



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Bupa Roseville

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

The Agency has decided that the period of accreditation of Bupa Roseville is three years until 21 July 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: Bupa Roseville

RACS ID: 2230

Number of beds: 45 Number of high care residents: 44

Special needs group catered for:

- 11 residents accommodated in a secure unit

Street/PO Box: 26 Pacific Highway

City: ROSEVILLE State: NSW Postcode: 2069

Phone: 02 9412 1437 Facsimile: 02 9411 1839

Email address: Nil

Approved provider

Approved provider: Bupa Care Services Pty Limited

Assessment team

Team leader: Greg Foley

Team member/s: Marilyn Howson

Date/s of audit: 28 April 2009 to 29 April 2009

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

Accreditation decision

| Agency findings |
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| Does comply |
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| Agency findings |
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| Executive summary of assessment team's report | |
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| 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 |
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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 | Bupa Roseville |
| RACS ID | 2230 |

Executive summary

This is the report of a site audit of Bupa Roseville 2230 26 Pacific Highway ROSEVILLE NSW from 28 April 2009 to 29 April 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 Bupa Roseville.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 28 April 2009 to 29 April 2009

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

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

Assessment team

| | |
|----------------|----------------|
| Team leader: | Greg Foley |
| Team member/s: | Marilyn Howson |

Approved provider details

| | |
|--------------------|--------------------------------|
| Approved provider: | Bupa Care Services Pty Limited |
|--------------------|--------------------------------|

Details of home

| | |
|---------------|----------------|
| Name of home: | Bupa Roseville |
| RACS ID: | 2230 |

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| Total number of allocated places: | 45 |
| Number of residents during site audit: | 44 |
| Number of high care residents during site audit: | 44 |
| Special needs catered for: | 11 residents accommodated in a secure unit |

| | | | |
|-----------------|--------------------|------------|--------------|
| Street/PO Box: | 26 Pacific Highway | State: | NSW |
| City/Town: | ROSEVILLE | Postcode: | 2069 |
| Phone number: | 02 9412 1437 | Facsimile: | 02 9411 1839 |
| E-mail address: | Nil | | |

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bupa Roseville.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

| | Number | | Number |
|--|--------|------------------------------|--------|
| General manager | 1 | Residents | 4 |
| Care manager | 1 | Relatives | 2 |
| Registered nurses | 2 | Cleaning contractor managers | 2 |
| Assistants in nursing | 4 | Physiotherapist | 1 |
| Assistant in nursing/continence link nurse | 1 | Consultant physiotherapist | 1 |
| Administration officer | 1 | Physiotherapy aide | 1 |
| Diversional therapist (organisation) | 1 | Catering staff | 2 |
| Recreational activity officer | 1 | Cleaning staff | 1 |
| Regional maintenance supervisor | 1 | Laundry staff | 1 |
| Maintenance officer | 1 | Chaplain | 1 |
| Pastoral care worker | 1 | | |

Sampled documents

| | Number | | Number |
|--|--------|-------------------|--------|
| Residents' files including assessments, care plans, progress notes, referrals, doctors' notes and allied health instructions | 10 | Medication charts | 8 |
| Residents' administrative files including residents' agreements | 2 | Personnel files | 3 |
| Wound dressing charts | 3 | Complaints logs | 6 |

Other documents reviewed

The team also reviewed:

- Activity planning sheets
- Activity programs
- Allied health professionals' appointment book
- Asset register
- Attendance register for group exercises and tai chi
- Audits – schedule and results
- Catering – diet analysis forms, change of diet forms, menu, daily meal preference list, food safety program and records, NSW Food Authority licence
- Cleaning – contract, manual, training and competency records, schedule, inspection reports
- Communication book physiotherapy team
- Communication books nursing staff
- Competency and skills assessment program
- Complaints brochures, flowchart, evaluation forms
- Compliments
- Continuous improvement log
- Continuous improvement plan
- Criminal history check database
- Current aged care funding instrument assessments folder
- Education/training – training needs analysis, calendar, attendance records, induction program, 'tool box' training, external training records
- Employee handbook and code of ethics
- Fellowship service program
- Fire safety - inspection schedule and reports, annual fire safety certificate, staff training records, internal audits
- Handover reports and guidelines
- Human resources manual – learning and development program
- Incident reports
- Infection surveillance - record of infections and monthly reports
- Job descriptions and duty statements
- Laundry manual
- Maintenance – log, preventative maintenance schedule, approved service provider list, service provider agreements, service records, inspection reports, contractor code of conduct
- Material safety data sheets
- Meeting Minutes – assistants in nursing, residents and relatives, continuous improvement committee, infection control committee, occupational health and safety committee, nutrition and hydration, medication advisory committee, general service officers, catering department, registered nurses, therapy (lifestyle and physiotherapy)
- Meeting planner
- Memos
- Occupational health and safety – manual, reports, workplace inspections
- Pest control records
- Physiotherapy aide weekly schedule
- Physiotherapy assist therapy/mobility program
- Physiotherapy benchmarking results for the organisation 2006, 2007, 2008
- Physiotherapy daily schedule for individual residents
- Physiotherapy resident satisfaction survey results 2009
- Physiotherapy residents' falls report 2009
- Policy and procedure manuals and flowcharts
- Purchase order file
- Record of professional registrations

- Recreational activity survey 2008/2009
- Registered nurse communication folder
- Regulatory compliance – monthly memo
- Reportable incidents manual and register
- Resident activity participation record
- Resident agreement
- Resident handbook
- Resident information package
- Resident/relative satisfaction survey
- Roster and roster management flowchart
- Special care day monthly program and checklist
- Staff/resident allocation folder
- Supplier agreement/contracts – on line and list of approved suppliers
- Vision and values statements

Observations

The team observed the following:

- Activities in progress
- Activities resources boxes – dementia area
- Computer facilities – including intranet
- Dining room during midday meals
- Equipment and supply storage areas
- Fire safety plans and equipment
- Gastro outbreak kit
- Infection control equipment including personal protective equipment and hand washing facilities
- Interactions between staff, residents and visitors
- Internal and external comments and complaints forms and brochures
- Lift between floors
- Living environment – residential accommodation, communal areas, dementia specific area and courtyard
- Medication round
- Medication storage
- Noticeboards
- Occupational health and safety and notices and equipment
- Palliative care kit
- Spills' kits
- Staff shift handover
- Staff work areas – nurses' stations, kitchen, cleaners room, laundry sorting area, utility rooms, offices, maintenance room, store room, staff room
- Staff work practices

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

A quality management system is in place and the home is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: improvement logs, regular meetings, feedback mechanisms, a program of audits and surveys, and analysis of monitoring data. All opportunities for improvement that are identified are recorded on a continuous improvement plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by a continuous improvement committee, which meets three monthly, and the system is supported and supervised by the organisation to which the home belongs. Residents and representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement. They say management is responsive to suggestions and that they receive feedback regarding their input.

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

- The home has recently become part of a large organisation which provides aged care around the world. The organisation is in the process of putting together a data set for all the homes it manages. This will provide benefits through access to broad based comparative data and resultant research conducted by the organisation. The organisational plan is to ensure consistent best practice through all its homes.
- A new induction program has been introduced for all staff. It is comprehensive, role specific and includes skills assessments of mandatory topics to ensure staff have appropriate knowledge to carry out their roles.
- The complaints management process has been reviewed and updated so that complaints are managed at the appropriate level and there is more efficient resolution of complaints. New flowcharts have been created and training provided for staff to enable them to appropriately respond to complaints.
- Following difficulties in the response to applications for criminal history checks the organisation has engaged an external service provider to manage the process electronically. This has resulted in greatly improved efficiency in the process and ensures the home is up to date and compliant with this legislative requirement.
- The process of roster management has been reviewed and a new roster management flowchart introduced. Clear steps are set out for the replacement of staff with the first calls going to part time, casual or full time staff. This has resulted in continuity of care for the residents and a reduction in the use of nursing agency staff.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation to which the home belongs identifies all relevant legislation, regulatory requirements, professional standards and guidelines through subscription to a regulatory publishing service and information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is forwarded to the home and disseminated to staff through updated policies and procedures, a memoranda system, regular meetings and ongoing training. Relevant information is disseminated to residents and representatives through residents' meetings, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home's continuous improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

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

- Criminal history checks have been carried out for all staff.
- Training has been provided for staff on the mandatory reporting of elder abuse.
- The home maintains a register for reportable incidents relating to elder abuse and residents who abscond.
- The organisation has contracts with external service providers confirming their responsibilities under the relevant legislation, regulatory requirements and professional standards, including criminal history record checks for contractors visiting the home.
- A system is in place for the secure storage, archiving and destruction of personal information in accordance with the NSW Privacy and Personal Information Protection Act and regulations for residents' records.

1.3 Education and staff development

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

Team's recommendation

Does comply

There is a system in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The learning and development program, including topics covering the four Accreditation Standards, is developed with reference to training needs analysis, performance appraisals, staff input, the organisation's business plan and management assessments. The program includes: a comprehensive induction for all new staff; mandatory training to meet regulatory requirements and the homes policies; in-service talks; televised programs; short 'tool box' talks at handover; training on-line through the internet; and the opportunity for external training, seminars and workshops. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals, competency assessments, the feedback and monitoring systems of the home, and the ongoing observation of staff work practices. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents and representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard One include:

- The induction program covering such topics as: the vision and values of the home, customer focus, continuous improvement, and the complaints mechanism of the home.

- The in-service program provided for staff which includes such topics as: accreditation, reportable incidents, occupational violence/bullying, complaints management, and leadership/team spirit.
- A self directed learning package for registered nurses on leadership skills.

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

Residents/representatives are informed of internal and external complaint mechanisms through the resident handbook and information pack, discussion during orientation to the home and at residents' meetings. Forms for written comments and complaints are available in the home and brochures about an external complaint mechanism are also available. Comments and complaints are logged in the continuous improvement system and the team noted that issues raised are managed appropriately and addressed in a timely manner. Residents and representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Staff are educated about the complaints mechanism and are trained to respond appropriately to complaints. Residents and representatives interviewed say they are aware of how to make a comment or complaint and feel confident that concerns are addressed appropriately.

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 vision and values of the organisation are well documented and on display in the home. They are also available to all residents and representatives, staff and other stakeholders in a variety of documents used in the home. Vision and values are included in the induction program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality.

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

Management has systems in place to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. The induction and education program, outlined in expected outcome 1.3 Education and staff development, provide the staff with opportunities to maintain and enhance their knowledge and skills. There are job descriptions for all positions and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to residents' needs, a range of clinical monitoring data and feedback from staff and residents and or representatives. The performance of staff is monitored through annual appraisals, competency assessments, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed indicate they have

sufficient time to complete their designated tasks and meet residents' needs. The team observed staff responding quickly to the needs of residents and their interaction with residents/representatives is caring and professional. Residents and representatives interviewed report their satisfaction with the care provided by the staff.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home uses a list of approved suppliers and has service agreements, set up by the organisation, to guarantee the availability of stocks of appropriate goods and equipment for quality service delivery. Responsibility for ordering goods is delegated to key personnel in each department and is overseen by the general manager. There is a purchasing policy and delegation authority for the acquisition of new equipment. An asset register is maintained and maintenance records show that equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The system is monitored through periodic contract reviews, regular audits, surveys, meetings and the feedback mechanisms of the home and there are processes to address concerns about poor quality goods. The team observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of avenues to obtain additional supplies and for the requisition and repair of equipment.

1.8 Information systems

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

Team's recommendation

Does comply

There are information management systems in place to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for effective care. A password protected computer system facilitates electronic administration, reporting and access to the internet, the organisation's intranet and e-mail communication. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Residents/representatives receive information when they come to the home and through meetings, case conferencing, notices and correspondence. Mechanisms used to facilitate communication between and amongst management and staff are meetings, memos, handover sheets, feedback and reporting forms and notices. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents and representatives interviewed report they are kept well informed and consulted about matters that impact on them.

1.9 External services

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

Team's recommendation

Does comply

There is a system in place to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. The organisation enters into service agreements with all external service providers to ensure they comply with their responsibilities under the relevant legislation, regulatory requirements and professional standards, including criminal history record checks for contractors visiting the home. The agreements set out the expectations of the home with regard to the services provided and include a code of conduct for contractors. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. The services provided are monitored by management at a local and organisational level through regular evaluations, audits and the feedback mechanisms of the home and there is a system for managing poor performance of service providers. Staff and management confirm they are satisfied the externally sourced services meet the home's needs and service quality goals.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

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

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

- Specialist clinical committees have been set up across the organisation to establish best practice models of care, policy and guidelines in six key clinical areas: dementia care, lifestyle, continence, palliative care, wound management and infection control. These committees commenced in December 2008 and report quarterly. They make current research available and provide consultation for the homes. As a result a new pain assessment tool for residents with cognitive deficit has been introduced at the home and education in its use has been provided for staff.
- Following feedback from the resident satisfaction survey a monthly special day care for each resident has been introduced. On this day special attention is given to personal grooming such as nail care and podiatry and managing personal space such as checking wardrobes, furniture and special cleaning. This provides a regular comprehensive review of the personal care and living environment for the resident.
- The handover process has been reviewed and revised. It has been formalised with the introduction of handover sheets and handover guidelines and an extra 15 minutes per shift for assistants in nursing has been allocated to allow staff the time needed for handover. The new process enables better communication between shifts and provides a record of the information for other shifts and management.
- A full medication management review was held in conjunction with the medication supplier and the pharmacist. A set order was established for the medication charts and only necessary information was stored in these files. This has resulted in a simplified and safer process for medication management.
- The procedure for weighing residents monthly has been changed to take place on the first two days of every month. This provides up to date data for the monthly nutrition and hydration meeting and enables nursing staff to better monitor the weights of residents and so take action as required.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

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

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

- A record is kept of the current registration of registered nurses and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- The home demonstrated registered nurses have responsibility for care planning of a high care residents in accordance with the specified care and services of the *Quality of Care Principles 1997*.

2.3 Education and staff development

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

Team’s recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Two is listed below.

- The in-service program covering such topics as: nutrition and hydration, diabetes, pain management, pathology of the eye, hearing aids, catheter care, oral care, falls prevention, physiotherapy, continence management, aromatherapy, palliative care, the ageing process.
- Short ‘Tool box’ talks at handover covering such topics as: grooming, showering, pressure area care, falls prevention, physiotherapy exercises
- External courses attended by staff on falls prevention and tai chi exercises.
- An industry conference attended by management.

2.4 Clinical care

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

Team’s recommendation

Does comply

There are reliable systems to ensure residents receive appropriate clinical care. Residents’ files show comprehensive assessments are completed for each resident and progress notes clearly record the care provided. Care is planned in consultation with the resident and/or their representative, the resident’s doctor and allied health professionals as appropriate. Care plans are reviewed when resident care needs change and routinely each two months to determine the extent to which the desired goals or outcomes of care have been achieved. Staff demonstrate a sound understanding of the clinical care process. There are appropriate supplies of equipment and resources to meet the ongoing and changing care needs of residents. Clinical care delivered is evaluated through care plan reviews, monthly special care days, regular audits, monitoring of staff practices by senior staff and the review of clinical indicators. Representatives are informed of changes in the resident’s condition and care needs. Residents and representatives are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

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

Team's recommendation

Does comply

Registered nurses identify residents' specialised needs through initial and ongoing assessments in consultation with residents' doctors, residents and representatives. Residents with specialised needs are referred to allied health professionals as appropriate. Instructions by medical and health professionals as well as resident's individual preferences are included in the resident's care plan to guide staff practices. Care plans are regularly reviewed for effectiveness by registered nurses and other health professionals when necessary. Care conferences are held as appropriate. There are appropriate resources and well maintained equipment to provide specialised nursing care. Residents and representatives are satisfied with the specialised nursing care provided to residents.

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

Residents' health needs are identified on entry and on an ongoing basis by registered nurses and allied health professionals. Residents are referred to health specialists when a need is identified. Residents have access to allied health specialists who visit regularly such as the physiotherapist, podiatrist and specialists who visit on an as needs basis including: optometry, dentists, dieticians, mental health specialists, speech pathologists and hearing services. Appointments are also made for residents to visit external appointments with health specialists and assistance is given with escorting residents when indicated. Scheduling, preparation and follow up of referrals is communicated effectively and in a timely manner. Residents and representatives are satisfied with the way referrals are made and the way changes to residents' care are implemented.

2.7 Medication management

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

Team's recommendation

Does comply

There are systems and processes for the safe and correct management of residents' medication. These include safe prescribing, dispensing, storage, administration and disposal of medication. Medication management is addressed as part of resident care planning. All medications are administered by registered nurses who complete an annual competency assessment regarding administering medications to residents. Internal audits, incident reporting and external medication reviews are in place to ensure medication management is safe and correct. The contracted pharmacy provides ongoing education regarding the medication administration system. Residents and representatives are satisfied with the management of residents' medication.

2.8 Pain management

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

Team's recommendation

Does comply

Residents' pain is assessed on entry and when there is a change in the level of pain or medication used to manage pain. Initial assessments identify any pain a resident may

have and a care plan is developed based on the individual resident's pain management strategies. These include both pharmacological and non-pharmacological interventions, consideration of resident's preferences and are based upon assessment information. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Strategies to prevent and manage residents' pain include attendance to clinical, emotional and spiritual needs, medication, massage, aromatherapy, repositioning and rest. Referral to the resident's doctor and specialised pain management services is organised as needed. Residents and representatives report residents are as free as possible from pain and staff respond in a timely manner to their requests for pain relief.

2.9 Palliative care

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

Team's recommendation

Does comply

There are systems to ensure the comfort and dignity of terminally ill residents and support for their families and those involved in their care. Documentation and staff discussions show the spiritual, psychological, physical and emotional needs of residents receiving palliative care are assessed and considered in care planning. A multi-disciplinary approach is implemented in supporting the physical, emotional and spiritual needs of dying residents based upon their wishes. Pastoral care is offered and provided as requested. Representatives are informed of the palliative care process and the home is in regular communication with representatives and others involved in the resident's care throughout the palliative care process. Thankyou cards and letters have been received expressing appreciation for the palliative care provided.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' dietary needs and preferences are identified on entry to the home and this information is provided to the catering staff. Staff ensure that residents receive adequate nutrition and hydration by monitoring residents' vital signs that include weight, nails and skin. Staff also monitor residents' intake of food and fluids by observation. Water jugs are replenished daily in the residents' rooms. There are seasonal variations and a monthly rotation of the menu that has been reviewed by a dietician. Feedback on the quality and quantity of food is sought via audits, surveys and resident meetings. Residents' special dietary needs are catered for and assessed by a dietician and this includes diets for residents with diabetes, texture-modified meals, thickened fluids and protein supplements. Staff assist residents who have difficulty feeding themselves and a speech pathologist assesses residents who have swallowing difficulties. Residents and their representatives are complimentary about the services related to nutrition and hydration.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation

Does comply

Residents' skin integrity, including any wound care, is assessed when they move into the home through the initial assessment process. Staff monitor residents' skin care, including skin, hair and nails, as part of daily care and use preventative measures and protective devices to protect residents' skin. Assistants in nursing report any changes in skin integrity to the registered nurses for assessment, review and referral to the resident's doctor as needed. A wound care consultant is accessed as required for the effective management of complex wounds. Assistants in nursing have access to sufficient supplies of appropriate equipment and resources to meet the skin care needs of residents. Staff receive training in skin care and the use of specialist equipment such as lifting devices used to maintain residents' skin integrity. Residents have access to a podiatrist and other external health professionals as necessary. Residents and representatives report staff pay careful attention to residents' individual needs and preferences for skin care.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation

Does comply

There are systems to ensure residents' continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following their initial assessment. Assessments consider physical, social and psychosocial causes of incontinence and any medication related continence issues. Registered nurses provide specialised care and staff assist residents as needed with their continence management including the use of continence aids and toileting programs. Staff receive training regarding continence management on an ongoing basis from a continence specialist. The home has appropriate supplies of continence aids to meet resident's individual needs. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist with their bowel management. Residents and representatives state they are satisfied with the continence care provided to residents.

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 to effectively manage residents with challenging behaviours. Documentation and discussions with management and staff show residents' behavioural management needs are identified by initial assessments and documented in their care plans. The home has a secure dementia unit, which includes a safe and attractive courtyard area, to accommodate residents with behaviour management challenges including those with a tendency to wander and endanger themselves. Assistants in nursing in the unit provide holistic care including personal hygiene, social and therapeutic activities and assistance with meals in a supportive and respectful manner. Residents in the general area of the home confirm that they are not affected by other residents' challenging behaviours. To ensure the care and safety for all residents and staff at the home, behaviour management strategies include one-on-one and group activities as appropriate. Staff receive education in managing challenging behaviours and work as a team to provide care. Staff use a variety of management strategies and resources to effectively manage residents with challenging behaviours and ensure the residents' dignity and individual needs are respected at all times. The home has a minimal restraint policy. Resident and representatives are satisfied with how the needs of residents with challenging behaviours are managed at the home.

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

Documentation and discussions with staff show all residents are assessed on moving into the home for mobility, flexibility, strength, dexterity and transfers. A physiotherapist visits the home on two mornings a week and documents individualised care plans for residents. A physiotherapy aide is employed six days a week and assists residents with their physiotherapy programs including monitoring them for any change in their mobility and dexterity that may require physiotherapy review. A consultant physiotherapist also visits the home to undertake research, analyse data and implement programs such as the ‘falls prevention program’ to maximise residents’ mobility. Residents and representatives report satisfaction with the referrals to the physiotherapist. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices and equipment are available to maximise resident’s independence in activities of daily living. The incidence of falls is monitored and there is an environmental hazard reporting system in place.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

There are systems to ensure residents’ oral and dental health is maintained. Oral and dental health needs are assessed when a resident moves into the home and documented on residents’ care plans. Residents are referred to oral and dental services and assisted to access the specialist of their choice. Staff receive education in oral and dental care and assist residents to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the resident’s doctor or allied health services for assessment and review. Residents and representatives state residents are provided with appropriate staff assistance to ensure their oral and dental health is maintained.

2.16 Sensory loss

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

Team’s recommendation

Does comply

An assessment of sensory losses is completed when a resident moves into the home and appropriate referrals are made to specialist services to ensure each resident’s sensory loss is managed effectively. Sensory loss is addressed in residents’ care planning including their individualised care needs and preferences. Catering staff cook on site and condiments and seasonings are provided for residents to flavour food to their individual taste. Residents with sensory deficits are catered for in the activity program with specific activities and resources for hearing, sight, touch and smell related deficits. Programs for residents with sensory loss include aromatherapy, massage and music therapy. For residents with visual impairment the library has a selection of large print books that residents can access. Staff receive training in sensory loss and ensure residents’ assistive devices are maintained in good working order. Residents and representatives report staff are supportive of residents with sensory loss and promote independence and choice as part of daily care provision.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ sleep patterns and needs are assessed when they move into the home including their history of sleep difficulties and use of night sedation. Lighting and noise is subdued at night and staff ensure residents are comfortable in their rooms.

Residents’ ongoing sleep patterns are reviewed, sleep disturbances monitored and appropriate interventions put in place to assist residents to achieve natural sleep. Pain assessments are carried out. Residents are encouraged to attend the regular exercise programs. Staff report residents who experience sleep disturbances are assisted with toileting and repositioning as required. Residents are offered snacks and fluids as requested or assessed as needed. Residents and representatives are satisfied with the way residents’ sleep is managed.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

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

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

- Resource boxes for individual activities have been set up in the secure area accommodating residents with dementia. These are ready to use and allow the assistants in nursing to easily carry out the afternoon activities program or select specific activities to meet individual resident needs. The resource boxes are also available for relatives and visitors to use with the residents. This has improved the quality of the afternoon activities provided in the dementia area.
- A men’s group was established in February 2009 to help meet the special interests of male residents. The group meets fortnightly for drinks and discussion and the feedback is positive. The activities officer reports there are plans to have occasional visits for the men’s group to a local club in the future.
- A pastoral care worker has been employed by the home on a part time basis to provide spiritual and emotional support for residents. This is in addition to any visits by clergy or representatives from local churches. The pastoral care worker is available for all residents regardless of religious denomination.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

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

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

- Information is provided to residents/representatives in the resident information pack and resident handbook regarding their rights and responsibilities and the care and services to be provided to them.
- The ‘Charter of Residents’ Rights and Responsibilities’ is included in the resident handbook and displayed in the home.
- All residents (or their representatives) are asked to enter an agreement that clearly sets out their rights and responsibilities. This includes security of tenure and their rights under privacy legislation and written permission is sought for the disclosure of personal information.
- Staff and volunteers are trained in residents’ rights and responsibilities in their induction and education programs and a code of ethics is set out in the employee handbook.

3.3 Education and staff development

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

Team's recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Three is listed below.

- Induction for new staff includes information on residents' rights and responsibilities and staff responsibilities in relation to resident privacy and the confidentiality of residents' personal information.
- The in-service program covers such topics as: dementia care, privacy, dignity, confidentiality, and death and dying.
- Short 'tool box' talks at handover on such topics as: privacy and dignity, and bedside manners.
- The regional diversional therapist provides ongoing education, monitoring and support for the recreational activities officer.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents are satisfied with staff support when they first move to the home and the assistance staff provide to meet their ongoing emotional support needs. The entry process includes gathering information from the resident and their representative to identify existing care and lifestyle preferences. Information about residents' emotional support needs is included in care documentation. Staff report that the teamwork practiced by staff enables them to spend time with residents to address their emotional support needs. In addition, the recreational activity officer spends individual time with residents who require emotional support on an 'as needs' basis. Reminiscence and photograph therapy enables staff to connect with residents on a personal level. Religious clergy, the chaplain and a pastoral care worker visit the home and residents or representatives can contact them for individual support as needed. Feedback about residents' levels of satisfaction with the provision of emotional support is gained informally, during care conferences and through resident surveys.

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 report satisfaction with the opportunities available to them to participate in the life of the community. Residents advise they are encouraged to entertain their visitors at the home and representatives express appreciation to the catering, nursing and activity staff for their support of family events held at the home. To foster a sense

of community within the home, residents are introduced to other residents, seated with residents of their choice in the dining room and grouped at activities with like-minded residents and those with whom friendships have developed. Residents have their own telephones to assist them to keep in touch with family and friends. Many community groups visit the home including entertainers, special interest groups and school children. Staff facilitate resident participation in the life of the community, for example, through the arrangement of regular bus trips. Residents use mobility aids as required and the regular exercise sessions and individual therapy sessions assist residents maintain their mobility levels and 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

Residents advise their privacy, dignity and confidentiality are respected and staff practices take into account their individual preferences. Observations by the team confirm this. Resident records are securely stored. Staff address residents in a respectful manner using their preferred name. Residents are accommodated in single and shared rooms with shared ensuite bathrooms. Staff knock on residents' room doors and wait for an invitation before entering residents' rooms. Staff use screen-track curtains in shared rooms to ensure residents' privacy when undertaking personal activities in the area around their beds. Many residents enjoy the services of the visiting hairdresser. Representatives compliment staff regarding the dressing and grooming requirements of residents who are reliant on staff as they consider the residents to always be well presented and dressed appropriately for the weather.

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 express satisfaction with the activity program that is held over six days a week. Staff use an assessment process to capture residents' social histories and leisure preferences. Information is also obtained through interviews with residents and representatives. The monthly activity program which includes special events takes into account residents' preferred activities and significant cultural days. Residents provide feedback on the program at resident meetings, through surveys and through informal discussions. The activity program is well advertised. There is a variety of resources available to activity staff, assistants in nursing and family members to provide ad hoc activities of interest to individual residents who have dementia. The recreational activity team maintains participation records for each activity to identify residents' levels of interest in the activities provided. This information is evaluated to ensure that the program continues to meet the recreational and leisure needs of the residents.

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

Residents are complimentary regarding the support provided for their cultural and spiritual needs. The individual requirements of residents to continue their beliefs and

customs are identified in the assessment process on entry and incorporated into their care plans. Specific cultural days such as Australia Day, Anzac Day, St Patrick's Day, Christmas and Easter are commemorated with appropriate festivities. Residents and representatives express appreciation for the efforts of staff to support and cater for the residents on these occasions. Personal significant anniversaries and events are identified and support is provided to residents to commemorate these as they wish. Residents' birthdays are recognised and celebrated. The chaplain and pastoral care worker visit the home regularly and are available to provide spiritual support to residents. A number of religious clergy hold services at the home and residents are invited to attend these services and many do so.

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 state they are satisfied with the choices available to them at the home. Residents' likes, activities enjoyed and preferences are established during the assessment process on their entry to the home. Residents advise their preferred time for showering routines and staff will accommodate their preferences whenever possible. The menu provides choices for each meal and the daily menu is displayed in each dining room. Residents' choice of doctor, allied health professional and alternate therapies is respected. Participation in activities is the choice of the individual resident. The 'Charter of Residents' Rights and Responsibilities' is displayed. Resident rooms, or areas around their beds, are personalised with small items of furniture and their own possessions. The home has a number of mechanisms for residents and representatives to participate in decisions about the services they receive, including resident satisfaction surveys, resident and relative meetings, care conferences and through the comment and complaints system. Staff described how they encourage and support residents to make choices and decisions concerning their life at the home and this was confirmed by residents and representatives.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents and representatives report they are satisfied with the information the home provides on entry regarding details of tenure as well as the fees and charges. Residents and representatives are encouraged to read the agreement fully before signing it and have the opportunity to seek legal advice before signing. Details of residents' tenure are included in the written agreement which is offered to residents on entry and which meets the requirements of the *Aged Care Act 1997*. The home is an 'extra services' home and this is explained to intending residents and clearly articulated in the resident agreement. Information on methods of complaint resolution and residents' rights and responsibilities is contained in the agreement and the resident handbook. Management advises that residents and their representatives are consulted prior to moving rooms and this was confirmed through a review of documentation.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

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

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

- Refurbishments have taken place in the dementia specific area. Carpet has been replaced with vinyl flooring resulting in improved cleanliness and infection control. The lounge area has been extended to differentiate it more clearly from the dining area resulting in an improved living environment.
- New large reflex boxes for the sorting and distribution of residents’ clothing have been acquired for the laundry. This has improved the work environment and resulted in more efficient work practice.
- A labelling machine has been purchased for the laundry so that all clothes can be labelled at the home. This is to reduce the incidence of misplaced clothing.
- The dirty utility room in the dementia specific area has been refurbished with the installation of new shelving and lighting. This has provided more space and improved the work environment.
- An automatic door closer has been installed on the entrance to the dementia specific area. This overcomes the risk of the door being left open and so has improved security for residents and fire safety.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

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

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

- The team was shown records indicating and observed that thermostatic valves and electrical equipment is being inspected, tested and maintained in accordance with occupational health and safety regulations.
- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is on display in the home.
- A review of staff training records and interviews with staff indicates that staff have undertaken the mandatory fire awareness and evacuation training.

- The home has a NSW Food Authority licence in accordance with the Vulnerable Persons Food Safety Scheme.
- Material safety data sheets are located with the chemicals to which they refer.

4.3 Education and staff development

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

Team's recommendation

Does comply

Refer to expected outcome 1.3 Education and Staff Development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Four is listed below.

- The induction program includes training in: fire safety, occupational health and safety, manual handling, incident reporting, maintenance procedures, infection control and hand washing.
- The in-service program covers topics such as: infection control, outbreak management, fire awareness and evacuation, manual handling, chemical handling.
- External courses, attended by staff, on: food safety, occupational health and safety consultation, leaders training for nurses in manual handling competencies, and fire safety officer (level 1) training.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's recommendation

Does comply

Management is actively working to provide a safe and comfortable environment consistent with the residents' care needs and the residents and representatives interviewed express their satisfaction with their living environment. The home is a secure facility built on two levels, linked by a lift, with the lower level catering specifically for residents with dementia. Residents are accommodated in single and double rooms and residents have personalised their own rooms. There is a verandah and courtyard which allow the residents and their visitors to enjoy an outdoor setting. The home is decorated in a homelike manner and is clean, well furnished, and air conditioned. The building and grounds are well maintained with a program of reactive and preventative maintenance. The safety and comfort of the living environment is monitored through resident meetings, the feedback mechanisms of the home, incident/accident reports, surveys and audits, and observation by staff.

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

Management has a system in place to provide a safe working environment that meets regulatory requirements. There is an occupational health and safety committee which

meets regularly to oversee occupational health and safety at the home and report monthly to the organisation. All staff are provided with information about their rights and responsibilities in relation to workplace safety and are trained in manual handling and occupational health and safety during their induction and on an on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. The home monitors the working environment and the occupational health and safety of staff through regular audits, workplace inspections, risk and hazard assessments, incident and accident reporting and daily observations by the care manager, occupational health and safety representatives and maintenance staff. The staff interviewed show they have a knowledge and understanding of safe work practices and were observed carrying them out.

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

There is a system in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. A trained fire safety officer oversees fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. Inspection of the external contractor records and equipment tagging confirms that the fire fighting equipment is regularly maintained and the current annual fire safety statement is on display. Emergency flipcharts and evacuation plans are displayed throughout the home and nurse call emergency buttons are located in each resident room. Security is maintained with a lock-up procedure, security lighting and closed circuit television monitoring the entrance at night. The systems to minimise fire, security and emergency risks are monitored through resident surveys, occupational health and safety and staff meetings, internal audits and external inspections. Staff interviewed state they know what to do in the event of an emergency and residents interviewed say they feel safe in the home.

4.7 Infection control

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

Team's recommendation

Does comply

The home ensures that its infection control program is effective through clear policies and procedures, education and an infection surveillance program. An infection control committee coordinates the program with the support and supervision of the organisation. The home has mandatory training in infection control and hand washing competencies are assessed. Hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an outbreak management policy and kits, a food safety program used in the kitchen, a vaccination program for residents and staff, pest control and waste management. The staff interviewed show they have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, trend analysis, audits, benchmarking and organisational review.

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 hospitality services provided are meeting the needs of the residents and are enhancing their quality of life.

All residents are assessed for their dietary preferences and needs when they move into the home. There is a rotating menu that has been assessed by a dietician, caters for special diets and provides choices for residents. The chef is responsive to suggestions and the changing needs and preferences of residents.

The home is cleaned by a full time contract cleaner. The cleaning is carried out according to a schedule and the quality of the cleaning is monitored by the management and staff of the home and the contractor supervisor. The team observed the home to be clean and residents and representatives state they are satisfied with the results.

Personal clothing and linen is laundered off site at a neighbouring home belonging to the organisation. Clothing is labelled to minimise any losses and there is a system in place for the management of misplaced clothing.

The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents and representatives interviewed say they are satisfied with the hospitality services provided.