



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Bethshan Gardens

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

The Agency has decided that the period of accreditation of Bethshan Gardens is three years until 30 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: Bethshan Gardens

RACS ID: 0194

Number of beds: 66 Number of high care residents: 28

Special needs group catered for:

- Dementia

Street/PO Box: 70 Wye Road

City: WYEE State: NSW Postcode: 2259

Phone: 02 4357 1276 Facsimile: 02 4357 1476

Email address: don@bethshanministries.com

Approved provider

Approved provider: Bethshan Ministries Ltd

Assessment team

Team leader: Julie Norris

Team member/s: Philip Ruse

Date/s of audit: 1 June 2009 to 3 June 2009

Executive summary of assessment team's report
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Accreditation decision

Standard 1: Management systems, staffing and organisational development
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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

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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

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

Accreditation decision

Agency findings
Does comply
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Agency findings
Does comply
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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	Bethshan Gardens
RACS ID	0194

Executive summary

This is the report of a site audit of Bethshan Gardens 0194 70 Wye Road WYEE NSW from 1 June 2009 to 3 June 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 Bethshan Gardens.

The assessment team recommends the period of accreditation be three 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 1 June 2009 to 3 June 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 2 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:	Julie Norris
Team member/s:	Philip Ruse

Approved provider details

Approved provider:	Bethshan Ministries Ltd
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Details of home

Name of home:	Bethshan Gardens
RACS ID:	0194

Total number of allocated places:	66
Number of residents during site audit:	65
Number of high care residents during site audit:	28
Special needs catered for:	Dementia

Street/PO Box:	70 Wye Road	State:	NSW
City/Town:	WYEE	Postcode:	2259
Phone number:	02 4357 1276	Facsimile:	02 4357 1476
E-mail address:	don@bethshanministries.com		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bethshan Gardens.

The assessment team recommends the period of accreditation be three 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	14
Deputy director of nursing	1	Resident representatives	8
Team leaders	2	Occupational health and safety coordinator/fire safety officer	1
Care staff	5	Area manager (catering contractor)	1
Accountant	1	Chef	1
Physiotherapist	1	Catering staff	2
Recreational activity officers	3	Laundry/catering quad driver	1
Pharmacist	1	Cleaning staff	2
		Maintenance staff	2

Sampled documents

	Number		Number
Residents' care files including admission data base and interim care plans, assessments, care plans, progress note reports, medical officers' notes, hospital transfer notes, allied health and specialist reports, and pathology reports	8	Medication charts	12
Observation charts (blood pressure, weight, urinalysis)	8	Medication incident reports	20
Bowel charts	8	Personnel files including staff code of conduct, privacy and confidentiality agreements	5
Residents' accident and incident forms	10	Wound assessment and management charts	4

Other documents reviewed

The team also reviewed:

- “Bethshan Express” newsletters
- Continuous improvement documentation including: quality plan; external audit schedule-residential program timetable 2009 and activity sheets; internal audits; resident and staff satisfaction surveys
- Weight chart audit, malnutrition screening tool and flow chart
- Elder abuse policy, compulsory reporting register and forms
- Police check register for staff, volunteers, contractors (electronic records)
- Register of criminal history check reports
- Register of professional registrations
- Staff education plan 2009, in-service education attendance sheets, post training surveys, education record - Aged Care Channel DVDs loaned to staff
- Comments and complaints documentation including: complaints register; resident satisfaction survey; compliments folder; staff satisfaction survey
- Mission, vision, philosophy and objectives
- Organisational chart
- Director of nursing report to the board of management (2009)
- Human resource management documentation including: telephone referee checklist form; pre employment screening checklist; staff roster; job descriptions and duties lists; staff appraisal reviews, internal audit of job descriptions and personnel files
- New staff orientation handbook and program; orientation buddy shift experience form
- Information systems including: computer systems; policy manuals (hard copy and computer copies); residents information brochure and handbook; residents’ newsletters; memos; notices; communication books, volunteers handbook
- Minutes of meetings including: resident/relatives meetings, staff meetings, continuous improvement committee meetings, diversional therapy activities meetings
- External contractor documentation including service agreements/contracts with suppliers
- Admission application package including, but not limited to: welcome brochure; application form; resident profile; consent forms (collection, use and disclose residents personal information; residential medication management review services); terminal care wishes form; food safety tips brochure; clothing label order form; annual prudential statement; shoe (safety) checklist
- Comprehensive medical assessments
- Resident evacuation sheets
- Food preference forms, food preference – diet suitability review forms, high risk food acceptance form
- Admission survey and resident case conference forms
- Procedure for assessments – new admissions form, guide for writing progress notes and assessments
- Clinical assessment tools including Aged Care Funding Instrument (ACFI) forms
- Progress notes writing schedule, observation and care plan checklist
- Terminal wishes care consultation forms
- Handover report forms
- Doctors communication lists, facsimiles to doctors
- Instructions from medical practitioners forms
- Medication management information including: audits; pharmacy facsimiles; schedule eight drug registers; medication charts; nurse initiated medication consent forms; anti-coagulant therapy monitoring records; medication management reviews, assessment of a resident ability to self-administer medication form
- Blood sugar level (BSL) management plans and BSL charts
- Memo: Medication time frames dated 3 June 2009
- Behavioural identification chart
- Physiotherapy assessments and care plans; manual handling instructions forms; exercise charts, falls history alert forms
- Resident care agreement

- Resident social profiles, diversional therapy assessments and care plans, activities calendars, activity attendance records, activity – group worksheets, activities – 1:1 worksheets, diversional therapy activity evaluation forms, Cottage four (cognitively impaired specific) activities information
- Bus mobility assessment form, outing assessment for venue, bus outing checklist
- Optometrist appointment list
- Hairdresser list
- Maintenance records, preventative maintenance book, maintenance request books, external and internal maintenance schedules, contractors sign in/out attendance book, thermostatic mixing valve test logs, microbiology testing results, pest control inspection records, electrical equipment testing and tagging records.
- Occupational health and safety (OH&S) documentation, meeting minutes, audits, hazard logs,
- Fire and safety documentation including current annual fire safety statement (20/2/09), fire alarm systems service records, emergency procedures manual; emergency flipcharts, emergency/maintenance contacts list
- Infection control information including: resident and staff immunisation folder, infection control data collection forms, monthly and annual infection control statistics, infection control summary graph of micro-organisms
- NSW Food Authority Licence
- Catering information including: four week rotating menu, residents' dietary preference forms/lists, audits, resident satisfaction surveys (2009), customer comments book in each servery, temperature records for kitchen and servery equipment, food delivery temperature records, contractor staff orientation and food safety training records, catering contractor quality assurance records
- Cleaning schedules and tick sheets, chemical storage and safety sheets, service agreement for chemical suppliers.

Observations

The team observed the following:

- Charter of Residents' Rights and Responsibilities on display
- Appreciation book in foyer
- Residents and staff information notice boards (containing resident activity notices, menus, memos, staff and resident information including, comments and complaints information and posters
- Brochure stand
- Communication books
- Staff information and resource manuals
- Staff handovers
- Equipment, supply storage and delivery areas.
- Clinical, continence management and wound care stores
- Medical officer visiting the home
- Nurses stations and treatment rooms – policies and procedures manuals, clinical resource manuals, duties lists, information noticeboards, oxygen therapy equipment, dressing selection guideline charts, wound care and treatment trolleys, pathology collection fridges and temperature audit forms
- Delivery and secure storage of medications, schedule eight cupboards, medication blister-pack systems, medication fridges and temperature audit forms, medication administration rounds in progress
- Resident transfer equipment including transfer belts, bed mobility equipment, wheelchairs, pick up walking frames, wheeled walkers and walking sticks
- Hi/low beds, pressure relief equipment including mattresses, cushions and comfort chairs
- Dining room during lunch, morning and afternoon tea (including resident seating, staff serving/supervising/ assisting residents with meals)
- Staff practices and courteous interactions with residents, visitors and other staff
- Diversional therapy manual

- Activities in progress, photographs of resident participation in activities, activities equipment and storage areas
- Chapel/activities room
- Companion pet birds
- Public phone
- Hairdressing salon
- Library
- Access to cool and hot drinks by residents and their visitors, confectionary/drink machine, water cooling machines
- Living environment internal and external, including residents rooms, ensuite bathrooms, communal living areas including dining and lounge areas, landscaped gardens and outdoor areas with shade structures and outdoor furniture, construction of new co-located nursing home
- Security systems including phones, nurse call systems, external lighting
- Emergency flip charts, fire equipment and evacuation information
- Material safety data sheets
- Cleaners' room, chemical storage area, cleaners trolley
- Sharps waste disposal containers
- Spills kits
- Personal protective clothing in all areas, colour coded equipment in all areas, spills kits, hand washing signs, sinks, wall mounted soap dispensers and waterless sanitisation liquid for hand washing, infection control resource information, waste disposal systems.
- Food safety program manual, catering contractor infection control procedures

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

The home has in place a well-developed and effective system for actively pursuing continuous improvement, encompassing all four Accreditation Standards. The home’s system is comprised of a combination of activities that enables monitoring, assessment, action and evaluation of the home’s processes, practices, service delivery and management. This includes board of management meetings, continuous quality improvement meetings (including occupational health and safety), staff meetings, medication advisory committee meetings, residents/relatives meetings, and other communication processes through which management, staff, residents and residents’ representatives are encouraged and supported to make suggestions for improvement in all areas of the home. Other supporting quality activities include, but are not limited to, audits, surveys, accident and incident reporting, complaints, hazards logs, data collection, and other monitoring systems. Stakeholders are provided with feedback on improvement actions taken, and residents/representatives interviewed confirmed that the home is very responsive to issues.

Following are examples of improvements related to Standard One:

- The home has restructured the staff orientation processes to provide more comprehensive and thorough staff development and improve staff capability to function effectively within the organisation. New processes are said to have reduced duplication and provided more focused training. Changes include the provision of occupational health and safety training face to face rather than by DVD which has had associated benefits with staff developing greater interest in this area. In addition all new staff are placed with a “buddy”, and are required to complete an orientation buddy shift experience form which the ‘buddy’ (supervisor/experienced staff member) countersigns to confirm that this information is accurate.
- In response to an increasing number of workers compensation issues, all new staff are required to undertake a pre employment assessment by the physiotherapist which includes an assessment of manual handling techniques. The director of nursing stated that there appears to be a reduced number of staff injuries since this strategy was introduced.
- A specialist aged care audit system that will audit all the Aged Care Accreditation Standards over a 12 month period has been introduced to improve the monitoring structure and availability of information concerning the home’s performance, including benchmarking with comparable size aged care facilities and provision of trend data. The director of nursing stated that having more comprehensive information has allowed the home to more easily identify and respond to adverse clinical trends.

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

Management has systems in place to identify and ensure compliance with legislation, regulatory requirements, professional standards and guidelines. The home is provided with updates when legislative or regulatory changes occur through its involvement with an aged care specific legislation service. The home also receives updates, circulars and bulletins from

government bodies. Regulatory issues and updates are communicated to staff through staff notices and memos, meetings, training sessions and policies and procedures. The home monitors compliance through audits of policies and procedures, observation of staff practices and stakeholders' feedback.

Following are specific examples of regulatory compliance relating to Accreditation Standard One:

- All staff, volunteers and external service providers undergo criminal record checks in accordance with the Commonwealth government legislation introduced in March 2007.
- Policy and procedures are in place for reporting and responding to allegations of assault in residential aged care and for reporting missing residents without explanation and whose absence has been reported to the police and the Department of Health and Ageing.
- Service agreements are in place with external contractors to ensure that they meet their responsibilities under the relevant legislation, regulatory requirements and professional standards.
- Staff are required to sign confidentiality agreements to ensure compliance with privacy standards and legislation

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has a comprehensive staff education program covering topics across the four Accreditation Standards. The education program is developed through information obtained during staff appraisals, audits, surveys, regulatory requirements, observation of staff practices, incident/accident reports and staff requests. The education program is also tailored to meet the specialised care needs of residents and includes internal and external education, on-the-job training, and training from visiting specialists such as continence consultants and pharmacists. New staff are orientated to the home and complete 'buddy shifts' prior to commencement of duties. The orientation session covers organisational information and includes a tour of the home, location of relevant documentation including policy and procedures manuals and equipment, quality assurance, infection control, occupational health and safety, fire safety, manual handling, mandatory reporting of elder abuse, and the Charter of Residents Rights and Responsibilities. The home implements comprehensive competencies for staff including practical assessments to ensure skills and knowledge have been learned and retained.

In-service education attended by management and staff in relation to Standard One in the past year includes:

- Aged Care Funding Instrument (ACFI) training
- Elder abuse and mandatory reporting
- Team work
- The Aged Care Accreditation Standards – your role and responsibilities
- The director of nursing completed the Return to work coordinators course
- One registered nurse is currently undertaking a human resource management certificate course.

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 has systems in place to ensure that residents and their representatives have access to internal and external complaints' mechanisms. Processes for lodging internal and external complaints are well documented and forms are prominently available for internal complaints, while information regarding external complaints mechanisms is displayed in the home. Residents and their representatives are encouraged to raise any concerns at meetings and personally with management. Interviews and review of documentation show that comments and complaints feed into the continuous improvement system, education programs, and staff and residents/relative meetings. A review of completed complaints forms and the complaints register show that comments and complaints included in the register are addressed promptly, and feedback is provided verbally and/or in writing to the complainant. Residents/representatives interviewed are generally very satisfied with the manner in which their concerns are addressed.

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 has documented its vision, values, philosophy, objectives and commitment to quality. This documentation has been made available and communicated to stakeholders in the home through policy and procedures manuals and resident and staff handbooks. In addition, staff are made aware of the home's vision, values, philosophy, objectives and commitment to quality which underpin its staff employment requirements, induction and education processes as well as at staff meetings and other communication.

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 has sufficient appropriately skilled and qualified staff to ensure that services are delivered in accordance with the needs of residents and consistent with its philosophy. Staffing levels are reviewed regularly, staffing is adjusted to meet residents' care requirements and staff on leave are replaced. Staff from the co-located nursing home are available to complement the staffing pool at the hostel, and agency staff are used when other alternatives are not available. All applicants for positions are required to complete an application for employment and are interviewed for positions, with selection based on merit. All staff must undergo criminal record checks and the home requires copies of professional registrations to ensure that they are up-to-date. Newly appointed staff participates in an orientation program which includes occupational health and safety, manual handling and hand washing competency assessments. Up-to-date duties lists assist staff to carry out their duties. The home carries out ongoing clinical skills assessments to ensure that staff have the appropriate skills and knowledge to provide care and services. Staff reported they enjoy working at the home and work together as a team to provide quality care and service delivery. Residents report staff are extremely caring and they are pleased with the responsiveness of staff and the quality of holistic care provided at the home.

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

Systems are in place to ensure stocks of appropriate goods and equipment are available for quality service delivery. Management monitors the performance and maintenance of equipment and stock levels. The home uses approved suppliers and regularly reviews the goods and services provided by the suppliers. Staff are trained in the use and maintenance of new stock and equipment. The home has a planned preventative and corrective maintenance program and an electrical testing program in place to ensure that equipment is serviced and maintained. It is indicated that maintenance staff are very responsive to prioritised needs at the home, which are closely monitored by the occupational health and safety coordinator and management. Maintenance records, observations and feedback from residents and staff indicate that there are sufficient stocks of supplies and equipment, and that equipment is well maintained.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information systems in place to disseminate a wide range of information to management and staff in order to perform their roles effectively and keep residents/representatives and service providers informed. Methods used to disseminate information include memos, meetings, staff training and education, noticeboards, care plans and progress notes, staff handover sheets, the residents' newsletter, residents' handbook, staff orientation handbook and staff handbook. Computers are password protected and access is restricted according to designation. A computer back-up system is in place. All resident information and clinical records and staff personnel files are stored securely, and systems are in place to manage the storage and destruction of archived records. A review of documentation and notice boards, and interviews with staff confirmed that the home provides information in a timely and efficient manner.

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 a system in place to ensure that all externally sourced services are provided in a way that meets the home's needs and its quality goals. A range of contractors and external service providers operate within contracts, formal and informal agreements covering resident and care related services, fire systems and building maintenance and services. There is also a process in place to ensure that external providers produce evidence of compliance with regulatory requirements such as police checks, registration, licences and liability insurance. The home evaluates the performance of external services to ensure efficiency and effectiveness of the services as well as compliance with relevant regulations and the home's policies and procedures. Feedback is sought from residents and staff to assess the quality of service providers such as allied health services. External service contractors working on the premises are required to register by 'signing in and out' in the contractors' attendance book. Staff and residents express satisfaction with the quality of the services currently being provided by external contractors.

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

An outline of the home’s continuous improvement system is presented under expected outcome 1.1 Continuous improvement.

Examples of improvements related to Standard Two include:

- The home has purchased new equipment including a weight machine and wheel chair suitable to provide more dignified personal care while allowing weight monitoring.
- Following an audit of resident weight monitoring, a weight management program was introduced including the use of a new malnutrition screening assessment tool. The tool has improved weight monitoring practices and the effectiveness of follow up strategies in response to residents’ identified needs.
- Following a review of the home’s medication policy and procedures, a new policy was introduced in March 2009. This includes revised medication charts, more defined responsibility for medication administration, regular competency assessment in relation to medication administration (including Schedule 8 drugs), completion of an observation check list on staff administering medication and colour coded documentation for anti-coagulant medication. The director of nursing stated that new procedures including staff education have resulted in early identification of issues and their resolution, a reduction in medication errors, a more user friendly system for staff and improved evaluation of medication incidents through the internal audit system.

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

An outline of the home’s systems to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is provided under expected outcome 1.2 Regulatory compliance.

Specific examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors professional registration of the registered nurses employed at the home.
- The home meets the requirements in relation to the Quality of Care Principles 1997 for the provision of care and specified services for high care residents.
- Medications are recorded and stored in line with the Poisons and Therapeutic Goods Act.

2.3 Education and staff development

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

Team’s recommendation

Does comply

For a description of the overall education and staff development system refer to Expected Outcome 1.3 Education and staff development. Education attended by management and staff in relation to Standard Two in the past year includes:

- Resident assessment, care planning and documentation
- Medication management
- Wound management
- Continence management
- Challenging behaviour management
- Dementia, delirium and depression
- Diabetes management
- Pain management
- Palliative care
- Fluid and fibre benefits
- Oral and dental care
- Eye care
- Falls prevention
- First aid
- The director of nursing has completed training in management of syringe drivers for palliative care management
- One carer has completed the Certificate IV in Aged Care course and seven care staff (currently with Certificate III level) are currently undertaking the training.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home provides residents with appropriate clinical care through the regular attendance of medical officers at the home, and the initial assessment of residents’ care needs, care planning and evaluation processes. Processes are in place to ensure residents’ care is developed in partnership with residents and/or their representatives. Residents’ care plans are reviewed third monthly or as care needs change, by a registered nurse for high care/ageing in place residents, and by the team leader for low care residents. Arrangements are in place to contact medical officers after hours when required. The home has verbal and written communication systems to inform management, care staff and medical officers of residents’ care needs or issues in need of review. Procedures are in place to monitor residents’ observations each month including: weights, vital signs and urinalysis. The home has processes to monitor residents’ blood glucose levels according to medical officers’ orders. The accident and incident reporting system includes the reporting of resident incidents, such as, falls, skin tears, and behaviours of concern. Accident and incident data is collated monthly and reviewed through the occupational health and safety meetings. Resident and/or their representative interviews indicate they are satisfied with the care provided by the home and the medical treatment given.

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

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officers or allied health services’ input when required. The home’s assessment processes include the identification of residents’ complex nursing procedures and health care requirements. Documentation reviews indicate that care plans are developed outlining residents’ specialised nursing care needs when indicated. The home’s director of nursing and deputy director of nursing (both registered nurses) are available Monday to

Friday and after hours to provide clinical advice and support to care staff. A registered nurse or endorsed enrolled nurse works limited hours on weekends. The home also has access to clinical nurse consultants for advice for the provision of residents' specialised nursing care needs when required. Interviews confirm that a nurse practitioner can also be accessed through the local hospital to administer intravenous medications such as antibiotics to assist in decreasing the need for residents to be admitted to hospital. The home currently provides specialised nursing care for residents including: catheter care, complex pain care, oxygen concentrator therapy, stoma care, and diabetic care including the administration of insulin. The home has clinical resource manuals to provide staff with guidelines on procedures for the provision of residents' specialised care when required. Residents and/or their representative interviews indicate satisfaction with the nursing care provided.

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 an effective system to ensure there is referral of residents to appropriate health specialists. New residents have a range of assessments completed which include the identification of residents' various health specialists' needs. A qualified counsellor and a physiotherapist attend the home on a weekly basis. Interviews and documentation reviews demonstrate examples of residents being seen by health specialist services visiting the home including: podiatrist, dietician, speech pathologist, optometrist, dental technician, hairdressing, pharmacy and pathology services. Interviews and documentation reviews also confirm that residents attend external appointments to specialist services including geriatrician, psycho-geriatrician, psychiatrist, ophthalmologist, neurologist, urogynaecologist, consultant surgeon, audiology services, radiology services and dental appointments. Residents can choose to visit external health services of their choice outside the home, with assistance provided for their transportation by their representatives, assistance by staff to access transport, or staff escorts when required.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

Does comply

The home has processes for residents' medication management including: policies and procedures; checking of pharmacy deliveries; secure storage of medications; and a blister packaging medication administration system. Endorsed enrolled nurses and care staff administer residents' medications using a seven day single-dose blister packed medication administration system or directly from the medication containers for items which cannot be packed. The deputy director of nursing or registered nurse administers residents' injections when required. Staff confirmed they attend medication management education and have completed assessments to demonstrate they are competent with medication management. A photo identification of each resident with date of birth and allergies is clearly defined on each medication chart. The medication charts are signed in an appropriate manner and between medication rounds the medication trolley is locked. An accredited pharmacist reviews residents' medications on an annual basis. The medication management system is monitored by regular audits and medication incidents are recorded and actioned appropriately. Medication advisory committee meetings are held quarterly to review medication issues, pharmacy issues, medication incidents and statistics and medication management policy and procedures. Residents and/or their representatives interviewed are satisfied with the medication management the home provides.

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 ensures all residents are as free as possible from pain through the completion of an admission assessment form when residents first move into the home, which collects information about their past history of pain, individual needs and preferences for pain management. Ongoing pain assessments, care planning, evaluation of interventions and accessing advice on pain management from the residents' medical officers all contribute to ensuring residents remain as free as possible from pain. The home implements pain assessments (with verbal and non-verbal cues) to ensure all residents who experience pain are identified and provided with interventions to relieve or manage their pain. Interviews and documentation reviews demonstrate pain management strategies currently in use for residents include: the administration of pain relieving medications including analgesic patches and schedule eight medications. Residents' pain management also includes: physiotherapy assessments, heat rubs, application of heat packs, gentle massage, careful and regular repositioning, gentle exercises, and use of pressure relief equipment, and emotional support. The home has access to a palliative care team for advice on residents' pain management when required. Residents and/or their representative interviews confirm residents are comfortable and treatment for residents' pain is provided when necessary.

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 system to ensure the comfort and dignity of terminally ill residents is maintained. Residents' preferred choices in regard to palliative care, hospital transfer and treatment options are discussed on entry to the home and a terminal care wishes form is completed. Case conferences are also held with the resident and their representatives to provide the staff with the information to fulfil the residents' end of life wishes. The home has access to the community palliative care team for advice and support. Residents requiring a higher level of care are transferred to hospital, or may be transferred to the organisation's nursing home (in close proximity) when a vacancy occurs. Residents are made comfortable through a pain management plan, regular repositioning, the use of pressure relieving aids, bed baths, eye care, skin care, mouth care, and diet and fluids as tolerated. Chaplaincy services, visiting clergy and counselling services are available to provide support for terminally ill residents and their representatives. The home provides open visiting hours for representatives of terminally ill residents. Staff interviews confirm they are aware of ways they can ensure the comfort of terminally ill residents through supporting the residents' spiritual, emotional, social and physical care needs.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

The home demonstrates that a comprehensive system is in place to ensure that residents receive adequate nutrition and hydration. Individual resident needs including dietary preferences, food allergies, food dislikes, cultural/religious requirements, nutritional risks and assistance required are assessed on entry to the home. The monitoring of the residents' nutrition status is attended through regular review of residents' diet suitability and the monthly weight program, and supplement drinks or additional dietary needs such as consistency modified food and fluids are provided when necessary. The four weekly rotating menus provides residents with a choice of cereals and a hot breakfast, a choice of a two main meals at lunch and a variety of options for the evenings. Regular hydration rounds take place to ensure that residents receive adequate hydration. Residents also have access to extra drinks

from the water cooling machines and soft drink machine. Residents are assisted with meals as needed and utensils to promote independence are supplied. Interviews and documentation review confirm residents are referred to a dietician or speech pathologist when required, and the seasonal menu is reviewed twice yearly by a dietician. The majority of residents and/or their representative interviews indicate they are generally satisfied with the quantity and quality of the food and drink the home provides.

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 a system to ensure that residents’ skin integrity is consistent with their general health. Clinical documentation reviewed confirms that residents’ skin integrity is assessed on entry to the home and a care plan is developed which includes strategies to assist in maintaining and improving the residents’ skin integrity. Management strategies on care plans include the regular monitoring and reporting of changes to skin condition, use of limb protectors, application of moisturiser creams, adequate hydration and nutrition, continence management, use of pressure relief aids and cushions, regular repositioning, and elevation of limbs. Residents with skin integrity breakdown have wound assessment charts and wound management charts completed to monitor and record the healing process. Residents’ wound care is provided by endorsed enrolled nurses and care staff in consultation with the deputy director of nursing or registered nurse. The home has skin tear reporting mechanisms and skin integrity audits which are followed up and reviewed at the quality assurance meetings. Residents have access to podiatry services, nail care and hairdressing at the home. Residents and/or their representative state satisfaction with the skin care provided for residents of the home.

2.12 Continence management

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

Team’s recommendation

Does comply

There are systems in place to ensure that residents’ continence is managed effectively, including assessment on entry to the home and on an ongoing evaluation of management strategies which include scheduled toileting and the use of continence aids. Residents have access to toilets both in their ensuite bathrooms and throughout the home, and access to a call bell if they require assistance. The home has strategies for residents’ bowel management including: the completion of bowel charts, ensuring appropriate diets and adequate fluids, and the administration of medications regularly or when necessary. Care staff advise they provide residents with regular toileting programs when required and indicate that supplies of continence aids are available for high care residents’ continence management needs. The home provides low care residents assistance to maintain supplies of continence aids. Urinary tract infection rates are monitored on a monthly basis and preventive strategies are implemented. Residents and/or their representatives interviewed by the team stated satisfaction with care including continence management.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has systems in place to effectively meet the needs of residents’ with challenging behaviour. Behaviour focus assessments, behaviour incidents, care plans and progress notes

indicate development of successful behaviour management strategies for residents with challenging behaviour. Strategies are developed in consultation with residents and their representatives with input from medical officers and/ or other health professionals when required; and ongoing evaluation of the effectiveness of the strategies for each resident are completed on a regular basis.

Residents with wandering and absconding behaviours are accommodated in the home's dementia specific unit (accessed by key pad entry), with a secure enclosed garden for residents' enjoyment. Other care needs that impact on behaviour such as pain management and sleep are also considered when assessing residents with challenging behaviour. Care staff and recreational activity officers implement a range of strategies to manage residents with challenging behaviours including reassurance and one to one support, individual diversional therapy and recreational activities. Interviews and documentation review confirms the home has accessed a psycho-geriatrician and mental health services for the review of residents' care when required. Residents and/or their representatives state satisfaction with the home's effective management of residents with 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 are supported to achieve optimum levels of mobility and dexterity through assessment and care planning processes and the provision of exercise programs. Manual handling assessments are undertaken for all residents on entry to the home. A physiotherapist assessment is undertaken on an as needed basis, and care staff supervise and/or attend residents' exercises according to the care plans developed by the physiotherapist including passive and active exercises and walking programs. Recreational activity programs include regular exercise groups and a variety of other activities which provide exercises for residents, such as ball games. Instructions on residents' transfer and manual handling needs are accessible to staff. The team observed residents walking independently or with mobility aids including wheeled walkers and wheelchairs, participating in exercises, and that handrails and grab rails are provided to aid resident mobility. The home is also equipped with raised toilet seats, and mechanical lifting devices and mobile comfort chairs for transfer of residents. The home's strategies for resident falls prevention include: the completion of falls history alert forms for residents; physiotherapy assessments; identification of residents with a high falls risk; the use of hi/low beds positioned at an appropriate height for the resident; use of sensor pad to monitor 'at risk' residents movement off the bed; provision of exercises; and promoting the use of safe footwear. Resident and/or their representative interviews confirm that residents are supported to exercise and maintain their mobility levels.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents' oral and dental health care is maintained through initial and ongoing assessments, care planning and evaluation processes. Residents' ongoing oral and dental care needs are monitored through staff observations and resident and/or their representative feedback. Interviews and documentation reviews confirms that a dental technician visits the home and residents have attended external appointments with dentists. Care staff interviews indicate they provide residents with oral care including assistance with denture care, and teeth cleaning when indicated. The team observed the home has supplies of items for residents' oral care. Staff confirmed they have completed oral care education. Residents and/or their representatives indicate residents are satisfied with the oral and dental care the home provides.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

Residents’ sensory loss needs are identified and managed through initial and ongoing assessments, care planning and evaluation processes. An optometrist visits the home regularly, and residents have accessed external ophthalmologist, optometry and audiology services. Care plan reviews include provision for residents’ sensory loss needs such as the care of spectacles and hearing aids and communication strategies. Skin integrity assessments including the checking of residents’ feet, and care plans are completed for residents with diabetes. Residents have access to condiments on their dining tables and use these to individually season their own food and to meet individual taste. A sensory garden is set up in the grounds of the dementia unit for all residents to be involved in gardening activities. Residents and/or their representatives express satisfaction with the care provided for residents’ sensory loss needs.

2.17 Sleep

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

Team’s recommendation

Does comply

The home assists residents to achieve natural sleep patterns through on-going assessments, care planning, choice of bed times and staff support at night. Residents have access to call bells in their rooms and ensuites to call for staff assistance at night when required. Staff interviews and documentation review confirms that a range of strategies are used to support individual residents to achieve natural sleep patterns including: regular retiring time at night; warm drinks; pain management; night toileting; the use of incontinence aids; emotional support; snacks at night as required; a comfortable room temperature; closing the door to the resident’s room; use of night light; repositioning; during the day exercises and activities, and night sedation as per medical officers’ orders if necessary. Residents interviewed advised they sleep well at night, the living environment is quiet and they feel safe and secure.

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

An outline of the home’s continuous improvement system is presented under expected outcome 1.1 Continuous improvement.

Following are examples of improvements related to Standard Three:

- A new fridge and microwave has been provided for residents’ use in three of the home’s servery areas.
- In response to information from residents a new meal selection strategy has been developed allowing residents a greater input into their menu. Residents are required to submit their preferences in advance to assist kitchen staff to plan the meals based on a four week menu rotation. The director of nursing stated that while the changes are developing and ongoing, the contracted catering staff now attend resident meetings, consult personally with residents and make customer satisfaction books available to facilitate improvements to the system.
- The home has made available the services of a trained counsellor one day each week for the benefit of residents. The counsellor is accessible on request and is also available to families.

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

An outline of the home’s systems to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is provided under expected outcome 1.2 Regulatory compliance.

Following are specific examples of regulatory compliance relating to Accreditation Standard Three:

- All residents were notified in advance of the home’s accreditation site audit and dates in accordance with the Aged Care Act 1997.
- In accordance with the requirements of the User Rights Principles 1997, resident care agreements provide clear information regarding security of tenure and financial arrangements. The Charter of Resident’s Rights and Responsibilities is displayed in the home and is also included in the residents’ handbook and residents’ care agreement.
- The home’s privacy policy and practices are in line with privacy regulatory requirements.

3.3 Education and staff development

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

Team’s recommendation

Does comply

For a description of the overall education and staff development system refer to Expected Outcome 1.3 Education and staff development. Education attended by management and staff in relation to Standard Three in the past year includes:

- Grief awareness and loss
- Customer service, resident rights and responsibilities
- Privacy and dignity
- Security of tenure
- One recreational activities officer is currently undertaking the Certificate IV in leisure and lifestyle course.

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 systems to ensure each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Potential residents and/or their representatives are provided with a tour of the home and information to assist them to identify that the home will meet their needs. New residents are welcomed to the home and assisted to settle into the home through the identification and provision of care for their physical and emotional needs and management and staff support. Examples of the support provided include: introducing new residents to other residents; an orientation to the environment and services available; encouragement to participate in activities programs; reassurance; and one-on-one support. Visiting clergy are available to provide residents and their families with emotional support. A qualified counsellor also attends the home on a weekly basis and is available to provide emotional support and counselling to residents, families and staff. Residents and/or their representative interviews demonstrate they are satisfied with the way the home assists residents to adjust to life in their new home and with the ongoing support and care provided.

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 are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home according to their personal preferences and general health. The home provides an environment in which resident representatives, visitors, volunteers and community groups are welcome to visit. Residents can choose to go on family outings, visit friends in the Bethshan Retirement Village and Nursing Home in close proximity to the home, and/or belong to external community groups or organisations. Residents' independence is also fostered through ways including: open visiting hours; residents having personal items in their rooms; grab rails in the bathrooms and provision of mobility aids; use of personal electric motor scooters; encouragement to attend to activities of daily living; telephones, televisions and radios in resident rooms, and participating in government elections at an in-house polling booth. The activities schedules include regular bus outings. Care staff interviews indicate they encourage residents to do as much as they can to maintain their independence. Residents and/or their representative interviews indicate satisfaction with the manner in which the home assists residents to maintain their independence.

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 recognises and respects each resident's right to privacy and dignity by the identification of residents' care needs, care planning, and staff practices. Assessment processes include the identification of residents' preferred names. The resident handbook and the resident agreement provide information on the home's protection of residents' personal information. New residents or their representatives are requested to sign a consent for the collection and disclosure of personal information, and a confidentiality agreement is signed by all staff on employment. Staff interviews demonstrate they understand the need to maintain the confidentiality of resident information and apply strategies for maintaining respect for residents' privacy and dignity. Examples include: addressing residents by their preferred name; speaking politely and respectfully to them, knocking on resident doors before entry and closing doors when providing treatment in residents' rooms. Observations demonstrate that residents' care documentation is stored securely. Processes are in place to recognise and respect the dignity of residents' receiving palliative care. Residents and/or their representatives interviewed express satisfaction with the way staff respect and maintain residents' privacy and dignity.

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

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. An assessment of residents' specific needs, interests and preferences is performed on entry to the home by the recreational activities officer, and a diversional therapy care plan is developed which is reviewed on an ongoing basis. Information obtained from resident meetings, activity attendance records, diversional therapy activity evaluation forms, residents informal comments during group activity and one-on-one discussions is used to plan and evaluate suitable group and individual activities, ensuring that activities meets residents' changing needs and wishes. The activities program calendar caters for residents' varying levels of physical and cognitive capabilities. Residents and their representatives are informed of the recreational activities available through activities program calendars on display, provision of monthly activities calendars, daily activities displayed on whiteboards throughout the home, and/or verbally by staff. Examples of activities provided include: devotions and spiritual services, choir group, craft, games, and exercise groups. The home also provides birthday celebrations for residents, bus outings, entertainment, and the celebration of special events. Photograph reviews show residents participating in special celebrations and activities. Interviews with residents and/or their representatives indicate they are encouraged and supported to participate in activities of interest to them and are satisfied with the range of activities provided.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has systems in place through which residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, customs, religion and cultural backgrounds. Devotions are held Monday to Friday in the home's chapel, and communion service is held every second Sunday. The religious services held at the Bethshan Community Church are relayed electronically to the home's television which enables the residents to participate in the service if they are unable to attend in person. Lay members of the Roman Catholic Church also visit weekly for communion and friendship

support to members of their faith and staff will arrange other visiting clergy to attend residents on request. The home also has a satellite dish installed which provides a broadcast of religious television programs that are available to residents. Cultural and religious celebrations are acknowledged and celebrated. Examples include: special activities for the ANZAC and Remembrance days, Australia Day, Easter and Christmas. The home has access to interpreter services, and also holds special theme days with culturally specific decorations and foods to acknowledge ethnic diversity. Interviews with residents and/or their representatives indicated that their cultural and spiritual needs are met.

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/or their representatives are supported to participate in decisions about the care and services provided. The home informs residents/representatives of choices available and their rights through ways including: the information provided prior to and on entry to the home; the resident agreement, and the resident handbook. The Charter of Residents' Rights and Responsibilities is on display. Examples of residents' choices for care and services include: choice of medical officer; choice to self-medicate following their medical officer's authorisation; choice of food; name preference; choice of whether they wish to participate in activities and join social groups in common areas or remain in their rooms; choice of personal items in rooms; input into care delivery; choice of bed times, and choice of clothing worn. Residents and/or representative input into care and services is also facilitated through residents/relative meetings, resident surveys, comments and complaints' mechanisms, and management's 'open door' policy. Resident and/or their representative interviews indicate that residents are able to exercise choice and control over the care and services provided within 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

The home provides information for residents on security of tenure and their rights and responsibilities in residents' care agreements and the residents' handbook. In addition the Charter of Residents' Rights and Responsibilities is displayed clearly in the home. Residents are provided with information on complaints resolution processes including internal and external complaint mechanisms, and advocacy services. Residents are encouraged to attend residents meetings, participate in resident's surveys, and openly consult with management regarding any issues of concern. Interviews with resident and representatives indicate that they are satisfied with the information the home provides regarding their security of tenure and their rights and responsibilities.

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

An outline of the home’s continuous improvement system is presented under expected outcome 1.1 Continuous improvement.

Following are examples of improvements related to Standard Four:

- Construction of a new nursing home to replace the existing co-located nursing home is due for completion in November 2009. The facility will include a new laundry to service both the hostel and the nursing home.
- The occupational health and safety system at the home has been restructured and a qualified coordinator has been employed one day each week to facilitate the required processes consistent with legislation. The continuous improvement committee has adopted the responsibilities of the occupational health and safety committee until a new committee is constituted.
- Compulsory education in relation to infection control has been introduced for all staff. The director of nursing indicated that there have been no influenza or gastroenteritis outbreaks in the past twelve months and attributes this in part to improved staff practices in infection control.

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

An outline of the home’s systems to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is provided under expected outcome 1.2 Regulatory compliance.

Following are specific examples of regulatory compliance relating to Accreditation Standard Four:

- The home meets certification requirements and has a current fire safety statement.
- External service contractors test and calibrate equipment including fire fighting and electrical equipment.
- The home has been granted a NSW Food Authority License and has a food safety program for food service to vulnerable persons in accordance with the Australia and New Zealand Food Standards Code.
- The home has implemented infection control procedures to manage gastroenteritis and influenza outbreaks including the provision of outbreak management kits.

4.3 Education and staff development

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

Team’s recommendation

Does comply

For a description of the overall education and staff development system refer to Expected Outcome 1.3 Education and staff development. Education attended by management and staff in relation to Standard Four in the past year includes:

- Occupational health and safety
- Risk management
- Incident investigation
- Infection control and outbreak management
- Manual handling
- Chemical safety
- Fire and emergency procedures
- Food safe handling
- Cleaning and laundry staff are currently undertaking the Certificate III in hospitality course.

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 management at Bethshan gardens provides a safe and comfortable environment consistent with residents' care needs. The home is divided into four 'cottages' with three cottages providing general hostel care and one cottage is a secure dementia specific unit. The home provides accommodation for sixty six residents, each occupying a single room with an ensuite bathroom. All areas of the home are air conditioned and the living environment was observed to be clean, well furnished and well lit. Handrails are installed along corridors to assist residents to mobilise safely. The team observed that residents have personalised their rooms with paintings, photographs and/or ornaments. There is a servery, dining area and lounge areas in each cottage and the chapel/recreational activities area is centrally located. Attractive courtyard garden areas are available for residents to access. Preventative and routine building and equipment maintenance programs are in place and regular environmental inspections are carried out. The safety and comfort of the living environment is also monitored through resident/relative meetings, incident/accident reports and the complaints system. Residents report they enjoy living at the home and that the living environment is safe, comfortable, clean and secure.

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

Interviews with management and staff and a review of documentation verify that the home is actively working to provide a safe working environment that meets regulatory requirements through policies and procedures, hazard identification, incident and accident reporting, supervision of staff work practices, scheduled and preventative maintenance, and staff meetings. The home has an experienced occupational health and safety (OH&S) coordinator filling this role one day each week, although other duties at the home allow him to be available for consultation on another two days each week. The continuous improvement committee currently operates with an OH&S responsibility. Staff receive OH&S and manual handling training as part of their orientation program and on an ongoing basis. New staff also undertake a manual handling competency assessment during the orientation program. Equipment is regularly maintained according to a planned maintenance schedule and as required. The team noted that issues identified through the occupational health and safety system are followed up promptly. All accidents and incidents are analysed by management,

reported through the home's meeting system and acted on appropriately. Staff practice is monitored by management and personal protective equipment is available in designated areas. Staff reported the home provides a safe working environment and quickly responds to identified risk.

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

Management and staff are actively working to provide a safe and secure environment for residents, staff and visitors. Fire, security and safety systems are maintained through policies and procedures, regular fire equipment testing and maintenance, safety signage throughout the home, safe storage of chemicals, a program of electrical equipment testing and tagging, environmental audits, with mandatory staff fire safety training conducted by an external service provider. An emergency procedure manual and flip charts are available to staff, plus emergency contact details are updated regularly. The team observed that emergency exits are clearly marked. Material safety data sheets are on display where chemicals are used and spill kits are available for use. Documentation review confirms that the home has a current agreement with a fire protection company to regularly test and maintain the fire detection system and fire fighting equipment and the home has a current fire safety compliance statement.

Residents advised the team that they are satisfied with the safety and security of their physical environment and have been informed about evacuation 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 policies, procedures and an infection control program in place to identify, monitor, manage and minimise infections. Preventative strategies include environmental audits, scheduled cleaning programs, the management and disposal of contaminated waste, and the provision of sharps waste disposal containers and spills kits. Staff orientation and on-going education programs include infection control principles and practices, and regular hand washing competency assessments. Catering practices are consistent with hazard analysis and critical control point principles (HACCP). Food temperature monitoring includes refrigerators, freezer, dishwasher and food. Residents and staff are offered vaccinations each year. The team observed staff using personal protective equipment and clothing, and colour coded equipment. All staff interviewed by the team demonstrated a good understanding of infection control principles and practices related to their roles and were able to describe the preventative measures to be taken to minimise cross infection.

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 provides catering, cleaning and laundry services which enhance the quality of life of residents, and provide a clean and comfortable working environment for staff. Residents' dietary needs and preferences, and assistance required at meal times are identified when they move into the home, relayed to server staff and the catering department and reviewed regularly. A contracted provider prepares meals and snacks fresh on site each day and resident's special dietary requirements are provided. The contract company employs a

dietician who reviews the menu which rotates over a four week period. Catering staff are trained in and implement safe food handling practices. A number of residents/representatives were interviewed by the team from each of the four cottages in relation to their satisfaction with the meals provided. Generally there was satisfaction with the meals provided. Residents' rooms are cleaned regularly according to a schedule using appropriate chemicals and colour coded equipment. Residents and their representatives interviewed complimented staff on the cleanliness of the home. Linen and personal clothing are transported across the road by a motorised buggy and laundered at the co-located nursing home although a new laundry is being constructed in association with a new nursing home and is likely to be operational by November 2009. Dirty and clean items do not cross over during the transport or washing process, and sanitising agents are used in every wash load. The home also has a small laundry facility that may be used by residents if they choose to wash their personal items. Interviews with residents confirm they are 'very satisfied' with the cleaning and laundry services provided at the home.