement and best practice...' to '...enhance the lives of ...clients and staff.'

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

Organisational processes support the provision of human resources required to provide residents with the services and care they need. Considerations for the provision of appropriate resident care and service needs, includes feedback from staff and residents, and identifying the skill mix and staff numbers required to deliver residents' care. There are processes for recruiting, inducting and orientating new staff to ensure they have the required knowledge and skills to perform their roles. Management monitors the ongoing needs of residents and provides flexibility within the roster to ensure their needs are met. Management have recently been responsive to increased resident care needs during a critical health event. The care services manager is 'on call' 24 hours per day to facilitate consultation with nurses about residents' care needs. Staffing variations to meet residents' care needs are regularly monitored and used to identify trends and assist human resource planning. Staff performance appraisals are undertaken every year. Staff complete their required tasks by working together as a team. Residents and their representatives are satisfied with the responsiveness of staff to meet their care needs within the time they have available.

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

The home uses systems for purchasing and maintaining new and existing equipment. The home has preventative and routine maintenance schedules to ensure that equipment is well maintained. The organisation has maintenance staff who promptly respond to requests for repair, and audits are periodically undertaken to measure response times and type of request. Specialised maintenance is provided by qualified external suppliers who are contracted for specific maintenance tasks, and are supervised when completing required maintenance. Equipment is appropriately stored in locations internal and external to the home, and systems are in place to measure wastage and return unsatisfactory goods. Staff are involved in trialling new or alternative equipment and products, and health and safety assessments are undertaken. Staff are satisfied they have access to sufficient stocks of well-maintained equipment.

1.8 Information systems

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

Team's recommendation

Does comply

The organisation and home have processes to provide management, staff and residents with access to sufficient, accurate and appropriate information. Policies and procedures review is scheduled and are updated as required in accordance with any changes to reflect current practice or regulatory changes. The home is in the process of developing a master filing system by auditing and recording the contents of paper based human resource files and residents' files over the last two years. Organisational processes facilitate the storage of paper based and electronic archives. There are systems to collate, analyse and use information and or data from resident and staff meetings, shift reports, feedback, incidents, infections, and hazards. Scheduled meeting and reporting processes facilitate relevant information sharing between management, staff and residents. All meetings have a standing agenda. Information regarding resident incident trends, staff incidents and continuous improvement are available to staff in the staff room. Staff routinely read memoranda and communication books at the beginning of their shift. All staff participate in 'warm up' exercises before the beginning of their shift which provides the opportunity for information exchange. Newsletters and meeting minutes are other sources of information. The resident 'grapevine' newsletter includes information from across Barossa Village Incorporated, thereby sharing information regarding items of interest or issues with other services provided by the Village. Staff are satisfied they have sufficient information available to them to meet residents' needs. Residents have access to information to assist them to make decisions about their care and lifestyle on entry to the home, and on an ongoing basis.

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

The home has systems and processes in place to monitor the services provided by external suppliers. Services supplied from external sources are managed by either the home, corporate body or maintenance manager. Allied health professionals complete their assessments and documentation in the computerised resident database, which has improved the staff knowledge of recommended changes in residents care. Where external services are not completed to the anticipated standard, the home requires immediate redress of the discrepancy. A number of external suppliers have changed recently, for example the physiotherapist and carpet cleaning service resulting in improved outcomes for the residents and the home. The home maintains a register of contracted services which includes specific contracts for external suppliers. Residents and staff are satisfied with services provided by external service providers.

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

Opportunities for improvement relating to health and personal care are identified through monitoring processes such as incident data, survey results, audits and, verbal and suggestion /continuous improvement form feedback from staff, residents and other stakeholders. Improvement activities are logged and monitored using a computerised program. Some staff have access to add suggestions or opportunities for improvement directly into the computerised program. The home uses staff and management meetings, and verbal feedback directly from residents and staff to monitor the benefits of improvement initiatives. Residents, their representatives and staff interviewed by the assessment team indicated they are aware of the home's continuous improvement processes and are satisfied with the home's responsiveness to their suggestions.

Improvements relating to health and personal care implemented in the last 12 months include:

- There has been a downward trend in medication incidents across the home and for individual staff members following the identification of contributing factors. The main contributing factor was identified by staff as being distracted during the medication round. As a result;
 - Strategies to decrease telephone interruptions have been implemented.
 - Nurses wear an apron with a message printed on it to advise people they are not to be disturbed when administering medications.
 - Residents have been informed about the possible outcomes of interrupting staff and are reminded at meetings and on the home's flat screen television in the main hallway.
- To improve residents nutrition and choice of meals following a complaint from residents regarding the presentation of cold salad serves photographs of a plated meal have been provided to staff. Staff have reported residents have complimented staff about meal presentation and that residents eat their meal more often.
- The home has established a computerised service with pathology services to receive pathology reports direct from the pathology provider. This initiative has improved general practitioner access to pathology results at the home.
- After identifying the assessment of residents' pain levels when they are using a syringe driver for pain relief administration was not being recorded regularly, the observation form was improved. The form now includes recording the resident's pain score when the syringe driver is checked by registered nurses.
- After identifying the home did not have sufficient tools to assess all sensory deficits for residents, a kit has been established to undertake an assessment.

- Following a suggestion from staff to improve the observation of residents' pain management who have cognitive impairment, staff have been provided with information to best use the pain observation tool. A follow-up audit identified an improvement in staff completing residents' pain observation charts.
- Following a staff request in September 2008 for education regarding residents' continence management, an education session was held on the care staff skills day later that month. The focus of the education was the correct fitting of continence products. Since this time there has been a reduction in the number of skin blisters associated with ill fitting continence products.
- Care staff feedback through the comments system indicated there were too many sources of information to track and identify residents' care needs on a daily basis. It was suggested these documents be rationalised. Consequently, one document has been developed and tracks residents' changing care needs for one week on one page providing staff with a ready reference. Feedback from ten care staff has indicated the form is useful.
- The use of restraint across the home has decreased since key staff attended an education and training session. As a result the number and types of restraints has decreased by approximately 50% and alternative protective and injury prevention equipment has been purchased. The type of equipment purchased includes high density foam or cushions and non-slip mats. Care plans have been up-dated to reflect these new strategies. Staff are aware of these changes through memoranda, the daily handover processes and new weekly care form.
- Falls for some individual residents have been decreased and the risk of falls injury has reduced with the implementation of warning systems and protective equipment specific to residents' care needs.

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 home is supported by organisational processes for accessing and monitoring compliance with all relevant legislation, regulations, and professional standards and guidelines. The clinical services manager uses professional internet sites to review professional standards and facilitate checking of all nursing staff practicing certificates every year. Staff are advised of updated policies and procedures through the memoranda. Meeting processes and agenda provide staff with the opportunity to discuss aspects of changes relevant to their roles. Internal audits and review of staff practice monitors and ensures compliance with regulatory requirements. Policy and procedure manuals are available to all staff. Nursing, care and lifestyle staff are aware of and demonstrated through progress notes the regulatory requirements relating to their role and scope of practice in relation to residents' health and personal care.

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

The home uses staff feedback, incident data results and the performance appraisal process to identify gaps in staff knowledge and plan staff education. Changes in residents’ care and lifestyle needs, along with organisational requirements also contribute to identifying staff education needs. There are processes for orientation, credentialling and competency assessments to ensure nursing and care staff have the required skills and knowledge to perform their roles. Staff education surveys are undertaken every year and education is schedule according to this feedback and as required depending on staff needs or requests. Skills days are scheduled and facilitate mandatory training which is monitored. Where staff do not attend, alternative modes of education facilitate staff development. There are procedures for staff to apply for study leave and staff have been provided education to facilitate the installation of the new clinical care computer program. Handover and clinical resources are used to meet staff education needs. Nursing and care staff are satisfied with the support provided to assist them to develop their skills and knowledge.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences when entering the home and on an ongoing basis. Residents’ needs and care strategies are regularly reviewed and evaluated in consultation with residents, representatives and care staff. The home is progressively implementing a computerised care system database, with all assessments, progress notes, most observations, incidents, hazards and suggestions, concerns or complaints now entered into the system. Information regarding each resident’s assessed care need is documented in the various assessments of the computerised database. This produces comprehensive care plans that are printed and easily accessed by staff. Handover processes and a diary are used to assist staff communication in day-to-day resident care. The home uses a range of health professionals to direct and assist in providing appropriate care for residents. Clinical audits are undertaken according to a schedule and trends are identified. Residents and their representatives are satisfied with the consultation, care and services provided and how their care needs are managed.

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 assessment processes to identify residents’ specialised nursing care needs and appropriate care plans are implemented. Registered nurses attend to all specialised nursing care, including complex wound management, bowel and pain management. Enrolled nurses and carers work within their role and function report to the registered nurse when changes in residents’ health or care needs require re-assessment. The home has access to best practice guidelines and the home’s nurse practitioner. Specialised care needs are evaluated regularly in consultation with residents and representatives, and care plans updated. Registered nurses attend specific skills days which facilitates updating contemporary clinical practice such as wound management, palliative care and infection control. Staff state they have been appropriately trained and hold an annual practicing certificate to carry out the specialised care provided at the home. Residents and representatives are satisfied the specialised nursing care they receive is according to their needs and preferences.

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 processes for referring residents to health specialists in accordance with assessed needs and preferences. A physiotherapist, podiatrist, and several general practitioners visit the home on a regular basis. The general practitioner is able to access their practice files via specific software while at the home. Referrals to other health professionals and services such as speech pathologists, dietitian, dental, and palliative services are initiated in consultation with residents and their representatives as required. The home’s nurse practitioner initiates treatments for residents, sometimes in collaboration with general practitioners, therefore providing timely assessment and treatment for residents. Residents are assisted to attend external appointments when necessary. Referrals and care recommendations are documented in resident files and carried out. Residents and representatives are satisfied with the referral arrangements to the nurse practitioner, allied health and general practitioners, and the care provided.

2.7 Medication management

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

Team’s recommendation

Does comply

Registered nurses and credentialed enrolled nurses administer medications from blister packs prepared by a contracted pharmacist. A registered nurse assesses the residents' medication administration needs on entry to the home and then at regular intervals. Ongoing use of 'as required' medication and its effectiveness is reviewed, with changes made to the medication regime discussed with the medical practitioner as appropriate. The resident's general practitioner authorises any nurse initiated medication. Both registered and enrolled nurses undertake annual competency assessments and receive ongoing training to ensure safe and accurate medication administration. Photographs, allergy alerts and any special administration requirements such as needs or preferences in medication consistency are displayed on each resident's medication chart. Safe disposal and after hours medication supplies are arranged via the contracted pharmacy. A medication advisory committee monitors and reviews current medication practices, incidents and any changes to legislation. Review processes including incident reporting and internal audits are used to monitor and maintain safe and correct administration, supply and storage of medications. Residents and representatives are satisfied that medications are managed safely and correctly.

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 processes for identifying, assessing, planning, managing and reviewing the effectiveness of strategies used to manage residents' pain. Staff are aware of non-verbal signs of pain in residents with cognitive impairment, and use appropriate assessment tools. Processes to address pain include medication and alternative therapies. Strategies for managing pain describe residents' specific needs and preferences such as repositioning, massage, hot packs and pressure relieving devices. Registered nurses monitor residents' use and the effectiveness of 'as required' pain relieving medications and implement further assessments where indicated. Residents with unmanaged pain are referred to external agencies and specialists, including the home's nurse practitioner for further assessment. Audits are conducted to monitor staff practice. Residents are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively as required.

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 a process in place to maintain the comfort and dignity of residents at the end of their life. On admission or soon after, residents and their representatives are asked to provide information on end of life wishes. Emotional and spiritual support is included in palliative care plans that guide staff practice. Staff have training in palliative care and specialist palliative care services are consulted when required. Appropriate equipment is available. Staff

and the Chaplain support families and the resident during this time and there are many letters of thanks from families stating how satisfied they were with the palliative care provided at the home.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Nutrition and hydration based on residents’ needs, likes and preferences is provided by the home. Assessment processes plus consultation with the resident or their representative identify any nutrition or hydration risk factors. Dietary requirements, portion sizes, and food and fluid preferences are documented and are available to all staff who serve meals or drinks. Changes are promptly communicated to the catering staff. Requirements for assistance with meals are noted. Residents with swallowing difficulties are assessed by a speech pathologist, and food consistency is modified. Residents with specific dietary needs are accommodated and menu selection modified to suit individual preferences, with referral to a dietician as required. Residents’ nutrition and hydration is monitored through weight measurements and residents’ skin condition. Dietary supplements are implemented when inappropriate weight loss is identified. The nutritional content of the home’s menu is reviewed by a dietician and recommendations have been incorporated. Residents are satisfied with the home’s approach to meeting their nutrition and hydration needs.

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 processes for identifying, assessing, reporting and reviewing resident skin impairment and implementing strategies to maintain residents’ skin integrity. Planned skin care strategies, incorporating preventive measures and specialised equipment are regularly reviewed and evaluated by nursing staff. Contributing factors of nutrition, hydration and continence needs are part of the assessment process. Staff receive relevant training and report changes in skin condition. Wound action charts identify the type and severity of the wound, monitor progress and alert staff to any deterioration. Complex wounds are treated by the registered nurse and photographic evidence of wound healing progress is generally taken each week and can be emailed to the general practitioner for review. The nurse practitioner mentors nurses in contemporary wound care, offering wound debridement and ordering pathology tests as required. Incident forms are completed where a break in residents’ skin integrity is observed. Incident causes are analysed to identify trends or opportunities for improvement across the home and action taken to improve individual care needs. Residents are satisfied with the care provided in relation to their skin care.

2.12 Contenance management

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

Team’s recommendation

Does comply

The home has processes for assessing residents’ continence history, bladder and bowel patterns, mobility and the level of assistance required to promote and maintain effective continence. Regular care plan reviews and staff feedback assist in monitoring the effectiveness of the planned continence management strategies and any changes that occur. A trained continence nurse undertakes specific reviews and assists staff to plan and evaluate programs for residents. Continence training is included in the annual skills update for all care staff to improve staff knowledge and understanding of best continence practice. Bowel continence has been a specific focus with improvement for several residents. Urinary tract infections are monitored and strategies implemented to minimise or prevent their recurrence. All residents have ensuite bathrooms for privacy and dignity. Residents and their representatives state they are satisfied with the care they receive to meet their continence needs.

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 assesses and plans behaviour management strategies with a team approach to meet the individual needs of residents with challenging behaviours. The triggers of residents’ behaviour are identified and strategies to redirect residents are based on their personal interests or needs at that time. Strategies are developed in consultation with residents, their families and staff and include one-to-one activities, lifestyle programs and adapting the environment. Staff have easy access to the residents’ behaviour care plans and provide feedback on the effectiveness of the strategies. The home seeks advice from external specialists as required and regular training is provided. The effectiveness of individual strategies is regularly reviewed in consultation with all parties. There has been increased effort recently to reduce the use of restraint wherever possible. In addition, recognition of the under reporting of resident aggression has also improved management of behaviours with benefits for staff and the resident. Residents and their families are generally satisfied with the home’s approach to managing challenging behaviour.

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

Residents' mobility and dexterity needs and falls risk is assessed using a multidisciplinary approach. Strategies such as mobility aids, appropriate manual handling and exercise programs assist to maintain or improve residents' mobility and dexterity. Progress is monitored and regularly reviewed. A physiotherapist provides assessment, treatment programs and exercise plans for staff to follow. A 'back care' team provides a problem solving and risk assessment approach to manual handling issues. Hip protectors are promoted to reduce the risk of falls injury and hip fractures. Falls data is monitored, analysed and addressed in consultation with care staff, residents and allied health professionals. Residents and their representatives are satisfied with the home's approach to maintaining residents' mobility and dexterity, including the mobility assistance and aids provided by the home.

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 processes for assessing residents' oral and dental hygiene needs, planning care and meeting ongoing needs and preferences. Care plans, which are regularly reviewed and evaluated, indicate whether residents have their own teeth or dentures and the strategies to support resident oral hygiene needs. Care staff assist residents to attend to their daily oral hygiene needs. Residents are supported to access dental care of their choice and are referred for speech pathology assessment for swallowing difficulties. Residents' diet and oral and dental care is modified according to assessed needs. Residents are satisfied with the oral and dental care provided by the home.

2.16 Sensory loss

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

Team's recommendation

Does comply

Resident sensory deficits are comprehensively assessed as a component of the home's admission and ongoing care planning processes. An optician visits the home which provides easier access for residents with sight deficits. Referrals for review and assessment of hearing are arranged, and residents are assisted with hearing and sight aids as required. Lifestyle activities include strategies to stimulate residents' senses. Care staff are aware of individual resident's sensory needs across the five senses and how to manage them. The nurse practitioner regularly receives referrals to assess possible physical causes of hearing loss and is able to prescribe ear drops and remove built up ear wax. Residents are satisfied with home's approach to managing residents' sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

The home has processes to assess and review residents’ natural sleep patterns including day time naps. Individualised management plans include residents’ sleep habits and sleep preparation needs. Residents’ preferences to promote sleep, such as sleeping position, hot drinks, night-lights and television and radio habits are recorded in sleep assessments and care plans to assist staff to support residents’ settling routines. Each resident has a single room and any sleep disturbances are investigated and strategies are implemented to manage them. An evaluation regarding the prescribing and use of sleep inducing and relaxant drugs has recently been undertaken. The results have been forwarded to registered nurses and general practitioners to raise their awareness and minimise the use and the associated risks for residents while taking these types of medications.. Residents are satisfied with the assistance given to enable them to sleep well.

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

Improvement initiatives for meeting residents’ lifestyle needs are identified from information sources, such as analysis of residents’ health status reports and information collected from audits, residents’ and staff meetings, incident, and hazard data, complaints and environmental inspections. Improvement activities are logged and monitored using a computerised program. Some staff have access to add suggestions or opportunities for improvement directly into the computerised program. The home uses residents’, staff and management meetings, and verbal feedback directly from residents and staff to monitor the benefits of improvement initiatives. Residents, their representatives, lifestyle and care staff are aware of the continuous improvement program and are satisfied their suggestions are acted upon by the home.

Improvements relating to resident lifestyle in the last 12 months include:

- Following a resident request for more modern movies, the home has begun to access these types of movies for residents.
- Following residents’ suggestions and identifying their changing preferences, the ‘C’ club has been formed. The club provides residents with links to the wider community which have been facilitated by;
 - Baking biscuits to raise funds by selling them to staff and other community members. Residents have contributed to the purchase of a new flat screen television in the main hallway used for movie screenings and general reminders and information about the home, such as not to distract nurse during the medication round.
 - Knitting ‘trauma teddies’ for the local base of the South Australian Ambulance Service. These teddy bears are used to support children who use the Ambulance Service. Representatives from the Ambulance Service attended a recent residents meeting to receive 86 teddy bears. To facilitate and maximise residents’ participation, the teddy’s knitting pattern was simplified for residents to knit it in one piece. One resident with a severe visual impairment and enjoyment of knitting took part after staff found the resident benefited by using contrasting coloured needles and yarn.
 - Responding to residents requests to meet Board members. This was facilitated by seven Board members meeting informally with residents by having lunch with them. Residents request to meet the Local Government Authority’s Mayor is in the process of being facilitated.
- Responding to residents requests for a noticeboard in each house by purchasing and installing them. The assessment team observed all noticeboards are used by residents in each house and are individualised.
- Following feedback from residents, the time of bus trips has been altered to the afternoon.

- After residents observed the home's flag was in need of repair, the lifestyle coordinator facilitated replacing the flag through the local Member of Parliament's office.
- Staff identified a need to improve residents' choice and options relating to religious practices. Consequently, the home is now visited by a Roman Catholic priest who gives communion to three residents who wish to practise their faith.

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 provision of current information to the home's staff and access to changes in all relevant legislation, regulations and professional standards is supported by organisational processes and membership to professional bodies. Lifestyle staff are advised of changes through the home's meeting processes or by memoranda regarding changes in legislation that will affect their role or practice. Internal audits and review of staff practice monitors and ensures compliance with regulatory requirements. Policy and procedure folders are available to all lifestyle staff and volunteers who are aware of the scope of their professional standards and regulatory requirements. Skills day provide education development opportunities for volunteers in areas such as, residents' privacy, dignity, confidentiality, choice and decision making, and security of tenure.

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

The home uses staff feedback and the performance appraisal process to identify and plan staff education. Residents' needs and organisational requirements also contribute to identifying staff education needs. Staff orientation, credentialing and competency assessments provide staff with the skills relevant to their role in the lifestyle department. Staff education surveys are undertaken every year and education is scheduled according to this feedback and as required depending on staff needs or requests. Skills days are scheduled and facilitate mandatory training which is monitored. Where staff do not attend, alternative modes of education facilitate staff development. Staff who are orientating to the lifestyle role are 'buddied' with a more experienced lifestyle member of staff and gradually introduced to residents and their care needs. Volunteers also undertake training in activities and areas such as, fire and emergencies, behaviour management and privacy and dignity so as to facilitate individualised resident specific lifestyle care. Management support lifestyle staff to maintain and develop ongoing skills and knowledge. Lifestyle staff are satisfied their staff development needs are met.

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 has processes for identifying and responding to residents' initial and ongoing emotional support needs. Consultation and assistance during the pre-entry and entry processes to the home supports residents' emotionally at this time. A social and human needs profile is discussed with residents by lifestyle staff as a method to help residents 'settle in'. The profile identifies particular times when residents may require additional emotional support. This includes significant dates or anniversaries which might impact on residents' emotional needs. The lifestyle coordinator plans a period of socialisation and orientation to the home with new residents and gently encourages them to become involved in the daily activities of the home. Representatives are encouraged to join in the daily activities and attend events. Residents with partners who either live at the home or in the wider community are encouraged to be involved with their partner's lifestyle as much as is possible. Individual care and lifestyle reviews are used to monitor strategies implemented to support residents when they enter the home and on an ongoing basis. Care staff report changes in residents' emotional care needs to the lifestyle coordinator who discusses issues with nursing staff. Care and nursing staff refer to lifestyle when they observe residents lifestyle needs have altered and may require additional emotional support. Residents are satisfied they are made to feel welcome at the home and their emotional support needs are met.

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 has systems to facilitate and maintain residents' independence, friendships and participation, in the home and wider community. Care and lifestyle assessments consider residents' choices and preferences when planning how to maintain residents' independence. Staff work with residents to promote independence relating to their physical needs and their choice and decision making. Residents are supported to maintain links with the local community where possible otherwise, volunteers from the local community visit and engage residents in their preferred activity. The home facilitates residents' transport to external activities of interests. Residents access local community facilities, such as the bus to visit the local shopping centre. Residents and representatives are satisfied they are encouraged and supported to maintain independence and participate in life at the home and within the wider community.

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

The home provides information about confidentiality, privacy and dignity for residents, representatives and staff in information packs. New staff are required to read and sign the confidentiality policy as a part of the orientation process. Single rooms with ensuite bathrooms facilitate maintaining residents' privacy and dignity. Specific strategies, include knocking on doors before entering, keeping doors closed when providing care, using residents' preferred name and ensuring discretion with regards to continence aids and behaviour management. Resident information is secured in areas with appropriate access to staff and health professionals. The computer system is password protected. Residents and representatives are satisfied with way staff and management preserves the privacy and dignity of residents.

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

Assessment processes undertaken by lifestyle officers assist the home's staff to ascertain resident's individual interests and activity preferences on entry to the home and identify changes during their residency. An holistic approach to providing individualised resident activities is promoted. Weekly and monthly activity programs are posted on noticeboards around the home. The home has processes for evaluating the effectiveness of strategies to support residents' participation in a range of interests according to their individual needs and preferences. Volunteers assist in meeting individual resident leisure interests, such as conversation or hand massage. Residents provide feedback to all staff and at residents' meetings about the suitability and time of activities. Residents are satisfied they are supported to participate in a range of activities of interest to them.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Consultative and collaborative assessment and care planning processes between care and lifestyle staff provide for residents' cultural and spiritual needs and preferences. Residents and their representatives are encouraged and supported to practice and express their spiritual and cultural beliefs and customs. Residents are assisted to link with community groups, such as visiting old friends who now reside at other homes in the vicinity or bible and religious meetings. The home is a member of the multi-cultural aged care library which

provides resources to meet residents' specific cultural and spiritual needs. A Chaplain visits residents to provide spiritual and emotional support. Annual memorial services are held for people who participate in the home's community, including volunteers. A 'candle' is lit to signify the passing of a resident at the home. Residents and their representatives are satisfied with the way staff support their cultural and spiritual needs, and the opportunities to meet their requests and preferences.

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

Residents and representatives are provided with information on their rights and responsibilities to enable them to make informed choices and decisions about their care and their life within the home. Residents and their families are informed about the process for planning and evaluating care and how their participation is facilitated. Opportunities for resident input into planning and running of the home are facilitated by resident meetings and the suggestion process. Comment and complaint mechanisms are accessible and information is available about independent and external sources of advice. Residents are confident their verbal suggestions, comments or complaints are acted on. Residents and representatives are satisfied they are consulted and given choice about care, lifestyle and services provided at 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

A formal interview using the resident agreement is provided to all residents and their representatives. The residents' information handbook and agreement includes advice to residents and representatives about financial, privacy, hospital and social leave and comment and complaint mechanisms. Other information includes resident rights and responsibilities, levels of care and services, services provided, electrical testing and security of tenure. Residents and representatives interviewed are satisfied with the information provided on admission regarding security of tenure and responsibilities. There are processes for consulting with residents and their representatives when changes in the level of residents' care needs change.

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

Opportunities for improvement relating to physical environment and safe systems are identified through resident and staff feedback, analysis of individual resident health status, audit results, surveys, incident data, and comments and complaints. Improvement activities are logged and monitored using a computerised program. Some staff have access to add suggestions or opportunities for improvement directly into the computerised program. The home uses staff and management meetings, and verbal feedback directly from residents and staff to monitor the benefits of improvement initiatives. Residents, their representatives and staff interviewed by the assessment team indicated they are aware of the home’s continuous improvement processes and are satisfied with the home’s responsiveness to their suggestions.

Improvements relating to the physical environment and safe systems in the last 12 months include:

- As a result of a survey about residents’ satisfaction with the home’s meals it has been identified residents are more satisfied with;
 - meal temperatures
 - the opportunities to enjoy their meal without feeling rushed has increased between June and November 2008.
- In addition to the above results, staff took the opportunity to cross reference residents’ identified food and drink preferences with existing information and update information as necessary.
- Following a staff suggestion, storage of medication and other stock in the nurse station area has been improved.
- After identifying a need to respond to environmental needs, the home has undertaken a programmed change over of incandescent light globes to long life globes in all areas of the home.
- After identifying the home’s carpet cleaning provider was not satisfactory, a new provider has been contracted and carpets are now cleaned regularly and as required.
- Following the implementation of the home’s product return processes because of damaged food stuffs and/or their packaging, the home has changed its provider. The result has been improved service delivery.
- After identifying an increasing trend and the cause of burns to staff forearms in the catering department the home has developed photographic standard operating procedures to guide staff. The number of staff injuries has decreased and staff have been provided with additional protective long sleeved oven mitts.
- Following feedback from residents and staff regarding the home’s cleaning services a review of work load and flow was undertaken. As a result new cleaning positions were created and implemented to cover 30 hours a week. Staff and residents have reported positive outcomes and cleaning has been improved.

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 organisation has processes to access and monitor compliance with all relevant legislation, regulations and professional standards, provide current information to the home’s staff. Internal audits and review of staff practice monitors compliance with regulatory requirements. Information regarding legislative changes is distributed to staff through memoranda and policies and procedures are updated to reflect changes as required. Policy and procedure folders are available to all staff. Monitoring of staff practice is undertaken through routine monitoring, audits and staff surveys. Staff are aware of legislation relevant of their role relating to the provision of a safe and comfortable environment, including their participation in implementing occupational health and safety regulations and infection control principles, and the monitoring fire safety and maintenance in the home.

4.3 Education and staff development

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

Team’s recommendation

Does comply

The home uses staff feedback and performance appraisal processes to identify and plan staff education. Residents’ needs and organisational requirements also contribute to identifying staff education needs. Staff orientation, credentialling and competency assessments provide staff with the skills relevant to their roles. Skills days facilitate staff attendance at mandatory training which includes manual handling, and fire and emergency education and attendance is monitored. Staff have attended external education related to safe food handling. Where staff do not attend, alternative modes of education facilitate staff development or other sessions are booked. Staff are encouraged to pursue further training and education and are provided with regular information updates, resources and external training. Staff have received training in the areas of food safety, manual handling and chemical use. Staff are satisfied with the education and training offered to assist them to develop their knowledge and skills.

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

The home has processes in place to provide a safe comfortable environment consistent with residents' care needs. Residents reside in single rooms with an ensuite bathroom and are encouraged to personalise their rooms with furniture and personal items. There are dining and activity rooms plus a large area for functions. Attractive external courtyards provide for outdoor activities such as barbecues. There is a corrective and preventive maintenance program. The living environment is monitored by the home's incident and hazard reporting system. Electrical equipment, including that owned by residents is tested and tagged with scheduled follow-up monitoring. Where restraint is required for resident safety, assessment, consultation and monitoring occurs with residents and representatives. The home is currently focusing on minimising the use of restraint. Residents and representatives are satisfied with the safety and comfort of the living environment, including residents' rooms and communal areas.

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's management has systems and processes in place to provide a safe working environment that meets regulatory requirements. Policies and procedures guide staff with safe practices. Staff have mandatory annual training for fire, infection control, and occupational health and safety responsibilities with new staff receiving induction training before they commence duties. Staff are provided with equipment fit for the purpose, which is regularly maintained through the planned preventative and corrective maintenance programs. Personal protective equipment is provided and is generally used by staff who are aware of its effective use. There are corporate initiatives to encourage staff health including support programs for injured workers, and 'warm up' group exercises at the beginning of each shift. Occupational health and safety incidents are reported, investigated, followed up and collated to indicate any trends. The home's occupational health safety and welfare committee actively pursues improvements for staff and residents. Staff state they have received training regarding occupational health at orientation and then each year in mandatory skills update training days.

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 management has implemented systems and processes to provide a safe environment and safe systems of work that minimise fire, security and emergency risks in the home. There is a fire safety program, including mandatory training of all staff. The home has a no smoking policy and there are no residents who wish to smoke. Regular maintenance programs are undertaken in the home plus maintenance of the security, fire and emergency services contracted to external services. The fire panel identifies the location of the fire and staff communication is quickly enabled via the internal phone system. There is a system of electrical tagging and testing for the home's and resident's electrical equipment on entry and maintained regularly. The home has a current Triennial Fire Safety Certificate and meets the safety requirement of the 1999 Certification instrument. Residents, representatives and staff are aware of their responsibilities and actions in response to an emergency event.

4.7 Infection control

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

Team's recommendation

Does comply

The home monitors resident and staff infections. The infection control coordinator oversees the home's infection control system. All staff have access to and use personal protective equipment in their work processes. Powder free gloves have recently been purchased for all staff following consultation and trial of various gloves. There is an appropriate waste and sharps disposal system and pest control programs are in place. Refrigeration temperatures are consistently monitored throughout the home. Contingency plans for an outbreak are in place with the required equipment available. The infection control coordinator orientates new staff in infection control practices and precautions, plus provides education to existing staff at annual mandatory skills updates. Housekeeping staff have adequate infection control systems and practices in place, and maintain a clean environment. The home has both gastroenteritis and pandemic influenza outbreak plan and equipment. An infection control surveillance program monitors the incidence and trends infections. All staff and residents are encouraged to have annual influenza vaccinations. Experience during a recent influenza outbreak at the home has been reviewed and the action flowchart has been updated to include minor improvements for future reference. Residents, their representatives and staff are satisfied with the practices employed to reduce the possibility of infections in the home.

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 processes for providing quality hospitality services consistent with residents' individual needs and preferences. Residents' food preferences and needs are identified on entry to the home and on an ongoing basis. Meals are resourced from an external supplier who develops a four week rotating menu which is reviewed by a dietitian. The seasonal menu offers residents variety of choice, and they are consulted in menu development and review processes. The hospitality services manager has implemented the required aspects of a food safety plan, and incorporates resident feedback into the menu, along with recommendations from dietician reviews. Specific food requirements and preferences are catered for, and menus can be adjusted to cater for special diets or culturally specific foods as required. Residents' personal clothing and general linen are laundered at the home, with a system in place to minimise lost items. Cleaning schedules provide appropriate cleaning of residents' rooms and communal areas. All hospitality staff have regular training in infection control, chemicals and manual handling, including induction training for new staff. Material safety data sheets are readily available to staff. Audits, inspections and resident feedback processes monitor efficiency and satisfaction with hospitality services. Staff are satisfied their work environment assists them to provide services to meet residents' needs and wishes. Residents and representatives are satisfied with the catering, cleaning and laundry services provided.