



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Clover Lea Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Clover Lea Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Clover Lea Nursing Home is three years until 30 September 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:	Clover Lea Nursing Home		
RACS ID:	2104		
Number of beds:	64	Number of high care residents:	58
Special needs group catered for:	• Nil		

Street/PO Box:	14 Claremont Road				
City:	BURWOOD HEIGHTS	State:	NSW	Postcode:	2136
Phone:	02 9747 1911 / 9747 1432		Facsimile:	02 9747 3640	
Email address:	Nil				

Approved provider

Approved provider:	Clover Lea Holdings Pty Ltd
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Assessment team

Team leader:	Philip Ruse
Team member/s:	Veronica Hunter
Date/s of audit:	7 July 2009 to 8 July 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
Does comply
Does comply
Does comply
Does comply
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Does comply
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Does comply

Agency findings
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Does comply

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Does comply

Agency findings
Does comply
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Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Clover Lea Nursing Home
RACS ID	2104

Executive summary

This is the report of a site audit of Clover Lea Nursing Home 2104 14 Claremont Road BURWOOD HEIGHTS NSW from 7 July 2009 to 8 July 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 Clover Lea Nursing Home.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 7 July 2009 to 8 July 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:	Philip Ruse
Team member/s:	Veronica Hunter

Approved provider details

Approved provider:	Clover Lea Holdings Pty Ltd
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Details of home

Name of home:	Clover Lea Nursing Home
RACS ID:	2104

Total number of allocated places:	64
Number of residents during site audit:	58
Number of high care residents during site audit:	58
Special needs catered for:	Nil

Street/PO Box:	14 Claremont Road	State:	NSW
City/Town:	BURWOOD HEIGHTS	Postcode:	2136
Phone number:	02 9747 1911 / 9747 1432	Facsimile:	02 9747 3640
E-mail address:	Nil		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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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 two days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing	1	Residents	3
Deputy director of nursing (education and infection control responsibilities)	1	Representatives	11
Registered nurses	3	Laundry staff	1
Care staff	4	Cleaning staff	2
Catering staff	2	Contract supervisor - cleaning	1
Fire safety officer	1	Maintenance staff	1
Quality assurance coordinator	1		

Sampled documents

	Number		Number
Residents' files including assessments, care and lifestyle plans, clinical progress notes and associated documentation.	6	Medication charts	6
Resident Information (quick reference care plans)	22	Manual handling plans (quick reference)	22
Physiotherapy care plans	6	Personnel files	6

Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Activities officer certificate IV in lifestyle and leisure 2009
- Admission Folder
- Advanced Care Directives
- Aged Care Triage Service folder
- Audits folder with annual calendar
- Bedrail forms (permission for use)
- Behaviour assessment system
- Bowel charts

- Brochures in multilingual format
- Charter of Resident's Rights and Responsibilities
- Chemical data sheets
- Chemical safety training attendance records
- Cleaners room
- Cleaning schedule
- Colour coded cleaning equipment
- Comments and complaints folder
- Comments and complaints pack including logs, phone numbers and procedures
- Comments and complaints register
- Communication diary
- Community visitors scheme information from department of health
- Competency assessment records for staff
- Complaints handling review
- Compulsory reporting register
- Compulsory training records
- Confidentiality forms (staff)
- Congratulations logs
- Doctors communication folder
- Document control policy
- Dressing charts Tens/Heat packs folder
- Drug register S8
- Education schedule 2009
- Elder abuse training records
- Electrical tagging records
- Evacuation folder including resident profiles, colour photos and coding, resident tags coded for evacuation methods
- Fire emergency procedure training records
- Fire safety equipment monthly review records
- Fire safety officer notice of refresher training acceptance
- Fire safety statement annual certification dated 25 August 2008
- Food authority certification – 2009
- Food safety manual
- Guidelines for external service providers
- Hairdressing Folder
- Handover sheet
- Happy Hour Folder
- Hazard reporting forms
- Infection control folder
- Infection data
- Information from regulation publishing service
- Information pack – new residents
- Injuries reporting flow chart – OH&S
- Italian visitors association advice (Co As It)
- Job descriptions
- Language translation charts
- Laundry folder including mission statement and various policy and procedures
- Lifestyle care plans
- Lost clothing tracking system form
- Maintenance program
- Maintenance recording book
- Management system Recreation Activities Officers
- Material safety data sheet folder
- Medication charts
- Meeting minutes including residents, staff, activities officers, occupational health and safety, quality improvement, carers

- Memo/minute Folder
- Menu – May 2009
- Message to DON – complaints form
- Message to DON – quality improvement form
- Newsletter
- Nurse initiated medication list
- Nurse registration checklist
- Nursing care plans
- Observation, weights and blood sugar level folder
- Orientation program attendance records
- Outing folder
- Pain monitoring system
- Palliative care system
- Personal protection equipment
- Personnel files
- Pest management reports
- Philosophy of Clover Lea nursing home on display
- Physiotherapy Care plans
- Police checks – painting contractors
- Police checks for all staff on spreadsheet
- Policies and procedures
- Policy – resident aggression and resident absconding
- Privacy and confidentiality agreement for resident
- Privacy and confidentiality folder
- Progress Notes
- Quality plan – 2008-2009
- Quality plan – July to December 2009
- Recruitment policies and procedures
- Reportable assaults forms
- Requisition book for inventory
- Resident agreements including security of tenure, and finance information
- Resident folders
- Resident information sheet
- Resident initial data
- Residential admission pack including clinical assessment forms
- Residents' satisfaction survey
- Residents'/relatives' handbook
- Restraint forms (permission for use)
- Risk safety assessments
- Service agreements
- Staff admission pack including orientation program; job descriptions; philosophy of home
- Staff appraisal records
- Staff handbook
- Staff roster
- Staff satisfaction survey
- Staff training needs analysis
- Staff training records
- Statistical data with graphical representation gathered monthly relating to clinical and other incidents
- Vaccination records for residents
- Visiting care provider agreements
- Visitors sign in book
- Vulnerable persons food safety scheme manual
- Wound Management charts

Observations

The team observed the following:

- “Do not enter – care in progress” sign on bathroom door
- “Suggestions welcome” notice
- Activities board and notices
- Activities in progress
- Aged care certification assessment - December 2005
- Aged Care Nursing Scholarship scheme
- Air conditioned and gas heated environment
- Archive room
- Bathroom with daily oral care guidelines
- Bird cage and birds
- Brochure boxes
- Brochure table including multi-lingual palliative care information; help for people with dementia; information for carers; living with a terminal illness
- Car park area under facility
- Charter of Residents’ Rights and Responsibilities
- Complaint resolution flow chart
- Complaints procedure – internal and external
- Continence aids allocation signs
- Cough etiquette sign
- Critical operations standard operating procedures on display
- Dry food store
- Egg food safety poster regarding vulnerable persons on display
- Emergency call bell system
- Emergency contact numbers on flip chart
- Emergency evacuation plan on display
- Emergency kit including torches, florescent vests
- Emergency procedures – spills/leaks of hazardous material
- Employee of the month identification advice and blank forms
- Equipment and supply storage areas
- Fire doors
- Fire equipment
- Fire equipment checklist
- Fire panel
- Fire signage
- First aid kit
- Food safety standards brochure on display
- Food safety tips notice
- Garbage disposal bins – general and contaminated waste
- HACCP food safety codes guidelines on display
- Hairdressing room
- Hand rails
- Hand washing facilities and signs
- Heater in corridors
- Holding room
- Interactions between staff and residents
- Kitchen – including chemical product safety chart; cleaning checklist; chemical system; temperature charts; food storage and refrigeration areas; menu
- Laundry – colour coded clothes sorting baskets; yellow and red separation line for dirty clothes; sewing machines
- Lavender growing for residents pot pourri
- Lifts
- Living environment including residents’ rooms – 1, 2, 3 and 4 beds; lounge areas; dining rooms
- Maintenance room and equipment
- Meals being served to residents and eaten with staff assistance

- Medication rounds
- Newsletter on display
- Notice boards including advice on accreditation visit; meeting schedule; comments and complaints forms; notice of cultural morning tea with twelve cultural groups represented; notes for managing influenza
- Nurses station
- Odour and clutter free environment
- Organisational chart
- Outbreak kit
- Outdoor areas with gardens, BBQ, secure fencing all well maintained
- Parkinson's Disease Medication Protocol Programme
- Personal protection equipment being worn
- Plants
- Quality improvement committee membership on display
- Quality improvement process flow chart
- Resident lounge and dining area in Sapphire, Opal and Emerald
- Respiratory hygiene guide
- Smoking area on balcony
- Staff room including education notice board; clinical care notices; charter of rights and responsibilities; food preparation notices; committee membership; compulsory education advice; nurses association education calendar; security procedures to be followed by registered nurses; staff library; employee of the month notice; certificates for training attendance
- Storage of medications
- Suggestion box
- Telephone
- Treatment board in secured treatment room
- Treatment room
- Utilities room including oxygen storage
- Verbal handover
- Visitors room off front foyer
- Warning sign regarding floors being washed

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has in place a well-developed and effective system which demonstrates that the facility actively pursues continuous improvement across all four Accreditation Standards. The home’s system is comprised of a combination of activities that enables monitoring, assessment, action and evaluation of its processes, practices, service delivery and management. This includes quality control, occupational health and safety committee, a medication advisory committee, residents and carers meetings and other communication processes through which management, staff, residents and their representatives are encouraged and supported to make suggestions for improvement in all areas of the home. Other supporting quality activities include, but are not limited to, audits, surveys, accident and incident reporting, complaints, hazards logs, statistical data collection, and other monitoring systems. Residents, their representatives and staff interviews confirmed that they are aware of improvement actions taken and that the home is very responsive to issues brought to their attention.

The following are examples of improvements related to Standard One:

- A library has been introduced for the benefit of staff and is accommodated in the staff room area.
- To improve the capacity of the home to provide in house training, the deputy director of nursing is enrolled in a certificate IV, train the trainer course.
- The home has established a spreadsheet to monitor police checks, professional registration renewals and immigration details for all staff.
- Staff traineeships have been encouraged by the home in order to improve staff professional development. Eleven assistant in nursing (AIN) staff completed their Certificate IV in aged care during 2008 under an apprenticeship scheme, and another five staff have nominated to undertake this training in 2009.
- To improve the availability of administration forms to staff, a laminated master copy system has been made available at nursing stations for photocopying as required.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

Management has systems in place to identify and ensure compliance with legislation, regulatory requirements, professional standards and guidelines. The home is provided with updates when legislative or regulatory changes occur through its subscription to a specialist regulation publishing service. The home also receives updates, circulars and bulletins from its parent organisation, peak industry body membership and government departments. Regulatory issues and updates are communicated to staff through notices on display and personally communicated with payslips as well as memos, meetings, training sessions and policies. Staff are required to sign off after reading the information provided to them. The home monitors adherence to these requirements through audits of policies, procedures, flowcharts, observation of staff practices and stakeholders’ feedback.

The home is able to demonstrate the effectiveness of its system for ensuring regulatory compliance with the following examples relating to Accreditation Standard One:

- All staff and official visitors have criminal record checks in accordance with the Commonwealth government legislation introduced in March 2007.
- Policy and procedures are in place for reporting and responding to allegations of assault and for reporting missing residents whose absence has been reported to the police and the Department of Health and Ageing.
- Service agreements are in place with external contractors to ensure that they meet their responsibilities under the relevant legislation, regulatory requirements and professional standards.
- Staff are required to sign employment contracts, which include confidentiality agreements to encourage compliance with privacy standards and legislation.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has a system in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. A review of documentation and interviews with management and staff demonstrated that training needs are identified through ongoing staff education surveys at the time of staff appraisals, competency assessments, observation of work practices, results of audits, monitoring of incidents and issues, and requests raised through staff meetings. An annual education plan is developed from this information. The home supports staff to attend relevant external educational opportunities, which are well publicised within the home. Mandatory annual training is relevant to their position and includes manual handling, infection control, occupational health and safety, chemical safety, behaviour management, heart failure, fire emergency procedures and food safety. Records of attendance are maintained in relation to all training sessions. The home has a recruitment procedure and an orientation program for new staff who initially work with experienced staff members for familiarisation. All staff interviewed reported they have adequate access to internal and external education.

Education attended in relation to Standard One in 2008-2009 includes:

- To improve the skills, legislation understanding and capacity of the occupational health and safety committee members to effectively contribute to and manage the committee, a four day course is being run under WorkCover guidelines, with certification to be provided at the completion of training.
- A significant number of care staff have been supported by the home in enhancing their aged care skills and qualifications by completing their certificate IV. Eleven staff gained this qualification in 2008 and in 2009, 5 staff completed the course.
- The director of nursing attends three monthly meetings with other directors and the group manager to discuss management strategies and issues at their respective facilities and receive information about management issues within the organisation.
- The director of nursing and the deputy director attended a two day training course in the aged care funding instrument (ACFI), with this information passed on to other relevant staff in forums.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home has systems in place to ensure that residents and resident representatives have access to internal and external complaints' mechanisms. They are informed of internal and external complaints systems through the residents' handbook, discussion during orientation to the home and discussion at residents' meetings. Forms for internal complaints are prominently available throughout the home, while brochures about the internal and external complaints mechanism and advocacy services are displayed on noticeboards in English and other relevant languages.

Residents and their representatives, are encouraged to raise any concerns personally with management and other staff. Interviews and a review of documentation showed that comments and complaints feed into the continuous improvement system, education programs and meetings. A review of completed complaints forms and the complaints register showed that comments and complaints included in the register are addressed promptly and feedback is provided verbally and/or in writing to the complainant in all cases. There were a limited number of complaints but a relatively large number of congratulations to management and staff from residents and their representatives. Residents and resident representatives said they rarely have issues to raise but indicated they are comfortable about addressing matters verbally with staff and management who they feel will address concerns to their satisfaction.

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, values, philosophy, objectives and commitment to quality are well documented and are on display in the home. This documentation has been made available and communicated to stakeholders in the home through policy and procedures manuals and resident and staff handbooks. In addition the home's vision, values and philosophy are included in the orientation program to ensure staff were fully aware of their responsibility to uphold the rights of residents and the homes' objectives and commitment to quality. Staff confirmed they are encouraged to contribute to improvements and the quality plan.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has sufficient appropriately skilled and qualified staff to ensure that services are delivered in accordance with the needs of residents and are consistent with its philosophy. Staffing levels are reviewed regularly, staffing is adjusted to meet changing residents' care requirements and staff on leave are replaced. A majority of staff are employed on a permanent part time basis, among whom there is a low turnover rate. A strategy of employing a number of students in the care staff role has successfully complemented the longer term staff and met the service delivery requirements of the home. When new staff are employed they are screened through the recruitment process to ensure that they have the required skills, experience, aptitude and commitment, and they must complete an orientation program followed by competency assessments and an annual performance appraisal. All staff and official visitors must undergo criminal record checks and the home requires copies of professional registrations to ensure that they are current while a data base electronically monitors these records. Up-to-date duty lists assist staff to carry out their responsibilities and ongoing clinical skills competency assessments are undertaken to ensure that staff have the appropriate skills and knowledge to provide care and services. Staff reported they enjoy working at the home, work together as a team, and are generally busy but have enough time to meet all of their duties. Residents and their representatives reported that they are very satisfied with the responsiveness of staff to their needs and say that the care provided is delivered in a friendly considerate and professional manner.

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 demonstrates that it has systems in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. Service agreements are entered into with approved providers, to guarantee the quality of services delivered. These meet appropriate regulatory, professional and indemnity standards. There are processes in place to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. Staff are trained in the use and maintenance of new stock and equipment. The home has a planned preventative and corrective maintenance program and records show that equipment is serviced in accordance with a schedule, while reactive work is completed in a timely manner. 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 confirmed they have adequate stocks of goods and equipment, are aware of procedures to obtain additional supplies and know how to requisition and arrange the repair of equipment through a maintenance book kept at the nurses station. The system is monitored through staff and resident communication and feedback mechanisms.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information systems in place to communicate a wide range of information to management and staff in order for them to perform their roles effectively and keep residents, their representatives and service providers informed. Methods used include memos, meetings, staff training and education, noticeboards, care plans, communication books and progress notes, staff handover sheets, a newsletter and residents' handbook, orientation program with an information pack and the staff handbook. Staff must sign off in acknowledgment of reading the information communicated to them in memos. Computers are password protected and access is restricted to management staff who can use the internet. All resident information, clinical records and staff personnel files are stored securely, and systems are in place to properly manage the storage and destruction of archived records. A review of documentation, notice boards, and interviews with staff confirmed that the home has effective and well regarded communication systems providing comprehensive information in a timely and efficient manner.

1.9 External services

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

Team's recommendation

Does comply

The home has a system in place to ensure that all externally sourced services are provided in a way that meets the home's needs and its quality goals. A range of contractors and external service providers operate within contracts, and includes formal and informal agreements covering care related services, fire systems and building maintenance services. There is also a process in place to ensure that external providers produce evidence of compliance with regulatory requirements such as police checks, registration, licences and liability insurance. The home evaluates the performance of external services to ensure efficiency and effectiveness of the services as well as compliance with relevant regulations and the home's policies and procedures. Feedback is provided from internal audits and residents and staff who give feedback about the quality of service including allied health services. External service contractors working on the premises are required to register their presence at the facility. Staff, residents and resident representatives expressed satisfaction with the quality of the services being provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

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

Examples of improvements related to Standard Two include:

- A new and more appropriate skin assessment form was introduced to the admission assessment pack.
- To enhance representatives' understanding of residents' changing needs the home has purchased a compact disc containing information for carers for use by representatives, in addition to a range of documented information being available at the entrance to the home, in a multi lingual format.
- To reduce the risk of influenza being introduced, the home has increased its information flow to residents, representatives and staff to encourage proper infection control practices. Signs have been posted at the point of entry to the home and throughout the facility encouraging visitors to wash their hands properly and practice appropriate hygiene including cough etiquette.
- Existing manual beds are being replaced and fifteen electric beds have been purchased.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

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

The home is able to demonstrate the effectiveness of its system for ensuring regulatory compliance with the following examples relating to Accreditation Standard Two:

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

2.3 Education and staff development

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

Team's recommendation

Does comply

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions and activities that relate to accreditation Standard Three in 2008-09 include:

- Having regard to the resident population, management has supported five staff attending a four day training course in dementia care with competency assessment subsequently conducted at the home by the training agency. These staff were awarded a diploma.
- Six registered nurses have completed a training course in Parkinson's disease research and medication. This resulted in the home modifying its practices in managing this disease.
- Training has been conducted in hypertension management for ten care staff.
- Training has been provided to all registered nurses in catheter care as part of a focus on infection control.
- Oral and dental care training has been provided to care staff and a subsequent department of health review of the homes' practices resulted in a letter of commendation for the high standard being achieved.
- A seminar on diabetes management was attended by 15 staff.
- In response to a new resident with a degenerative illness not previously within the experience of current staff, specific training has been delivered for care staff.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation

Does comply

The home provides residents with appropriate clinical care through the provision of medical officers' reviews, hospital transfers when indicated, and the initial and ongoing assessment of residents' care needs, care planning and evaluation processes. The home has robust verbal and written communication systems to inform nursing staff and medical officers of the care provided for residents or care issues in need of review. Nursing staff have access to residents' individual care plans which are developed from the information collected in the data base assessments, through observations, consultations with residents and representatives, integrated progress notes and case conferencing. Working care plans which AINs use for reference are developed from care plans that are updated as residents' care needs change and are formally evaluated third monthly. Any adverse health changes are identified through various clinical monitoring processes and are reported to the residents' medical officers or the allied health services utilised by the home. Residents and resident representatives confirmed that the care residents receive is both effective and responsive to their identified needs and preferences.

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

Resident specialised nursing care needs are identified and recorded in progress notes, care plans and appropriate assessment forms. Registered nurses are available 24 hours per day, seven days per week currently overseeing the specialised management of enteral feeding, catheter care, palliative and pain care, dementia care and wound management in accordance with specified requirements. The home also has access to specialists such as palliative care, psychiatrist, and dietician, hearing and oral care. Through observation and staff confirmation there are a variety of resource manuals, media and reference material to ensure specialised nursing care needs are met. The team confirmed through interview, observation of practice and documentation review the home has appropriately qualified staff to meet the specialised nursing care needs of 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

The home has in place processes that enable residents to receive care from health specialists at the home and in the community, relative to their needs and preferences. Assessment and planning with residents and/or representatives, the resident's medical officer and other health professionals results in timely interventions and support for residents who require other health and related services. These include dietician, physiotherapist, podiatry, speech pathology, dentist, mental health professionals and optometry. Residents and/or representatives are informed of choices available to them and stated that they are supported by the home to access other health and related services as desired.

2.7 Medication management

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

Team's recommendation

Does comply

The home has a system to ensure that all residents' medications are managed safely and correctly. The home arranges an initial comprehensive medical assessment by the resident's doctor of choice who reviews and prescribes each residents' medication. Medication is given from manufacturers packaging by registered nurses and is securely stored in trolleys in a locked room between medication rounds. A photo identification of each resident with date of birth, allergies and specific administration instructions is clearly documented on each medication chart. Policies and procedures are available to guide staff practice in the safe and correct management of medication in the home and a system is in place for the order, checking and storage of medication. The home has an auditing process and acts upon any issues identified from the audit results. Staff reported that changes and support required for management of resident medication is communicated to them as required. Residents and resident representatives are satisfied with the home's approach to medication management.

2.8 Pain management

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

Team's recommendation

Does comply

Assessment of pain is identified on entry to the home and residents with pain have appropriate pain management regimes established. Pain relief medication is charted and evaluated, and residents are provided with a choice of alternative pain relief methods including physiotherapy, gentle exercise, repositioning and massage. Care staff were able to describe their role in pain management, including identification and reporting of pain as well as using a pain assessment tool for residents that are unable to cognitively or verbally express or describe their pain. Medication reviews are carried out to ensure that medications are appropriate for each resident's pain management and palliation issues. Residents and resident representatives interviewed confirmed that pain management appropriately meets their needs and that pain relief can be accessed as required. Through early identification and intervention along with consultation with the residents and resident representatives and medical officer, the home is able to ensure residents are as free as possible from pain.

2.9 Palliative care

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

Team's recommendation

Does comply

The home provides comfort and dignity to terminally ill residents through a holistic approach, addressing each resident's individual physical, psychological, social, spiritual and cultural needs.

The needs and preferences of residents who are receiving palliation are identified and incorporated into individual palliative care programs. The home facilitates family involvement, accommodates religious and cultural beliefs, and recognises residents' right to die with dignity. The home employs multi cultural staff who speak several different languages and palliative residents can be supported through communication in their first language. End of life care decisions are considered and recorded in residents' files during family conferencing or as deemed appropriate and the home is able to access a specialist palliative care team as needed. Residents are made comfortable through regular repositioning, skin and mouth care and pain relief. Through interviews conducted and documents reviewed, the home is able to demonstrate that it ensures the comfort and dignity of terminally ill residents is maintained.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents and representatives indicated their general satisfaction with the provision of meals and fluids. There are systems in place that include initial and ongoing assessment of residents' dietary preferences and needs, swallowing, cultural and religious requirements and assistance to eat. This information is communicated formally to catering and care staff. A dietician regularly reviews menus and is available to provide advice about special dietary requirements. Residents and resident representatives are provided with input into menu choice through meetings and in one-on-one discussion with staff. Each resident is weighed regularly and additional nourishing fluids, dietary supplements, and supervision during meal times are provided when a need is identified as well as referral to dietician, speech therapist and/or dentist. Residents are encouraged to maintain adequate nutrition and hydration with drinks provided at meal times, together with morning and afternoon tea. The staff are understanding of the residents dietary needs, swallowing patterns or food refusal and report any changes to the registered nurse. The majority of residents and resident representatives are happy with the food choices provided by the home.

2.11 Skin care

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

Team's recommendation

Does comply

The home has systems for maintaining residents' skin integrity consistent with their general health, through initial and ongoing assessments, care planning and care provision. Residents have podiatry, pressure area care and nail care provided according to their needs. Residents with skin integrity breakdown have wound care charts recording descriptions of the wounds and the treatments provided. Interviews with assistants in nursing indicate they maintain residents' skin integrity through correct manual handling, the application of emollient creams, repositioning of residents, and the use of pressure relieving equipment, which is available in sufficient quantities. Nutritional supplements are ordered for residents with compromised skin integrity. Incident reporting of skin tears, bruising and pressure areas forms part of the monthly data collation and this information is analysed for any trends. Residents and resident representatives are satisfied with the skin care provided including personal hygiene and pressure area care.

2.12 Contenance management

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

Team's recommendation

Does comply

The home ensures optimal levels of continence are achieved for each resident. Strategies in place include initial and ongoing assessment and care planning, individual toileting regimes, particularly for residents living with dementia and the provision of continence aids to all residents. Through the

regular review of residents' continence and the ongoing support and education provided to staff by a continence educator, the home achieves and maintains appropriate monitoring of residents' continence care and needs. Staff interviewed confirmed that there are adequate supplies of disposable continence aids of varying types and sizes available for residents. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence management. Residents are closely monitored for urinary tract infections and data is regularly collected, collated and analysed. Residents and resident representatives stated they are very satisfied with the continence care provided.

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 needs of residents with behaviours of concern are managed effectively through the homes initial and ongoing assessments, care planning, and evaluation processes. Individualised behavioural care strategies are identified in consultation with residents and representatives, medical officers and other health professionals as required. This includes accessing a psycho geriatrician or the area health BASIS team when indicated. Staff receive ongoing education in challenging behaviours and recognise triggers and early warning signs exhibited by some residents. The diversional therapy data base and care plans support staff in understanding the life story of the resident, which in turn assists in the management of their challenging behaviours. The diversional therapy program includes hand massage, short walks, one-to-one conversation and calming music being played in the afternoon to settle residents with challenging behaviours. The home provides a secure living environment and restraint is used as a last resort with consultation and signed permission of resident representatives and the residents' doctors. Residents and resident representatives are satisfied that behaviours of concern are addressed appropriately and that residents' distress is minimised by the approach adopted by 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

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The system includes initial and ongoing assessment of residents' mobility, dexterity and rehabilitation needs and an assessment by a contract physiotherapist who visits the home weekly. The physiotherapist develops a care plan which is implemented by the physiotherapy aide, care staff and activities staff including assessment of residents' mobility and any potential for falls. A system of identification of the individual resident's mobility status is available in the wardrobe of all residents and alerts staff to the individual needs of the residents. An accident and incident reporting system is also in place that includes analysis to identify trends and the implementation of strategies to reduce falls. Assistive devices to aid mobilisation are provided by the home.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home has systems in place to ensure residents' oral and dental health is maintained. A review of residents' clinical and care information and interviews with staff confirmed that each resident's needs are assessed on entry to the home and on an ongoing basis. Staff regularly monitor residents' oral and dental health and residents are referred as required to specialist dental services.

The home is visited each year by a dentist and residents who wish to access private dentists are assisted by staff. Staff interviewed demonstrated knowledge of oral care and informed the team that mouth toilets are performed for those residents unable perform their own oral care. Residents and resident representatives are satisfied that 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

Residents’ sensory loss needs are identified and managed through initial and ongoing assessments, care planning and evaluation processes. Care documentation reviews show sensory loss information gathered from the resident data base is documented in the individual care plan along with strategies to assist the resident to maintain quality of life despite the sensory loss. Staff interviewed indicated they implement strategies to assist residents with vision impairment and/or hearing loss including, the placement of items in close proximity for residents with vision loss, cleaning spectacles and speaking clearly and slowly to residents with hearing loss. Recreational activity officers facilitate sensory programs for one-to-one and/or small groups of residents who have sensory loss. Provision is made for residents’ with touch and smell sensory needs through hand massage and a variety of activities that stimulate these senses. Residents and resident representatives indicated they are satisfied with the care provided by the home for residents with sensory loss needs.

2.17 Sleep

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

Team’s recommendation

Does comply

The home assists residents to achieve natural sleep patterns through assessments on entry to the home and at times when sleep difficulties are identified. Individual sleep management strategies are developed depending on residents’ needs and preferences. These can include usual settling and rising times, pain relief, regular toileting and/or provision of night continence aids and night sedation. Residents are encouraged to participate in activities of interest to them during the day that will enhance natural sleep patterns. Residents have call bells in their rooms to call for assistance at night if required. Resident and resident representative interviews did not identify any problem with residents achieving natural sleep patterns and residents advised that the home is quiet and conducive to sleep at night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

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

Following are examples of improvements related to Standard Three:

- To encourage residents’ interest in their environment, the home has introduced an aviary with six birds into one of the lounge areas. This has encouraged many residents to enjoy their presence.
- To ensure the safety of residents participating in the home’s “happy hour”, each resident is required to have completed an alcohol consumption consent form, with authorisation from a medical practitioner and a representative. This addresses concerns about the potential impact on medication as well as accommodating any cultural or religious beliefs.
- In recognition of the numerous cultural groups represented at the home, management has given a presentation to staff about understanding cultural differences. In addition a monthly morning tea is being presented with a focus on a different cultural group over a twelve month period.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

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

The home is able to demonstrate the effectiveness of its system for ensuring regulatory compliance with the following examples relating to Accreditation Standard Three:

- All residents were notified in advance of the home’s accreditation site audit and dates in accordance with the Aged Care Act 1997.
- Consistent with the requirements of the User Rights Principles 1997, resident care agreements provide clear information regarding security of tenure and financial arrangements. The Charter of Resident’s Rights and Responsibilities is displayed in the home and is also included in the residents’ handbook.
- The home’s privacy policy and practices are in line with privacy regulation requirements.
- A document control system is in use for the secure storage and archiving of personal information in accordance with privacy legislation.

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 that management and staff have appropriate knowledge and skills to perform

their roles effectively. Education and training provided to staff relevant to Accreditation Standard Three 2008-09 includes:

- To enhance staff skills when providing emotional support to relatives, grief counselling skills training is being provided to care staff, presented by an external specialist.
- To enhance the activities opportunities at the home, the facilities activities officer has recently completed a certificate IV in community services (lifestyle and leisure) after attending training on one day each week for a year.
- Eight staff have recently attended training in elder abuse and associated reporting procedures. This training is compulsory for all staff.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has effective systems in place to ensure that each resident receives initial and ongoing emotional support. Where possible, this includes orientation to the home, staff and services for new residents and resident representatives, unlimited visiting for relatives and/or representatives, cordless phone available for direct contact between residents and others and a community visitor's scheme. Emotional needs are identified through the residents' social history, one-to-one discussions, case conferencing and family and/or representative involvement in care planning. Residents and families are encouraged to bring memorabilia to personalise each resident's room or bed area. Emotional support is provided by all staff and they report that extra one-to-one time is given to residents during their settling in period and thereafter depending on their needs. Residents and resident representatives reported they felt supported by the staff, particularly when the resident first entered the home and then on an ongoing basis.

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

Resident's abilities and wishes in relation to independence and lifestyle needs are assessed on entry to the home and documented on their care plans. These are reviewed regularly to ensure their changing needs in relation to maximising independence are met. Residents are assisted to maximise their independence through health care interventions that include exercise programs to optimise mobility, optometry assessments to maximise vision and ongoing medical care to maintain physical and mental health. Residents' independence is enhanced with access to television, radio, newspapers and telephones. Relatives and friends have unlimited visiting access to the home and residents are encouraged to go on outings with their relatives and maintain their community links. Documentation, staff practice and residents and resident representatives' feedback confirmed residents are encouraged to maintain 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 and resident representatives are provided with information regarding privacy, dignity and confidentiality in the residents/relatives handbook. They are also provided with consent forms that relate to the collection and handling of the residents personal information. Staff sign a confidentiality agreement; staff handovers and confidential resident information is discussed in private and

resident files are securely stored. Staff were observed speaking respectfully to residents and calling them by their preferred name. Residents interviewed stated that staff treat them with respect and dignity. There is a designated visiting room in the home where residents can spend private time with visitors, garden areas for residents and visitors use and an outdoor sitting/barbeque area which can be booked for special occasions for residents, friends and families.

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' individual leisure interests and activities are assessed on entry to the home and a care plan is developed from these assessed needs. Care plans are reviewed on a regular basis to ensure changes to residents' individual needs, preferences and capabilities are updated. An activity program is developed from the resident care plan and data base information and feedback from residents through a variety of mechanisms including resident and relative meetings, surveys, attendance records and verbal requests. The activity program covers a variety of activities designed to meet the needs of all the residents and includes in-house activities and some community outings. Activities planned for the day are communicated to the residents verbally each morning as well as being displayed on the activities notice boards throughout the home. Volunteers visit on a regular basis to entertain residents with piano playing and singing to assist in maintaining links with the local community. During the two day audit the team observed a volunteer playing the piano for residents, a country and western singer entertaining residents, newspaper readings, reminiscence, old DVDs being shown, hand massage, quizzes, morning exercises and calming music playing during the late afternoon. A bus outing is enjoyed each month by the residents and there is a monthly barbeque for those able to attend. Residents interviewed stated that they are happy with activities offered and their choice not to participate is respected. One-to-one time is spent with these residents and others who are bed bound. Residents and resident representatives stated that they very much enjoy the social interaction that the recreational activity program offers them.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home ensures residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Cultural and spiritual needs are assessed when a resident enters the home and are incorporated into their care plans. Currently a religious service is offered to residents and visiting clergy access the home regularly with a number of different denominations providing this service. Residents are also assisted to attend church services with their families. Specific cultural days such as Australia Day, Anzac Day, Christmas and Easter and special event days such as birthdays, Mothers and Fathers Day are celebrated appropriately and relatives are encouraged to attend. Every month a cultural morning tea, specific to a country, is held with appropriate decorations and culturally specific food provided. The recreational activities officers (RAO) are able to speak a few words of many languages and communication cards are available for several different languages. The home employs multicultural staff. The residents and resident representatives interviewed stated that they considered individual interests, customs, beliefs and backgrounds are valued and fostered.

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

The home has a number of mechanisms in place for residents and resident representatives that enable them to make choices and decisions about the services residents receive. Individual resident assessments, care plans and discussions with residents and resident representatives provide guidance for staff work practices. Information about resident's rights and responsibilities is included in the resident handbook and is displayed in the home. Observation of staff practice and staff interviews reveal that residents have choices available to them including waking and sleeping times, shower times, meals and activities. Residents' are assisted to vote if they wish to do so. The comments and complaints system, resident meetings and participation in care planning allow an opportunity to contribute to the decision making process. Residents and resident representatives are satisfied with the level of choice and decision-making encouraged at the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home is able to demonstrate that 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 by the director of nursing. This is discussed with prospective residents and their representatives prior to, and on entering the home. The resident handbook and agreement document outlines the care and services provided by the home and associated costs are discussed at the time of entry. Security of tenure is also addressed in the resident agreement and handbook. Management staff interviewed stated that any changes to residents' rooms are fully discussed with the resident and their representatives. Residents and their representatives interviewed by the team confirmed the above process.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

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

Following are examples of improvements related to Standard Four:

- To ensure the living environment is maintained at a high standard, the interior of the home is being repainted.
- The home is replacing old furniture and seventeen wardrobes and thirteen bedside lockers have been purchased for residents’ rooms.
- To enhance its emergency response capacity the home has developed a response kit which includes torches, a fluorescent vest for the evacuation wardens, resident identification and needs tags and a strategy to provide emergency accommodation away from the home.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

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

The home is able to demonstrate the effectiveness of its system for ensuring regulatory compliance with the following examples relating to Accreditation Standard Four:

- The home meets fire certification requirements and has a current fire safety statement.
- External service contractors test and calibrate equipment including fire fighting and electrical equipment.
- The home has a NSW Food Authority License and has a food safety program for food services to vulnerable persons.
- OH&S committee representatives receive relevant training.
- The fire safety officer retains current certification.
- Material safety data sheets are displayed adjacent to the chemicals to which they refer in the kitchen, laundry and cleaners room.

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 that management and staff have appropriate knowledge and skills to perform their roles effectively. Education and training provided to staff relevant to Accreditation Standard Four 2008-09 includes:

- Fire awareness and evacuation – compulsory.
- Manual handling – compulsory for relevant staff.

- Safe handling of chemicals – compulsory for relevant staff.
- Infection control – compulsory.
- Safe food handling – compulsory for kitchen staff
- Food safety certificate (level I) for kitchen staff

4.4 Living environment

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

Team's recommendation

Does comply

The management at Clover Lea Nursing Home is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home provides its residents with one, two, three and four bed rooms with a shared en suite in the single rooms and separate facilities for the other rooms. There are three separately named areas of the home which has an original and a more recently constructed extension in a split level design to accommodate its residents, all of whom are high care. There are a small number of stairs between the upper and lower sections and a lift is adjacent to these for use when required. There is a car park/deliveries area under the newer section of the home as well as a staff room, meeting room and laundry area. External lawns and gardens are well maintained and there is a BBQ for the use of residents and their visitors. The living environment is relatively spacious, clean, odour and clutter free, comfortably furnished, well lit and has air conditioning and electric heating to control temperatures. The home has suitable lounge and dining facilities and an area used for activities. Handrails are installed along corridors to assist residents to mobilise safely. Preventative and routine building and equipment maintenance programs are in place and regular environmental inspections are carried out. The facility has a key pad entry/exit system and a documented routine to be followed by senior staff each evening to reduce unwelcome access to the external grounds afterhours. The safety and comfort of the living environment is also monitored through its meeting process, incident/ accident reports and the complaints system. Residents and their relatives reported they are satisfied with the home environment at the facility, its cleanliness and said they feel safe and secure.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation

Does comply

Interviews with management and staff and a review of documentation verify that the home is actively working to provide a safe working environment that meets regulatory requirements through policies and procedures, hazard identification, incident and accident reporting, supervision of staff work practices, scheduled and preventative maintenance, and staff meetings. The home has an occupational health and safety (OH&S) coordinator working on site four hours each week whose duties include workplace inspections, training and meeting facilitation. The committee members are representative of various work roles within the home and undertake relevant accredited occupational health and safety training. All staff receive OH&S education as part of their orientation program and care staff have annual manual handling training and related competency assessment. Equipment is regularly maintained according to a planned maintenance schedule and as required. The team noted that issues identified through the occupational health and safety system are followed up promptly. All accidents and incidents are analysed by management and the OH&S committee, reported through the home's meeting system and acted on appropriately. Staff work practices are monitored by management and personal protective equipment is available and used in designated areas. Staff reported the home provides a safe working environment and responds quickly to any identified risk.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire, security and safety systems are maintained through policies and procedures, regular fire equipment testing and maintenance, safety signage throughout the home, safe storage of chemicals, a program of electrical equipment testing and tagging, environmental audits, with mandatory staff fire safety training conducted annually. A comprehensive emergency procedure manual is maintained with a profile of all residents including individual colour photos and colour coded tags indicating how each might be transported in an emergency. An emergency response kit is stocked with torches and other relevant equipment and is maintained by the two trained and accredited fire safety officers working at the facility. Emergency contact details are attached to the notice boards and updated regularly while details of the trained fire safety officers are advertised within the home and the director of nursing stated that negotiations are underway with a local service club to provide emergency accommodation. The team observed that emergency exits are clearly marked and fire evacuation, evacuation charts are properly orientated and regular inspections and fire safety audits are conducted within the home as part of its quality schedule. Material safety data sheets are on display where chemicals are used and spill kits are available for use. Documentation review confirmed that the home has a current agreement with a fire protection company to regularly test and maintain the fire detection system and fire fighting equipment and the home has a current fire safety compliance statement. External gates are secured in the evening by senior nursing staff. Residents and their representatives advised the team that they are satisfied with the safety and security of their physical environment.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program which includes policies, procedures to identify monitor, manage and minimise infections. Preventative strategies include environmental and staff skills audits, resident immunisation, scheduled cleaning programs, the management and disposal of contaminated waste, use of colour coded food preparation, laundry and cleaning equipment as well as the provision of sharps waste disposal containers and spills kits. Staff orientation and on-going education programs include infection control principles and practices, and hand washing competency assessments. The home provides a considerable amount of information to residents and their visitors concerning safe infection control practices, beginning at the point of entry and then throughout the home. An outbreak management kit is maintained. Catering practices are consistent with hazard analysis and critical control point principles (HACCP), with temperature monitoring of food, refrigeration and washing equipment. The laundry has clean and dirty areas with a red line marking these separate areas during sorting, collection and delivery by the external laundry service. Designated washing machines in the laundry are used for mops and other cleaning materials. The team observed staff using personal protective equipment and clothing, and colour coded equipment. All staff interviewed by the team demonstrated a good understanding of infection control principles and practices related to their roles and were able to describe the preventative measures to be taken to minimise cross infection.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home provides catering, cleaning and laundry services which enhance the quality of life of residents, and provides a clean and comfortable working environment for staff. Residents' dietary needs and preferences and assistance required at meal times are identified when they move into the home, relayed to kitchen staff and amended as required. Meals are prepared on site each day

according to a four week rotation practice and the menu is reviewed by a dietician each 6 months. Residents are offered a choice of meals and the kitchen staff indicated they willingly provide sandwiches or salads at short notice at residents' request. Surveys indicated residents are generally happy with meals and this was confirmed from interviews by the team. Catering staff are trained in and implement safe food handling practices and the kitchen was recently given an 'A' category rating at an independent food authority accreditation audit. Residents' rooms are cleaned regularly by on site contractors according to a schedule using appropriate chemicals and colour coded equipment. Residents and their representatives interviewed complimented staff on the cleanliness of the home and their rooms. All laundry at the home is undertaken by a contracted agency, seven days each week, with a twenty four hour turnaround. The laundry collection and distribution procedures do not allow crossover of clean and dirty items. Interviews with residents and resident representatives confirmed they are 'very satisfied' with the cleaning and laundry services provided at the home.