



Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit Flinders Court

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Flinders Court in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Flinders Court is three years until 7 October 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:	Flinders Court				
RACS ID:	0413				
Number of beds:	176	Number of high care residents:	82		
Special needs group catered for:	• Dementia				
Street/PO Box:	284 Castle Hill Rd Clarke Drive				
City:	CASTLE HILL	State:	NSW	Postcode:	2154
Phone:	02 9624 0567		Facsimile:	02 9634 0594	
Email address:	shirley_mawhinney@arv.org.au				

Approved provider

Approved provider:	Anglican Retirement Villages
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Assessment team

Team leader:	Caroline Baker
Team member/s:	Dianne Gibson
	Kathryn Mulligan
Date/s of audit:	4 August 2009 to 6 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
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Does comply
Does comply

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply
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	Flinders Court
RACS ID	0413

Executive summary

This is the report of a site audit of Flinders Court 0413 284 Castle Hill Rd Clarke Drive CASTLE HILL NSW from 4 August 2009 to 6 August 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 Flinders Court.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 4 August 2009 to 6 August 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:	Caroline Baker
Team member/s:	Kathryn Mulligan
	Dianne Gibson

Approved provider details

Approved provider:	Anglican Retirement Villages
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Details of home

Name of home:	Flinders Court
RACS ID:	0413

Total number of allocated places:	176
Number of residents during site audit:	167
Number of high care residents during site audit:	82
Special needs catered for:	Dementia

Street/PO Box:	284 Castle Hill Rd Clarke Drive	State:	NSW
City/Town:	CASTLE HILL	Postcode:	2154
Phone number:	02 9624 0567	Facsimile:	02 9634 0594
E-mail address:	shirley_mawhinney@arv.org.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Manager	1	Residents	35
Clinical Coordinator	1	Representatives	7
Compliance Officer	1	Roster coordinator	1
Registered Nurse	2	Volunteers	1
Care staff	7	Cleaning manager	1
Catering/kitchen staff	3	Cleaning staff	2
Main Laundry Manager	1	Maintenance officer	1
Flinders court site laundry staff	1	Hairdresser	1
Workplace trainer	1	Organisation wide Infection Control Officer	1
Workplace trainer coordinator	1	Diversional therapist	2
Admin services coordinator	1	Chaplin	1
Site sensory loss RN	1	Nurse consultant palliation	1
Podiatrist	1	Occupational therapist	1
Physiotherapist	1	Physiotherapy aid	1
Registered nurse student	1		

Sampled documents

	Number		Number
Residents' files	47	Medication charts, including PRN, and psychotropic medications and self medicating records	10
Summary/quick reference care plans	12	Personnel files	4

Other documents reviewed

The team also reviewed:

- 24 hour report
- Accidents / incidents forms
- Activity plans, programs, attendance sheets, records, evaluation
- Ancillary service provider education records
- Annual security check list
- Audit schedules
- Bedside care plans
- Behaviour charts
- Blood Sugar Level and Blood Pressure management charts
- Checklists, meals, nutritional supplements
- Chemical training certificates
- Cleaner's occupational site manual
- Cleaning request books and cleaning schedules
- Clinical data
- Coaching and mentoring logs
- Comments and complaints
- Community visitors scheme program
- Completed buddy sign off's
- Compliance audit report 3 November 2008 and Compliance management updates
- Continuous Improvement Committee member list, terms of references, minutes and logs
- Criminal record checks
- Dental assessments
- Doctors and appointment book
- Documentation relating to the new staff agreement, career pathway and Anglican Retirement Village (ARV) scholarship
- Duty lists
- Education quiz's
- Emergency procedures
- External and internal complaints mechanism brochures
- External service provider's agreements and records
- Feedback forms including those for maintenance and gardening
- Fire panel testing records
- Food authority licence (expires 23 October 2009)
- Handover communication book
- Hazard forms
- Identification card
- Infection control procedures including outbreak procedures

- Job descriptions
- Kitchen cleaning schedules and records
- Maintenance request forms
- Material data safety sheets (MDSS)
- Medication audits
- Medications neocytamins – sorry what do you mean –Neomycin?
- Memorandums and signage of these
- Minutes of family meetings, resident leisure and lifestyle meetings, occupational health and safety minutes
- Minutes of staff meetings, continuous improvement committee, management and resident/representative meetings
- Mobility and sensory care plans
- Monthly physiotherapy groups- by week
- Mop head cleaning (tracking records)
- New medication charts
- Newsletters
- Notifications from department of health and other regulatory bodies
- NSW food authority licence (expiry 23 October 2009)
- Nurse initiated medications list
- Nurse observations and comments
- Nutritional supplements
- Obituary folder
- Occupational health and safety terms of reference and policies
- Orientation schedule and records
- Oxygen folder
- Pest inspection reports
- Pharmacy information folder
- Physio and Occupational Therapist referrals
- Policies and procedures
- Position descriptions and work instructions
- Positive feedback including cards of thanks
- Preventative maintenance schedule and service records
- Privacy agreements
- Quality Audits and compiled data including bench marking
- Records and summary of the last outbreak in 2008
- Recruitment policies and procedures
- Refrigerator temperature records
- Repair requisition
- Residency agreements register
- Resident handbook
- Residents and visitors sign out books
- Residents dietary assessment form
- Residents individual summary and plan
- Residents weights
- Residents' information handbook
- Residents' surveys
- Risk management assessments and frame work flow chart
- Risk register
- Room cleaning lists
- Rosters and leave replacement records
- Sensory loss communication folder

- Shower list assessments and treatment list
- Staff agreements
- Staff and resident vaccination records
- Staff education records, including attendance records, staff questionnaires, competencies, orientation, focus of the month, compulsory training, education surveys and Education calendar
- Staff handbook
- Staff medication and first aid competent lists for rostering
- Staff Rosters
- Statistical data analysis
- Storage charts
- Survey reports
- Temperature records - fridge, freezer, dishwasher and cooked food
- Vision & Mission statement
- Volunteer sign in and comment book
- Wandering profiles
- Work instructions for RN/Care manager
- Wound management records

Observations

The team observed the following:

- Activities in progress including concert, mass and international visitors scheme
- Angled, elevated desk top made as prescribed by the occupational therapist for a resident to read and do puzzles on.
- Chemical storage
- Cleaning in progress
- Comments and complaint forms on display
- Communication boards containing photographs, memos and resident information, interpreter services and resident meeting minutes
- Dirty utility rooms
- Doctor's clinic in progress
- Equipment and supply storage areas
- Exercise sessions for groups, individuals and behaviour management
- Fire fighting equipment, fire panel, evacuation plans, exit lighting and flip charts
- First aid kit
- Gastroenteritis outbreak box
- Hairdressing salon and equipment in use
- Hospitality services in operation
- Information on noticeboards and whiteboards throughout the home
- Interactions between staff and residents
- Internal and external living environment
- Kitchenettes
- Laundry facilities (major laundry and small resident laundries)
- Library
- Lift
- Living environment
- Lunch in progress (first and second sittings).
- Material safety data sheets (MSDS) readily available
- Medication fridge and medication cupboard
- Medication round and trolley

- Other aged care related resources on display
- Personal Protective Equipment (PPE), spills kits, sharps, colour coded equipment containers and contaminated waste bins, sharps container, hand washing stations, posters and equipment
- Podiatrist clinic in progress
- Resident's rights and responsibilities displayed
- Residents catching bus at front door
- Residents having and using keys to their own room
- Residents state of dress including hair, nails and glasses
- Residents using walking paths around the home
- Residents' mail box
- Residents' suggestion/ complaint box
- Specimen fridge
- Spiritual kit for palliative care
- Storage of medications, dry stores, continence aids and general goods
- Wound trolley

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home pursues Continuous Improvement (CI) through a quality system which utilises information collected from many sources which include auditing processes, comments, complaints and feedback from stakeholders, audits, surveys, meetings and day to day communications. The staff accept ownership of their role in the quality processes, have a clear understanding of their role in the CI system in the workplace and were positive regarding their capacity to feed into the system. Improvement activities are documented, implemented, monitored and reviewed for effectiveness. Residents and representatives informed the team of their capacity to make suggestions and these were listened to and acted upon.

Examples of improvements relating to management systems, staffing and organisational development are outlined:

- With the view to increase hazard reporting the home has recently installed clear coloured document holders to house the reporting log books on the walls in different areas throughout the home
- The home has commenced a “campaign” of reminding staff to use the feedback system to further the homes continuous improvement activities
- The home recognised that the new Clinical Coordinator, who’s background was not in aged care, had a knowledge deficit in aged care specific matters such as funding so attended the Aged Care Standards and Accreditation Agency’s (ACSAA) Aged Care Assessors course and the Aged Care Funding Instrument (ACFI) training.
- The organisation and home has recently been through the process of developing and gaining a voted majority for implementing a staff agreement. This has recently been implemented after being deemed as fair and equitable by the Workplace Authority
- The organisation has identified the need to improve career pathways for all staff so have developed positions for care staff, such as palliative care champion, dementia specialist and buddy trainers. The benefit of this strategy is multiple with the increase in staff skills and moral whilst improving retention of staff. In keeping with this principle the approved provider has awarded one staff member with a scholarship to complete a Bachelor of Arts in Health Science.

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 organisation and the home have systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Systems include the subscription to an aged care legislation notification service and a health care notification system which ensure the receipt of notices/circulars and relevant information on regulatory requirements. Membership with peak industry bodies, the government departments and agencies, also allows the home to remain current. The home has access to the approved providers intranet site which is frequently updated and receives updates through this, electronic mail and information such as necessary changes to policies and procedures. Regulatory information is communicated to staff through memoranda, staff induction, notice boards, training sessions, position descriptions, and meetings. Observations demonstrate that a variety of signage relevant to regulatory compliance, legislation and professional guidelines are on display throughout the home. Regulatory compliance is monitored through monitoring staff performance, audits, and reviews by management. Staff interviews indicate they are provided with adequate guidelines relevant to their work.

Examples of responsiveness to legislative and regulatory requirements in relation to Accreditation Standard One include:

- The implementation of the Aged Care act amendment regarding missing persons was evident in the home with the team sighting new policy’s and memorandum to staff
- In response to the legislation regarding the requirement for criminal history record checks for those who work in aged care the homes stipulates that no staff will be employed without police checks being completed. The head office maintains a list of staff police checks to monitor their currency and sends the home reminders when these are due again. Management advise that volunteers, hairdressers and other external providers are to provide evidence to the organisation that police checks have been completed.
- The home implemented the new Aged Care Funding Instrument ACFI in accordance with government demands.

1.3 Education and staff development

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

Team’s recommendation

Does comply

The home has a range of mechanisms in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. These include an orientation program which is run fortnightly, internal education sessions, visiting health care experts, access to externally run programs, staff appraisals and resources from peak bodies. Education occurs for staff when a resident presents with a different or specific diagnosis, a trend of one issue is identified such as an extensive review of all staff hand washing practices and education regarding the recent pandemic of swine flu. The education program includes mandatory training, in-service education, one to one theoretical and practical

sessions. Education is provided on an individual basis and competency assessments completed on staff who have difficulty in performing certain tasks where a need is identified. The effectiveness of education is evaluated through staff feedback and monitoring of staff practices. Staff interviewed stated they participate in and are supported to attend education. The team sited documentation demonstrating attendance records, education calendar individual staff records.

Examples of education sessions and activities that relate to standard one include; site specific processes, ACFI, mandatory reporting of resident assault, mandatory reporting of missing residents and occupational health and safety (OH & S).

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

There are a variety of ways in which residents and their representatives can provide feedback to management. These include residents' and representatives' meetings, comments and complaints forms, improvement logs, confidential written information to the care manager, discussion with staff or management and by approaching external complaints bodies. Information regarding access to the home's complaint mechanisms' and the Aged Care Complaints Investigation Scheme is provided to all residents and their relatives on entry to the home, through the residents information pack, on noticeboards and brochures on display within the home. Investigation and timely responses to issues raised are undertaken. Confidential processes maintain privacy. Many compliments in the form of cards and letters of appreciation regarding care and services are included in the feedback system. Interviews with residents and their representatives demonstrated a clear understanding of the system and generally were satisfied with the way issues are responded to and acted upon.

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 home has a documented vision, mission and philosophy statement and adopts a philosophy of care and quality objectives which link to business and strategic planning initiatives. These are displayed at the home and documented in the home's policies and resident information.

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

There are processes in place to ensure sufficient and suitably skilled and qualified staff are available to provide quality care and services to residents in accordance with the

Accreditation Standards. Human resources policies and procedures are in place which cover staff recruitment, orientation, and performance management. The home has performance reviews through staff appraisals and competency assessments. Job descriptions outline roles and work instructions are reviewed in line with changes to care delivery. Confidential personnel files are maintained off site in the head office. Staffing levels are flexible and are monitored in line with reviews of residents' care and related dependencies, special care needs and challenging behaviours of residents. Staff who are unable to work are replaced with staff and from the ARV's own casual pool of staff. Staff report that they enjoy working at the home and consider teamwork to be an important element of the provision of care and services and are happy with the new staff agreement and career structure implemented throughout the organisation. Residents and representatives interviewed by the team speak highly of the skills and caring attitude of all staff

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Staff, residents and their representatives interviewed by the team confirmed that there are adequate levels of goods and equipment. Cleaning, chemical, linen, food, incontinence products and clinical stores were observed to be well stocked. There are stock rotation processes for perishable items and individual staff are allocated responsibility for stock monitoring, day to day ordering and receipt of goods following standardised purchasing procedures. Equipment is purchased when the need has been identified. Preventative and corrective maintenance programs are in place and attended by the maintenance officer and external service contractors. Review of comprehensive maintenance records indicates that maintenance requests are responded to appropriately and in a timely manner.

1.8 Information systems

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

Team's recommendation

Does not comply

The review of agendas, meeting minutes, the continuous improvement register, memoranda and other relevant documentation demonstrated that the home has information management systems to keep all staff and residents and their representatives informed of the current activities, procedures or changes within the home at all times. Residents and their representatives are kept informed through resident meetings, family conferences, newsletters, and verbally. Information is disseminated to staff through meetings, policies and procedures, education programs, noticeboards, handovers, communication books, memoranda and verbally. Staff and residents and their representatives interviewed report they are kept well informed about matters that impact on them.

1.9 External services

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

Team's recommendation

Does comply

Externally sourced services are provided at a level that meets the home's requirements and quality goals. Contracts with external suppliers require they demonstrate relevant licensing, insurance and occupational health and safety requirements. The head office manages many of the major external services contracts whilst the home manages the more localised contracts such as with the podiatrist and hairdresser. The team sighted evidence of contractor's insurances, certifications and police checks which are updated regularly. Contracts are monitored in a variety of ways including audits and inspections, observation of work practices and review of outcomes by the relevant staff. Contracts are reviewed and feedback is sought from stakeholders regarding service performance before contracts are renewed.

Unsatisfactory performance by contractors may result in termination of the contract before the term of the contract has been completed. Contracts and service agreements are in place for services such as food supplies, waste management, cleaning, pest control and chemical products.

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

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

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

- The home has reviewed and modified its weight management policy and work instructions so that high care residents are being weighed three monthly and monthly if weight loss is evident. Stable low care residents are weighed annually
- In keeping with the above review the home also established a new nutritional supplement procedure which includes notification methods between care staff and catering
- The home identified that there were some residents with oral hygiene concerns, thus arranged a dental review throughout the home
- The home undertook a trial of some different relief mechanisms which resulted in them purchasing and using hot/cold packs, TENS machines in addition to using massage and other methods
- A review of the homes physiotherapy/ exercise program was undertaken in an attempt to further reduce falls. Exercise activities were modified and targeted to different resident groups to better meet resident's individual needs. The program has shown a reduction in 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

The results of the team's observations, interviews and review of documentation demonstrated that a system is in place to manage regulatory compliance in relation to health and personal care. For comments regarding the system see expected outcome 1.2

Regulatory compliance:

- Authority to practice registrations are sighted and records maintained by the home for all qualified staff

- Registered nurses provide 24 hour coverage at the home and are responsible for the care planning and assessment processes and specialised nursing services implemented for all residents.

2.3 Education and staff development

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

Team’s recommendation

Does comply

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

- Examples of education sessions and activities that relate to this standard include: medication management, dementia care, oral care, falls prevention, and wound care

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems and processes in place to ensure that residents receive appropriate clinical care. Care is planned in consultation with residents and their representatives, the medical practitioner and allied health professionals. Residents have a choice of doctors and there is a system to ensure that after hours medical coverage is available. Residents’ previous medical and social history is documented prior to entry through a central intake office to ensure that their physical, psychological and cultural needs are identified. New residents are assessed over twenty one days prior to the completion of a care plan which is compiled using entry data, assessments of a number of aspects of clinical care and feedback from staff members. The assessment team observed that care plans have been updated when residents’ needs change and are all evaluated annually. There is a system to ensure that exceptional events are entered daily in the progress notes, on relevant charts and details of health professionals’ visits are recorded. Clinical notes and care plans confirmed this process and the home gauges its performance through collection and analysis of clinical data and an external benchmarking organisation. Care is supervised by registered nurses and a registered nurse is on call at all times. Information relating to residents’ care, manual handling and mobility needs is documented on the 24 hour report, in communication books and additional information is exchanged during the verbal handover and is documented in the progress notes. Clinical care incidents such as falls, skin tears and infections are documented and discussed at relevant meetings and all residents and their representatives interviewed stated that they are very satisfied with the care provided by the home.

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

There are systems in place to ensure that residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff confirm that specialised nursing care needs are identified when residents move into the home, addressed in the care planning process and/or as needs change. This includes pain management, gastrostomy care, oxygen therapy, oral hygiene and wound care needs are met and that residents’ blood glucose levels are monitored if indicated and residents are referred to appropriate specialists and health professionals as necessary. The home liaises with external consultants to provide expert advice and education, and staff practice is monitored by the management team. There are adequate supplies of equipment and resources to meet identified specialised nursing care needs.

2.6 Other health and related services

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

Team’s recommendation

Does comply

All residents’ clinical notes reviewed by the team indicated that they have been referred to a range of appropriate health specialists in accordance with their needs and preferences. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with the residents and their representatives. The approved provider has a specialist clinic on site for a range of specialists including dentist, occupational therapist, optician, dermatologist, physiotherapy centre and a hydrotherapy centre. This is accessed by residents and serviced by a regular bus and assistance may be provided in arranging transport to appointments there or at other venues. There is a system in place to ensure that the home is kept informed of results of consultations with specialists. The team noted in the clinical records reviewed that residents have accessed a range of health care providers including psychiatric, psycho geriatric, surgical, physiotherapy, speech pathology, oncology, audiology, optometry, podiatry, dietetics, x-ray, and pathology services. Residents and their representatives stated they are satisfied with the support given by the home to access other health and related services.

2.7 Medication management

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

Team’s recommendation

Does comply

There are systems in place to ensure that residents’ medications are managed safely and correctly. Medication orders are current, residents’ medications are reviewed at least three monthly, the medication management system is monitored regularly and medications are administered safely. There is a system in place to ensure safe administration and accountability of schedule 8 medications and the disposal of eye drops and ointments according to manufacturer’s instructions. There is a system in place to monitor residents and, if necessary, change the dose of medication. Medications are administered by care staff from

blister packs. Staff have training in medication administration and their competency is checked. The packs contain a list of contents and the medication charts/signing sheets include a photo of the resident, coloured illustrations of tablets and a list of the contents of each pack. Medications are securely stored and the team found that medication orders have been completed appropriately and sheets signed by staff when medications are given. Residents who self administer medication are approved as competent by their doctor. The home conducts internal audits and education and counselling provided when areas of non compliance are identified. A medication advisory committee provides guidance on safe medication management, medication errors/ incidents are reported and acted upon and the system is regularly monitored by a pharmacist from the supplying pharmacy. There is a list of authorised 'nurse initiated' medications for administration by registered nurses.

2.8 Pain management

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

Team's recommendation

Does comply

The home has systems in place to ensure that residents are as free as possible from pain. Assessment of pain, possible causes and strategies for its relief are recorded on entry to the home and reviewed as indicated. The team noted that the home consults other allied health services as necessary to manage residents' complex pain needs. Residents are also assessed for pain as part of the regular physiotherapy assessment, care staff are trained in recognising verbal and non-verbal signs of pain, and residents are provided with appropriate treatments, using comfortable mattresses, massage, gentle exercises, TENS machines, heat pads, relaxing music and analgesia administered orally, or via trans-dermal patches. There is consultation between staff, residents/relatives, allied health, medical practitioners and the area health pain clinic. Staff confirm that they understand and practice alternative methods of pain management, and residents/relatives confirm their pain is managed in an appropriate and timely manner when staff respond promptly to residents' verbal complaints of, and/or other indicators, of pain

2.9 Palliative care

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

Team's recommendation

Does comply

There are systems in place to ensure that the comfort and dignity of terminally ill residents is maintained by the use of such things as comfortable beds, regular repositioning, gentle massage, appropriate medication, and music therapy. The home accesses a clinical nurse consultant palliative care (CNC) who is employed by the approved provider for their seventeen homes and who is responsible for implementing the "Guidelines for a palliative approach in aged care". The CNC does assessments and an end of life pathway which includes a comfort care plan as needed. A carer has been trained to be the onsite palliative care specialist and the CNC provides a series of five modules to train the specialist and other staff. A team of volunteers who specialise in palliative care have also been trained to support residents and their representatives. The care team, including general practitioners, specialists and care staff are committed to supporting residents at the end of their lives and resources and kits are available to support the team. Families and friends are encouraged to stay with their loved ones for as long as they wish and the pastoral care is available to provide emotional and spiritual support for residents and their representatives and staff when necessary.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Meals are provided to the site from the approved providers’ central kitchen and have been reviewed by a dietician. There is an initial and ongoing assessment of each resident’s likes and dislikes, nutritional and hydration needs, eating and drinking requirements, oral hygiene, medical requirements, and a process for the monitoring of each resident’s nutritional status through regular measurement of weights. Adapted crockery and cutlery is available, meals of varying consistency including thickened fluids as well as special diets are supplied as necessary and residents’ swallowing ability is assessed by a speech pathologist if indicated. Care staff promote adequate fluid intake and were observed to be giving residents drinks from the jugs of juices and cordials located in various areas of the home. Staff supervise and assist residents with their meals as necessary and the team noted that residents have been supplied with supplements to address weight loss if indicated. Breakfast is available in residents’ rooms and the main meal of the day is provided at midday and all residents and representatives interviewed stated residents have choices and are satisfied with the meals offered.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has a system of assessment, interventions and reporting requirements to ensure that residents’ skin integrity is consistent with their general health status. Residents’ skin is assessed on entry to the home and as necessary in order to maintain skin integrity. Tools used include regular care plan reviews, documentation of care and providing for residents’ specific skin, hygiene, continence, hair and nail care needs. Manual handling needs for each resident are identified and bed repositioning is managed in order to reduce the risk of damaging residents’ skin. Treatments required are documented and referrals to appropriate specialists and allied health professionals are undertaken when indicated. The team noted that pressure relieving mattresses, limb and feet protectors and support stockings are used when necessary. Skin integrity statistics are collated and presented at appropriate meetings and the team observed that there are adequate stocks of skin care and dressing materials available to assist in improving or maintaining residents’ skin integrity.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence, urinary flow patterns, bowel management and toileting needs are assessed on entry to the home and the effectiveness of continence management programs is monitored and evaluated. There is a system in place to assist residents with their toileting needs and to provide disposable continence aids of appropriate size and type over a 24-hour period for residents if required. Residents’ continence needs are identified and staff assist by

taking residents to the toilet according to identified voiding patterns. Bowel movements are monitored and residents with a history of constipation and/or those receiving opiate medications have bowel management strategies aimed at reducing the risk of constipation including the use of fruit, high fibre diets, a high fluid intake and a regimen of aperients as necessary. When indicated, residents' urine is tested for the presence of infection and action taken to verify any infection and obtain antibiotic sensitivities before treatment is commenced. A representative of the continence aids supplier regularly provides staff with education in continence management and the use of continence aids and a night staff member is responsible for distribution. Residents/ representatives interviewed expressed satisfaction with continence management.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home has systems in place to ensure needs of residents with challenging behaviour are identified and managed effectively. Entry information obtained from residents and their representatives and medical officers, together with staff observations, assessments and results of regular case conferences between staff and representatives are used to identify triggers and strategies to minimise challenging behaviour, especially in the dementia specific unit. The team noted interventions to minimise episodes of challenging behaviour with input from all relevant staff include one to one attention, doll therapy, assisting with small household chores, music according to individual resident's taste, dancing and a number of sensory activities which have proved to be very effective for some residents. Care plans are monitored and reviewed regularly to assess effectiveness, and changes are made if indicated. The approved provider employs a transitional nurse practitioner with a speciality in dementia and the home accesses a psycho geriatric team for expert advice as necessary. The residents' care plans and all interventions are developed in a way to provide a calm and supportive environment. Physical restraint is used only as a last resort. Residents and their representatives are very happy with the care provided.

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 physiotherapist and a physiotherapy aid are employed by the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The physiotherapist assesses the mobility, dexterity, balance and falls risk of residents on entry to the home, after a fall, and on a regular basis. Changes in mobility are identified and documented as part of the care planning process. Treatment is carried out by the physiotherapist or the physiotherapy aide and weekly group exercises are organised on a monthly basis also contribute to maintaining or improving residents' mobility, strength and balance. The treatment of pain also contributes to improved mobility of residents. There is a system in place to document the treatment given and to monitor the effectiveness of the program/s which are updated as necessary. Each resident's manual handling instructions are documented and a range of mobility aids (including walking sticks, frames and wheelchairs) is provided for residents who need them. The team observed that mechanical lifters, lifting slings and walking belts are available and are in good condition. Staff also refer residents to an on site occupational

therapist (OT) and to the therapist at the hydrotherapy pool adjacent to the specialist clinic. All low care residents are assessed on entry by the OT who recommends modifications to the room and furniture or prescribes equipment as appropriate. Staff have been provided with education on manual handling and maintaining mobility and dexterity. Residents and their representatives interviewed informed the team that they are satisfied with the efforts made to maintain mobility.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home's systems for the initial and ongoing assessment, maintenance and evaluation of residents' oral and dental health include the use of appropriate dental products, arranging for the provision of dental services such as denture care and arranging visits to, or by, a dentist as necessary. A review of clinical documentation showed that residents' oral hygiene is assessed and documented in care plans that are regularly reviewed. Staff interviewed informed the team of their practices regarding the cleaning of teeth and dentures, regular oral observations, labelling of dentures and general mouth care. The home accessed funds to undertake on site dental assessments for thirty residents most in need. The reports and recommendations have been received and the home is moving to the next step of discussing implementing the recommendations.

2.16 Sensory loss

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

Team's recommendation

Does comply

The home has a system in place to assess, monitor and evaluate residents' sensory losses to ensure that they are managed effectively. A review of clinical documentation and care plans confirmed that the home ensures that residents' sensory needs are identified and addressed. The approved provider has a sensory loss registered nurse (RN) who is available for assessments and the home liaises with providers of ophthalmic, audiometry, and speech therapy services if necessary to ensure that residents' sensory needs are identified and addressed. Staff monitor that residents are wearing their spectacles and that hearing aids are functioning correctly. Visually impaired residents are assisted at meal times, foods of different textures and flavours are provided, large, flat screen televisions are located in communal areas and large print and 'talking' books are available for residents with impaired vision. Staff have been provided with education on sensory loss and residents /representatives interviewed expressed satisfaction with the management of their sensory loss/s.

2.17 Sleep

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

Team's recommendation

Does comply

The home has a system in place to assess, monitor and evaluate sleeping patterns when necessary to assist residents to achieve natural sleep including preferred sleeping times and any history of night sedation. Barriers to natural sleep including pain, continence, hunger,

emotional state are considered when planning care. The use of night sedation is minimised by the use of alternative aids to sleeping such as maintaining a quiet environment and a comfortable temperature, keeping the resident/s as free from pain as possible, by the use of continence aids to minimise disturbance and by the provision of food and drinks if indicated. Residents and their representatives confirm they are satisfied with the home's approach to sleep management.

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

The home presented evidence to demonstrate that the organisation actively pursues continuous improvement in relation to Accreditation Standard Three. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system.

Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Three include:

- As a result of some residents struggling with the length of an outing the home introduced a bus trip indicator system which indicates the capacity required of each resident trip
- With the entry into the home of some non-english speaking residents the home arranged for culturally specific persons to regularly attend through a community visitors scheme
- A vegetable garden has been established for those residents who have enjoyed gardening or just being outdoors
- The home has developed a mental stimulation program for the residents in the general wings which aims to maintain or enhance residents mental acuity

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 on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of the home’s responsiveness to legislative and regulatory requirements in relation to Accreditation Standard Three include:

- The home provides new residents with an information sheet on the specified care and services to which residents are entitled in accordance with the requirements of the *Quality of Care Principles 1997*.
- The implementation of mandatory reporting of abuse which was evident in new policies and memorandum to staff

- The implementation of the reporting of missing persons mandatory reporting which was evident in new policy's and memorandum to staff

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

Examples of education sessions that staff have attended in relation to Accreditation Standard Three include: elder abuse and compulsory reporting, activities and programming workshop and a visit from the blind society

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 residents and their representatives are supported in adjusting to life in the new environment on an ongoing basis. On entering the home, residents receive individual support and information from the admin service coordinator, the diversional therapist and clinical staff. Residents ongoing needs are assessed, monitored and a comprehensive care plan is formulated by the diversional therapists. Chaplaincy and pastoral care services enhance the emotional support a resident receives. The results of the teams observation, interviews and document review revealed residents and their representatives receive emotional support from staff. Staff interviewed demonstrated insight to the emotional needs of the resident.

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 home has systems in place to assist residents achieve maximum independence, maintain friendships and participate in community life. The lifestyle / therapy team support and enable residents to remain active members of the community and maintain their life interests. The activity program is aimed at enhancing residents' independence and purpose in life. A program is in place that facilitates residents undertaking tasks of choice within and for the community. Examples of tasks within this program are one resident tuning televisions, another working in the kiosk and one other resident assisting in running the bowls program. The home also runs a bowls competition with the local school which brings generations and community together and is enjoyed by all. Residents and their

representatives interviewed expressed great satisfaction with the programs and staff interviewed are aware of residents needs.

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 home has a system in place to ensure that each resident's right to privacy, dignity and confidentiality is recognised and respected. The team observed resident's privacy, dignity and confidentiality being respected throughout the accreditation site audit. The team observed staff knocking on resident's doors and waiting for a response. The home monitors practice of staff and satisfaction by residents within their quality program. Staff interviewed are aware of the importance of maintaining the dignity of all resident's and that privacy and confidentiality of any resident's care information was respected. Residents and their representatives interviewed stated that staff respected their privacy, dignity and felt confidentiality is well maintained.

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 home has comprehensive systems in place to ensure residents are encouraged and supported to participate in their activities and interests. Each resident is assessed for their social, cultural, spiritual, family history, interests and life experiences. Once assessment is completed each resident has a detailed lifestyle care plan which is reviewed in line with residents needs. The Diversional Therapists / lifestyle team design and facilitate a monthly program. The program is flexible within its structure and allows for changes in line with residents daily choices. The Diversional Therapy / lifestyle team are committed to providing a person centred program for every resident within the facility. The accreditation assessment team observed the person centred approach both in group and individual activities. Care service staff working in the dementia specific unit are mentored by the experienced Diversional Therapists to enhance individual behaviour management programs and resident lifestyle. Staff interviewed are aware of both how to run a designed program and the importance these programs have for a residents life. Staff were observed by the assessment team attending activities with the residents and the Diversional Therapist was observed mentoring the care staff. Residents and their representatives interviewed are extremely satisfied and very complimentary in regards to the overall program and the staff who run this program.

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 individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered by the organisation. The home has a multi cultural resident mix. Each resident is individually assessed by the diversional therapy / lifestyle team and a care plan is formulated. Resident needs are communicated to all relevant departments throughout the home. The catering service is aware of all specific cultural needs and caters for each resident appropriately. The chaplaincy service is available to any resident and was observed by the assessment team to be running a small men's discussion group. Residents who decline to attend any activities are offered individual visits by a chaplain and all residents interviewed expressed satisfaction and appreciation of this service. There is a weekly Anglican church service as well as regular catholic and uniting services. Residents from other faiths maintain their spirituality by visiting external places of worship. Special cultural and religious events are respected and celebrated for example Anzac day, Easter, Christmas day, mother's day and Chinese New Year. The diversional therapists maintain a spiritual care resource box that includes various religious items and is available for use at any time. Residents and their representatives interviewed by the team confirm that residents' spiritual needs are met. Staff interviewed are aware of the individual needs of each resident.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home has systems in place to ensure that residents and their representatives participate in decisions about the services the resident receives and enables them to exercise choice and control over their lifestyle. Resident and their representatives are able to make individual food choices, their medical officer and the activities and programs they participate in. On entry to the home their needs are identified through an assessment process and communicated to staff through individual care plans and daily handovers. The resident's right to participate in any risky activity is fully assessed and discussed with both resident and their representative. Interviews with both residents and their representatives indicate residents are given opportunities to have input into their care and are encouraged to make decisions relating to their lifestyle. The residents' rights and responsibilities is included in the handbook and displayed around the home. Staff interviewed are aware of the residents right to choose and facilitated individual choices readily.

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 organisation has a system in place for security of tenure. Each resident or their representative is offered a resident agreement that includes information about security of tenure, the charter of residents' rights and responsibilities, complaint mechanisms, schedule of service and fee structuring. Residents and their representatives interviewed are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home presented evidence to demonstrate that the organisation actively pursues continuous improvement in relation to Accreditation Standard Four. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system.

Examples of improvements and results of continuous improvement specifically relating to Physical environment and safe systems include:

- Feedback from residents and representative prompted the home to purchase air conditioners for the hallways to make the living environment more comfortable
- Due to the recognised OH&S risks the home has replaced a box style freezer with an upright freezer
- The home recognised the residents enjoyment of the sunroom and observed that the size was not adequate to accommodate the demand for the room. Hence the home has expanded the room and the team observed that the room was well utilised and enjoyed by residents
- The home recognised that in the case of the lift breaking down there was no way of the occupants getting help. The home has now installed an emergency telephone which goes directly to the lift company who provide a twenty four hour a day emergency service
- The home recognised that the DT equipment was not always well maintained so a cleaning schedule was implemented
- In an aim to further promote good infection control the home has purchased a waterless hand washing dispenser at the front entry and wall mounted dispensers throughout the home. The team cited documents where staff were reminded that this was not to replace regular hand washing but rather be used additionally

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 on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. Examples of responsiveness to legislative and regulatory requirements in relation to Accreditation Standard Four include:

- Management advise that the home complies with the 2008 certification for the privacy and space requirements for the building

- The home meets minimum requirements in regard to fire certification assessment against the 1999 certification instrument
- The team observed various documents from various sources relating to infection control food safety and occupational health and safety.

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

Examples of education sessions that staff have attended in relation to Accreditation Standard Four include: fire safety and evacuation training, chemical usage, manual handling and infection control.

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

Management is actively working to provide a safe and comfortable environment consistent with resident care needs. The home has systems and procedures in place to guide management and staff in the provision of a safe and comfortable environment that meets resident care needs. The home has a secure dementia area within its geographic lay out. The geography lay out is extensive and the residents rooms are divided into care sections. Each care area has a small lounge / sitting room plus a kitchenette. Each resident has a single room with an ensuite, access to a small balcony and they are able to lock their rooms if desired. Management regularly review resident care needs and facilitate room changes in line with these needs. Case conferencing / consultation with both resident and their representative is used whenever a room change is required. There is a lift between the two floors as well as ramps and stairs. There is a large communal dining area and activity area. There is a kiosk that is open two days a week which is staffed by volunteers from within the home or surrounding independent living units. A hairdressing salon, library and doctors clinic room is available for residents to use. External gardens are well maintained and there are a number of walking paths throughout the entire village. The dementia specific unit has its own dining, lounge, kitchenette and activity area plus a secure outdoor area. The home has an extensive maintenance program that is coordinated by the admin service coordinator and implemented by a permanent maintenance officer. All staff and residents have access to feed into the home's maintenance system through the use of request forms and logs which are readily accessible .

The team noted the home to be clean, odour free and well ventilated. Residents interviewed expressed satisfaction with their environment and every resident stated they wouldn't want to live anywhere else.

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 is actively working to provide a safe working environment that meets regulatory requirements. The home has policies and procedures in relation to occupational health and safety. There is an occupational health and safety committee with representatives from all departments. All committee members have been trained in occupational health and safety committee membership. The meeting is second monthly and the secretary follows up all outstanding issues and reports at the following meeting. Hazard forms/pads are situated around the home and are a recent initiative. Since having hazard forms/pads more accessible there has been an increase in hazard reporting. All hazards identified have been reviewed and actioned as required. The home conducts environmental audits, has a maintenance program in place and provides manual handling equipment for staff usage. All chemicals are stored safely with the appropriate safety data sheets kept close, should a spill occur. All staff interviewed are aware of their responsibilities related to occupational health and safety.

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 homes management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There is an emergency evacuation folder kept in the mainstream clinic which identifies emergency contact numbers, evacuation movement plan, disaster contact details, policy and procedures, resident details and a resident list. The home has a lockdown policy where doors are closed for the night. There is a security guard for the whole site who is responsible for regular checks of the grounds and surrounding buildings. The home has a fire officer who checks the fire board daily and rectifies any deficit. There are evacuation plans throughout the building and allocated assembly points. Fire wise was discussed at a recent resident meeting as part of fire education for residents. During the accreditation site visit fire evacuation education was carried out and this forms part of staff compulsory education. The home has a system in place to follow up any staff who have not attended the annual fire lectures. The annual fire safety statement was sited. Staff and residents interviewed are aware of what to do in case of a fire or other emergencies

4.7 Infection control

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

Team's recommendation

Does comply

The Clinical Coordinator has responsibility for overseeing infection control within the home and mandatory training in infection control is provided to all staff on orientation and on an ongoing basis. Infection control education is provided regularly and the team noted that the home had recently completed hand washing training and competencies on all staff as a preventative measure with the recent international pandemic of Swine Flu. The organisation's Infection Control Coordinator consults on problems such as complex wounds and problem solving. The team noted infection control procedures such as colour coded equipment, personal protective equipment, hand disinfecting procedures on entry and exit of wards, and monitoring of food and fridge temperatures in use. Policies and procedures and information on infection control are available to staff. There are signed cleaning schedules and processes for the removal of waste to ensure adequate levels of hygiene are maintained. Monthly internal audits are undertaken from the home's infection statistics and these are collated by the continuous improvement officer for trend analysis and reported back to the continuous improvement committee meetings for actioning. The home organises annual external infection control audits.

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

Catering - hospitality services are provided in a way that enhances residents' quality of life and staff working environment. The home uses a cook / chill food system which is reheated on site in the home servery area. Staff ensure all temperature checks are attended and any deficits actioned on a daily basis. There is a system in place for residents to receive their appropriate meal based on the residents dietary assessment form. Residents interviewed expressed satisfaction with the meal service.

Cleaning – there is an external contract service used to provide cleaning services to the home. There is a cleaning schedule in place and each cleaning trolley had the appropriate MSDS sheets available. The cleaners' room contains the appropriate chemicals and includes the operational manual for the external company. The home was observed to be clean and tidy. Staff were observed to be cleaning with the correct equipment and using the correct apparel. Staff interviewed are aware of all safety precautions and their roles and responsibilities. Residents and their representatives were satisfied with the cleanliness of the facility.

Laundry Services– the homes linen and personal laundry is attended on the on campus laundry which the team viewed and observed to follow good infection control practices with a dirty to clean flow, the regular cleaning and maintenance of equipment and use of chemicals. Staff receive education on infection control, manual handling and other work related practices. The home also has several small laundries for residents to use; the team observed these were clean and well maintained. Feedback from residents and their representatives regarding laundry services were positive and the team noted that the lost and found laundry pile was small.