



Aged Care
Standards and Accreditation Agency Ltd

Coastal Waters Aged Care

RACS ID 0583

100 The Wool Road

Worring Heights NSW 2540

Approved provider: Lend Lease Primelife Limited

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 22 March 2015.

We made our decision on 13 February 2012.

The audit was conducted on 10 January 2012 to 12 January 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

Standard 3: Resident lifestyle**Principle:**

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.

Expected outcome		Accreditation Agency decision
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

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.

Expected outcome		Accreditation Agency decision
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

Site Audit Report

Coastal Waters Aged Care 0583

Approved provider: Lend Lease Primelife Limited

Introduction

This is the report of a site audit from 10 January 2012 to 12 January 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 a site 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 10 January 2012 to 12 January 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:	Toby Hammerman
Team member/s:	Margaret Dawson

Approved provider details

Approved provider:	Lend Lease Primelife Limited
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Details of home

Name of home:	Coastal Waters Aged Care
RACS ID:	0583

Total number of allocated places:	126
Number of residents during site audit:	123
Number of high care residents during site audit:	108
Special needs catered for:	24 beds dementia specific unit

Street/PO Box:	100 The Wool Road	State:	NSW
City/Town:	Worring Heights	Postcode:	2540
Phone number:	02 4443 0384	Facsimile:	02 4443 0377
E-mail address:	sandra.hunt@llprimelife.com		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	36
Assistant manager	1	Volunteers	3
Care manager	1	Recreation activity officer	3
Lend Lease Operations manager	1	Lend Lease Learning and development manager NSW/QLD	1
Registered nurse	3	Catering staff	5
Care staff	21	Laundry staff	1
Administration assistant/reception	2	Cleaning staff	3
Clinical nurse consultant (CNC)	1	Cleaning contractor operations managers	2
Maintenance staff	1		

Sampled documents

	Number		Number
Residents' clinical files including medical notes, progress notes, care plans, and other clinical documentation	13	Medication charts	10
Summary/quick reference care plans	10	Behaviour charting and documentation	11
Blood glucose level recording charts	4	Resident wound charts	6
Resident self medicating competencies and authorities	6	Quality improvement forms	11
Comments & thankyou letters	15	Complaints forms	16
Hazard logs 2011	26		

Other documents reviewed

The team also reviewed:

- Activities and leisure needs analysis, program, attendance sheets, evaluations and ongoing development of the program
- Assessment schedule for new admissions/ resident clinical activities review list
- Catering : food safety inspection report and kitchen procedures manual

- Catering audits, monitoring records, dietary requirements seasonal menus and food preference documentation
- Comments and complaints log 2011
- Computer generated clinical care documentation, including case conferencing
- Continuous improvement plan register 2011
- Dementia specific activities program
- Education records including needs analysis, annual calendar, staff attendances and evaluations
- Electronic human resource programs for rosters, staff registration, police checks and appraisals
- Emergency evacuation plans, flip charts and fire equipment maintenance records
- External services – preferred supplier list including corporate nominated and local tradespersons
- Infection control monitoring folder
- Job descriptions
- Lend Lease organisational charts Aged care and Regional
- Maintenance records routine and preventative
- Medication administration documentation
- Meeting minutes - various staff including care staff, kitchen /cleaning, continuous improvement, diversional therapy. OH & S, medication advisory committee, resident/representative
- Memo about introduction of Work Health and Safety Act 2012
- Nurse initiated medication process and completed documentation
- Policies and procedures across the 4 standards
- PRN medication reviewed for effectiveness and recorded in progress note
- Register of mandatory reports and unexplained absences
- Regulatory compliance information folder
- Resident entry information folders
- Resident of the day list and other associated documentation
- Residents agreements
- Residents' information handbook
- Staff communication flyers, diary / communication books, memorandums including, handover sheets, allied health and podiatry
- Staff communication, flyers, diaries and human resource data bases.
- Staff handbook/staff employment packages
- Temperature recordings for medication fridge

Observations

The team observed the following:

- Activities in progress including exercise class and concert, education sessions
- Aged care complaints investigation scheme documentation clearly displayed
- Charter of residents' rights and responsibilities displayed at the home
- Clean utility rooms, dressing trolleys and wound care supplies
- Cleaning and laundry in progress
- Computers on wheels (COW) for e-learning activities
- Continence assistive devices ordering and storing system
- Equipment and supply storage areas fully stocked
- Equipment available and in use including manual handling aids and mobility, electric adjustable beds, pressure relieving mattresses
- Equipment storage areas containing adequate and appropriate equipment in good condition.
- Hairdressing in progress

- Interaction between staff and residents
- Internal and external living environments
- Meal service and presentation
- Medications being correctly and safely administered and securely stored.
- The Namaste programme in progress
- Resident photos displayed on various notice boards
- Safe storage of residents medications and schedule 8 (S8) medications and S8 drug registers

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

A quality management system is in place and the home is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: quality improvement forms, regular meetings, feedback mechanisms, a program of audits, surveys, benchmarking and analysis of monitoring data. All opportunities for improvement that are identified are recorded on a continuous improvement plan register that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the facility manager and the assistant manager. The managers’ team oversee all quality and improvement activities and these are discussed together with other reports from at a weekly management committee. Residents/representatives and staff are encouraged to actively contribute to this process. Those interviewed report they are aware of the ways they can make suggestions for improvement through complaints, family conferences and resident meetings. They say management is responsive to suggestions and that they always receive feedback.

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

- The home uses an electronic care management program (TRAX) for recording progress notes, care plans and assessments. Staff at Coastal Waters identified that having five separate challenging behaviour assessments was time consuming and made monitoring those behaviours inaccurate. The assistant manager approached the organisation’s better practice committee to amalgamate the five assessments into one comprehensive document. Staff report the new behavioural assessment that has been introduced as a result of their suggestion is easier to use and provides better personalised information to describe and monitor residents’ challenging behaviours.
- The organisation conducted a National audit on staff educational requirements. One of the observations of the survey was that while staff were happy to view the broadcast educational programs, a relatively small number felt the programs as broadcast, added significantly to their knowledge base. In August 2011 Lend Lease launched the Computer on Wheels initiative (COW) and two portable education stations were established at the home. Staff at the home were allocated specific e-learning packages matched to their job requirements, the organisation’s compulsory education program and the staff member’s individual interests. These can be completed at work or at home. After some initial reticence, staff at the home have now completed a wide range of learning packages. The organisation’s learning and development manager reports staff of Coastal Waters have achieved the highest take up rate of e-learning for all homes in the NSW/QLD region.
- For a number of years the home has had frequent changes in management and registered nurses. In order to attract suitably skilled and qualified staff to the home, situated in regional NSW, the home conducted an expanded recruitment program, including sponsorship of candidates from overseas. As a result the home now has sufficient registered nurses and a newly created position of assistant facility manager. The home has also established an orderly succession plan that enables efficient

management of the home to continue when senior management is absent on leave or other absences.

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

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

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

- An automated register is maintained to ensure criminal history record checks have been carried out for all staff. The electronic system provides management with timely alerts when renewals are due.
- The home’s policy on the prevention and reporting of elder abuse has been updated to reflect current legislation. A register of reportable assaults has been established and annual training is provided for staff on the mandatory reporting of elder abuse.
- A system is in place for the secure storage, archiving and destruction of personal information in accordance with the NSW Privacy and Personal Information Protection Act and regulations for residents’ records.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

There is a comprehensive, organisationally developed, system in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process and annual needs analysis, identifies the knowledge, skills and education required for each position and the home maintains a detailed education achievements profile for all employees. A buddy system is used to support the new staff during their first days of employment. On appointment to the position the assistant facility manager, together with the organisation’s learning and development manager launched an innovative education program. The program covered organisationally required topics and also site specific education needs identified by staff with reference to resident needs (such as diabetes), staff surveys, performance appraisals, and management assessments. Topics are delivered using both e-learning and face to face methods and a brief six minute intensive

training session at shift handover. Records of attendance at training are maintained, the training is evaluated and its effectiveness is monitored through questionnaires, competency assessments and performance appraisals. Management and staff interviewed report they are well supported to attend relevant internal and external education and training. Residents/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

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

- The orientation program covering such topics as: policies and procedures, the philosophy of the home, the communication system and the complaints process.
- The in-service program which included such topics as: preventing and responding to elder abuse, customer service and use of new equipment.
- A range of staff are participating in external Cert III and IV courses on aged care.

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

Residents/representatives are informed of internal and external complaint mechanisms through: the resident handbook, resident agreement, orientation to the home, notices and at residents' meetings. Quality improvement forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available. Management maintains a log of all compliments and complaints and issues that require ongoing consideration are escalated to the management committee. The team noted that issues raised are addressed in a timely manner to the satisfaction of most complainants. Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Residents/representatives interviewed say they are aware of how to make a comment or complaint and feel confident that concerns are addressed appropriately.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The vision, values, philosophy and commitment to quality are well documented and on display in the home. The organisational aim to provide environments that are happy, loving, safe, comfortable and private are readily available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Vision, mission and values are included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management has systems in place to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. New staff are screened through the recruitment process to ensure that they have the required skills, experience, knowledge and qualifications for their roles. The orientation and education program - outlined in expected outcome 1.3 Education and staff development - provide the staff with further opportunities to enhance their knowledge and skills. There are job descriptions for all positions and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to residents' needs, a range of clinical monitoring data and feedback from staff and residents/representatives. The performance of staff is monitored through regular appraisals, competencies, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed indicate they have sufficient time to complete their designated tasks and meet residents' needs. Residents/representatives interviewed report their satisfaction with the care provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home demonstrated that it has a system in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are corporate 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. The home uses a centrally negotiated list of approved suppliers and can enter into some locally based service agreements to guarantee the availability of stocks of appropriate goods and equipment for quality service delivery. Maintenance records show that equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The system is monitored by the home's management through regular audits, surveys, meetings and the feedback mechanisms of the home. The team observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

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 information management systems in place to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for effective care. A password protected computer system facilitates electronic administration and access to the internet, and e-mail communication. Policy and procedure

manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Residents/representatives receive information when they come to the home and through meetings, case conferencing and newsletters. Mechanisms used to facilitate communication between and amongst management and staff are meetings, memos, communication books, handover sheets, feedback and reporting forms, newsletters and noticeboards. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives interviewed report they are kept well informed and consulted about matters that impact on them.

1.9 External services

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

Team's findings

The home meets this expected outcome

There is a system in place to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into at head office level, with contractors for regular provision of services and there is a list of approved service providers who are used on a needs basis. There are schedules for all routine work to be undertaken by contractors and a contact list is in place to enable staff working outside business hours to access contractors in an emergency. The services provided are monitored through regular evaluations, monitoring of back-order supply patterns, audits and the feedback mechanisms of the home. The team reviewed examples demonstrating the system for managing non-conformance of suppliers and their replacement with new suppliers. Service agreements are reviewed annually or as stated in the contract.

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

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

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

- Previous accreditation visits, management staff and relatives' complaints identified an increase in residents' behaviour incidents both physical and verbal. In the past, many strategies had been implemented with minimal effect of minimising these noisy and challenging behaviours. The assistant manager, care manager and recreational activities officer attended an external Namaste programme, which is a 'high touch/high sensory calendar of activities, for end stage dementia residents'. Following this visit the "Namaste Room" (inner spirit) programme (NRP) was introduced on the 3 January 2012. Since then a dedicated Namaste room was established and the programme runs seven day a week, with two sessions each day. Staff and volunteers are appropriately trained and responsible for administering the programme for the residents'. The activities are meaningful as well as devised to provide comfort for the residents. Eight residents were initially identified and assessed to benefit from the programme by the Clinical Nurse Consultant (CNC) from South Eastern and Illawarra Health Service (SEISHS) in consultation with resident/relatives and the dementia team, this number has already grown to eleven residents currently participating in the programme. Equipment identified as being required has been purchased to ensure the comfort of residents' and the long-term success of the programme. During the tour of the home the team noted the quiet, peaceful ambience of the secure dementia unit and during the 3 day site audit residents were observed to be quiet, peaceful and happy. Staff are noted to be very relaxed and quietly attending residents' care needs during the site audit. Preliminary data available from the project suggests that the long term implications for the residents' involved in the programme is a valid response to touch, taste, smell, sight massage, grooming, texture and music. The eleven residents attending the programme have displayed positive responses to many of the sensory areas. Several residents are exhibiting calmness, less anxiety and minimal wandering after participating in the NRP. Resident/relatives are very positive and happy with the improvements in behaviours of all residents' in the dementia wing. The home has scheduled a meeting to structure the long term viability of the NRP and its continuing benefits to residents'.
- An audit conducted by the assistant manager identified the need to improve the recording and reporting of blood glucose levels (BGL) for residents with diabetes. The home accessed advice and education from a clinical nurse diabetes consultant at Shoalhaven Hospital. As a result a new recording process for establishing individual BGL parameters was set up and an alert process implemented to notify medical officers when the levels were outside the recommended parameters. Feedback from residents, relatives and medical officers has been very positive.

- The regional operations manager has initiated a company wide response to improving dental care for residents. Arrangements with local dentists to provide care for residents through Government care plan initiatives have been implemented. A further initiative, currently being finalised, will be the introduction of a mobile dental practice to visit all Lend Lease aged care facilities. Mobile facilities will stay in place at the home for up to one month and be equipped to attend to residents in wheelchairs and those confined to bed. The expected result will be meeting of oral health needs for those residents where their medical condition previously prevented access to dental care.

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

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

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

- A record is kept of the current registration of registered nurses and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Department of Health and Aging and industry body resources are available to management and staff on topics relating to health and personal care.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- The in-service program using e-learning and outside speakers covering such topics as: diabetes, challenging behaviour, emergency transfers, continence care, oral and dental care, falls prevention, diet and nutrition.
- A number of care workers have been selected to commence the Certificate IV in Aged Care Work, and all staff are expected to have certificate III, or working towards attaining that qualification.

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 a comprehensive system to ensure that residents receive appropriate clinical care. The system includes assessment of residents’ physical and psychological needs, conducted by a multi-disciplinary team and the resident and/or their representatives following admission. On entry to the home residents’ existing care needs are recorded and documented on an electronic care management system. Care plans are developed with information collected from the assessments, goals are set and interventions documented. The care plans were seen to contain strategies for meeting the individual care needs of the resident and are regularly reviewed, updated and evaluated. Notes show that doctors regularly visit and review the residents’ condition. The team noted that written doctors’ orders were being carried out by appropriate qualified staff. The review of relevant documents and interviews conducted with residents/resident representatives and staff, confirmed the above and showed that 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

The home has a system for ensuring that residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Residents’ individualised care needs are identified through the interview and assessment process and a plan is implemented, regularly evaluated and communicated to ensure that all specialised care needs are current. The system includes assessment following entry, determination of relevant needs and development of a care plan, which contains strategies to meet those needs. Residents’ change of condition is monitored by registered nurses (R.N’s), on a temporary change of condition chart. All specialised nursing care is delivered by registered nurses, enrolled nurses and endorsed enrolled nurses, who receive support and training on the use of specialised equipment including dialysis, tracheotomy care and enteral feeding. Specialised care needs reviewed by the team include: wound care, in-dwelling catheter care, eye drops, diabetic resident care, nebuliser and percutaneous enteral feeding (PEG). Observations revealed that there is sufficient equipment and supplies to provide the required specialised nursing care. Interviews conducted with residents/resident representatives and staff, together with a review of relevant documentation, confirmed that residents specialised nursing care needs are met.

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

Interviews conducted with residents/resident representatives, staff and the review of clinical documentation, confirmed that the home has an efficient and effective system for referral of residents to appropriate health specialists. These include: palliative care team, psycho-geriatricians, aged care clinical nurse consultants, podiatrist, physiotherapist, dietician, speech therapist, audiologist, optometrist, hairdresser, dental services and beautician, who visit residents in the home as required. Staff interviewed, demonstrated an understanding of

the referral system including meeting the residents' needs and preferences. Information is available for residents on the referral system and through the 'Resident information booklet'. Staff, have access to information through the Community Health Centre, clinical communication book, the daily calendar and the verbal clinical and computer based care reporting process (handover). Staff advised and residents/resident representatives confirm, that the home and resident representatives arrange referrals and transportation to referrals as necessary.

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 efficient and effective system which ensures that residents' medication is managed safely and correctly. The system includes assessing residents' medication needs following entry, consultation with residents and/or their representatives, liaising with the residents' medical officer, to arrange for medications to be ordered and regularly reviewed, liaising with the pharmacist for the supply of medications and to conduct audits. Registered and endorsed enrolled nurses, administer medications. A blister pack system is used. There is an electronic monitoring system in the home to ensure compliance with medication and to identify errors in medication reporting and storage. Schedule 8 (S8) medications are monitored and checked regularly; S8 medications are stored and destroyed in accordance with legislative requirements. The home has processes in place including correct use of nurse initiated and PRN medications, checking medication charts to ensure PRN medications are dispensed on a PRN basis, ensuring medication phone orders are in accordance with current legislation. A list of nurse initiated medications is authorised by doctors and reviewed 6 monthly. Self medicating residents are deemed confident a self medicating authority form is completed and reviewed every six months. Interviews with residents/resident representatives and staff, a review of relevant documentation, and observation of staff practices and storage of medications, confirmed that medication is managed safely and correctly.

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 systems in place to ensure that residents' pain needs are effectively identified and met. Pain assessments are completed on entry and as required. Focus assessments include; the identification of pain through non-verbal and verbal cues. Interventions to manage pain are clearly documented in the residents' care plans and evaluation of pain by clinical staff and medical practitioners was viewed in the resident files. The home provides a range of treatment options for residents' pain management including; heat packs, repositioning, Therapies including massage, physical and diversional are available to minimise residents pain. Medication management of resident's pain includes schedule eight medication, administered orally, patch or via a syringe driver. Staff education in relation to pain management was conducted in 2011 and staff interviewed demonstrated an understanding of individual resident's pain management requirements. Residents/resident representatives interviewed reported satisfaction with the care provided at the home relating to 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 systems in place that aim at providing pain free palliation, comfort and end of life wishes of palliative care residents. Staff are committed to providing palliative care that is sensitive to the resident’s rights and wishes. The home liaises with the palliative care team from the local hospital as required. Participation of residents, residents/ representatives in decision making relating to care, and enable resident to die with dignity is encouraged. The home provides a range of treatment options for residents’ palliative care management including; pain management, complimentary therapy, heat packs, rail protectors and medication management which includes the use of schedule eight medication, administered orally and/or via a syringe driver. Through the home’s assessment and care planning processes, residents’ pain management, privacy, cultural, spiritual, emotional counselling and palliation needs are captured to help ensure the comfort and dignity of terminally ill residents. The assessment and care planning processes ensure residents/resident representatives have choices regarding palliation and decisions regarding end of life wishes are respected with staff being well informed of their wishes.

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

Systems are in place for the initial and ongoing assessment of residents’ nutritional and hydration status, eating and drinking requirements and cultural, spiritual and medical needs. Menus are reviewed as part of the audit process in consultation with the dietician, residents and resident/representatives. Menus were observed to be varied and provide the resident with adequate hydration, nutrition and choice. Weights are monitored (monthly and more frequently if required). The facility manager has access to the online clinical dashboard which provides alerts, for residents at risk and nutrition and hydration care plans reviewed with the results communicated to kitchen and nursing staff. The team noted in the resident files reviewed, that various strategies were used by the home to monitor and care for residents with identified nutritional and hydration needs; such as special diets; PEG feeding; output monitoring; thickened fluids; recording of resident weights and fluid and food monitoring charts. The team identified that appropriate referrals and follow-ups are being conducted for residents with identified nutrition and hydration needs, such as swallowing difficulties and weight loss. The team observed residents being assisted with meals and drinks and staff advised the team about the provision of nutrition supplements and/or special diets for residents with specific requirements. Residents/resident representatives interviewed expressed satisfaction with the nutritional and hydration services.

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 ensures that residents’ skin integrity is consistent with their general health through skin and general health assessments on entry to the home. Specific focus assessments are

then conducted as required, manual handling, personal hygiene and dietary analysis forms, monitoring skin irregularities and skin integrity incidents. Reviews of skin, hair and nail care provide residents' with specific and routine skin, hygiene, continence and hair care needs, which includes the complimentary therapy program. The team noted that external providers such as podiatry, hairdressing facilities, medical specialists and wound management clinical nurse consultants, are available and accessible to review residents with skin rashes and/or wounds if required. The team observed specialised equipment used to assist with maintaining skin integrity, such as pressure relieving devices; (including heel protectors and air chairs) rail protectors, bed cradles, emollient creams and high/low beds. Staff practices are monitored through the QI system and residents with skin integrity breakdown have wound/dressing charts recording the treatments provided by registered nurses.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Residents' continence is managed effectively through initial and focus continence assessments (voiding patterns, bowel management and toileting), care planning and the provision of individual toileting programs; bowel management programs and continence products. The home demonstrated an effective system for the management of continence through the use of aids, bowel habit recording and management and assessment and care of residents' changing urinary requirements. Staff have access to a continence clinical nurse consultant (CNC) and continence management training, this includes formal and informal training, in catheter care and colostomy care. A link nurse program has been initiated and the CNC trains the staff members to run the program. Residents' continence management reflect best practice and promotes the comfort of and dignity of all residents. Staff interviewed demonstrated an understanding of specific resident's continence requirements and knowledge of the systems and policies used at the home. Residents/resident representatives expressed satisfaction with the management of continence.

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 needs of residents with challenging behaviours are identified through the assessment and care planning process. Behaviour management assessments are conducted for residents on entry to the home and with an increase or change in their behaviours. The team viewed information in resident files relating to visits and reviews from medical practitioners and psycho-geriatricians and the aged care CNC to aide in the management of challenging behaviours. The home has a secure key pad dementia unit and location charts are used for residents at risk of absconding. The "Namaste Room" programme was introduced for a trial period to decrease the verbal and aggressive behaviours of the residents' in the dementia unit and staff are already observing benefits for end stage dementia residents'. Recreational activity programs designed specifically for residents with challenging behaviours are provided including creative art reminiscence, cooking, shopping, bingo, bus outings, and an afternoon quiet time program. The home has a minimal restraint policy, restraint authorities are reviewed and reauthorised every four weeks by the resident/representatives and treating doctor. Residents/resident representatives interviewed informed the team they are generally satisfied with the home's care for residents with challenging behaviours. The team observed staff interacting with residents in the home which provided a calm and soothing effect on

resident's behaviour. Staff interviewed described general and specific management of residents' behaviours.

See expected outcome 2.1 Continuous Improvement for further information on the "Namaste Room" Programme

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 an effective system in place for ensuring that optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments, mobility and dexterity plans and mobility programs. A physiotherapist who attends the home weekly sets up residents' physiotherapy management plans. The physiotherapist and the physiotherapy aide provide care and rehabilitation in conjunction with care staff who also carry out the mobility program. The effectiveness of the program is assessed through individual resident mobility and dexterity measures and the monitoring of incidents and accidents. Adequate equipment is provided to ensure optimum levels of mobility and dexterity are achieved by residents include: modified cutlery, mobility aids, and equipment used for exercising and transfers (walk belts and wheel chairs) The staff interviewed demonstrated how the program has resulted in improvements in resident's mobility and dexterity with residents fully rehabilitated following surgery and a cerebral vascular accident. Interventions noted by the team included strengthening, flexibility, balance exercises and the provision of specialised equipment such as mobility aids and raised tables. Residents/resident representatives interviewed expressed satisfaction with the management of 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

The home has strategies in place to ensure that residents' oral and dental health is maintained. The review of clinical documentation showed that residents' oral hygiene is assessed, documented, regularly reviewed and acted upon. This includes the facilitation and provision of dental services such as denture care and dental professionals. Staff and residents interviewed confirmed that all residents' dentures are labelled on entry to the home, dentures are checked daily and external dental technicians are available to service or repair dentures if required. Staff interviewed demonstrated knowledge of policy and practice in relation to the oral and dental care provided at the home including the cleaning of teeth and general mouth care. Residents/resident representatives interviewed by the team were satisfied with the oral and dental care provided.

See expected outcome 2.1 Continuous Improvement for future oral and dental care plans.

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 team found that systems are in place for ensuring that residents' sensory losses are identified and managed effectively and external services are available to assist in the

process. The team noted that sensory loss is assessed on entry to the home and focus assessments are conducted for vision, audiology, and communication with residents' personal preferences being identified. Information related to the needs of the residents are then transferred to the care plan and evaluated regularly. The "Namaste Room" programme (described in expected outcome 2.1 Continuous improvement) was introduced for a trial period to decrease the verbal and aggressive behaviours of end stage dementia residents. This high touch/high sensory programme covers, sight, smell, taste, touch and sound and while still in the trial period, staff are already observing benefits for residents. Staff confirmed that they assist residents with fitting and cleaning of aids such as limb protectors, glasses and hearing aids. Activities provided at the home that assist residents with sensory loss include; audio and video tapes, creative art, music, large print books, writing boards, hands-on craft, individual outside walks, hand massage and cooking. Residents expressed satisfaction in the management of sensory loss.

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 implemented strategies to assist residents to achieve natural sleep patterns. Interviews with staff and review of clinical documentation revealed that sleep assessments are attended on admission and as problems with residents sleep patterns are identified. Sleep pattern issues identified are documented on care plans, change of condition forms, the residents file and doctors book. Nocturnal use of sedation is reviewed and monitored, through the resident of the day process and the treating doctor. Residents are encouraged to maintain their natural bed time and rest during the day if this is their usual pattern. Care plans are developed and regularly reviewed. A range of strategies are available to support residents to sleep including warm drinks, snacks, comfortable positioning, analgesia, night sedation as per medical officers' orders and temporary change of room for verbally noisy residents. Residents/resident representatives interviewed advised that the environment was conducive for residents to achieve uninterrupted sleep.

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

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

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

- Purchase of a new bus resulting in increased choice in leisure activities for residents’ outings.
- Recreation activity officers identified the need to assist new residents to settle in and adjust to living in an aged care home. The introduction of a “Welcome party” for new residents and their matching to a buddy resident has resulted in these residents feeling “at home” in a relatively short period of time.
- Interaction between the home and the community and vice versa has been facilitated by two new initiatives. Residents of the home are regularly invited (and transported) to attend activities in the nearby community centre/country club such as use of the swimming pool or playing mah-jong. Similarly members of the community will be invited to attend the allied health and medical clinic to be situated in the nursing home. Both of these initiatives are designed to promote residents’ desired involvement with the outside community.

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

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

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

- Information is provided to residents/representatives in the resident handbook regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.
- The resident agreement offered to all residents ensures residents’ rights are protected.

- The Charter of Residents' Rights and Responsibilities is displayed in the home.
- Staff and volunteers are trained in residents' rights and responsibilities in their orientation program and sign a privacy/confidentiality agreement to ensure compliance 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 findings

The home meets this expected outcome

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

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

- The orientation program covering such topics as resident rights and customer service.
- The in-service program covering such topics as: dementia and communication, emotional, spiritual and cultural support.
- One employee, who replaces permanent staff when they are on leave, is currently enrolled in the Certificate III in Leisure and Lifestyle.

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 processes in place to ensure that each resident receives support in adjusting to life in the new environment and on an ongoing basis. Residents' emotional needs are assessed and monitored, care plans updated to ensure that each resident's needs are met as their requirements change. Staff interviews demonstrated that they had a clear understanding of each resident's individual needs in relation to emotional support. Observations of staff interactions with residents showed warmth, respect empathy and understanding. Documentation reviewed confirmed that residents are appropriately assisted, comforted and supported emotionally. Residents/ representatives reported that they felt supported by the staff, both when they first entered the home and 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 findings

The home meets this expected outcome

The team observed an environment that encourages residents to maintain independence and friendships and participate in the life of the community within and outside the home. Residents' independence is fostered through having personal items, photographs, quilts and

small furniture items in their room. The home has systems and processes in place to promote, a program of planned activities and events that encourage the involvement of family, friends and the community. Residents have access to daily newspapers and regular bus outings. Independence is encouraged by the staff, and residents are able to access community networks and activities. Residents/representatives stated they were satisfied with the way in which the home encourages them to maintain their friendships and sense of belonging to a wider community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Resident's' right to privacy, dignity and confidentiality is recognised and respected. The home has systems and processes in place to ensure each resident's personal information is stored securely and information on rights and responsibilities is provided to residents, their representatives and staff. Residents have a lockable drawer in their room and staff were observed to knock and wait before entering residents rooms. The home monitors residents' privacy and dignity through comments and complaints, surveys and audits mechanisms. Residents/representatives stated they were happy with the way their privacy, dignity and confidentiality is recognised and respected.

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

A wide range of activities are included in the activity program which is communicated to residents/representatives on the monthly displayed activity calendar on noticeboards and in the newsletter. Each day's activities are also displayed outside the dining room. Activities include live entertainment, board games, active participation games, movies, current affairs discussion groups and regular outings on the bus provided by the local club. A newsletter is produced to keep residents informed of activities, both within the home and in the community. There are systems and processes in place to capture information necessary for planning leisure interests and activities of interest to the residents including, personal profile assessments, resident surveys, residents meetings. Staff encourage and support the residents to participate in programs of their choice with assistance from the homes regular volunteers. Residents/representatives confirm they are satisfied with the variety and choices offered.

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 is able to demonstrate that individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Multi denominational church services are held regularly in house for residents. Chaplains of many religious denominations are available for any request from residents/resident representatives for emotional and/or religious support when required and a prayer service is held every three weeks. There are systems and

processes in place to identify and incorporate into the homes day to day activities individual interests, customs, beliefs and the cultural and ethnic backgrounds of residents and staff. Days of cultural and religious significance are celebrated and individual interests are supported. Residents/representatives confirmed they are encouraged and supported to continue with their own interests, customs, beliefs, and ethnic 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 findings

The home meets this expected outcome

Each resident/representative is encouraged to participate 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. The home has systems and processes in place to ensure that residents and their representatives are kept informed and given opportunities to provide input into the home through systems such as assessment and care planning processes, surveys, comments and complaints and suggestion mechanisms, and resident/relatives meetings. Residents and their representatives are supported and encouraged to participate in decisions regarding their financial management, personal care, cultural and spiritual life, meals, participation in activities, end of life choices, and health care. Residents and their representatives confirm that the home actively supports residents in maintaining their right to make their own lifestyle choices and decisions.

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 has put in place policies and procedures to ensure that residents have secure tenure within the home, and understand their rights and responsibilities. Both prior to and on entry to the home, new residents/representatives are provided with comprehensive written information about their rights and responsibilities. This information is explained during interviews. A resident agreement is offered to each resident to formalise occupancy arrangements, and the home advises that it has a signed agreement for each resident in its care. The agreement includes, but is not limited to, information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. Resident Rights and Responsibilities poster is displayed within the home. Interviews with resident / representatives indicate that they are satisfied with the information the home provides regarding their security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- The home has made substantial improvements to the external garden areas. Residents stated that in good weather they appreciate being able to walk the pathways and relax in the fresh air.
- Following the fire at Quakers Hill the facility manager and fire officer have conducted a thorough review of the home’s fire evacuation procedure. An initial outcome of the review is the enhancing of their training procedures in response to staff requests for more “hands on” training.

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

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

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

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training. The home’s evacuation procedures have been reviewed to ensure they are current and a staff member has been nominated to participate in the fire warden training. This will ensure at least two staff have current fire warden training.
- The home has a NSW Food Authority licence and a food safety program as required by the Vulnerable Persons Food Safety Scheme.
- Chemicals are securely stored and material safety data sheets (MSDS) are displayed adjacent to the chemicals to which they refer in accordance with occupational health and safety legislation.

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 details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

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

- The orientation program includes training in; fire safety, infection control, occupational health and safety, manual handling, accident/incident reporting, and the maintenance system.
- The in-service program covering topics such as: infection control, fire awareness and evacuation, manual handling, occupational health and safety and risk management.
- All catering staff have attended food safety training and 10 staff have recently enrolled in a year's study of certificate III in hospitality.

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

Management of the home have mechanisms in place to ensure that there is a safe and comfortable environment to meet residents care needs. These mechanisms include regular environmental safety inspections, cleaning, maintenance and other safety related checks, mixing valve checks, electrical equipment checks and tagging, fire safety systems, water quality testing, hazard assessment, and incident and accident reporting. There are also resident feedback mechanisms, such as residents and relatives meetings and direct discussions with management in relation to the comfort and safety of the living environment. Interviews with staff and review of documentation confirmed that the monitoring and regular maintenance systems are in place. The team observed that a comfortable temperature was maintained, the home is clean with no clutter, and furnishings and appointments are comfortable and appropriate. Interviews with residents and representatives confirmed that they are comfortable in their home and that they feel the facility manager is approachable if they need to make requests or raise any concerns

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

Management has a system in place to provide a safe working environment that meets regulatory requirements. There is an occupational health and safety (OH&S) committee on site with representatives from the clinical, hospitality, cleaning, laundry and administration

areas of the home. The committee's role is to oversee occupational health and safety at the home and report issues of concern to management and staff at regular meetings. All staff are trained in manual handling, occupational health and safety, fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. The home monitors the working environment and the occupational health and safety of staff through regular audits, risk and hazard assessments, accident and incident reporting and daily observations by management and staff. The staff interviewed show they have a knowledge and understanding of safe work practices and were observed carrying them out. The organisation is in the process of implementing the provisions of the new Work Health and Safety Act 2012 and all necessary changes to the home's procedures will be communicated to the home in due course.

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

The home's management and staff are actively working to provide an environment and safe systems that minimise fire, security and emergency risks. There are documented emergency procedures in place including contingency plans developed in response to identified risks. Fire safety systems in the home include a designated fire officer, fire alarms, main fire board and mimic panels, smoke/fire doors, fire hoses and extinguishers, exit signs, emergency flip charts and evacuation plans at exits. The home has formal, external contractual arrangements for the monitoring and maintenance of all fire safety equipment and systems on the site. The team sighted the annual fire safety statement displayed in the home's foyer. Staff training records and the education schedule confirm that staff participate in regular fire safety training, and staff interviewed confirmed that they attended training and are aware of fire safety and evacuation procedures. The team observed that the home provides a secure environment with key pad access to secure areas, evening lock up procedures, external video surveillance cameras with internal monitors, and a security patrol service overnight. Residents interviewed confirmed that they felt safe in their home.

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 ensures that its infection control program is effective through clear policies and procedures, education and an infection quarterly surveillance program. An enrolled nurse is allocated eight hours per fortnight to coordinate the program and an external consultant audits existing infection control systems annually. The home has mandatory training in infection control and hand washing competencies are assessed. Hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an outbreak management policy and kits, a food safety program used in the kitchen, a vaccination program for residents and staff, pest control and waste management. The staff interviewed show they have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, audits, benchmarking and trend analysis.

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

The home has procedures in place to ensure that hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Interviews with staff confirmed their commitment to providing catering services, with meals planned to meet dietary needs and also the expectations of the residents. There is a system in place to ensure residents dietary needs are met as identified by nursing staff. All food is cooked fresh on site and the catering supervisor attends resident meetings, discussing specific requests for meals with these being met as far as possible. The kitchen was observed to be functioning well with all staff aware of required practices such as cleaning schedules. Cleaning services are provided by a contract cleaning company whose staff advised that they follow best practice and were able to confirm knowledge of appropriate infection control practices and show cleaning schedules to ensure all areas of the home are regularly cleaned. Laundry services are provided seven days a week and all linen and personal laundry is washed on site with the exception of the personal laundry of some low care residents who choose to do their own laundry in the satellite laundries provided. Staff have policies and procedures in place for laundry services and were observed to be following accepted practice in maintaining laundry flows. Interviews with residents and representatives confirmed satisfaction with the provision of hospitality services