



Aged Care
Standards and Accreditation Agency Ltd

Elizabeth Gates Nursing Home / Alroy House Hostel

RACS ID 0149

128 Blaxland Avenue

[Home Address City] NSW 2330

Approved provider: The Uniting Church in Australia Property Trust
(NSW)

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 2 June 2015.

We made our decision on 12 April 2012.

The audit was conducted on 12 March 2012 to 16 March 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

Audit Report

Elizabeth Gates Nursing Home / Alroy House Hostel 0149

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Introduction

This is the report of a re-accreditation audit from 12 March 2012 to 16 March 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 12 March 2012 to 16 March 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:	Diane Sanderson
Team member/s:	Margaret McCartney

Approved provider details

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

Name of home:	Elizabeth Gates Nursing Home / Alroy House Hostel
RACS ID:	0149

Total number of allocated places:	49
Number of residents during audit:	47
Number of high care residents during audit:	39
Special needs catered for:	Memory support unit for 24 residents

Street/PO Box:	128 Blaxland Avenue	State:	NSW
City/Town:	SINGLETON HEIGHTS	Postcode:	2330
Phone number:	02 6573 9901	Facsimile:	02 6573 9935
E-mail address:	carol.lyddiard@uchunter.org.au		

Audit trail

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

Interviews

	Number		Number
Care services manager	1	Residents/representatives	9
Clinical care manager	1	Registered nurses	1
Executive manager of care services	1	Care staff	3
Executive manager service planning	1	Lifestyle coordinators	3
Area manger	1	Administration assistant	1
Acting regional health safety and well being officer	1	General practitioner	1
Organisational development and learning manager	1	Regional volunteer services coordinator	1
Learning and development consultant	1	Care service employees (laundry staff/cleaning staff/food services)	4
Area quality consultant	1	Work health and safety committee members	3
Property services officer	1	Quality coordinator	1
Regional care services operational manager	1	Hunter accommodation coordinator	1
Food safety coordinator	1	Maintenance officer	1
Area clinical nurse consultant	1	Ladies auxiliary	3

Sampled documents

	Number		Number
Residents' electronic care documentation (including assessments, charts, progress notes, reports and care plans)	6	Primary medication charts/signing sheets/resident identification charts	18

Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Archiving register and schedule
- Assessment programs for monitoring of blood glucose levels
- Audit schedule and audit results
- Care manuals including clinical care procedures
- Cleaners' and laundry information folders and cleaning schedules, chemical list, material safety data sheets
- Clinical care documentation
- Clinical indicator monthly reports and analyses
- Comments and complaints log

- Consolidated record of resident abuse incidents and flow chart for reporting
- Continence management documentation
- Continuous improvement documentation including continuous quality improvement plan, quality management plans
- Draft handover sheet
- Emergency and disaster management plan
- Fire and safety contractor reports including: fire safety and equipment maintenance records, fire alarm zone plan, annual fire safety statement
- Fire evacuation plans, resident evacuation folders
- Foods brought into the facility information and consents
- Health professional registrations for registered nurses
- Human resources documentation including: policies, recruitment documentation, interview panel guides, employee information handbook; personnel files; offer of employment; position description; duty statements; code of ethical behaviour, statutory declarations; duty lists; performance appraisals; staff rosters; staff recognition of achievement program
- Incident and accident data, summaries and trend data
- Infection control material including: policy; manual and outbreak management guidelines; food safety program and temperature records for food, fridge/freezers, cleaning of kitchen equipment, sanitisation, pest control reports; resident and staff vaccination program; checklist for gastro supply kit; incidence of infection/antibiotic use register
- Information systems: electronic communication including email, memorandum, notices
- Kitchen and servery records: four weekly seasonal menu; resident personal menu selection and dietary needs; communication book; and New South Wales Food Authority food safety certification
- Letters (copies) to care services manager regarding approval for staff engagement
- Lifestyle and recreational activities documentation
- Maintenance logs (preventative and corrective); maintenance contract information and records; workplace inspection records, monthly stock registers,
- Malnutrition screening tool
- Medication management documentation
- Meeting minutes:
- Memorial order of service sheet
- Minutes of meetings
- National criminal history check electronic register and renewal system
- Nutrition and hydration documentation
- Pain management documentation
- Palliative care documentation
- Planning documentation including organisational chart
- Policies and procedures
- Re-accreditation self assessment
- Regular activity evaluation and activity satisfaction surveys
- Resident birthday lists
- Resident handbook
- Resident welcome letters
- Residential aged care agreements, resident entry and exit criteria
- Staff education including: orientation program; education calendar; mandatory training and in-service staff attendance, medication management workbook, fire warden training, education plans
- Surveys: residents/relatives and staff
- Village auxiliary activity photograph book
- Village auxiliary treasurers report
- Visitors sign in and out folders

- Volunteers' manual, training modules, monthly reports, request for volunteer system and police check information
- Workplace health and safety (WH&S) policy, notices, hazard reports and risk assessments
- Wound care documentation
- Wound care flow chart

Observations

The team observed the following:

- Activities in progress and activities notices on display
- Assistive devices for eating
- Blue name labels denoting residents have a falls risk
- Brochures and posters including aged care complaints scheme brochures on display
- Call bells in resident rooms
- Charter of residents' rights and responsibilities on display
- Cleaning in progress including equipment, trolleys and wet floor signage
- Complaints, comments and suggestion forms and suggestion box
- Concert in progress
- Daily menu board on display
- Dining rooms during lunchtime, morning and afternoon tea
- Equipment, supply storage and delivery areas
- Evacuation kit
- Fire and safety system equipment including: fireboard; extinguishers; sprinkler system; emergency exits; fire doors; emergency evacuation areas; keypad entry; closed circuit television security; nurse call system; emergency colour coded flip charts
- Hand washing facilities
- Infection control resources including: hand washing facilities; hand sanitising foam; appropriate signage; spills kits; sharps containers; locked clinical waste; outbreak management resources; personal protective and colour coded equipment; general waste area
- Interactions between staff, residents and visitors
- Key padded security
- Kitchen staff practices, stock rotation, storage areas, communication whiteboard
- Lifestyle recourses
- Living environment (internal and external)
- Material safety data sheets (MSDS) at point of use
- Medical officers attending the home
- Medication round
- Mission, vision and values statements on display
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- Notice boards (resident and staff) and signage
- Notice boards containing staff, resident and relative information
- Palliative care box
- Pet animals and management plans
- Photographs of residents participating in activities
- Resident meal and drink delivery
- Residents' art and crafts on display
- Secure storage of residents' files
- Staff handover
- Staff work areas (including kitchen, serveries, cleaning rooms, and offices).
- Storage of medications, medical supplies, continence and manual handling equipment

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues continuous improvement in a systematic manner. Improvement opportunities are identified through a number of avenues including suggestions, comments and complaints, various staff meetings, residents’ meetings, internal audits, surveys, clinical data information and, incident and accident reporting. A continuous improvement plan is used to track action taken and outcomes achieved through improvement activity. Continuous improvement initiatives are reported back through methods such as meetings, memoranda and newsletters. Residents and representatives are aware of ways to make suggestions for improvement. Staff said they have opportunities to participate in the home’s continuous improvement activities by providing feedback and making suggestions. Staff gave examples of improvements which have benefited both residents and staff.

Recent improvement initiatives relevant to Accreditation Standard One are:

- The organisation has undertaken a complete review of the quality system. A position of regional quality improvement officer was created late last year. The regional quality coordinator meets with the home’s management team and local continuous quality improvement officer on a monthly basis to review and discuss the home’s monthly clinical indicator reports. In addition, the new monthly reporting format has been changed to enable the data to be analysed more easily and effectively. The management team at the home and the home’s quality manager say they have benefited from the support and discussions with the regional quality manager, which has helped them make sure all elements and issues are covered to improve resident care and service delivery.
- The region’s 2010 staff survey identified staff were not receiving sufficient positive feedback in relation their work. An organisational review of the employee development opportunities was undertaken which resulted in a new ‘person centred approach’ to staff development and leadership. The care services manager undertook leadership training under the new focus last year; the clinical care coordinator will start the training in March 2012 and two senior registered nurses will commence the training in June 2012. The care services manger said the management training was very beneficial.
- As part of the employee development review the staff appraisal system was reviewed with a new focus on staff member’s individual strengths. Staff received training on the new appraisal system and appraisals have commenced under the new system. Staff that have had appraisals under the new system have been pleased with the opportunity to reflect on their own strengths prior to meeting with the manager and also on the overall positive focus of the appraisals. Staff were also pleased with the opportunities identified for their development.
- The staff orientation program has been reviewed at the regional level. New staff previously received one day orientation by the senior staff at the home before

undertaking 'buddy' shifts. Staff will now receive two full days of orientation to the organisation and the systems at the organisation's regional office before commencing their buddy shifts. Whilst this system is not due to come into place until April 2012, staff at the home say that both the additional time and the regional orientation will be beneficial to staff who have a great deal to 'take in' during orientation. This system will also provide a more coordinated approach to orientation.

- Staff at the home identified new staff members are often overwhelmed with starting in their new positions and would benefit from additional support mechanisms. As a result, the home has identified eight care staff members, across the nursing home and the hostel, who have special skills in eight different elements of care service delivery. These staff members will be receiving 'buddy' training. The aim of the new buddy system is provide new staff with a contact person for issues they may be having in relation to a particular element of their work. Staff who have been identified as 'buddies' say the additional support to new staff is much needed and are excited about their new roles. Staff believe the new system will benefit not only the new staff but also the residents who are the focus of the care delivery.

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 organisation's management has systems to identify and ensure compliance with relevant requirements. Information about regulatory requirements is primarily received from an industry peak body, subscription to a legislative update service, government departments, through education and networking meetings. Management considers the information in liaison with key staff members, and policies and procedures are amended as necessary. The facility service managers are notified of changes in a variety of ways and the changes are also discussed at regional executive meetings. Management communicate changes to staff by notices, memoranda, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through meetings, audits, surveys and observations by management. Staff said they are informed of changes which are relevant to them.

Examples of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard One are:

- The organisation is ensuring that all staff, volunteers and contractors have a criminal record check, statutory declaration and are cleared to work at the home.
- A compulsory reporting register is being maintained with fields to capture relevant details in accordance with record keeping requirements.
- The organisation conducts reviews of all policy and procedure manuals on a regular basis to ensure that all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Management ensures that all residents, staff and visitors to the home have access to internal and external comments and complaints mechanisms.
- Prudential requirements for accommodation bonds are maintained.
- Management at the home notified residents and their representatives in advance of the re-accreditation audit and of their opportunity to speak with us in confidence.

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

The home has an education and training program to ensure staff have the appropriate knowledge and skills to perform their roles effectively. The education program incorporates a range of topics across the four Accreditation Standards that are provided on an in-service basis, through monthly targeted self directed learning packages as well as from external sources. Strategies to ensure staff have appropriate knowledge and skills to perform their roles effectively also include a staff orientation program including a "buddy" system when staff commence work at the home. The training requirements and skills of staff are evaluated on an ongoing basis through observation by senior staff, competency assessments, performance appraisal, surveys, the changing needs of residents and feedback. Education attendance records are maintained to ensure staff attend mandatory sessions and non-mandatory education appropriate to their position. Staff said they have many opportunities for education. Residents and representatives stated that they are satisfied with the competence and professionalism of staff.

Education sessions that management and staff attended recently relating to Accreditation Standard One include: person centred approach to people development and leadership (Inspired management), aged care funding instrument, electronic accident and incident tool, electronic human resource and payroll system, return to work processes, diversity and ethical behaviour, procurement, preparing an accreditation application, understanding accreditation, performance management workshop and mentoring programs.

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

There is an effective system for complaints handling. Internal and external complaints mechanisms are promoted to residents, representatives, staff and other interested parties. Complaints mechanisms are discussed when a new resident moves into the home, are documented in the handbook, on the organisation's website, in the resident agreement, and reminders are given at resident meetings. Information about internal and external complaints mechanisms is displayed around the home, and there is a suggestion box in the foyer to provide easy local access for the lodgement of a complaint or suggestion. Complaints may also be made verbally or by email. Complaints are investigated and actioned by management and management advise the complainant of the actions taken. Staff are familiar with the policy and procedure for handling complaints and assist residents and/or relatives in the process if needed. Most residents and representatives expressed satisfaction with the feedback and complaint handling processes

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 home's mission, vision and values are well documented and are on display in the home. This information is also available in a number of documents including the residents' and staff handbooks, orientation manual, all other facility manuals and employment contracts. Staff interviewed are aware of their roles in reflecting the home's philosophy and values.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure there are sufficient suitably skilled and qualified staff available to provide services to residents in accordance with the values and objectives of the home. Policies and procedures are in place and cover staff recruitment, orientation and induction. Performance reviews are undertaken through staff appraisals and regular monitoring. Under-performing staff are identified and generally dealt with through performance management processes. Position descriptions outline roles for all jobs and duties lists identify the tasks for each shift. Staffing skill mixes and staffing levels are monitored through observation of residents' care needs, staff feedback, analysis of clinical indicators, and comments and complaints. Permanent staff or agency staff provide relief for planned and unplanned leave. Most staff said they generally have enough time to complete their duties. Residents and their representatives expressed satisfaction with the staff's skills and reported staff usually respond to their needs in an acceptable and timely manner.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Stocks of appropriate goods and equipment are available for quality service delivery. The care services manager is able to purchase or authorise purchases in accordance with budgets and delegations of authority. The need for more significant purchases is discussed at the regional level. New equipment is purchased based on identified needs and after research and trial to ensure satisfaction. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. There are procedures for checking, registering, maintaining and replacing goods and equipment. Staff, residents and representatives said they have access to goods and equipment they need and want.

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

The home generally has effective information management systems. There are processes to govern the collection, processing, reporting, storage, archiving and destruction of information and records. A range of computerised programs are being used to manage many of the home's information systems. The systems are backed up daily, password protected and restricted to authorised personnel. Information for residents is provided on entry to the home in a comprehensive information pack that contains the resident handbook and other information about life within the home. Noticeboards, residents' meetings and newsletters provide ongoing information. The home's staff are kept informed through the relevant electronic information systems and also via meetings and meeting minutes, notice boards, staff handbooks, education sessions, policy and procedure manuals and direct contact with members of the home's management team. Information to care staff members on different shifts is also passed on through the use of verbal handovers. Residents and representatives said they receive sufficient information to meet their needs.

1.9 External services

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

Team's findings

The home meets this expected outcome

Externally sourced services are provided at a standard which meets the organisation's needs and goals. The regional office of the organisation has the main responsibility for the establishment of most of the external contracts. Research and checks are undertaken and quotations sought before selecting a new provider. Agreements are entered into and evidence of relevant qualifications, clearances, certificates and insurances are sought from all providers on an ongoing basis. Providers who spend time on site are given a handbook and orientation to the home, must sign in, and are supervised if in resident areas. Management monitor and review external services through the home's quality system and this includes through inspections, suggestion and hazard logs, audits and surveys. Before an agreement expires, or at other times as management sees necessary, the performance of providers is reviewed. Contact lists are available to staff for contacting providers after hours in urgent situations. Management, staff, resident and representative feedback indicated satisfaction with the services provided by external providers at the home

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

Information about the home's continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Monitoring of performance in relation to Accreditation Standard Two includes regular collection and analysis of indicator data about slips and falls, skin integrity issues, behaviours, infections and medication errors.

Recent improvement initiatives relevant to Accreditation Standard Two are:

- An area clinical nurse consultant position has been created within the organisation to support the staff at the home in clinical care issues.
- The home was seeking a simple visual method of alert staff to be more vigilant around residents who have been identified as a high risk for falls. The name tags on the doors of residents who are identified as a high falls risk now have a blue background. Staff said the additional reminder is good, especially for new staff.
- A regional approach to palliative care was commenced approximately twelve months ago. Since that time the initiatives are becoming embedded in to the home's processes. The clinical care coordinator and four care staff attended regional training in the palliative approach and are the resource people at the home. An external liaison registered nurse is available to the home to provide clinical advice, support and guidance when needed. A palliative care box has been established which contains such items as relaxation tapes, aromatherapy and special mouth care equipment. Contact lists have been established of community pastoral care workers who are available to support dying residents and their family members if needed. A new infusion pump has been purchased. Advanced care plans have been introduced and these are discussed with residents and representatives at appropriate times. Staff at the home are pleased with their advances in the palliative care offered at the home. A general practitioner said they have witnessed the care and kindness given to residents and their families during the palliation stage.
- To facilitate the monitoring of the temperatures of the medication refrigerators and to reduce the chance of disturbing the temperatures in the refrigerators, internal probes were replaced with external digital thermometers.
- To enhance the comfort and safety for residents and to improve the safe work methods for staff, the home trialled and subsequently purchased a special tilting shower chair. Staff said the equipment has been very beneficial.
- To improve the safety of medication administration by care staff the organisation has reviewed the medication administration learning package and assessment processes. The new system commenced in November 2011. Staff complete an initial comprehensive learning and development workbook which is followed by a three hour workshop once the workbook is 100% correct. A range of aspects of medication administration are then assessed. Staff must complete the medication administration training and skills assessments before being able to give out medications at the home. Staff completing the education and skills assessments reported they have a better understanding of medication policies and procedures, feel more confident when administering the

medications and understand the importance of the medications and the significance of the medication administration times. The care services manager said the number of medication incidents has decreased 'a lot'.

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

Information about the home's system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard Two are:

- Registered nurses are responsible for the assessment and care planning processes for residents with high care needs and for the delivery of all specialised nursing care.
- The annual registration of registered nurses is monitored and all registrations are current.
- The home's storage of medication is in accordance with the relevant legislation including *The Poisons and Therapeutic Drugs Act and Regulations*.
- The policy and procedure for responding to an unexplained absence of a resident includes relevant reporting requirements. Management and staff are familiar with the policy and procedure.
- The home maintains name and contact details of at least one representative of each resident and identifies an alternative decision maker where appropriate.

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 of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Documentation reviews indicate that staff attended a variety of education sessions related to Accreditation Standard Two and these include: nutrition and hydration, pain management, palliative care, oral and dental health, clinical documentation, behaviour management, medication management, swallowing and feeding, sensory loss, dementia care, first aid, cardio pulmonary resuscitation and mobility and dexterity.

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 systems for residents to receive appropriate clinical care. Systems include an electronic care documentation program for the assessment and care planning of residents’ care needs. The home has processes to inform medical officers of residents’ care issues in need of review. Care staff are provided with verbal handovers between shifts and can access electronic progress note reports to identify residents’ changing needs. Residents are weighed and vital signs are recorded each month. The frequency for monitoring residents’ blood glucose levels is determined in consultation with residents’ medical officers. Residents have neurological observations recorded following falls when indicated. An electronic program for monitoring residents’ accidents and incidents is maintained. Residents and representatives expressed satisfaction with the care provided and residents’ access to medical officers. Resident and representative interviews also demonstrate they have opportunities for input into the residents’ care delivery.

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 supports residents’ specialised nursing care needs to the level that the registered nursing staffing allows within set criteria, of which residents are informed on entry to the home. The clinical care coordinator for the home and the co-located high level care home provides registered nurse input into residents’ care. Currently another registered nurse also works in the home one day a week. A clinical nurse consultant for the region can be accessed should advice be required for residents’ specialised nursing care needs. Management also advised the home can access a representative from a wound care supply company and clinical nurse consultants from a nearby hospital if necessary. The home currently provides specialised nursing care for residents’ catheter care management. Residents’ care plans reviewed include information on their specialised nursing care needs as required. Residents’ recommended blood glucose level ranges are documented by their medical officers. Resources and guidelines for clinical care are available for staff. Resident and representative interviews demonstrated they are satisfied with the nursing care the home provides.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to support residents to be referred to appropriate health specialists in accordance with their needs and preferences. The resident handbook records the allied health services available in the home to assist residents in their choices. Interviews and documentation reviews demonstrated residents have been seen by health specialists and services visiting the home including: a podiatrist, a dietician, pharmacy, an occupational therapist and pathology services. Management reported that residents also have access to a

physiotherapist, optometry, and an audiology service which will visit the home on request. Residents, when choosing to visit health services outside the home, are assisted with transport by representatives or volunteers if required. Residents and representatives advised they are satisfied with the other health and related services which attend the home. They also expressed satisfaction with residents' access to external specialists.

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

Residents' medication is managed safely and correctly. The home has systems for the secure storage of medications; medication ordering and delivery; and the checking of drugs of addiction. Care staff administer residents' medications using a blister packed administration system or directly from the medication containers for medications which cannot be pre-packaged. No residents are currently identified to self administer their medications. The team observed a care staff member administering residents' medications following safe procedures. Residents' medication administration documentation includes signing by medical officers and the pharmacist, residents' photographic identification and medication allergies. The home has a nurse initiated medication policy. Eye drop containers are changed at the beginning of each month and the temperatures of the refrigerator used for the storage of medications are monitored. The home participates in a medication advisory committee meeting for the review of medication issues including medication incidents. Medication audits are completed and an accredited pharmacist completes medication reviews for residents. Residents and representatives interviewed expressed satisfaction with the medication management the home provides.

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

New residents have initial pain assessments and care plans completed. This includes the use of assessments to assess residents' verbal or nonverbal pain when necessary. Residents' medical officers are accessed for advice on residents' pain management when the need is identified. Management reported the home has access to a local palliative care team for advice on residents' pain management should this be required. Strategies currently in use for residents' pain management include the administration of pain relieving medications and patches; heat applications; massage; and pain relieving cream applications. Residents and representative interviews indicated that residents are as free as possible from pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has systems to support the comfort and dignity of terminally ill residents to be maintained. Residents are supported to age in place and remain in the home to the level

their mobility status and the home's staffing allows. The home has assessments available to complete to identify residents end of life wishes. The home also has medical orders for life sustaining treatment forms for residents and/or their representatives to complete. The home's electronic care planning system includes palliative care plans for residents. Care staff interviews indicated they provide care for terminally ill residents through supporting the residents' physical and emotional care needs. This includes use of a range of items stored in a palliative care box for the support of residents and/or their representatives. The home has access to various church representatives or a pastoral carer to provide support for terminally ill residents and their representatives when required. The home has access to a local palliative care team and residents are supported to remain in the home. Staff advised the home provides open visiting hours and supports the representatives of terminally ill residents to stay overnight if required. Some care staff and the clinical care coordinator have attended regional training in the palliative approach. Resident and representative interviews demonstrated they are satisfied with the care and support provided for residents at all stages of their care delivery.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has systems to provide residents with adequate nourishment and hydration through the assessment and documentation of residents' dietary needs, and the communication of these needs to catering staff. Meals are cooked fresh on site following a four weekly rotating seasonal menu which is reviewed by a dietician. Provision is made for residents who require special diets, pureed meals, thickened fluids, dietary supplements, dietary assistive devices and assistance with meals. Management advised that fresh fruit is available for residents each day. Residents have fluids served at regular intervals, such as morning and afternoon teas, and a water cooler is accessible to residents, to ensure their hydration is maintained. Residents' dietary and fluid intake is monitored through staff observations, and the recording of residents' weight and body mass indexes in residents' weight charts. A malnutrition screening tool is available for use in the home. The home has access to a dietician and a speech pathologist should residents need reviewing. Residents and representatives expressed satisfaction with the quantity and quality of the food and drink the home provides for the residents.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has processes for maintaining residents' skin integrity consistent with their general health including assessment processes. Residents have podiatry, hairdressing, and nail care provided according to their identified needs and preferences. The home demonstrates support for maintaining residents' skin integrity, such as, the application of emollient creams, use of limb protectors, and support for nutrition and hydration. Management advised that more complex wound care is provided by registered nurses and simple dressings are provided by care staff in the home. The home has equipment to minimise the risk of skin trauma for residents including pressure relieving chairs and manual handling equipment. Skin tears are recorded through the electronic incident reporting system. Residents and

representatives interviewed expressed satisfaction with the skin care and wound care provided.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed through the initial identification of residents’ continence management needs, care planning, ongoing reviews and resident/representative feedback. Management reported specific care staff have been appointed to oversee the distribution of residents’ continence aids. We observed supplies of continence aids and that resident additional aid allocation books are maintained. Care staff confirmed they have access to adequate supplies of continence aids. Management advised that a representative from the continence aid supply company is available to provide staff with education on continence aids and their use. Care staff reported they provide residents with toileting programs according to the residents’ identified needs. The home has strategies for residents’ bowel management including: the completion of bowel charts, providing prunes and fruit juices, and the administration of medications for bowel management regularly or when the need is identified. The home has a process for residents’ bowel charts to be monitored and treatments to be provided when necessary. Residents are also monitored for urinary tract infections. Residents and representatives interviewed expressed satisfaction with residents’ continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has a range of assessments to complete for residents with behaviours of concern and behavioural care plans are developed. A psychogeriatrician is available to review residents in the event of this being required. The home has a special care area to provide a secure living environment for residents with wandering or absconding behaviours. The whereabouts of residents with wandering behaviours is monitored if necessary. Management advised that no residents currently have physical or chemical restraint in use. The organisation has a restraint management policy to guide staff should this be required. Care staff advised of strategies to manage residents’ behaviours of concern including staff sharing strategies which work. Interviews with lifestyle staff demonstrated that residents with dementia are supported to participate in the various recreational activity programs held. Residents and representatives did not identify any issues with the care provided for residents with behaviours of concern.

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

Registered nurses complete assessments and develop care plans for residents' mobility. This includes the assessment of residents' transfer and manual handling needs. Exercise groups and activities involving exercises are included in the recreational activity programs. Residents were observed mobilising independently or with mobility aids, and handrails are fitted in corridors. Strategies for residents' falls prevention and management include: observing residents regularly post falls, and beds which can be lowered to the floor are available. Residents also have falls' risk assessments completed. Residents identified to be at risk of falls have their names on blue labels at the entrance to their rooms to alert staff. The accident and incident reporting system includes the review of incidents to identify trends. Residents and representatives interviewed in the special care area expressed satisfaction with the exercises provided for residents.

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 processes through which residents' oral and dental health is maintained including the initial assessment and care planning for residents' oral and dental needs. Residents' ongoing oral and dental care needs are monitored through staff observations, audits and resident/representative feedback. Residents are encouraged to maintain their own dentist. Care staff reported they provide residents with oral care including assistance with denture care, teeth cleaning, and issuing new tooth brushes when indicated. Oral hygiene resources are available for residents such as toothbrushes and toothpaste. Management and staff reported that some residents' dentures are labelled with the residents' names. Residents/representatives did not identify any issues with the oral and dental health care provided by the home.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

The home identifies and manages residents' sensory loss needs through the initial assessment and care planning for residents' hearing and vision losses. Optometry and audiology services can be organised to visit the home or appointments are arranged externally to attend to residents' hearing loss needs. Staff advised of strategies they use to assist residents with hearing and vision loss. Staff also advised of equipment in use to support residents with vision loss. Lifestyle staff reported that a local library visits the home to supply large print books and that residents are provided with audio- books when required. The home also has a resident library with large print books available. Observations demonstrated that a well lit and clutter free environment is maintained. Lifestyle and activity programs include opportunities for residents' sensory stimulation such as food tasting and

contact with sensory garden produce. Residents/representatives expressed satisfaction with the support provided by the home for residents' sensory loss needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home assists residents to achieve natural sleep patterns through assessments, care planning and the availability of staff support at night. Residents with problems sleeping at night are referred to their medical officers and some residents have night sedation as per medical officers' orders when necessary. Alternative strategies to medications are used to support good sleeping patterns. These include providing warm drinks and/or snacks if required, and pain management. All residents have one bedded rooms to assist in providing a quiet living environment conducive to sleep. Residents have access to call bells in their rooms and ensuite bathrooms to call for staff assistance at night if required. The home is staffed with two care staff at night. Residents reported the home is quiet at night and they sleep well. Residents and representatives interviewed did not identify any problems with residents achieving natural sleep patterns.

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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Monitoring of performance in relation to Accreditation Standard Three includes feedback sought from residents and representatives via both formal and informal systems.

Recent improvement initiatives relevant to Accreditation Standard Three are:

- To improve the leisure and lifestyle opportunities for the male residents of the home a shed area has been established for men to participate in activities. Two male volunteers have worked with one of the lifestyle coordinators to establish and run the program. Every Wednesday interested men from both the nursing home and the co-located home attend the men’s activities. Approximately six male residents are currently attending. The men are enjoying the hands on craft tasks, the companionship and the communication.
- A lifestyle coordinator noticed a number of children visiting the home during school holidays. To enhance the visiting experience for the children, the resident being visited, to extend the enjoyment of having the children in the home to the other residents, and also to try to increase the number of children visiting the home; the idea of a “Grand children’s day’ was established. The children, accompanied by their parents, play a variety of games with the residents and have morning tea and lunch with the residents. Approximately 15 – 20 children of all ages are now attending and the residents ‘love it’.
- A previously successful event of a residents’ art show has been made an annual event. Staff work with residents so that each resident creates some form of art work. An external judge awards prizes at an award ceremony. The art show has resulted in increased interaction between staff and residents. This also provides residents feeling a sense of achievement with pieces of art work created and increased community and family involvement. Family members have also found new points of conversation.
- To increase the residents’ participation in the community, the lifestyle coordinator has assisted the residents to attend a range of events at the local library and the community centre. A community bus sponsored by a local company assists with the transport for the residents.
- The leisure coordinators had a goal to involve the residents in the lives of the staff members. During 2011, five staff members celebrated their 21st birthdays and the lifestyle staff assisted the residents to write down what they were doing when they were 21 years of age. The information was collated and presented to each of the staff members who were very appreciative. Residents told the lifestyle coordinators they liked being able to acknowledge the staff. Staff said this has helped them have a better understanding of the residents. The success of the initiative is being continued this year and built on with staff planning something special for each of the residents who are turning 100 years this year.
- To increase the pastoral care support for residents, a pastoral care worker has been engaged to work 16 hours per week between Elizabeth Gates Nursing Home/Alroy

House Hostel and Elizabeth Gates Nursing Home. This is a significant increase from the previous 8 hours per fortnight.

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

Information about the home's system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard Three are:

- In accordance with requirements the organisation has a privacy policy setting out the ways it manages residents' personal information. Resident information and resident files are kept in a manner that meets privacy legislation requirements.
- When a resident moves into the home they or their representative are given information about their rights and responsibilities verbally and in a resident handbook. This information is also in the resident agreement, which is offered to each new resident or their representative in accordance with requirements.
- The home has a system for the compulsory reporting and recording of allegations or suspected resident assault in accordance with regulatory requirements.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Three include choice and decision making, person centred care, diversity and behaviour, spiritual and cultural life and cultural awareness. In addition four of the lifestyle coordinators recently completed a training course to support the home's philosophy of a lifestyle through which residents are supported to interact with living things and in which the culture of the home is de-institutionalised.

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 systems to ensure each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Management advised of interactions with the local community which assist potential residents to become familiar with the home prior to entry.

New residents and/or their representatives are provided with a range of information to assist them to identify the services available in the home. This includes a 'welcome' newsletter. Residents are encouraged to bring items from home to personalise their rooms. Staff stated they support new residents through providing on-to-one support, orientating them to the home and listening. Staff reported that some new residents are buddied with other residents to assist in orientating them to the home. The staff also advised of the support they provide for residents' grief and loss needs. Lifestyle staff and volunteers also provide ongoing one-to-one support for some residents. A pastoral carer attending the home twice a week is also available to support residents. The home has a number of pets and animals which residents can interact with as they wish. Residents and representatives interviewed expressed a high level satisfaction with the initial and ongoing emotional support and care provided.

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

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home according to their personal preferences and general health. The home provides an environment in which representatives, school groups and volunteers are welcome to visit. Many volunteers assist with the lifestyle programs for residents. This includes an active ladies auxiliary which supports lifestyle programs and raises funds. A range of areas are available for residents to meet with guests or for special celebrations. Residents' independence is also fostered in ways such as newspaper deliveries and readings; telephones and televisions in their rooms; access to computers; grab rails in the bathrooms and other equipment to support their independence. Lifestyle staff advised that electoral representatives attend the home to assist residents to vote if they so wish. A library service visits the home and the lifestyle activity program includes regular bus outings. Care staff interviewed indicated they encourage residents to do as much as they can to maintain their independence. Residents and representatives expressed satisfaction with the support provided for residents to maintain their independence and maintain community contacts. Representative interviews demonstrated they feel welcome to visit the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has processes through which each resident's right to privacy, dignity and confidentiality is recognised and respected. The resident handbook includes information on confidentiality and the home's support for the privacy of residents' personal information. The home gains consent from residents or their representatives for the use of residents' photographs within a specified manner. Observation of staff practices showed that resident privacy and dignity is respected. Staff also described strategies for maintaining respect for residents' privacy, confidentiality and dignity such as knocking on doors, using residents' preferred names and closing doors when providing treatments in residents' rooms. There are processes in place for the secure destruction of confidential information. Computerised information is password protected. The home provides areas where residents can sit with

visitors in privacy including residents' individual rooms. Residents/representatives expressed satisfaction with the way staff respect and maintain residents' privacy, confidentiality and dignity.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

New residents have a range of lifestyle assessments completed and a care plan is developed to record the activities of interest to them. Lifestyle staff are employed to provide recreational activity programs seven days a week. A number of volunteers also assist with residents' lifestyle programs. Residents are informed of the activities available through the monthly programs on display, flyers, verbal reminders and staff assistance to attend the activities. The recreational activity programs cater for residents' various levels of physical and cognitive capabilities. This includes a separate activity program run in the special care area for residents. Examples of activities in the program include: card games, bingo, needle craft, a knitting group, happy hour, gardening, shuffleboard and art activities. The home is registered to provide a lifestyle program through which residents are supported to interact with living things. Residents also have access to, and are encouraged to assist, in feeding the home's animals such as birds, a horse, an alpaca, sheep, cats, and chickens. The home also provides a men's group. We observed residents enjoying a concert and participating in various activities. Evaluations of activities are completed periodically. Representatives expressed satisfaction with the activities provided for residents. Residents stated they enjoy the bus outings. Resident interviews also demonstrated they are looking forward to the 'African ball' for which preparations are currently being made.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has processes through which residents' individual interests, customs, beliefs; and cultural and ethnic backgrounds are valued and fostered. This includes assessing and documenting new residents' cultural and spiritual life needs. The home holds special celebrations for various cultural and religious days such as Australia Day, Easter and Christmas. Uniting Church of Australia, Roman Catholic and Anglican Church services are held in the home and/or the co-located high level home. A newly appointed pastoral carer also attends the home twice a week. Lifestyle staff stated residents' birthdays are celebrated on the day of their birthday with a cake and singing happy birthday. Management and staff interviews demonstrated that spiritual support would be arranged for terminally ill residents as required. Regional memorial services are held each year and can be attended by residents, their representatives and staff. Staff also reported that volunteers have made a memorial quilt which is put on display during the memorial services. Residents and representatives stated they are satisfied with the care the home provides to support residents' cultural and spiritual needs. Residents stated they enjoy the church services provided.

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

Residents and/or their representatives are enabled and encouraged to participate in decisions about the care and services provided. The home informs residents/representatives of choices available, and their rights through the resident agreement, at an entry interview and via the resident handbook. Examples of residents' choices for care and services include: choice of participation in activities; choice of medical officer; choice of personal items in rooms; choices in activities of daily living; and choice of meals. The home has mechanisms through which residents/representatives can have input into the care and services provided. Examples include: resident/representative meetings, surveys, and comments and complaints mechanisms. Management are also accessible through an open door policy. Most residents/representatives expressed satisfaction with their choices and control over the care and services provided within the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has systems to provide residents with security of tenure and also to understand their rights and responsibilities. Potential residents and/or their representatives have an interview with the director of care and are provided with information about the home and financial matters. After a resident is offered a place, a further interview is held to explain issues in more depth and the resident's agreement is developed in line with legislative requirements. Information about residents' rights and responsibilities, the comments and complaints system, prescribed services and security of tenure is included in the interview and the information provided. Rights and responsibilities information is also displayed on posters throughout the home. Residents and representatives interviewed are generally aware of their rights and responsibilities and felt they had secure tenure in the home. Representatives said they feel free to ask questions, raise concerns or queries with the staff or management.

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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Monitoring of performance in relation to Accreditation Standard Four includes environmental inspections, hazard alerts and risk assessments, accident and incident reporting, and infection control audits.

Recent improvement initiatives relevant to Accreditation Standard Four are:

- Each resident’s room or bed space has been fitted with a wall mounted flat screen television. The televisions have been of particular benefit to residents who previously did not have a television. The wall mounting has improved the visibility for residents and has improved the space in residents’ rooms.
- Following an attempted robbery in a near by building the home reviewed the security systems at the home. External doors are now secured at 4.30pm and residents and representatives ring the bell at the main front door for staff to open the door. A number of sensor lights and closed circuit security cameras have also been set up around the perimeter of the home. Most residents and staff are pleased with the initiative however some residents and relatives do not want to have to walk to the main door and wait for staff to open the door. Alternative arrangements are being negotiated for those residents and representatives. Management advised the providing of swipe cards will be considered with the next budget review. The doors are released in the event of a fire.
- To facilitate the use of manual handling equipment for staff and residents with their walking frames, all carpet areas have been replaced with vinyl surfaces. Staff said the new floor surfaces are much easier and safer when using the lifting equipment and residents are satisfied with the appearance.
- It was identified that the work health and safety committee did not have a sufficiently broad enough representation from the various work groups across the home. The committee was expanded, new representatives were elected with representation across the home, and the committee training has been completed. The acting regional health, safety and well being officer has been attending the meetings of the new committee to provide support and information. Staff said they are satisfied with the new committee arrangements.
- A staff member identified the need to reduce the speed of traffic on the internal roadway between the nursing home and hostel. Both residents and staff cross the road often. A speed hump was installed to slow the traffic.
- To improve the support to injured workers the acting regional health, safety and well being officer has reviewed the process for an injured worker. The injured workers are contacted on the first day of their injury and supported through the medical management of their conditions. The regional health, safety and well being officer also meets with injured workers on a fortnightly basis to address issues. With the early interventions and the support to the worker through the medical management, the home’s and the organisation’s ‘lost work time’ has been reduced considerably. A staff member on a

return to work program said they feel very supported and informed. The care services manager said the on site support has been beneficial.

- Following a complaint that the memory support unit was too hot in summer, air conditioning units have been set at 22 degrees Celsius and are routinely monitored. The complainant also raised concerns about the availability of fluids for residents. To address this issue, water coolers have been put in each area of the home. The home was noted to be of a comfortable temperature. Staff assist residents to access the water coolers if unable to do so themselves.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Four include:

- Management monitors and maintains workplace health and safety and has procedures to comply with regulations. A plan has been developed to implement requirements under new legislation in 2012. Workplace health and safety representatives have been appointed and trained. Staff know which staff members represent them.
- The home meets compliance with fire safety regulations and has a current fire safety certificate.
- The home has a current licence from the NSW Food Authority for Food preparation and service for vulnerable populations.

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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Four include chemical safety, fire safety and evacuation, food safety, safe food handling, infection control for managers, safe use of various equipment and introduction to the microfibre mopping system. In addition to this, nine staff have recently undertaken the firewardens course and seven staff have recently undertaken the work health and safety consultation course.

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

The organisation is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with en-suite bathroom facilities. Residents have access to several lounge, dining and courtyard areas. Call bells are located in resident rooms and bathrooms. The home is well lit and ventilated, has wide hall ways and is free of clutter. The home has a range of security measures in place. Residents are invited to bring small items of a personal nature to personalise their bed rooms. The home was observed to be maintained at a comfortable temperature, have ample lighting and was odour free. The safety and comfort of the living environment is monitored through feedback from resident and relative meetings, audits, suggestions and observations by staff. All residents interviewed expressed a high of satisfaction with their living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The management teams at both the organisational level and at the home are actively working to provide a safe working environment that meets regulatory requirements. An active occupational health and safety committee operates within the home with membership across the workgroups including management representation. Support is provided to the committee from the regional health, safety and well being officer. Inspections and audits are used to identify areas of improvement in safety and well being; and hazard and accident/incident reports give further information about the risks within the home. The organisation has an active return to work system. Staff are provided with information on occupational health and safety risks and processes during orientation, and on an ongoing basis through regular training, meetings and staff monitoring processes. Safe work practices were observed and staff members said they receive training on an ongoing basis, and receive regular updates and information.

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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are staff members trained in the roles of fire officers and fire wardens, and staff attend mandatory fire safety and evacuation training each year. The home is equipped with fire warning and fire fighting equipment, all of which are regularly checked and maintained by external fire maintenance specialists. Emergency exits are clearly marked and kept free of obstruction. Evacuation maps and procedures are posted around the home for reference. The home has appropriate security

and lock-up measures in place. There is emergency procedure information including a resident evacuation procedure, equipment and lists. The home has visitor and contractor sign-in procedures, coded keypad doors and outdoor lighting to assist in the minimisation of fire, security and emergency risks. Disaster planning processes are established and include internal and external disaster contingency plans. Staff interviewed demonstrated a good understanding of emergency and security procedures and residents said they feel safe.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective system for identifying, managing and minimising infections. The organisation has a comprehensive infection control manual and the clinical care coordinator is responsible for coordinating infection control at the home. Staff receive annual infection control education, and audits and evaluation of resident infection data are considered at the infection control committee and the continuous improvement committee. Colour coded equipment, protective clothing and the provision of adequate hand washing and sanitising facilities are integral to the system. There is a vaccination program in place for residents and staff. A food safety program is in place in the kitchen, disinfection in the laundry is through thermal and chemical means, cleaning is being carried out throughout the home, and waste is disposed of appropriately. Management and staff are knowledgeable about infection control principles and practices.

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 employs its own kitchen, laundry and cleaning staff who provide catering, cleaning and laundry services in a way that enhances residents' quality of life and staff working conditions. The catering service includes fresh food cooked in accordance with seasonal menus, alternatives to meet special dietary needs and preferences, and provision of food and drinks for special events. Food delivery, storage and serving temperatures are monitored and recorded and there are systems to order, quality check, store, rotate and identify food in accordance with the home's policies. The team observed the home to be clean and free of odour. All cleaning is done according to cleaning schedules and in response to residents' requirements. Personal clothing and linen are laundered on site and returned to residents' rooms by staff. There is a clothes labelling system in place to reduce loss of personal clothing. Residents interviewed expressed satisfaction with the catering, cleaning and laundry services provided by the home.