



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Eabrai Lodge Special Care Hostel**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Eabrai Lodge Special Care Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Eabrai Lodge Special Care Hostel is three years until 26 June 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:	Eabrai Lodge Special Care Hostel		
RACS ID:	2915		
Number of beds:	21	Number of high care residents:	13
Special needs group catered for:	<ul style="list-style-type: none"> <li>• Dementia specific</li> </ul>		
Street/PO Box:	12 Namatjira Drive		
City:	WESTON	State:	ACT
		Postcode:	2611
Phone:	02 6288 4799	Facsimile:	02 6288 4278
Email address:	Nil		

### Approved provider

Approved provider:	The Uniting Church in Australia (ACT) Property Trust
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### Assessment team

Team leader:	Jose Rigor
Team member/s:	Janice Stewart
	Robyn Draper
Date/s of audit:	18 May 2009 to 22 May 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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**

<b>Agency findings</b>
Does comply
Does comply
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<b>Agency findings</b>
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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	Eabrai Lodge Special Care Hostel
RACS ID	2915

### **Executive summary**

This is the report of a site audit of Eabrai Lodge Special Care Hostel 2915 12 Namatjira Drive WESTON ACT from 18 May 2009 to 22 May 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 Eabrai Lodge Special Care Hostel.

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

### **Assessment team's recommendations regarding support contacts**

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 18 May 2009 to 22 May 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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:	Jose Rigor
Team member/s:	Janice Stewart
	Robyn Draper

## Approved provider details

Approved provider:	The Uniting Church in Australia (ACT) Property Trust
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## Details of home

Name of home:	Eabrai Lodge Special Care Hostel
RACS ID:	2915

Total number of allocated places:	21
Number of residents during site audit:	21
Number of high care residents during site audit:	13
Special needs catered for:	Dementia specific

Street/PO Box:	12 Namatjira Drive	State:	ACT
City/Town:	WESTON	Postcode:	2611
Phone number:	02 6288 4799	Facsimile:	02 6288 4278
E-mail address:	Nil		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Eabrai Lodge Special Care Hostel.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

The assessment team spent 5 days on-site and gathered information from the following:

### Interviews

	Number		Number
Group Manager	1	Residents	4
Client administration manager	1	Relatives	2
Facility Manager	1	Personal care workers (PCW)	4
Care services consultant (RN)	1	Catering manager	1
Lifestyle manager	1	Kitchen staff	1
Manager business systems	1	Laundry manager	1
Learning and development manager	1	Cleaning staff	1
Education coordinator	1	Maintenance supervisor	1
Director organisation development and planning	1	Director of property	1
Chaplain	1	Regional occupational health and safety coordinator	1
Leisure and activity officer	1	Occupational health and safety officer	1
Regional asset manager	1	Supply manager	1

### Sampled documents

	Number		Number
Residents' assessments (ADLs, clinical care, medication, pain, nutrition, skin, continence, behavioural, mobility, oral and dental, communication and sensory, sleep and others)	8	Medication charts	5
Resident care plans, summary care plans, progress notes and doctors' notes and allied health professional records	2	Accident and incident reports including behaviours	15
Personnel files (including recruitment documentation, job descriptions, confidentiality agreement, code of ethical	4	Vital signs observations (blood pressure, blood glucose levels) and weight charts	3

behaviour, orientation checklist, training request form, education records, performance appraisal, competency skills assessments)			
Resident Agreements	3	Residents' files including: profile and 'my story'; and social, cultural, spiritual and activity therapy assessments and care plans.	5

### Other documents (including electronic documents) reviewed

The team also reviewed:

- Access to legislation, regulations and guidelines on intranet
- Accident incident and hazard forms
- Activities and leisure needs analysis, program, attendance sheets, evaluations and ongoing development of the program
- Asbestos material register and reports.
- Assessments
- Asset register and procedure.
- Audit schedule and audit records
- Capital expenditure plan
- Cleaning folder including colour code procedure, cleaning schedules and material data sheets.
- Code of ethical behaviour booklet
- Comments and complaints flowchart
- Comments and complaints folder
- Competencies
- Compulsory fire training attendance list.
- Compulsory reporting records
- Continuous improvement forms
- Continuous improvement plan
- Contractors' register, induction checklist, agreements and insurance, and policies and procedures.
- Dietary requirement and preference sheets
- Electrical testing and tagging documentation
- Environmental audit folder
- External service providers sign in book and contractor visitor tags
- Fire evacuation exercise and training documentation dated 13 May 2009.
- Fire safety and emergency evacuation policy and procedure.
- Fire safety equipment inspections completed by approved external services
- Fire safety statement (dated 28 June 2008).
- Fire systems and equipment maintenance agreement.
- Food safety program and kitchen staff attendance records for food safety education.
- Handover information (verbal)
- Hazard alert forms
- Immunisation program for residents and staff
- Incident reports (infections) and the analysis/trends report tabled at staff meetings
- Infection control policies and procedures
- Influenza management plan – swine flu
- Internal memos
- Job descriptions folder
- Kitchen daily cleaning charts and temperature recording sheets.
- Leisure and lifestyle policy and procedure manual



- Maintenance prevention program and repair service records and process.
- Meeting minutes and schedule (including OH&S, staff, residents/representatives, resident care, special meetings to discuss food issues between catering manager and residents/representatives)
- Menu and meal preference selections
- Minutes – Hostel residents' food meetings, residents', hostel staff and volunteer meetings
- Mirinjani Village News
- Moving from home brochure by Uniting Care Ageing
- Organisational chart and strategic plan
- Outbreak management plan
- Pest control agreement and schedule.
- Police check registers – staff and volunteers
- Policy and procedures on intranet
- Regional weekly newsletter "Weekly Matters" for residents, relatives and staff
- Regional weekly newsletter for residents, relatives and staff
- Resident contracts and checklist including residents security of tenure information
- Resident hand book, information for prospective residents and respite pack
- Resident information handbook
- Resident meetings minutes
- Resident/representatives' newsletter
- Resident's consent for photograph and video recordings
- Residents' lifestyle survey report 2009
- Risk assessment check sheets
- Safeguarding your privacy brochure given to residents/representatives
- Schedule 8 register
- Staff communication diary
- Staff competency records
- Staff education records
- Staff information handbook
- Staff meeting minutes including general staff, combined occupational health and safety/education/quality, falls committee
- Staff memos folder
- Staff orientation information pack
- Staff registration records
- Staff rosters
- Staff to staff communication processes, including paper base (daily diary), verbal (handover), and computer ('message for the day').
- Strategic challenges document 2006 - 2011
- Temperature recordings and associated procedures (food refrigerators, food hot holding/serving, dishwasher, thermostatic mixing valves, warm water system)
- Warm water agreement.
- Weight records

## **Observations**

The team observed the following:

- ACT disability, aged and carer advocacy service (ADACAS) posters throughout the home promoting education sessions on 'know your rights' for residents/representatives.
- Activities in progress including exercise activities and music therapy.
- Adequate stocks of personal care items, clinical, oral and dental hygiene supplies
- Aged care complaints investigation scheme brochure
- Annual fire safety certificate displayed
- April 2009 leisure and activity program on notice boards throughout the home.
- Asset tags
- Care offices
- Charter of resident's rights and responsibilities poster

- Charter of residents' rights and responsibilities displayed at the home
- Chemical storage and MSDS information displayed.
- Clinical waste bins
- Clothing hoists (Hills hoists)
- Colour coded cleaning and kitchen equipment.
- Colour-coded equipment in use
- Comments and complaints information on display (internal and external)
- Communication process between kitchen and care staff.
- Comprehensive range of activity equipment to meet the needs and preferences of dementia residents (exercise and leisure programs and behavioural management program).
- Computer local area network (LAN) and intranet system
- Department of health and aged care outbreak guidelines and pack.
- Department of health and ageing annual fire safety declaration
- Dirty utility rooms
- Emergency exits clearly marked and with easy access
- Emergency flips charts displayed throughout the home.
- Equipment and supply storage areas
- Equipment storage areas containing adequate and relevant equipment in good condition.
- Fire and emergency panels and inspection logs completed.
- Fire evacuation plans and fire safety equipment throughout the home
- Fire evacuation procedures displayed
- Fire fighting equipment tagged and dated
- Fire monitoring equipment, evacuation plans and signage
- Food stored correctly in appropriate areas throughout the kitchen
- Hand washing facilities
- Hand washing procedure signage displayed throughout the home
- Infection control audits, analysis and reporting at meetings and CI forums.
- Interactions between staff and residents/representatives.
- Interactions between staff and residents/resident representatives
- Internal and external living and working environments
- Kitchen (main kitchen) and system for ensuring right meal to right resident.
- Laundry
- Living environment (internal and external areas)
- Maintenance workshop
- Meals being served
- Medication storage room
- Mobility aids
- New laundry and kitchen areas and a 60 beds extension being built.
- Notice boards and information signage
- Noticeboards for residents/representatives with relevant information displayed throughout the home.
- Packed medication administration system
- Paintings completed by residents and displayed throughout the home
- Personal protective clothing, spill kits and equipment supplies.
- Pet dog
- Recreational activities in progress
- Resident clinical care management system (e-system)
- Residents going on regular bus trip outing
- Residents waking up and having showers at a time that suited them
- Secure outdoor area with garden beds
- Secure storage of resident files in both the paper and computer based systems
- Security systems
- Single rooms with ensuite
- Staff accessing the organisation's intranet and also the resident clinical care management system
- Staff assisting residents with meals

- Staff practices
- Staff practices and courteous interactions with residents, visitors and other staff
- Staff room with notice boards including material for occupational health and safety, infection control, education and memos
- Staff using the e-system to enter resident information
- Suggestion box
- Suggestions box
- Swine influenza information throughout the home for staff and residents/representatives
- Tagged electrical equipment
- Temperature monitoring probes being used to check meals at lunchtime.
- Vision and mission displayed
- Vision, Mission and Values displayed
- Visitors' sign in and out book at the front of the home
- Waste disposal system

## **Standard 1 – Management systems, staffing and organisational development**

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

A quality management system is in place and the home is actively pursuing continuous improvement. The home identifies improvement opportunities through a number of avenues including residents, relatives and staff meetings, internal audits, benchmarking program, workplace inspections, compliments, complaints and suggestions and maintenance reports. Results from auditing and survey activities are collated and reported regularly to management and to the combined occupational health and safety/education/quality committee meetings. Areas requiring improvement are actioned, monitored and evaluated, and the home utilises continuous improvement forms and a continuous improvement plan to record and monitor progress on identified activities. Feedback is provided to stakeholders through attendance at meetings, meeting minutes, action plans and verbally. Continuous improvement is monitored by management at the home and also at an organisational level. Staff stated they have the opportunity and are encouraged to participate in the home’s continuous improvement activities, such as audits, inspections and meetings and they contribute to suggestions for improvement. Residents and representatives stated and a review of the resident/relative meeting minutes confirmed that they are able to make suggestions for improvement, the home responds quickly and feedback has resulted in improvements for residents.

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

- The home has introduced improvements to publicising opportunities for employment such as radio announcements and an incentive program for staff to ‘refer a friend’ to work at the home. The home has achieved an increase in applications for employment as a result of these initiatives.
- The home’s parent organisation has conducted an independent staff satisfaction survey process which includes focus group discussions. Staff were able to raise any suggestions and issues of concern and all matters were followed up by the independent organisation. Staff are reported to be happy with the process and the outcomes.
- A two year practice development program has commenced across the region, including this home, involving staff and residents. The south eastern region of the parent organisation has combined with a university and aims to enhance the person centred culture by empowering staff. The program enables facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. The learning that is occurring brings about transformations of individual and team practices which is sustained by embedding both processes and outcomes in corporate strategy.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems in place to receive, identify and ensure compliance with relevant legislation, regulatory requirements, standards and guidelines. The organisation is a member of an industry association and receives information through this avenue and through subscriptions to a variety of government and independent information services. Changes and information are discussed and any relevant changes to policies and practice are reviewed and implemented. Where appropriate, education sessions are conducted to ensure the staff are aware of the changes. Information is also given to residents and their representatives through articles in the resident newsletters and information provided at the resident meetings. The home conducts audits to ensure compliance with the system of ensuring regulatory compliance on a regular basis. Evidence of regulatory compliance applicable to Accreditation Standard one includes:

- Staff, key personnel, volunteers and external contractors have police clearance checks conducted.
- The home's policies and procedures have been updated accordingly in line with recent changes in the Aged Care Act.

### **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 demonstrates that staff have the knowledge and skills that are required for effective performance across all four Accreditation standards. The home conducts orientation and education sessions for new employees and volunteers. The home also uses a buddy system for new staff starting shifts and this occurs until the new staff member is able to demonstrate the required skills and confidence. Staff are offered internal (in line with regional office's education calendar) and external education as well as being encouraged to take personal responsibility for their professional development. The education program is developed from input from staff surveys, audits, performance appraisals and competencies, identified needs and current issues in aged care. Management respond to the educational needs of staff when the needs of residents change. The home maintains a program to manage and track education for all staff in the home as well as the region overall. Staff interviewed are satisfied with the support and education provided by the home.

Some recent examples of education relevant to Standard One are:

- Identification and reporting of elderly abuse
- Auditing and benchmark program
- Use of the computer based clinical management system
- Communication and time management
- Some staff have recently completed Certificate III or IV in Aged Care
- Some staff are currently undertaking Certificate III in Hospitality Operations, Certificate III or IV in 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 recommendation**

Does comply

The home demonstrates that information about internal and external complaints mechanisms is accessible to each resident/representative. Information about complaints mechanisms is included in the resident agreement, resident handbook, during orientation to the home, residents' meetings, newsletters, verbally and through regular

communication with staff. Residents and staff are encouraged to give input and provide feedback. Issues arising from complaints are communicated to all stakeholders, documented in a complaints register and are actioned appropriately in a timely manner. Audits are conducted to ensure the home complies with the organisation's comments, feedback and complaints management policy. Resident representatives interviewed are familiar with the complaints mechanisms at the home and are satisfied with the complaints mechanisms available to them.

### **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 organisation's vision, mission and values are documented and communicated to all stakeholders. The home's parent organisation uses these statements as a framework for decision making, reporting, education and training and in response to resident issues. These statements and core values are published in the home's key documentation including policy and procedures manuals, displayed throughout the home and in the staff and resident handbooks. These are given to all residents/ representatives and staff on entry to the home or commencement of employment. In addition, staff are made aware of the philosophy of care through the home's staff recruitment, orientation and education processes.

### **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 demonstrates that there are sufficient staff with the appropriate knowledge and skills to perform their roles effectively. Staffing levels and rosters are determined by resident needs and preferences and short term staffing shortfalls are supported by a pool of casual staff. Recruitment and training of care staff is managed by the home's manager and undertaken by senior staff. Performance of new and existing staff is evaluated through observation, performance appraisals and specific competencies. Resident representatives interviewed by the team indicated satisfaction with the responsiveness of staff and the adequacy of care. The home monitors the registered nurses authorities to practice and all staff have had criminal record checks prior to commencement. An orientation program is in place for all new staff that includes a generic one day program covering information about the parent organisation and compulsory information including elder abuse legislation, infection control, manual handling, occupational health and safety as well as information about the services available to staff. The organisation has a rewards and recognition program to enhance staff morale.

### **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

Management demonstrates it has suitable goods and equipment appropriate for the delivery of services. The home has processes in place to check on the quality of goods and processes to receive and review its stocks to ensure they are appropriate and

sufficient. In addition, the home maintains a computerised maintenance database to ensure that timely service and preventative maintenance on equipment is carried out in accordance with manufacturer's specifications and identified need within the home. Resident representatives confirm that they are satisfied with the goods provided by the home to meet their needs. Staff confirm that they have adequate supplies to perform their roles effectively.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

The organisation uses a range of methods both paper and electronic including staff meetings to ensure that all stakeholders have access to current information on the processes and general activities and events of the home; these include staff memoranda, email, detailed handovers between shifts, meetings and minutes of meetings. Management and staff have access to information relating to management systems (both manual and electronic), organisational intranet, health and personal care, resident lifestyle and the maintenance of a safe environment to enable them to effectively perform their roles. The home has a computer local area network with a tiered-access password system. The home is able to maintain up to date information regarding legislative changes and care issues through their management information system. Resident and staff files are stored securely in locked cabinets with access restricted only to staff concerned. The home employs a resident clinical care management system (e-system) to standardise clinical and personal care including documentation throughout the home and in other homes within the group. Residents were observed to be appropriately dressed and appeared comfortable and well-adjusted to their environment.

## 1.9 External services

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

### **Team's recommendation**

Does comply

There is a system in place to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into with major contractors and suppliers for the provision of services including a requirement to comply with occupational health and safety legislation and have current licences and insurances. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. Resident representatives state that residents are able to access external services such as hairdressing, beauty therapy, podiatry and other allied-health professionals. The services provided are monitored by management at a local and regional level through regular evaluations, audits and the feedback mechanisms of the home and there is a system for managing non-conformance of suppliers.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:

- The home identified that staff would benefit from training in assessing pain levels of residents with a severe dementia. Training was delivered one-on-one and staff and residents have benefited from this approach.
- The home is currently reviewing the incidence of resident falls in a focused falls committee which is attended by other senior staff of homes operated by the organisation. This approach is providing a peer-review and problem-solving forum which is reported to be providing strategies which are reducing the incidence of resident falls.

### **2.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details about the home's system for ensuring regulatory compliance. The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following recent examples relating to Accreditation Standard Two:

- All staff performing medication administration undergo competencies and assessments.
- The home reviewed and updated procedures for the use of heat packs to comply with changes in guidelines.
- The home has implemented systems in response to the new aged care funding instrument (ACFI).

### **2.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education and training provided to staff relevant to Accreditation standard two includes:

- Medication management



- Wound care
- Pressure area care
- Palliative care
- Dementia care
- Managing challenging behaviours
- Functional decline in older hospitalised patients
- Nutrition and hydration
- Continence management

## 2.4 Clinical care

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

### Team’s recommendation

Does comply

The home has systems in place to identify, respond, assess, monitor and evaluate residents’ clinical care needs. Residents undergo a comprehensive set of assessments to enable the provision of optimum care and fully understand residents’ care needs and preferences. The resulting care plan developed outlines recommended strategies for meeting the residents’ care needs. These strategies are formed through information gathered from findings through the use of clinical assessment tools, doctors’ or specialists’ medical reviews, care staff input, input from the resident and their representatives and interventions based on current issues in aged care or evidence-based practice. The care plans are continually updated to reflect appropriate care practices on a regular basis and as required when residents’ care and clinical needs change. All residents have access to emergency treatments and specialist procedures when appropriate. Residents observed appeared to be appropriately dressed for the environment.

## 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

A system is in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Residents’ receive specialised nursing care from registered nurses and this includes assessment, care plan development, evaluation and direct provision of care. Medical officers are involved where appropriate and other external specialist expertise is accessed to assist in meeting residents’ specialised nursing care needs as required. Care of residents with complex nursing requirements is referred to appropriately qualified registered nurses with specific expertise and supported by competencies and specialist equipment suppliers. The registered nurses report that they have access to relevant external expertise and additional education when required to assist in meeting those needs.

## 2.6 Other health and related services

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

### Team’s recommendation

Does comply

A system is in place to ensure that residents are referred to appropriate health specialists in accordance with their needs and preferences. The need for a referral is made in consultation with each resident/representative and their general practitioner. Identification of incidences where an outside referral is required is facilitated by the home’s clinical staff with specialist training and competencies supported by the assessment tools available on

the resident clinical care management system. Transport to and from appointments are arranged as appropriate. There is evidence of residents having been seen as required and in accordance with their wishes by a dentist/dental technician, dietitian, optometrist, physiotherapist, podiatrist, palliative care team and mental health specialist through the local area health service's resources. There is a documented system for referral and follow-up after appointments for health and related services. Representatives confirmed that residents have been referred to and attended appointments with health specialists within and outside of the home.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

A system is in place to ensure residents' medication is managed and stored safely and correctly. Packed medications with corresponding charts are managed by a pharmacist and residents' doctors and administered by registered nurses and endorsed enrolled nurses. Education and competencies support the safe administration practices by staff in addition to documented policies and procedures for medication administration. Current observed practices indicate that staff are able to administer and access medication and resident information quickly, accurately and efficiently in line with the home's policies and procedures. The home has procedures in place where schedule 8 medications and nurse initiated medications require review and input from a registered nurse. The home has established communication protocols to enable this to be implemented at all times. A medication incident reporting and auditing system is in use and the findings are regularly reviewed by a medication advisory committee comprised of clinical staff, a medical practitioner and pharmacist amongst others. Observations and documentation regarding the packaged medication and administration system appeared to be consistent with the home's policies and procedures.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

A system is in place to ensure all residents are as free as possible from pain. The home uses various assessment tools to ascertain whether residents are experiencing pain and whether the current treatment regimen being undertaken is effective. Policies and procedures and various pain assessments are followed and implemented in response to identified incidents and also during the initial admission process. Pharmacological and non-pharmacological interventions are used to manage pain, for example - repositioning and exercise, pressure relieving devices, hot/cold packs and therapeutic massage. Pain monitoring charts especially charts that measure pain in residents unable to verbalise pain are used to monitor residents' pain on a regular basis and to assist in identifying if interventions are effective. Additional expertise is obtained from the local palliative and pain management care team when needed. The registered nurses and personal care workers are aware of how to identify when a resident is in pain and are able to describe strategies to assist individual residents to manage their pain. A review of the care plans and pain assessment tools on residents receiving medication to relieve pain appear to be consistent with the home's policies and procedures.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

A system is in place to ensure the comfort and dignity of terminally ill residents is maintained. There is collaborative involvement from relevant health professionals when assessing residents identified as requiring palliative care. These include the general practitioner, pharmacist, local palliative care team, registered nurses from the nursing home and the resident with their representatives. Residents requiring palliation are generally referred and transferred to one of the group's higher care homes in close proximity to the hostel. The families and representatives of residents at the end of life stage are encouraged to visit with minimal restrictions and they too are provided with emotional support by staff and volunteers as appropriate. An environment appropriate to maintaining the resident's dignity, privacy and comfort is organised by staff when the need is identified. The home can organise a resident to be visited by religious clergy or the home's pastoral care team when deemed necessary or as per the resident's/representative's wishes.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

A system is in place to ensure residents receive adequate nutrition and hydration. Residents' needs and preferences are identified through assessment and consultation when they move into the home and are reviewed in accordance with changes in their condition. This information is communicated to staff working in the home's kitchen. The home has a system by which residents are each given the choice of times to eat at intervals of their own choosing. Each resident's nutritional status is monitored through staff observation of their eating patterns and regular weight monitoring using the home's designated assessment tools. Management state that changes in nutritional status are referred to the appropriate health professional for further assessment and intervention. The personal care workers, clinical staff and management are aware of the importance of nourishment and hydration for residents. Staff interviewed are able to describe instances where a resident may be identified as being at risk of inadequate nutrition and/or be displaying symptoms of a fluid volume deficit.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

A system is in place to ensure residents' skin integrity is consistent with their general health. The condition of each resident's skin is assessed when they move into the home and strategies are documented in their care plans to maintain or improve their skin integrity and to prevent and minimise skin tears. Equipment and supplies necessary to prevent and treat skin breakdowns are utilised appropriately and sufficiently stocked. The home's e-system to document and track skin tears, pressure and wounds ensure that skin care is delivered appropriately, efficiently and in a timely manner consistent with the home's policies and procedures. Processes are in place for breakdowns in skin integrity to be reported and for skin treatment plans to be developed. Complex wounds are referred to a registered nurse and additional wound management expertise is accessed through the local area's public health resources as needed. Residents were observed to be mobile and at minimum risk of pressure areas and breakdown in skin integrity.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

A system is in place to ensure residents’ continence is managed effectively. Residents’ continence management history, needs and preferences are identified and assessed when they move into the home and individualised continence management care plans are developed. Staff prompt and assist residents with toileting, use of continence aids and manage urinary catheter care as needed. A range of strategies is used to promote and maintain optimum urinary and bowel function for residents which include urinalysis routinely performed by staff. Where there is a risk of or actual change in function residents are closely monitored and strategies developed to assist them such as dietary supplements and aperients or medical interventions as needed. Adequate stocks for continence management are maintained by the home. The effectiveness of interventions is evaluated on a regular basis and care plans are updated to reflect current needs and preferences. Staff are familiar with the system in place and understand the importance of ensuring residents’ needs are met promptly. The home demonstrates adequate stock supplies to ensure appropriate continence management within the home is maintained.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

A system is in place to ensure the needs of residents with challenging behaviours are managed effectively. When a resident moves into the home assessments are conducted to identify challenging behaviour and a care plan is developed if necessary. Care plans list the triggers of challenging behaviours and individualised strategies for managing them, including diversional and alternative therapies. A resident may be referred to the local area health service’s mental health care team in collaboration with the resident’s doctor and representatives when required. Staff are familiar with strategies for dealing with individual residents when they exhibit challenging behaviour and confirm they have had training in behaviour management and identification. The home has policies in place for the implementation of restraint strategies for managing difficult behaviour undertaken in consultation with the residents’ representatives and doctor. Residents were observed to be settled, appropriately dressed within their environment and appeared to have good rapport with staff.

## **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

A system is in place to ensure optimum levels of mobility and dexterity are achieved for all residents. Residents’ mobility is assessed by the registered nurse on admission and by a physiotherapist on an ongoing basis. The physiotherapist develops and oversees a care plan and exercise program for each resident and if a resident needs assistance with implementation this is provided by the physiotherapist and the personal care workers. The team observed mobility aids to assist residents to move independently, and equipment to assist staff to move residents safely. Falls prevention strategies are in place and when falls occur they are reported and actioned appropriately. The personal care workers are familiar with individual exercise programs for residents recommended by the

physiotherapist. Residents appeared to have good mobility in general requiring minimal assistance from staff.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

A system is in place to ensure residents’ oral and dental health is maintained. The condition of each resident’s teeth is documented when they move into the home and strategies for keeping them healthy are documented in a care plan. Residents are assisted to access relevant health specialists as required, such as dentists and dental technicians. Residents have access to oral hygiene products and observations of their ensuite bathrooms show oral hygiene personal items in use. The home has adequate stocks for dental and oral care such as mouth swabs, toothbrushes and toothpaste as well as denture cups.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

A system is in place to ensure residents’ sensory losses are identified and managed effectively. Residents’ sensory losses are assessed when they move into the home and strategies to assist them and communicate with them effectively are documented in a care plan. Residents are assisted to access relevant health professionals for specialist vision and hearing assessments and treatment or fitting of aids. Large print reading material and other literary, video and audio aids are available through the home’s library and community resources. Care staff assist residents to wear, label and care for aids, such as eye glasses and hearing aid devices. Personal care workers are able to describe how to replace and fit hearing aid batteries and state that they often assist residents by sharing community and information regarding events within the home of particular interest to them.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

A system is in place to ensure residents are able to achieve natural sleep patterns. Residents’ sleep patterns are assessed in conjunction with a pain assessment when they move into the home and strategies to assist them to maintain natural sleep patterns are documented in a care plan. A range of strategies including complementary and alternative therapies are used to assist residents who do not observe usual sleeping patterns or experience sleep disturbance. Staff interviewed state that residents who experience sleep disturbance are helped settle by offering warm drinks, something to eat, change of sleeping position, company and/or medication as ordered.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:

- In response to suggestions from resident family and visitors, the home has removed caged birds in the garden as having birds in cages was disturbing for some residents. The home has introduced equipment to encourage native birds to the garden, such as a bird feeder and nesting box. Residents and their visitors are very happy with this initiative.
- The home has introduced digital photograph frames so that pictorial presentations of residents enjoyment of activities are more easily kept up to date. Residents/representatives are reported to be very satisfied with this initiative.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring regulatory compliance. 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 and other material regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.
- The Charter of Residents’ Rights and Responsibilities is included in the resident admission pack and displayed in the home.
- Staff and volunteers are trained in residents’ rights and responsibilities in their orientation and education program and sign a code of ethical behaviour and a confidentiality agreement to ensure they uphold residents’ rights and adhere to 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 includes:

- Loss and grief
- Palliative care
- Person centred leadership
- Resident rights
- Planning for the future – public advocate office

### 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 hostel has a system in place to support residents while they adjust to life in the new environment and during their stay at the hostel. Review of residents' files showed that social, cultural and spiritual history, and support needs are recorded on entry to the hostel. This information is used to develop a care plan with strategies to support the individual emotional needs of each resident and this is regularly reviewed and evaluated. The leisure and activity staff spends time with new residents and pastoral care is available to support residents and their families. Interviews with representatives confirmed that the hostel provides emotional and spiritual support for residents and their families to settle into the new environment. The team observed care staff and pastoral care providing emotional support to residents.

### 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

The hostel has an extremely effective system in place to assist residents to maintain their independence and links with their friends and the community outside of the hostel. On admission to the hostel and at regular intervals each resident is assessed for what independence means to them and how this can be achieved in relation to physical, emotional, cultural, social, and financial aspects of life. This information and the agreed strategies to promote independence are communicated in an individualised care plan and this is regularly evaluated and revised as needed. The team observed that the home provides equipment, aids, qualified staff, and programs (leisure, physical and spiritual therapy) to assist residents' with mobility, communication and cognitive needs. The home welcomes visitors and residents are encouraged and supported to undertake regular community outings. Interviews with residents/representatives confirmed that they are encouraged and supported to be as independent as possible with care needs, mobility and decision-making. Representatives indicated that they are satisfied with the hostel's approach to assisting residents to achieve optimal independence.

### 3.6 Privacy and dignity

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

#### **Team's recommendation**

Does comply

The hostel has policies and procedures in place, and a mechanism to log and address concerns/complaints, in relation to privacy, dignity and confidentiality. Interviews with staff confirmed that they understand that each resident has a right to privacy, dignity and confidentiality. Management confirmed that each staff member signs a confidentiality agreement before they commence work. The team observed staff being respectful to

residents as they attend to care needs, and residents' information being securely stored. Information on residents' rights and responsibilities is given to new residents and displayed in the hostel. The team observed that all residents have private rooms and the hostel also has attractive common areas throughout the hostel that are used by residents and visitors.

### **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

The hostel has a comprehensive 'person-centered' lifestyle program that is offered to all residents. Staff interviews and review of documentation showed that the program is developed from information obtained from residents and their representatives about their interests, hobbies, past and present life stories, and special life events. The hostel has a leisure and activity team and they plan, implement, evaluate and revise the lifestyle program. Residents have the choice of attending a variety of activities held within and outside the hostel. Care staff assist residents to attend group activities and one to one activities are provided for residents who are unable to benefit from group sessions or choose not to participate. The team observed notices throughout the hostel about resident meetings, special days and activities. The team also observed some residents participating in activities at the home and others going on a bus outing.

### **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 hostel has a system in place to promote residents' individual interests and to ensure that their customs, beliefs and cultural and ethnic backgrounds are fostered and respected. On entry to the home resident's cultural and spiritual preferences are identified and strategies to meet them are developed, implemented and evaluated, in consultation with residents/representatives. Religious services and spiritual support is available to meet residents' needs and preferences. Cultural and religious days are celebrated at the hostel along with personal significant days. Review of documentation showed that the residents' interests, customs, beliefs and cultural and ethnic backgrounds are acknowledged. Interviews with staff confirmed that they know and understand the needs of residents from other cultures. Representative interviews confirmed that they are satisfied with the way the hostel values and supports the residents' cultural and spiritual needs.

### **3.9 Choice and decision-making**

*This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".*

#### **Team's recommendation**

Does comply

The hostel has systems in place to ensure that each resident is able to exercise choice and control over their lifestyle while not infringing on the rights of other people. When residents enter the hostel they (residents/representatives) participate in choices and decisions regarding their care and lifestyle activities. Each resident has an individualised care plan with their specific needs and preferences documented and communicated to



staff and external health professionals. These care plans are evaluated and reviewed on a regular basis in consultation with residents/representatives. Review of documents demonstrated that resident meetings are held and residents/representatives are encouraged to attend and express their views about care and service provision. Resident/representative and staff interviews confirmed that residents/representatives' make choices relating to meals, personal and complex care, doctors, personal environment and activities as long as they don't infringe on the rights of other residents.

### **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 hostel has a system to give all residents a secure of tenure and ensure they (residents/representatives) understand their rights and responsibilities. Interviews with management demonstrated that residents/representatives meet with management to discuss the admission process and financial arrangements prior to admission. Management provides residents/representatives with the opportunity to have the contents of the agreement and fees and charges fully explained and discussed at anytime. The team sighted signed resident security of tenure agreements. The 'Charter of Resident's Rights and Responsibilities' is displayed prominently in the hostel and in the residents' handbook. Representative interviews confirmed that they understand their rights and responsibilities.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system. Examples of specific improvements relating to this Standard include, but are not limited to:

- The home has introduced a new procedure for assisting residents to attend activities at a home operated by the same organisation so that residents are now accompanied individually on a short walk to the home, reducing risks of trips and falls.
- In response to a staff suggestion about excess water on bathroom floors, the home purchased small bath mats to dry up excess water. Staff are reported to be happy with the result.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring regulatory compliance. 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 and the annual fire safety statement is on display in the home.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.

### **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 three includes;

- Fire awareness and evacuation
- Manual handling
- Occupational health and safety
- Safe handling of chemicals

#### 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 hostel has a system in place to provide a safe and comfortable environment consistent with residents' care needs. Resident's have single rooms with ensuite bathrooms, and residents are encouraged to personalise their rooms. The hostel has a preventive and corrective maintenance program and processes in place to identify and manage environmental risks. The hostel has an effective security system in place and maintained internal and external areas. The team observed adequate furnishings, equipment and communal areas for residents and visitors. Interviews with representatives confirmed that they feel the hostel provides safe and comfortable internal and external living areas for the residents.

#### 4.5 Occupational health and safety

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

##### **Team's recommendation**

Does comply

Management has a system in place to provide a safe working environment that meets regulatory requirements. The home has an OH&S management system with access to policy and procedures on the organisation's intranet. An OH&S committee (combines with education and quality committees) with trained representatives has regular meetings to oversee OH&S within the home. All staff are trained in manual handling, OH&S and fire awareness and evacuation procedures during their induction and on an on-going basis and their OH&S responsibilities are set out in their position descriptions. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety. The home monitors the working environment and the OH&S of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by homes manager, OH&S representatives and maintenance staff. The staff interviewed show they have a knowledge and understanding of safe work practices and were observed carrying them out.

#### 4.6 Fire, security and other emergencies

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

##### **Team's recommendation**

Does comply

The hostel's fire and safety systems are maintained and monitored to provide an environment that minimises fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment, compulsory training and evacuation drills. Review of documentation and interviews with staff confirmed that they receive compulsory fire training during orientation and then at regular intervals. The team observed that emergency procedures and equipment is easily accessible to staff throughout the hostel. The team observed exit signs and clear egress routes and evacuation plans appropriately positioned throughout the hostel. Interviews with staff demonstrated that they have a sound knowledge of the location of emergency equipment and emergency procedures.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The hostel has an effective infection control system for preventing, identifying, managing and minimising infections. The system includes: policies and procedures; signage around the workplace; infection prevention strategies; surveillance and reporting processes; hazard risk management; waste management; and a food safety program. The hostel collects and analysis infection control data and the results are used to improve clinical outcomes for the residents. The kitchen, cleaning and laundry areas have effective infection control measures in place and interviews with staff demonstrated a strong commitment to and understanding of infection control principles and guidelines. All work areas provide sufficient and appropriate equipment to minimise infection risk. The hostel has an effective outbreak program and staff interviews confirmed that they have a sound knowledge of outbreak procedures.

#### **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 hostel has a system in place to deliver hospitality services in a way that enhances residents' quality of life and the staff's working environment. Resident's dietary information is recorded on admission to the hostel and there is an effective system to ensure that any change in residents' dietary needs are updated and communicated to the catering staff. The kitchen has an effective food safety system in place. The home has cleaning schedules to ensure cleaning and detailing is carried out on a regular systematic basis. The laundry service for the hostel is currently part of a new building project and in the interim an external contractor is providing the main laundry services. The hostel has a system in place to minimise the loss of residents' personal clothing. Staff interviews confirmed that they receive education in food safety, manual handling, safe handling of chemicals, and infection control. The hostel has a process for receiving and responding to feedback on catering, cleaning and laundry services. Representative and staff interviews confirmed that overall they are satisfied with the hostel's hospitality services.