



Aged Care  
Standards and Accreditation Agency Ltd

## **Chesalon Care Woonona**

RACS ID 2093

20 Alice Street

WOONONA NSW 2517

Approved provider: Sydney Anglican Home Mission Society  
Council

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 September 2015.

We made our decision on 15 August 2012.

The audit was conducted on 10 July 2012 to 11 July 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

### 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.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### 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.

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

<b>Standard 3: Resident lifestyle</b>	
<b>Principle:</b>	
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.	
<b>Expected outcome</b>	<b>Accreditation Agency decision</b>
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

<b>Standard 4: Physical environment and safe systems</b>	
<b>Principle:</b>	
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.	
<b>Expected outcome</b>	<b>Accreditation Agency decision</b>
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Chesalon Care Woonona 2093**

**Approved provider: Sydney Anglican Home Mission Society Council**

## **Introduction**

This is the report of a re-accreditation audit from 10 July 2012 to 11 July 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## **Assessment team's findings regarding performance against the Accreditation Standards**

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 10 July 2012 to 11 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

## Assessment team

Team leader:	Wendy Ommensen
Team member/s:	Margaret Dawson

## Approved provider details

Approved provider:	Sydney Anglican Home Mission Society Council
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## Details of home

Name of home:	Chesalon Care Woonona
RACS ID:	2093

Total number of allocated places:	60
Number of residents during audit:	60
Number of high care residents during audit:	60
Special needs catered for:	Dementia care

Street/PO Box:	20 Alice Street	State:	NSW
City/Town:	WOONONA	Postcode:	2517
Phone number:	02 4284 4129	Facsimile:	02 4285 1710
E-mail address:	mcummins@anglicare.org.au		

## Audit trail

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

### Interviews

	Number		Number
Assistant director	1	Residents/representatives	18
Manager	1	Chaplain	1
Registered nurses	2	Catering staff	2
Care staff	2	Laundry staff	1
Physiotherapy aide	1	Cleaning staff	2
Lifestyle staff	1	Contracted maintenance staff	1
Administration assistant	1		

### Sampled documents

Residents' electronic clinical files including medical notes, progress notes, care plans, and other clinical documentation	7	Weight charts	6
Summary/modified care plans	7	Lifestyle attendance and evaluation records	4
Medication charts	7	Residents agreements	4
Pain Charts	6	Personnel files	4
Wound management charts	5	Accident/incident/aggressive incident reports	23

### Other documents reviewed

The team also reviewed:

- Activity/lifestyle folders and calendar, activity therapy assessments, consent for distribution of photos, spiritual needs assessments
- Assessment schedule for new admissions, resident clinical review task list, and aged care funding instrument assessments, independent lifestyle activities, outing information and evaluation documentation
- Clinical indicator records including falls, infections, medications, skin tears, wounds
- Cleaning – documented infection control procedures, cleaning schedules and duty lists for general, residential, kitchen and laundry cleaning
- Comments, compliments and complaints – policies and procedures, complaints register including investigations and responses, improvement logs
- Continuous improvement/quality management program – auditing processes and audits, issues and improvement log, meeting minutes, satisfaction surveys
- Diabetic management plan and blood glucose monitoring chart, multipurpose, pain management, observations, weight and bowel charts

- Emergency evacuation plan and emergency procedures documentation, emergency flip charts, resident information
- Education calendar and training records, training attendance sheets, staff competencies and skills audits, questionnaires to evaluate knowledge
- Fire fighting equipment service invoices
- Food safety program – calibration records, cleaning schedules, residents' dietary needs sheets, NSW Food Authority licence, food safety manual, food safety instructions for residents, food safety plan, menu, ordering processes, food and equipment temperature records, sanitisation of fruit and vegetable records
- Human resource management – policies and procedures, orientation program, criminal record checks, professional registrations records, performance appraisals, job descriptions, duty statements, reference checks, staff handbook, staff survey, staff rosters, pre-employment health and fitness questionnaire
- Infection control – policies and procedure including outbreak management, hand washing instructions, infection data and reports, audits, microbiological testing results for Legionella, clinical refrigerator temperature charts, graph of gastroenteritis outbreak May 2012, illness register and line listings of residents with gastroenteritis
- Information systems – organisational chart, vision, mission and values statement, policies and procedures and work practice manuals, electronic clinical database, electronic information program, "message of the day" for staff, meeting minutes, newsletters, staff handbook, re-accreditation self assessment report, satisfaction surveys, handover sheets, residents' information package, resident agreement and handbook, diary and communication books
- Inventory and equipment and external services – online ordering system for supplies, maintenance log, planned maintenance schedule, electrical tagging records, external service contracts, allied health services agreements, approved provider list, assets register, contractors' information card
- Medications: medication folders, nurse initiated medications, S8 register, schedule S8 patch application histories, staff specimen signature signing sheets and medication management policy, recommendations for terminology, abbreviations and symbols used in administration of medication, pharmacy seven day single-dose medication management, medication orders fax to pharmacy and pharmacy information updates
- Physiotherapy assessments, progress notes and nursing care plans,
- Regulatory compliance – annual fire safety statement, mandatory reporting register, criminal record checks, NSW Food Authority licence, residents' privacy consents, professional registrations, residential care agreements, staff confidentiality agreements
- Resident 'care needs pod folder', new admission assessments to be completed list, quick reference care plan, specialist referrals and end of life pathways
- Resident nutritional supplement records and menus
- Resident referral to specialist, x-ray and pathology and faxes to medical officers
- Work health and safety policies and procedures, occupational health and safety policy statement, meeting minutes, staff accident and incident reports, hazard reports, risk assessments, material safety data sheets

## Observations

The team observed the following:

- Activities in progress
- Administration and secure storage of medications

- Charter of residents' rights and responsibilities displayed at the home
- Chemical storage, cleaner's room, colour coded mops and cloths, personal protective equipment, spills kits
- Comments and complaints forms and suggestion box
- Dining rooms during lunchtimes, morning and afternoon tea, including resident seating, staff serving/supervising/assisting residents with meals and assistive devices for meals.
- Fire fighting equipment checked and tagged, exit and emergency lighting
- Evacuation egresses, assembly area, emergency evacuation folders including residents' information
- Equipment and supply storage areas, oxygen storage, maintenance workshop
- Food service area – colour coded equipment, preparation and wash up areas, labelling and rotation of stock, meal service and delivery
- Infection control resources - hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, sharps containers, outbreak management kit, bio-hazard spill kits
- Interactions between staff, residents, relatives and representatives, visitors
- Laundry - separate washing and drying areas, colour coded linen bags and sorting processes
- Living environment – internal and external
- Medication refrigerators, first aid kits, equipped dressing trolleys, resuscitation kits, oxygen cylinders and concentrators, medication round
- Menu on display
- Notices informing residents, representatives and staff of the re-accreditation audit
- Personalised resident rooms
- Pressure relieving and mobility equipment in use
- Storage of medications
- Storage of resident and staff files including archives
- Visitors' sign in and out book at the front of the home
- Waste management - contaminated, cytotoxic, general and recycled facilities



## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

### 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 findings

The home meets this expected outcome

The management and staff team at Chesalon Care Woonona implement systems and processes which identify opportunities for improvement across management and service areas. Assessment through internal and external audits, clinical indicators and reporting processes, as well as the collection and analysis of clinical data further supports the program. Monitoring, evaluation and review of the effectiveness of implemented changes takes place. Mechanisms such as improvement logs, meetings, surveys, formal and informal feedback processes and consultation encourage all stakeholders to have involvement in the continuous improvement processes. Residents are able to outline the ways in which they can access the quality program.

Recent examples of improvement activities related to management systems, staffing and organisational development are outlined:

- In October 2012 it was decided the existing quality safety forum concentrated principally on safety within the living and working environment of the home. It was felt the quality committee had a broader brief to monitor all aspects of the care and services using a proactive approach to improvement. Twelve staff members were involved in the work health and safety group and additional staff were recruited to ensure representation across all disciplines. Work health and safety legislation was researched and existing terms of reference were reviewed, found to be appropriate and to have suitable documented outcomes for achievement by the group. The work, health and safety committee now focuses on staff and resident safety. The division of these responsibilities has enabled a more focussed approach to quality and safety.
- All resident care plans were documented on the electronic care planning program when it was introduced about two years ago by the care manager at the time. Earlier in 2012 it was found the care plans of the sixty residents at the home had not been reviewed every three months in line with the organisation's clinical policy and procedures. The result was care plans did not reflect current care delivery. A focus group of registered nurses was convened by the manager on 25 January 2012. A model of responsibility for care planning and an allocation schedule were constructed to reflect rostered nursing shifts and bed numbers. Despite education, it was identified registered nurses had not developed skills in using the electronic care program. Comprehensive one to one or one to two sessions of training were conducted by the care manager. Reviews of the nursing care plans were completed in March 2012 and again in June 2012 and will be completed three monthly or as care needs change. Work is being reviewed to ensure compliance and registered nurses are required to maintain current documentation to reflect resident care needs as part of their key responsibilities.
- An electronic bed replacement program is in place at the home and ten new hi/lo beds were purchased following a trial of different types of beds by staff. This style of bed best

suits the needs of residents and staff found the mechanisms on the hi/lo beds easier to manage. Two floor beds are already in place at the home. The program, which is ongoing, is supportive of residents' comfort and the work, health and safety of 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 findings**

The home meets this expected outcome

Systems and processes ensure the identification and implementation of changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced in a variety of ways. These include information obtained through subscription to a legislative update service, industry related newsletters, from peak bodies, from State and Commonwealth government departments, from statutory authorities and the internet. Changes to legislation are disseminated to the home's management team by the organisation's assistant director of care services and to staff via emails, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Auditing by external regulatory authorities, internal auditing processes, surveys, quality improvement activities and monitoring of work practices ensure consistency and compliance with legislative requirements.

The following examples demonstrate the effectiveness of the system relating to regulatory compliance and pertaining to Accreditation Standard One:

- The re-accreditation audit was discussed with residents and notice of the audit was mailed to representatives and displayed at the home. Residents and representatives interviewed during the re-accreditation audit were aware of the process.
- Mandatory reporting guidelines regarding elder abuse have been implemented at the home. Consolidated records of reportable incidents are maintained. "Discretion not to report" incidents are also recorded and relevant guidelines implemented.
- Changes under the *Aged Care Act 1997* effective from 1 January 2009 have been implemented in regard to notification of missing residents to the Police Department and Department of Health and Ageing.
- Prospective employee's criminal records are checked prior to engagement and there is a process to review the currency of this status every three years. Contracted service personnel are also required to complete criminal record checks.

## **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 findings**

The home meets this expected outcome

Processes are in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. An orientation program and support of new staff assists their development within the workplace. Training needs are identified through legislative change, performance appraisals, satisfaction surveys, results of audits, monitoring of incidents and feedback from stakeholders. From these sources an education plan is developed. Education is delivered in a variety of ways which include in-service training,

information sessions by specialised professionals, by contracted suppliers and through attendance at specific external courses. Competency assessments and questionnaires are conducted to evaluate the program's effectiveness and ensure relevant staff skills are maintained. Records of attendance are kept and there is a system to monitor attendance at compulsory training. Staff state they receive opportunities for relevant education of interest and assistance to them.

Staff attendance records and other documentation highlighted the following examples of training provided in relation to Accreditation Standard One:

- Accreditation toolkit
- Aged care funding instrument documentation
- Care planning and documentation on the electronic database
- Continuous improvement – the quality circle
- Mandatory reporting responsibilities and elder abuse
- New medication administration system
- Orientation
- Positive communication (including workplace behaviour)
- Understanding accreditation

#### **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 findings**

The home meets this expected outcome

Information explaining the internal and external complaints' mechanisms is documented in the resident handbook and the resident agreement and forms for the submission of feedback are available in the home's foyer. Comments and complaints processes are discussed with residents and their representatives as part of the entry process and the manager maintains an 'open door policy'. A complaints register is maintained. A review of complaints demonstrates issues are investigated, analysed and responded to in a timely manner. There is a system for making confidential complaints and for complimenting staff. Annual general surveys of service satisfaction are conducted. At interview residents, their representatives and staff confirm an awareness of the mechanisms by which comments, complaints, or suggestions can be made.

#### **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 findings**

The home meets this expected outcome

The organisation has documented a vision, mission and values statement which is included in publications, such as residents' and staff handbooks and displayed in the foyer of the home. A strategic three year plan is developed and the organisation is committed to seeking

to meet the needs of those it serves through the provision of quality services which are evaluated and continuously improved.

### **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 findings**

The home meets this expected outcome

There are systems and processes to ensure the home has appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies and procedures guiding human resource practices are accessible to all staff in hard copy and on the intranet. Recruitment processes include professional registrations, visa work arrangements, criminal record checks and reference checks. Orientation training and 'buddying' of new staff is conducted and performance appraisals are scheduled annually. Grievance processes are documented. Rosters are developed fortnightly in advance and a review of rosters confirmed absent staff are replaced. Relief arrangements include permanent part time and casual staff, as well as staff from a contracted agency. Staffing levels are flexible and are monitored in line with occupancy, residents' specific care needs and related dependencies. At interview staff were enthusiastic and motivated about their work, expressed appreciation of the education available to them and acknowledged the support of the management team. Residents and their representatives report satisfaction with the care provided and the respectful approach of all staff.

### **1.7 Inventory and equipment**

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

#### **Team's findings**

The home meets this expected outcome

Management and staff interviews and observation confirm there are adequate stocks of goods and access to equipment for the delivery of quality services at the home. Budgeted replacement processes ensure goods and equipment are suitable for purpose and meet the specific needs of residents. There are ordering processes and stock rotation systems for consumable and perishable items. Designated team members assume responsibility for monitoring stocks and ordering necessary supplies. Monitoring processes include risk assessments, hazard reporting and audits. Preventative and reactive maintenance programs are in place. New equipment is trialled prior to purchase and staff are trained in the use. Review of documentation and interviews with staff and residents indicate all maintenance is prioritised and responded to in a timely manner.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

There are effective information management systems. Policies, procedures and guidelines are regularly reviewed and available to all staff. Confidential files are stored securely. A review of residents' documentation indicates there is a process of consultation and evaluation of clinical care plans. A schedule of meetings ensures relevant information is available to stakeholders in a timely manner. The manager, who is a registered nurse, reports to senior management about issues relating to the care and services at the home. Information is disseminated through secure password protected emails, on the staff noticeboard, through newsletters, messages on the electronic shared drive, shift handovers and informal lines of communication. External and internal audits, satisfaction surveys and the collection of data relating to the quality of care and services inform processes of assessment and continuous improvement. Residents and representatives interviewed are very satisfied with their access to information which assists them to make decisions about the residents' care and lifestyle

## **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 findings**

The home meets this expected outcome

Externally sourced services are provided in a way that meets the residential care service's needs and quality service goals. The home engages contracted and preferred service providers and suppliers. Service providers must produce evidence of licensing, professional registrations, public liability and other insurance and are required to have completed criminal checks. Service agreements and contracts with external providers are negotiated, managed and monitored in a variety of ways including environmental audits and feedback from residents and staff. Supervision of the contracted allied health personnel and a review of contractors' work practices are important in ensuring contractual arrangements are being met. Poor performance may lead to cancellation of the contract. External contracts include, but are not limited to, fire services, supply of chemicals, pharmacy services, podiatry, hairdressing, waste management and pest control.

## **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 findings**

The home meets this expected outcome

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

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

- 'Pod' (being areas accommodating ten residents) folders have been set up in each nurses' station. These outline routines and schedules for the care of residents and include a calendar of specific duties for care staff. On allocated days residents are weighed, their blood pressure and vital signs recorded, urinalysis completed and nail care attended. Summary care plans are printed off the electronic care system and filed in the folders. This directs and maintains consistent care delivery by the care staff, who have ownership of the program. They report any resident care changes to the registered nurses who update the care plan. During the re-accreditation audit residents and representatives were keen to express satisfaction with the care services provided and professionalism of staff.
- A pre-packed unit dose system was being used to manage medication administration to residents by the registered nurses and endorsed enrolled nurses at the home. This was not working well and the pharmaceutical supplier was approached to change the system to a seven day delivery pack (or drug administration aid). Expressions of interest were received from several sources and a new supply pharmacy was engaged. The new medication supply contract clearly outlines responsibilities and service arrangements, including costs. Information sessions were held for residents and their families about this new initiative. The pharmaceutical contract also includes education for staff and a schedule of training is to be drawn up. Initially medication incidents increased and appeared to be linked to improved reporting processes but now data indicates a levelling of incidents. The next step in this program is to move to electronic medication charts generated by the pharmacist and signed off by the relevant medical officers.
- Confusion regarding the ordering of “non-packed” medication supplies followed on from the introduction of the new medication administration system. Medication ordering sheets were designed and implemented. These are now faxed once daily to the pharmacy. Clear communication is ensuring correct medication supply. An emergency medication supply box has been introduced at the home.

## 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 findings

The home meets this expected outcome

The re-accreditation team’s observations, interviews and review of documentation demonstrates a system is in place to manage regulatory compliance in relation to health and personal care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence there are systems in place to identify and ensure regulatory compliance relating to health and personal care includes:

- Authority to practise registrations for registered nurses, endorsed enrolled nurses and the physiotherapist are sighted and records are maintained by the home. Contracted allied health services managed by the home’s administration are also required to provide evidence of registration. These include, but are not limited to, the accredited pharmacist, the dietician and the podiatrist.
- Registered nurses are responsible for the care planning, assessment processes and the specialised nursing services implemented for all residents at the home.
- The home ensures residents are provided with specified care and services, supplies and equipment as required under the *Quality of Care Principles (1997)*. These entitlements are advised to residents and/or their representatives on entry to the home and in the residents’ agreement.

## 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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the system.

Examples of training and education provided in relation to health and personal care include:

- Commonly used cytotoxic medication in aged care homes
- Falls prevention, walking group and exercises
- Introduction to continence management
- Medication administration and skills audits
- Nutrition and malnutrition
- Pain management and analgesia
- Palliative care
- Poly-pharmacy
- Wound management

## 2.4 Clinical care

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

### Team’s findings

The home meets this expected outcome

- The home has an effective system to ensure residents receive appropriate clinical care. The system includes assessment upon entry, of residents’ physical and psychological needs conducted by a multi-disciplinary team and information from the resident and/or their representatives. Care plans are developed, goals are set and interventions documented, with strategies for meeting the individual care needs of the resident. Assessments and care plans are regularly reviewed, updated and evaluated. Medical officers’ notes show medical officers regularly visit and review the residents’ condition. Written medical officers’ orders are being carried out by appropriate qualified staff. The review of relevant documents and interviews conducted with residents, their representatives and staff showed the system is efficient and effective.

## 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 findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and assessed with specific care needs implemented, monitored and reviewed by appropriately qualified staff, following consultation with medical and other health professionals when required. The clinical files reviewed showed clear links to specialised nursing procedures, medical and other health care specialist interventions. The home currently provides specialised nursing care for residents requiring behaviour management, wound management and continence management. Education on clinical procedures is provided on an ongoing basis and staff interviewed demonstrated a sound knowledge of residents’ specialised nursing care needs. Residents interviewed expressed satisfaction with the assistance provided to them in regard to their specialised nursing care needs.

## 2.6 Other health and related services

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

### Team’s findings

The home meets this expected outcome

The home has an effective system to refer residents to health services such as allied health specialists, in order to meet the residents’ needs and preferences. Documentation demonstrated residents’ needs are assessed on entry and at regular intervals and referrals are planned, documented, communicated and followed up by staff. Staff interviews demonstrated they have a good understanding of the referral process and procedure to assist residents to access appointments with external health and related services. Residents and representatives communicated the home informs and supports residents to access health specialists and they are satisfied with the home’s referral processes to other health and related services.



## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home has an effective system to manage residents’ medications safely and correctly. Documentation demonstrated the home has policies and procedures in place and medication audits are carried out and reported to the home’s quality improvement meetings. Medications are reviewed regularly and adjusted accordingly in consultation with residents and their representatives. Observations showed the home has an effective medication dispensing process, safe storage of medications and appropriately qualified staff to manage medications. Regular education and competency assessments on medication management are undertaken by staff. Interviews with staff confirmed practices are consistent with policies and procedures and incidents are reported, followed up and linked into the home’s continuous improvement system. The resident and representative interviews verified they are satisfied with the way the home manages residents’ medications.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to assess and monitor pain and develop care plans to ensure residents are as free as possible from pain. Documentation demonstrated interventions are reported in the residents’ care plans and depending on the residents’ needs and preferences pharmacological and/or non-pharmacological interventions are implemented and reviewed regularly. Interviews with staff demonstrated they have an understanding of individual resident’s pain requirements and the home’s pain management policies and procedures. The home seeks best practice pain management advice and education from external health services to meet the needs of residents with complex pain. Residents interviewed reported no issues with pain management.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has policies and procedures to guide staff in the provision of palliative care and implements individual end of life pathways to meet residents’ care needs with dignity and comfort. Interviews with staff demonstrated they have the knowledge and skills to care for palliative care residents. The home seeks palliative care advice and education from external specialty services to ensure best practice. Interviews with residents and representatives verified they are satisfied with the care and the emotional and spiritual support given to residents’ end of life issues. They are also content with the home’s approach to maintaining residents’ comfort and dignity.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure regular assessment, communication, monitoring and updating of residents’ nutritional and hydration status and specific needs and preferences, including awareness of cultural, religious, allergies and medical requirements. Interviews with staff and residents and representatives revealed nutrition and hydration care plans are developed with a multidisciplinary approach and linked to the general care process. Documentation showed special diets, dietary supplements, extra fluids and appropriate referrals are provided for residents. Observations showed staff assist residents at meal times as required. The home has a process for residents and representatives to provide feedback and make suggestions about the meals provided at the home. Residents and representatives stated residents’ preferences are documented and delivered and they are satisfied with the meals and drinks provided.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

The home has policies and procedures to maintain skin integrity consistent with the residents’ health status. Documentation and staff interviews showed the residents’ skin care needs are assessed on entry and at regular intervals. This information is documented and communicated in the residents’ care plans which are regularly evaluated and updated. The assessment and care plan process is completed in consultation with the medical practitioners, residents and representatives. Interviews with staff demonstrated they know how to assist residents to care for their skin and they record skin irregularities and report incidents. The home has procedures to identify and monitor residents at risk of impairment to skin integrity. Interventions and aids are in place to protect skin integrity. Interviews with residents and representatives indicated they are satisfied with the skin care provided to residents.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure residents’ continence needs are effectively managed. Documentation and staff interviews confirmed continence is managed through initial and ongoing assessments and individualised care plans with input from appropriate health professionals, the residents and their representatives. The residents’ continence interventions are regularly monitored and evaluated for effectiveness and changes communicated to staff. Observations confirmed the home has appropriate continence aids to meet the residents’ needs and preferences. Interviews with staff demonstrated they understand the residents’ continence needs and preferences. Residents and representatives expressed satisfaction with the residents’ continence management programs.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

The home has appropriate behaviour management policies, procedures and interventions to care for residents with challenging behaviours. Documentation showed the home uses validated assessment tools to assess residents’ behavioural needs on entry and at regular intervals in consultation with appropriate health professionals, residents and representatives. Care plans are developed and regularly updated and the home consults with external health services to ensure interventions meet the needs of individual residents. Interviews with staff demonstrated they have the knowledge and skills to effectively implement individualised behaviour management strategies for the residents. Interviews with residents and their representatives indicated they are satisfied with the way the home manages residents with challenging behaviours.

### **2.14 Mobility, dexterity and rehabilitation**

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

#### **Team’s findings**

The home meets this expected outcome

The home has policies and practices to support residents to maintain optimum mobility and dexterity. Interviews with staff and documentation demonstrated the physiotherapist carries out mobility and dexterity assessments and interventions are communicated in the residents’ care plans. The care plans are developed and reviewed regularly in collaboration with appropriate health professionals, residents and their representatives. Documentation and staff interviews verified the activity program, such as gentle exercise, walking groups and craft activities, is designed to maintain residents’ mobility and dexterity. Observations showed residents participating in activities to optimise their mobility and dexterity. Staff interviews verified there are adequate mobility and independent living aids available to meet the residents’ needs and preferences. The effectiveness of the program is assessed through audits, monitoring of staff practices, regular review of residents’ care plans and falls accident/incident reports. Residents and representatives stated they are satisfied with the care provided to maintain and enhance the residents’ mobility and dexterity.

### **2.15 Oral and dental care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents’ oral and dental health is assessed on admission in consultation with residents/representatives and other appropriate health professionals; a care plan is developed to meet each resident’s needs and preferences. The home has policies and processes to regularly monitor and review residents’ ongoing oral and dental health needs. Referrals are also facilitated to appropriate health professionals such as dentists and dental technicians. Interviews with staff demonstrated they have the knowledge and skills to deliver care consistent with the residents’ oral and dental needs and preferences. Residents and representatives indicated they are satisfied with the oral and dental care provided to residents.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure residents’ sensory losses are identified and managed effectively in consultation with residents and representatives, external health professionals and services. Documentation identified senses are assessed on entry to the home, reviewed regularly and care plans are developed to communicate the residents’ needs and preferences. Interviews with staff showed they have the knowledge and skills and the home has links to the relevant support services, such as vision and hearing impaired services, to ensure optimal support for residents with sensory losses. Observations verified the home has a sensory program for residents and this includes massage therapy and a variety of activities facilitated by the lifestyle team. Documentation and staff interviews confirmed these therapies and activities are monitored and evaluated to ensure they meet the individual needs and preferences of the residents. Residents and representatives stated they are very satisfied with the home’s management of the residents’ sensory needs.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to assist residents to achieve natural sleep patterns. Documentation showed the home assesses sleep patterns in consultation with medical practitioners, residents and representatives and with consideration of related pain and behaviour management issues. Care plans are developed to communicate the residents’ care needs and preferences in relation to sleep patterns. Staff demonstrated they are aware of residents’ sleep patterns and strategies to assist residents who have difficulty sleeping. Residents and representatives stated they are satisfied with the home’s approach to achieving natural sleep patterns for residents. The environment at night ensures minimal noise and is usually conducive to sleeping.

### **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 findings**

The home meets this expected outcome

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

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

- Residents were not always dressed and ready in time to attend their choice of activities for the day. Participation lists have been implemented to advise care staff of residents wishing to attend morning activities. Attendance at activities has increased and resident feedback regarding this initiative has been positive.
- For the evening meal on Monday through to Friday the dining room is converted to a café with special napkins and LED candles on the tables, mood lighting and gentle music. Residents and representatives find this a pleasant enhancement of their dining experience.
- In order that residents are supported to spend time outdoors enjoying gentle exercise and the sunshine, a walking program has been implemented by the physiotherapist and lifestyle team at the home. A work health and safety assessment of the walkways was completed and participating residents had their mobility checked to ensure their suitability. A number of graded groups were formed in line with residents’ strength and ability. The walking groups set out on Tuesday and Thursday mornings to go distances manageable for the members. Exercise groups are convened within the building when the weather is inclement. The groups are increasing in numbers and residents are very enthusiastic. Whilst it is early days, incidents relating to mobility and dexterity are to be analysed as a possible measure of the benefits of the program.
- A new chemical product for soaking stained linen and personal clothing was introduced in the laundry. Training of staff in the application of this product was completed and the use of personal protective equipment and clothing reinforced. Face masks and elbow length gloves were introduced to ensure work health and safety guidelines are being met. Material safety data sheets were updated to include the new product which has proved effective in removing stains.

### **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 findings**

The home meets this expected outcome

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

- All residents are issued with a resident agreement incorporating clauses required by law such as a 14 day cooling off period, reference to the *User Rights Principles (1997)* and the provision of specified care and services. The agreement is regularly reviewed to ensure legislative requirements are being met.
- Other documents displayed and stored on site to inform of relevant legislation and regulatory compliance include the Charter of residents' rights and responsibilities and the residents' handbook.
- In line with privacy legislation, residents or their representatives are requested to sign releases in relation to the disclosure of health information and display of photographs. Staff are advised of their role in relation to *The Privacy Amendment (private sector) Act 2000* and they all sign confidentiality agreements as part of the organisational Code of Conduct.

### **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 findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development.

Examples of training and education provided in relation to resident lifestyle include:

- Certificate IV in Leisure and Lifestyle
- Dementia care

### **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 findings**

The home meets this expected outcome

The home has a system to support residents adjusting to life in the new environment and on an ongoing basis. This includes an explanation of the services available at the home and the provision of a resident handbook. New residents are provided with a tour of the home prior to and on the day of entry. General and activity documentation records the resident's current and previous social history, lifestyle and leisure interests and any cultural or spiritual needs. Group activities are available for residents who wish to socialise and staff encourage residents with similar interests to participate in suitable activities. Interviews with staff and a

review of documentation, demonstrated support is provided to the resident on moving into the home by conducting an entry consultation with them and their representative. Observations of staff interactions with residents during the re-accreditation site audit showed warmth, respect, empathy and understanding.

### **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 findings**

The home meets this expected outcome

The home provides a welcome environment for visiting resident representatives and community groups, with residents being encouraged to participate in life outside the home whenever possible. Residents are encouraged to socialise with fellow residents with similar interests and to attend the resident and relatives' meetings. Residents' independence is fostered in a variety of ways such as residents having personal items, radios and televisions in their rooms, being able to self medicate, through the provision of mobility aids, access to telephones, newspapers and voting arrangements. Interviews with staff, residents and representatives and a review of documentation verified the home has effective systems to assist residents to maintain their independence and friendships for as long as possible, both within the home and in the community.

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home meets this expected outcome

The home has policies and procedures and a mechanism to log and address concerns and complaints in relation to privacy, dignity and confidentiality. Interviews with staff confirmed they understand the rights of each resident to privacy, dignity and confidentiality. Management confirmed each staff member signs a confidentiality agreement before they commence work. The team observed staff being respectful to residents as they attend to care needs and residents' information being securely stored. Information on residents' rights and responsibilities is in the residents' handbook and displayed in the home. We observed residents have private or shared rooms and the home also has attractive common areas throughout the home that are used by residents and visitors. Residents and representatives we interviewed were satisfied with the maintenance of privacy, dignity and respect. We observed staff practices and noted they respected individual resident's 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 findings**

The home meets this expected outcome

The home has a system of assessment, monitoring and evaluation of strategies to ensure residents are encouraged and supported to participate in a wide range of activities of interest to them. This includes an entry process where residents' social and recreational activities,

needs and lifestyle preferences are documented and care plans are developed. The activity program provides a range of passive and active activities on a one to one and/or group basis. Residents' participation in activities is monitored and the activity program is reviewed and evaluated through feedback from resident surveys and resident meetings. The home has volunteers who assist with the activities program. Interviews with residents and representatives and documentation review verify residents are encouraged and supported to participate in a wide range of interests and activities of their choice.

### **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 findings**

The home meets this expected outcome

The home has a system to promote residents' individual interests and to ensure their beliefs and cultural backgrounds are fostered and respected. Documentation showed each resident's cultural and spiritual needs are identified on entry to the home and communicated in a care plan. This care plan is regularly reviewed and updated in collaboration with the resident and their representative. The home facilitates multi - denominational religious services to meet residents' needs and preferences. Cultural days and personally significant days are celebrated at the home. Interviews with staff demonstrated they know and understand the needs of residents from other cultures. Interviews with residents and representatives indicated they are satisfied with the way the home values and supports residents' cultural and spiritual needs.

### **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 findings**

The home meets this expected outcome

The home has systems to ensure each resident is able to exercise choice and control over his or her lifestyle. Examples include residents being given the choice of medical practitioner, having their diet preferences documented and provided for, choosing where they take their meals and in which activities they participate. Resident and representatives meetings are held second monthly enabling residents and representatives to express views about care, service provision and planning. All residents are provided with a resident handbook that details their rights. Residents and representatives interviewed reveal they are happy with the level of choice and decision making provided.

### **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 findings**

The home meets this expected outcome

The home is able to demonstrate residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is provided in the residents' agreement and the



handbook. This is discussed with prospective residents and their representative prior to and on entering the home. The Charter of residents' rights and responsibilities is displayed and included in publications. Residents and representatives interviewed state they are kept informed about matters of importance to them, residents feel secure in their residency within the home and residents confirmed an awareness of 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 findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for sources of evidence and a description of the overall system of continuous improvement.

The home has made planned improvements relating to the physical environment and safe systems including:

- The home has an eight week rotating menu which was recently reviewed by a dietician. Recommendations included a reduction in the length of rotation time, the introduction of a seasonal change to the menu, some nutritional changes to enhance the protein content of texture modified and pureed meals and the addition of neutral flavoured protein powder to texture modified meals and drinks to enhance the health status of identified residents at risk of malnutrition. Implementation of these changes is in progress. The manager advised wound healing processes, falls, skin tears and other clinical indicators will be monitored to measure the impact of these changes.
- Hospitality consultants were engaged to review processes in the kitchen and a new food safety plan was introduced. The pre-packaged safety program was adjusted to incorporate specific procedures. Daily activity check forms for recording were implemented and are reviewed for accuracy on a monthly basis. A new chef commenced in April 2012 and his duties include auditing of the program and monitoring of safety practices. All staff attended safe food handling education and a number of staff have completed Certificate III in Hospitality.

### **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 findings**

The home meets this expected outcome

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

- The Annual Fire Safety Statement certifying fire equipment is appropriate and suitably serviced is current and on display.
- The NSW Food Authority licence, under the legislation governing food services to vulnerable persons, is in place.
- Environmental and biological testing programs are attended, results analysed and remedial action implemented for example testing of the warm water system for Legionella bacteria is conducted.

- The new work health and safety legislation has been reviewed and processes to support the changes implemented at the home.

#### **4.3 Education and staff development**

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

##### **Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development.

Education sessions and activities that relate to this standard include:

- Certificate III in hospitality – for catering, cleaning and laundry staff
- Fire safety training (fire awareness and evacuation procedures)
- Infection control (including hand washing competencies)
- Safe food handling for relevant staff
- Safe handling of chemicals
- Use of new equipment – electric beds and carpet steam cleaner
- Manual handling education and competency testing
- Work health and safety legislation

#### **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 findings**

The home meets this expected outcome

Systems and procedures are in place to guide management and staff in the provision of a safe and comfortable environment meeting residents' needs. The home is divided into a number of "pods" each accommodating ten residents in single and multi-bed rooms with easy access to communal bathrooms. Hand rails in the hallways, grab rails in the bathrooms, mobility aids, lifting equipment and access to a nurse call system contribute to safety in the living environment. Internal temperatures are comfortably maintained by a reverse cycle air conditioning system. There are pleasant outdoor areas with suitable seating for residents wishing to spend time in the fresh air and sunshine or to privately entertain their visitors. Residents are invited to bring small items of a personal nature to decorate their rooms. Planned and reactive maintenance schedules are in place. The dementia care unit is surrounded by security fencing and a lock down procedure for the home is in place at night. A number of residents and their representatives requested time with the re-accreditation team and all expressed satisfaction with the living environment, the homelike atmosphere and the obliging nature of all of the staff. Residents commented they feel safe and comfortable at all times.

#### **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 findings**

The home meets this expected outcome

The home has an occupational health and safety system including comprehensive policies and procedures. A work, health and safety committee has been convened and members have recently discussed the updated legislation. A representative of the committee reports to a regional committee. Workplace on-site inspections monitor the living and working environment and risks and hazards are reported and actioned. Identified risks are recorded in the maintenance request log, prioritised for repair and actioned by the contracted maintenance officer or other external contractors. Work health and safety is an agenda item at meetings and accident and incident data is presented and discussed. Mechanical lifters are available, and staff complete manual handling training during orientation and annually. Personal protective clothing and equipment is provided and was observed being used appropriately. Job descriptions include work, health and safety responsibilities for the roles. Safe work practices have been designed and are being reviewed. Work practices generally are monitored and unsafe practices generate education sessions or other interventions.

#### **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 findings**

The home meets this expected outcome

Systems are in place to ensure the safety and security of residents and staff. Checks of equipment by external contractors, auditing processes, fire and emergency evacuation procedures are in place. Evacuation maps are correctly orientated and emergency flip charts are located at strategic points throughout the building. The home is fitted with fire warning and fire fighting equipment, smoke and thermal detectors, extinguishers, fire blankets and hose reels. Chemical storage is secured, personal protective clothing available and material safety data sheets located in suitable positions throughout the home. Designated smoking areas have been nominated. Staff confirm their attendance at compulsory fire safety training and demonstrate an understanding of evacuation procedures and the use of fire fighting equipment. Records of attendance at training are maintained and monitoring of this process occurs. A staff member has recently completed training as a Fire Officer Level One and is enthusiastically implementing the duties. An emergency evacuation plan has been drafted and a memorandum of understanding has been agreed with other aged care facilities in the Illawarra area should residents need to be relocated. Folders containing tags with current residents' names and relevant information are maintained.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

The home has an effective infection control program with a system for identifying, managing and minimising infections. Policies and procedures for infection control including outbreak management guidelines are available to all staff. The registered nurses are responsible for the day to day infection control surveillance within the home. Infection data is collected,

collated and evaluated. Resident infections are identified; medical practitioner reviews initiated and pathology services organised to enable effective treatment. The home's infection control program includes education for all staff, hand washing competencies, staff and resident vaccination programs. Cleaning and maintenance schedules, adherence to food safety guidelines, temperature monitoring, use of spills kits and safe disposal of general and infectious waste supports the program. Personal protective clothing and equipment, hand washing facilities and hand sanitisers are readily available across the home. Audit processes and monitoring data indicate the program is reviewed. Staff interviewed demonstrated an understanding of infection control principles and guidelines.

#### **4.8 Catering, cleaning and laundry services**

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

##### **Team's findings**

The home meets this expected outcome

##### **Catering**

The home has a system where food is fresh cooked on site following a eight week rotating menu which has been reviewed by a dietician. Catering staff have implemented food safety guidelines in the kitchen and processes ensure residents' food and drink preferences are identified. Communication between nursing and catering staff support changes to clinical nutritional requirements. Texture modified food and nutritional supplements are available as requested. Trays are taken to residents who are unable to attend the dining room.

##### **Cleaning**

The living environment was observed to be generally clean. Cleaning staff demonstrate a working knowledge of the home's cleaning schedules, infection control practices and safe chemical use. The cleaning roster ensures all rooms, communal areas, hallways and offices are cleaned according to a set schedule. The kitchen areas are cleaned by catering staff. Residents and their representatives interviewed by the team are satisfied with the level of cleanliness of their rooms and of the home. Environmental audits of the building and the cleaning service are undertaken.

##### **Laundry**

All flat linen and residents' personal clothing are laundered on site. Chemicals, including ozone, are automatically dosed into all of the washing machines which operate on specifically programmed wash cycles. A dirty to clean flow of laundry is in place. The laundry staff explained the processes in place for the labelling, management and return of laundry to reduce loss of personal items. Mop heads are washed on the last cycle of the day. A cleaning schedule is in place.