Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit
Guildford Nursing Home

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

The Agency has decided that the period of accreditation of Guildford Nursing Home is three years until 5 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:	Guildford Nursing Home
RACS ID:	2564

Number of beds:	102	Number of high care residents:	86

Special needs group catered for:	• Nil

Street/PO Box:	Corner Bursill Street & Railway Terrace				
City:	GUILDFORD	State:	NSW	Postcode:	2161
Phone:	02 9632 2496		Facsimile:	02 9892 2415	
Email address:	guildford@hardinursinghomes.com.au				

Approved provider

Approved provider:	Guildford Management Pty Ltd

Assessment team

Team leader:	Mary Butcher
Team member/s:	Katrina Bailey
Date/s of audit:	27 July 2009 to 29 July 2009

Executive summary of assessment team's report

Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Executive summary of assessment team's report

Accreditation decision

Standard 3: Resident lifestyle

Expected outcome	Assessment team recommendations	Agency findings
3.1 Continuous improvement	Does comply	Does comply
3.2 Regulatory compliance	Does comply	Does comply
3.3 Education and staff development	Does comply	Does comply
3.4 Emotional support	Does comply	Does comply
3.5 Independence	Does comply	Does comply
3.6 Privacy and dignity	Does comply	Does comply
3.7 Leisure interests and activities	Does comply	Does comply
3.8 Cultural and spiritual life	Does comply	Does comply
3.9 Choice and decision-making	Does comply	Does comply
3.10 Resident security of tenure and responsibilities	Does comply	Does comply

Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations	Agency findings
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	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.

SITE AUDIT REPORT

Name of home	Guildford Nursing Home
RACS ID	2564

Executive summary
This is the report of a site audit of Guildford Nursing Home 2564 Corner Bursill Street & Railway Terrace GUILDFORD NSW from 27 July 2009 to 29 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance
The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Guildford Nursing Home.

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

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 27 July 2009 to 29 July 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Mary Butcher
Team member/s:	Katrina Bailey

Approved provider details

Approved provider:	Guildford Management Pty Ltd

Details of home

Name of home:	Guildford Nursing Home
RACS ID:	2564

Total number of allocated places:	102
Number of residents during site audit:	86
Number of high care residents during site audit:	86
Special needs catered for:	Nil

Street/PO Box:	Corner Bursill Street & Railway Terrace	State:	NSW
City/Town:	GUILDFORD	Postcode:	2161
Phone number:	02 9632 2496	Facsimile:	02 9892 2415
E-mail address:	guildford@hardinursinghomes.com.au		

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Guildford Nursing Home.

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

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

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

Audit trail
The assessment team spent 3 days on-site and gathered information from the following:

Interviews

	Number		**Number**
Approved provider	1	Residents/ representatives and relatives	17
Group manager	1	Volunteers	3
Facility manager	1	Group injury manager	1
Deputy facility manager	1	Quality assurance co-ordinator	3
Facility educator	1	Housekeeping manager	1
Registered nurse	5	Laundry staff	2
Care staff	8	Kitchen staff including cook	3
Diversional therapist	1	Maintenance and fire safety officer	1
Recreational activity officer staff	1	Cleaning staff	2
Mobility nurse	1	Dietician	1
Physiotherapist	1		

Sampled documents

	Number		**Number**
Residents' files (including, progress notes, assessments, care plans, medical officers' notes, letters and referrals, pathology results)	15	Medication charts	20
Service providers agreements	3	Education program survey	9
Staff appraisals	4	Risk assessment/hazard alert form	15
Infection register (clinical)	7	Menu evaluation forms	5

Name of home: Guildford Nursing Home RACS ID 2564
Dates of site audit: 27 July 2009 to 29 July 2009
AS_RP_00857 v1.4
Page 8

Education attendance records	10	Orientation records	4
Contractor agreements	6	Attendance records	6
Staff replacement forms	28	External contractor maintenance log	5
Resident assault/incident form	5	Housekeeping log	5
Staff flies including employment conditions, training certificates, competency assessments and job specifications	6	Maintenance log	20
Incident and accident reports in detail	10	Physical restraint forms in detail	3
Diversional therapy plans in detail	8	Resident risk assessment forms	5

Other documents reviewed
The team also reviewed:

- Accident/incident reports
- Action plans
- Aged Care Complaints Investigation Scheme brochure, Advocacy brochures
- Annual statement of maintenance compliance (fire safety)
- Annual supplementary fire statement
- Assessment documentation for health and personal care and lifestyle
- Audit planner
- Audit report guidelines
- Audit report- infection control trends
- Audit report- menu evaluation
- Audits
- Behaviour management action plan
- Calibration logs
- Certificate of calibration
- Certificate of currency- for external services
- Certificate of plant registration (lift)
- Competency assessments including manual handling, showering a resident, dressing techniques
- Complaint mechanism flow chart
- Complaints register
- Concerns and complaints
- Confidentiality and nondisclosure agreement
- Continuous improvement evaluation
- Contract admission form
- Clinical care folders in each wing including AIN's, wounds, restraint,
- Committee organisational chart
- Communication diary and handover information (each wing)
- Community visitors scheme information
- Complaint/compliment register
- Dietary assessment forms
- Diet analysis list
- Diet lists
- Discrimination and harassment policy

- Diversional therapy and recreational activity information including activities calendar and weekly calendar, activity assessments, attendance records, activity statistics, footy tipping folder
- Duties guidelines
- Education topics planner
- Electrical equipment check
- Emails (from management to staff members)
- Environmental action plan 2009
- External volunteers and staff with access to residents police check
- Facility action plan
- Facility maintenance monthly planner
- Facility walkabout (occupational health and safety committee)
- Family conference checklist
- Fire fighting equipment audit report
- Fire fighting equipment checklist
- Fire safety officer certificate
- Flow charts (policies and procedures)
- Food safety review (external audit)
- Group continuous improvement plan
- Handbook for residents/relatives and admission information
- Handbook for staff
- *Hardi* suppliers/providers contact list
- Incident and accident reporting (resident) flow chart
- Incident reports: medication, falls, skin tears, resident aggression
- Incidents and accident follow- up information and associated data 2009
- Individual training forms
- In-service notices
- Influenza staff register
- Internal maintenance planner and procedures
- Internal maintenance form
- Interim care plan
- Issues of concern form
- Job specification and descriptions (for all staff positions)
- Lists of food preferences, special needs, and food likes and dislikes
- List of staff speaking languages other than English
- Lost clothing register
- Manual handling competencies
- Manual handling policy
- Menus
- Menu and resident likes and dislikes folder
- Medication temperature forms
- Meeting minutes for: Guildford nursing home facility management team planning and review, governing body management meeting, resident and relative, occupational health and safety, resident activity conference, staff meetings, diversional therapy meetings, medication review meetings
- Modified meal consistencies
- Notice of determination (for development application of group's new home)
- NSW food authority licence
- Nursing staff and non nursing staff union collective agreement
- Organisational chart
- Orientation checklist
- Orientation guide- infection control
- Pharmacy information including results of audits, education and resources
- Physiotherapy assessments and care plans and information in each wing (A,B and C)

- Policy and procedure manuals and flow charts
- Privacy consent and resident information form
- Plan for continuous improvement
- Pest maintenance folder
- Preventative maintenance
- Reportable complaint action plan
- Reportable complaints register
- Resident and relative concern form
- Resident assault policy and guidelines
- Resident agreement
- Resident list and resident handover information
- Resident risk identification audit summary
- Register of staff police checks
- Registered nurse register
- Regulatory compliance gap analysis
- Resident agreement
- Risk assessment register
- Rosters (for one month)
- *'Safely home'* program
- Sanitizing solution records
- Schedule 8 register
- Spiritual and cultural lists
- Staff diary and communication books
- Staff handbook
- Staff induction kit
- Staff memos (signed as read)
- Staff vaccination status form
- Temperature logs; for meals, cooling times, refrigerators, cool room, dishwasher
- Thank you cards and letters
- Visitor sign in book
- Volunteers and community visitors list
- Warm water check/mixing valve procedure
- Weight charts and information
- Wound and treatment charts
- Work practices guidelines for nurses and allied health staff

Observations
The team observed the following:

- Activities and exercises in progress
- Activity program displayed
- Blood and body substance spills kit
- Charter of Residents Rights and Responsibilities displayed
- Cleaner's cupboards, trolley
- Complaints management information including internal and external feedback mechanisms, advocacy brochures, suggestion box
- Continence supplies
- Designated smoking area, with seating and shelter
- Dining room during lunch meal, staff assisting residents with meals, delivery and serving of meals
- Diversional therapist office
- Diversional therapy resources
- Dressing trolley
- Education notices and information in staff area

- Emergency instructions, displayed throughout the home and emergency procedure flip charts (including missing residents procedures)
- Equipment and supply storage areas including chemical room
- Fire and safety equipment including fire hoses, blankets and extinguishers (all tagged appropriately) fire panel
- Individual resident boards near each bed space containing specific information
- Infection control strategies including notices, handwashing facilities located appropriately throughout the home including hand sanitising gels and safe hand washing signs, colour coded equipment, personal protective equipment, spill kits
- Interactions between staff and residents and family members
- Keypad entry and alarmed exit doors
- Kitchen and meal service
- Laundry systems
- Letters and cards of thanks to staff
- Living environment (internal and external, including garden courtyard areas, balconies
- Lounge area downstairs (C wing)
- Main kitchen area
- Medical practitioner visiting residents
- Medication administration round (partial), medication - storage including medication trolleys, medication refrigerator and controlled drug cupboard
- Medication round in progress
- Medication trolley in use
- Mobility aids in use Manual handling aids and lifting equipment
- Noticeboards throughout the home filled with resident and staff information including notices of resident rights and responsibilities, vision statement, meeting minutes, activity program, infection control and safety
- Notices advising of the site audit displayed
- Nurse call system
- Nurse handover being conducted
- Oxygen cylinders and suction equipment
- Physiotherapy resources
- Pressure relieving equipment in use
- Quiet area upstairs and activity room
- Residents using assistive equipment at mealtimes
- Residents being assisted with mobility
- Resident rooms and bathrooms
- Residents waiting to attend a bus outing
- Secure storage of care files and other documents
- Sign on books for visitors and contractors to the home
- Sharps waste disposal containers
- Snack and drink machine
- Safety signage
- Secure storage of resident files
- Staff and visitor amenities
- Staff practices and interactions with residents, visitors and other staff
- Staff work areas (including nurses stations, offices, treatment room and staff room)
- Suggestion box
- Water dispenser

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 demonstrates that they have a proactive approach to continuous improvement and offer broad stakeholder input into the system. There are systems in place to monitor the home's performance against the Accreditation Standards and seek feedback from residents/representatives, staff and others involved in residents' care and service. The *Hardi* group have organisational structures and systems in place to support the group and the home's continuous improvement plans. The group uses a 'flowchart' system to direct policy and procedure, which was observed to be readily available and familiar to staff of the home. Group (governing body) and facility management team meetings, as well as other of the home's committee meetings which support the home's continuous improvement system, are regularly held, with meeting minutes available to stakeholders. The group and the home's plan lists opportunities for improvement identified through organisational initiatives, surveys, audits, accident/incident reporting, reviews and other meetings; tracks the timeframes and monitors outcomes of improvement. The group has both proactive and reactive processes including the development of action plans following identification of potential issues. The team observed delegation of quality tasks and reporting to key staff members. The group has a team of quality assurance co-ordinators available to support and monitor performance in the group's individual homes. Residents/representatives interviewed said management always consider their comments and suggestions for improvement, respond to suggestions and they are pleased with the improvements made to the home and resident care.

Recent quality improvements relating to Standard 1 include:
- Staff and resident handbooks have been recently updated to reflect current practice and service. The team observed that all staff had received the new handbook, which has been discussed at staff and residents' meetings.
- The group negotiated a union based collective agreement with nursing and non-nursing staff which was finalised in February 2008. This agreement has increased staff recognition, retention and remuneration. Some of the group's initiatives include financial recognition of educational achievements, a career advancement structure and the ability to exchange unused sick leave for cash. All staff now receive financial reward for Certificate lll in nursing and non-nursing fields. This initiative has been most successful and the team observed that staff are most supportive of their employer and committed to the home.
- The home has introduced an orientation program for long term staff of the home. It was identified that some long term staff of the home may benefit from a refresher orientation to the home's systems.
- The home has introduced additional management structure within the home to improve accountability and communication systems. A registered nurse manager is appointed to all shifts outside business hours. A unit team leader supports care staff in their positions, provides mentoring to new staff and an additional level of supervision. All positions in the home have job specifications and descriptions to support the role.

- The home has recently noted a reduction in resident numbers. An action plan has been developed to support attracting new residents to the home. Some initiatives include increasing availability of information about the home, developing relationships with health services and cultural groups, notifying respite services of availability and the supporting of the new resident transition process.

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 has an efficient system in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home subscribes to an aged care specific legislation update service, a peak body service and receives Department of health and other government updates to ensure the home is up to date with regulatory requirements. The group has an operation plan which includes regular gap analysis to support this Expected outcome. Relevant changes in legislation, regulations and industrial information are identified, recorded discussed and distributed in minutes, memos and newsletters. The organisational management system routinely provides updates to regulatory compliance matters and the home has allocated the administrative officer to ensure flowcharts and other documentation is updated and distributed appropriately. Policies and procedures are amended in a timely fashion and education provided as needed. Staff interviewed said they are informed of changes to regulatory requirements through meetings and memos and staff practices are regularly monitored to ensure compliance with regulatory requirements.

Recent examples of the home's regulatory compliance relating to Standard 1 include:
- In 2008, brochures relating to the newly formed Commonwealth Government Complaints Investigation Scheme, have been sourced and made available to residents and visitors to the home. The team observed information advertising this scheme displayed around the home. The team also observed information to advocacy services displayed in the home and noted that an advocacy service recently attended a resident/relative meeting.
- The home has systems to support this outcome including the negotiated union collective agreement for nursing and non-nursing staff, job specifications and descriptions and their education program.

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 systems in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The home demonstrates that management of the home are committed to continuous learning. The home has a defined recruitment process, pre-requisite skills for job descriptions, orientation program, staff appraisals and access to an organised internal and external education program. The educator in consultation with the facility management team develop the education program for all staff and revises and updates the program to reflect management, staff and resident needs. The home has systems to ensure education is

available to staff working all shifts, with the development of education packs and education staff working flexible shifts as needed. A staff survey and staff performance appraisals are conducted annually with input into the education program. The results of surveys, audits, changes in regulatory compliance and observation of staff practice contribute to the development of the education program. Residents/representatives reported staff are caring, knowledgeable and perform their roles efficiently and effectively. The home also offers regular education for residents/representatives, prompted by their interest.

Recent examples of education relating to Standard 1 include:
- Staff have undergone training in the home's new documentation, reporting and management systems. Team building education has been recently provided to staff to support them following bereavement.
- 17 staff have attended an external course to support the introduction and management of the Aged Care Funding Tool.

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

Information on internal and external complaint mechanisms and the home's *open door policy* is discussed with each resident/representative on moving to the home and included in the resident handbook, the information package, resident agreement, the resident/relative newsletter, resident/relative meetings and displayed throughout the home. The home has systems in place to capture both formal and informal feedback and management showed the team documentation relating to informal comments. Residents/representatives interviewed said their comments and complaints are considered and responded to. The minutes of residents' meetings and the results of surveys show residents comments and complaints are recorded, displayed on notice boards, acted on appropriately and that feedback is provided in a timely manner. Management of the home informed the team that they continue to work closely with family members to develop relationships and support increased satisfaction. The team observed that the home has received many letters and cards of appreciation.

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 assessment team observed the home's philosophy of care and vision statements to be present in a number of documents including the staff and resident handbooks and clearly displayed throughout the home. Staff and residents and their representatives interviewed were aware of the homes vision and values statements. A strategic plan supports the development of the service. The team noted that the home has monthly group and facility management team meetings, where all major aspects of care and service are discussed.

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

Team's recommendation
Does comply

The home has appropriately skilled and qualified staff to ensure quality services delivery for all residents. The management team have developed policies and procedures to recruit, educate, support, monitor and manager employees. Feedback is sought and encouraged from all staff in determining work practices and duties when workloads change in response to resident needs and staff absences. Management have introduced unit team leader positions to further support care staff and the *buddy system* for new staff is used to promote knowledge and familiarity with residents' needs and the home's philosophy of care. All staff attend orientation to the home prior to commencing work. Residents and family members interviewed stated that staff are skilled and knowledgeable about their work and that staffing levels are generally adequate.

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

Team's recommendation
Does comply

The home has systems in place to ensure there are stocks of appropriate goods and equipment for quality service delivery available. A review of documentation including audits, surveys and meetings minutes show equipment purchases are prioritised and equipment is trialled before purchase. The team observed that management generally coordinate purchasing of goods and are able to approve purchases immediately. Residents/representatives and staff interviewed said there are sufficient stocks of goods and equipment available for quality service delivery seven days a week and the team observed ample stocks of goods and equipment in the home's storerooms and on site. Residents said the maintenance officer maintains equipment in good working order and staff reported external service providers respond promptly to maintenance and emergency calls.

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

Team's recommendation
Does comply

The home demonstrates that effective systems are in place to manage information. The group has a computerised management system, computer systems which provide security and back up, as well as hard copy manuals and documentation systems available to staff at all times. A review of documentation confirms that staff are kept up-to-date through a variety of systems including group and facility meetings, education sessions, written information including memos, electronic communication, memos and formal and informal discussion. The home has systems to manage the creation, usage, storage and destruction of information. Staff sign a confidentiality agreement on commencement of employment. Residents and/or representatives and staff interviewed told the team that they are kept well informed by management. The team noted that all

staff and resident records are kept locked to ensure security of access and confidentiality. Electronic information is password protected.

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 standard that meets the home's needs and goals. The group generally coordinates contracted services, providing additional resources to ensure service goals are met. The home monitors the performance of external contractors to ensure that external services are provided to meet its needs and quality goals through a system of feedback from residents, resident representatives and staff and regular audits. The team reviewed a selection of service agreements with external contractors and management reported that the use of service agreements is standard practice for external service providers. The home has a system for managing poor performance of suppliers. The home has a contractor induction/orientation system in place and contractor sign in/out books to monitor time on site.
Residents/representatives and staff interviewed told the team that they are satisfied with the products and services from external suppliers.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's recommendation
Does comply

As a result of the home's continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team noted improvements have been made in relation to Standard Two: Health and Personal Care. Recent quality improvements relating to Standard 2 include:

- The home has recently purchased barometric equipment following the identification of an increased need for suitable equipment. A shower chair and a wheelchair have been acquired to meet these needs.
- The home has reviewed their restraint policy, documentation and improved staff practice in this area. A physiotherapist reviewed all the residents at the home who were using restraint and made recommendations which have been carried out. The home supports a minimal restraint environment and has been able to reduce their restraint from 16 residents to four. The team observed the home's 'restraint free' dining room, where residents who have challenging behaviours are supported to have their lunch in a restraint free environment, with pleasant music playing. The team observed that allocated staff sit with residents and are able to assist them during meal times..
- As part of the home's review of expected outcome 2.13 they have introduced the 'safely home' program in association with the Alzheimer's Association. Residents with challenging and wandering behaviours wear name bracelets and the local police have information about residents identified with wandering risk. The home has recently installed key pad security to further increase security of residents and reduce wandering risk.
- The home has recently purchased an oximeter to monitor resident respiratory status. The team observed that training has been provided to registered nurses to support their management of this new initiative.

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 team's rationale for finding the home does comply to this expected outcome is based on the home's regulatory compliance system, referred to in expected outcome 1.2 Regulatory compliance. The home uses those processes to identify and implement a range of compliance measures relevant to Standard 2 Health and Personal Care. Recent examples of regulatory compliance relating to Standard 2 include:

- The home maintains records of current professional registrations of all staff and visiting health specialists,

- Infection outbreaks are reported to the Public Health Unit, NSW Health and appropriate guidelines followed to ensure quality care. The home's policy on administration of influenza and pneumococcal vaccines has been updated in line with recent NSW health directives.
- The home has introduced a flow chart, updated hard copy resources and amended safety flip charts to include information about absconding residents and notification requirements. Information has been provided to staff to support this initiative and their practice.
- A gap analysis has been completed on the home's compliance with the poisons and therapeutic drugs guidelines to ensure compliance with the home's medication management systems.

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

The team's rationale for finding the home does comply with this expected outcome is based on the home's systems to ensure staff have appropriate knowledge and skills referred to in expected outcome1.3 Education and staff development. The team verified the home uses these systems to identify and implement a range of educational measures relevant to Standard two: Health and Personal Care to assist the health care team achieve optimum levels of physical and mental health for residents. Recent examples of education relating to Standard 2 include:

- Mandatory education in elder abuse and reporting, manual handling and infection control is held annually in the home.
- The home has a range of competency assessments for nursing staff. Manual handling competency assessment is mandatory prior to commencement of work at the home, is attended annually and following any incident. Registered nurses and all care staff attend a range of competency assessments suitable to their role in the home.
- Care staff recently attended wound care management and continence management education
- In response to a resident suggestion education was provided to staff on stroke management. Education has also recently been provided on multiple sclerosis in response to resident needs.

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

Team's recommendation
Does comply

The home provides residents with clinical care which is appropriate to their needs and preferences. This is achieved by collecting information from personal history, initial assessment data, focus assessments, progress notes, referrals and clinical reports. Care is planned, delivered and evaluated with the input of staff, other health professionals, residents and/or their representatives. Each resident has a documented care plan which is reviewed in line with the home's policy and procedures. The clinical care processes reflect the clinical care that is delivered and ensures the home's consistency with meeting residents' needs and preferences. General observations are conducted and are reviewed regularly. A resident accident and incident reporting system is in place through which residents' accidents and incidents are reported, acted

upon, evaluated and reviewed. In addition the home's clinical care system incorporates a risk management approach to residents care. Residents with injuries and illnesses are receiving appropriate monitoring and clinical care reviews. An interim care plan is developed for new residents and respite residents. Staff interviewed demonstrated knowledge of individual resident care requirements. Information in relation to residents current care needs is verbally reported to staff through the 'handover reporting system' and documented through the clinical communication systems. Residents and/or representatives interviewed confirm that they are satisfied with the care provided. Comments included '*the staff are excellent, the staff are lovely, they look after me well, I am well cared for'.*

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 identify and meet residents' specialised care needs; this includes; educating staff to the appropriate level to deliver specialised care and ensuring that appropriately trained staff and equipment is available. Twenty four hour registered nursing care is provided and registered nurses co-ordinate assessments on the residents' specialised care needs. Registered nurses are responsible for the assessment, planning and management of residents specialised nursing care needs. Care plans are reviewed in accordance with the home's policies and are evaluated to ensure they meet the ongoing and changing needs of the residents. The home has access to specialised nurse consultants for referral and specialised care is provided according to medical and clinical orders. Staff interviewed demonstrate knowledge and understanding of specific residents' specialised nursing care needs, for example, wound care, complex pain management, tracheostomy care, catheter care and percutaneous feeding (PEG). Resident and/or representatives interviewed expressed satisfaction with the management of 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

Effective processes are in place that enable residents to receive timely and appropriate care from health specialists according to individual needs and preferences. There are systems in place for the provision of admission, regular and emergency medical practitioners' resident reviews. The group has contracted speech pathology and dietetic services for referral if the resident requires this service. Resident incidents and accidents, which resulted in resident injury, are investigated and appropriate clinical care/referral is provided such as contacting the doctor, first aid and/or transfer to hospital. Staff interviewed demonstrated an understanding of the referral system and staff have access to information on resident referral requirements. The team viewed information in relation to the referral to the appropriate health specialist and follow-up of referrals; for example: the dietician, optometry, podiatry, radiology, doctors, pathology, physiotherapy and dental. Residents and /or representatives interviewed expressed satisfaction with the access and choice of medical and clinical care.

2.7 Medication management

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

Team's recommendation
Does comply

There are effective systems in place to ensure that medication orders are current, residents are identifiable and resident medication requirements are documented including assessment of resident's cognitive level and physical requirements. Residents' medications are regularly reviewed and changes in medications are communicated and supplied in a timely way. The medication management system is monitored through the continuous improvement system, pharmacy reviews, medication incident reporting and through the medication advisory committee. Staff interviewed and observed demonstrated that medications are provided according to the home's medication policy and procedures including the assessment of residents who self-administer, provision of prescribed treatments, emergency stock requirements and management of scheduled medication. The team found that all medications reviewed are stored and administered in a safe and correct manner. The home provides education to staff on medication management and carries out regular monitoring and supervision of trained staff to ensure medication competency is current. Staff interviewed and observed demonstrated an understanding of administration of medications, routine monitoring of residents response to medication's and the reporting of medication errors. Residents and/or representatives are satisfied with the home's approach to and monitoring and managing of their medication.

2.8 Pain management

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

Team's recommendation
Does comply

Pain management is provided through the identification, assessment, exploratory investigations and evaluation of pain levels which are completed as required. Focus assessments include the identification of pain through non-verbal and verbal cues and interventions to manage and minimise pain levels is documented in the residents care plan. Evaluation and review of resident's pain control is conducted regularly. Regular consultation with medical practitioners; review by physiotherapist and observations/feedback from residents assist staff with the ongoing management and evaluation of residents' pain. Referral to medical specialists and/or other health care professionals to assist with pain management is undertaken as necessary. The home provides a range of treatment options for residents' pain management including positioning, physical therapy, massage, TEN's machine and medication management. Staff interviewed demonstrated an understanding of individual resident's pain management requirements. Resident and or representatives interviewed reported satisfaction with the care and assistance provided to minimise pain and residents interviewed and observed demonstrated that pain is being effectively managed.

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

Team's recommendation
Does comply

The staff and management at Guilford nursing home demonstrate that the dignity and comfort of residents who are terminally ill is maintained. Systems are in place to identify and put into practice end of life wishes and palliative care needs. Staff interviewed demonstrated knowledge and skills in the management of residents who have a terminal illness including skin care, pain management, cultural and spiritual needs and emotional support. The home has access to advice on palliative care from palliative care health professionals and a palliative care team. Funeral wishes and requirements are documented in most resident records reviewed. Consultation with the resident and/or representative, their preferred medical practitioner assists with the palliation of residents.

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

Team's recommendation
Does comply

Residents' dietary needs and preferences are obtained on entry to Guilford Nursing Home and this information is provided to the kitchen. Staff said they are aware of residents' levels of assistance, types of diet, food allergies, alternative textured diets and any specific behaviour associated with eating. Morning and afternoon tea and snacks are provided including fresh fruit. Information provided to the team showed strategies used by the home to monitor and care for residents with identified nutritional and hydration needs including the provision of special diets and extra fluids; supplements; referral to dietician, speech pathologist, provision of specific crockery, feeding assistance and the review of resident weights. Residents' weights are reviewed monthly and more often if required. Special dietary needs are catered for and staff said that residents with swallowing difficulties are referred to appropriate specialists. Residents and/or resident representatives expressed and demonstrated general satisfaction with the food and fluid services.

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

Team's recommendation
Does comply

The home has systems in place to ensure that skin integrity is assessed on admission to the home. Skin, nail and hair care needs are identified and incorporated into the care plan which is reviewed regularly. Monitoring and treating of skin irregularities and skin integrity incidents is undertaken. Regular review of skin, hair and nails is conducted by the clinical and care staff. Residents' receive specific and routine skin, hygiene, pressure area care, continence management and hair care needs. External providers such as podiatry, hairdressing and referral to wound/skin specialists are available and accessible. The team observed specialised equipment used to assist with maintaining skin integrity such as pressure relieving devices, specific manual handling equipment and the use of skin moisturisers. Skin breakdowns have wound/dressing charts

Name of home: Guilford Nursing Home RACS ID 2564
Dates of site audit: 27 July 2009 to 29 July 2009
AS_RP_00857 v1.4
Page 22

recorded and treatments provided by registered nurses. Staff interviewed stated they have sufficient supplies of skin care products and equipment. Residents and/or representatives interviewed indicated that they are satisfied with the skin care provided.

2.12 Continence management
This *expected outcome requires that "residents' continence is managed effectively".*

Team's recommendation
Does comply

Residents' continence is managed effectively through initial and focus continence assessments (voiding patterns, bowel management and toileting), care planning and the provision of individual toileting programs; bowel management programs, urinary catheter care and continence products. The home demonstrated an effective system for the management of continence aids, bowel habit recording, observations for urinary tract infections and for the management of resident changing urinary and bowel management requirements. Review of the complaints register demonstrated management responsiveness to the feedback from resident representatives in relation to continence management. There are systems in place for the assessment, usage and distribution of continence pads and training has been provided. Staff interviewed demonstrated an understanding of specific resident's continence requirements and knowledge of the systems and policies used at the home. Residents and/or resident representatives expressed satisfaction with the management of continence.

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

Team's recommendation
Does comply

Guilford nursing home has systems in place to effectively manage the needs of residents with challenging behaviours. Assessment, identification of triggers for behaviour and intervention strategies occur in consultation with residents and/or representatives, staff members, medical practitioners and/or other health professionals or teams as required. Referrals for the management of residents with challenging behaviours include reviews from medical practitioners and psycho-geriatricians according to the residents care needs relating to challenging behaviours. Staff interviewed described general and specific managements of residents' behaviour. The activity program provides for specific 1:1 and small group programs for residents with identified challenging behaviours. The home has recently reviewed its security in relation to residents with absconding and wandering behaviours. The home has a system in place to manage residents who abscond from the home and for the management of residents who require chemical or physical restraint. The home has recently improved the system for the management and monitoring for residents requiring physical restraint including a review of the system resulting in reduced physical restraint usage. Staff observed by the team, and interviews with staff demonstrates that care provided is consistent with appropriate behaviour management practices. Residents and/or representatives are satisfied that resident behaviours of concern are addressed

Name of home: Guildford Nursing Home RACS ID 2564
Dates of site audit: 27 July 2009 to 29 July 2009
AS_RP_00857 v1.4
Page 23

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

The home has systems in place for ensuring that optimum levels of mobility and dexterity are achieved for each resident including mobility assessments, the development of mobility and dexterity plans, provision of equipment and mobility programs. A physical therapy program is developed for all residents by the physiotherapist. Regular group exercises are provided and other recreational activities are provided which encourages dexterity. Resident manual handling assessments are conducted and the information is updated and accessible for all staff. There is a system in place for referral to medical, allied and other health professionals as required. Residents are encouraged to walk and to assist with their own activities of daily living as much as possible. Individual walking, mobility and dexterity programs are regularly conducted by the staff and the mobility nurse. The effectiveness of the program is assessed through physiotherapy assessments, in addition through the monitoring and review of incidents and accidents. Falls risk assessments are undertaken and residents are reviewed and monitored to prevent and/or reduce further falls. Staff interviewed discussed and demonstrated knowledge of resident's mobility and dexterity requirements. Staff are provided with education on manual handling and mobility and dexterity. Residents and/or representatives interviewed expressed satisfaction with the management of their mobility and dexterity.

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 system for ensuring that residents' oral and dental health needs are maintained; identified on admission, and includes consultation with resident and their representatives. Staff interviewed demonstrate knowledge of policy and practice in relation to the oral and dental care provided at the home including the cleaning of teeth, oral health care, and labelling of dentures. Resources are available such as oral cleaning products, oral swabs and toothpaste. Residents with their own teeth are encouraged, prompted and supported to undertake oral hygiene and teeth brushing. Resident and/or representatives interviewed indicated satisfaction with the care and services provided in relation to dental care. The home has access to dental services and residents are supported should they need to visit a dentist in the community.

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

Team's recommendation
Does comply

Guilford nursing home ensures that residents' communication requirements and sensory losses are identified through the assessment and care planning process. Optometry and hearing aid services are accessible and the home can access other specialist medical services if necessary. The home has access to an optometry service that visits the home. Staff interviewed indicated that '*they are familiar with procedures to assist residents with communication, sensory loss and with the care of resident's*

spectacles and hearing aid devices'. Programs that support residents with sensory loss include, the use of flash cards, notices to assist residents with their orientation to time and place; playing of music;' buddy bingo'; sensitivity tests when providing hot/cold packs and environmental/room surveys. Resident and/or representatives interviewed stated that they are satisfied with the care they received from staff in relation to their sensory losses and residents also indicated satisfaction with the care and services provided.

2.17 Sleep

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

Team's recommendation
Does comply

The home has systems in place to ensure that sleep patterns are assessed on entry to the home and at times when sleep difficulties are identified. Individual sleep management strategies are developed depending on residents' needs and preferences. These include maintaining usual settling and rising times, pain relief, music, regular toileting or provision of night continence aid and night sedation. Medication night sedation reviews are undertaken by the pharmacist. Staff are able to adjust the environment by keeping noise levels to a minimum, regulating heating, cooling and lighting to assist residents to have a good nights sleep. Residents' sleep patterns are monitored by the staff on night duty and sleep disturbances and interventions are recorded in the residents' progress notes. Poor sleep patterns are followed up by the day staff who may request a review by the resident's medical practitioner. Measures to assist residents who experience sleep difficulties include the assessment of challenging behaviours, provision of snacks, comforting, pain relief, and checking continence requirements. Residents/ resident representatives interviewed reported general satisfaction with the assistance and care given including assisting with their settling and sleep requirements.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team's recommendation
Does comply

Refer to Expected Outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement. Recent improvements relating to Accreditation Standard 3 include:

- The home has purchased a number of items to support their resident lifestyle including a televised interactive video game and audio entertainment for relaxation and enjoyment.
- New activities have been introduced at the home to enhance the variety and cultural aspects of this Standard including a regular Lebanese movie program, flower arrangement, international armchair travel, a 'Christmas in July' festivity and a men's program.
- Welcome baskets are provided to new residents to welcome them to the home and assist in their settling in process. This initiative was successfully trialled in another of the group's homes and now occurs across the group's homes.

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 information about the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle. Examples of regulatory compliance relating to Standard Three include:

- The home provides information to new residents or their representatives at the time of their admission to the home and formalises the agreement by the completion of the resident agreement. This agreement outlines the terms and conditions of residency or refers to the relevant legislation. Confidentiality agreements are in place for staff to sign in relation to disclosure of resident information. Private and confidential information is securely kept.
- Staff have been trained in elder abuse and are aware of their responsibilities for mandatory reporting if a case of resident abuse is suspected.

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 information about the home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The team verified through discussion with staff and management and document review that the home delivers education relevant to Standard Three that will promote residents' physical and mental health. Recent examples of education relating to Standard 3 include:

- The recreational activity staff have completed a first aid course to support their work.
- 12 staff have attended an external dementia course.
- An aged care advocacy service recently attended the home and provided training for staff and residents.

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

Residents and representatives interviewed expressed satisfaction with the assistance provided by staff to meet their initial and ongoing emotional needs. The home has systems in place to assess emotional needs of the residents through consultation with the resident and their representatives. Family and friends are included in activities and are encouraged to visit. Information is collected on entry and specific information is documented on care and lifestyle plans, which reflect resident wishes, interests and emotional needs. Information in relation to feedback from residents and representatives is gained through individual discussions, family conferences, clinical assessments and resident and relative meetings. Birthdays and special occasions are celebrated. Interviews with management and staff confirmed that all staff are encouraged to spend time talking and comforting and supporting residents. Care staff, volunteers and the activity staff provide one to one support. Observations of staff with their interactions with residents and with the resident representatives demonstrated sensitivity and a caring attitude.

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

Residents and their representatives interviewed expressed satisfaction in the way they are assisted in maintaining their independence as much as possible and to participate in the life of the community outside of the home if they are able. The home has systems in place to encourage physical, financial and social independence though consultation with resident and their representatives. Residents' independence are

Name of home: Guildford Nursing Home RACS ID 2564
Dates of site audit: 27 July 2009 to 29 July 2009
AS_RP_00857 v1.4
Page 27

supported in all aspects of their lives including, participation in the physical therapy and recreational program, ascertaining residents voting requirements, residents right to refuse treatment and the ability to take informed risk is respected. A care plan that contains strategies for meeting residents' independence in all aspects of their lives is in place and is regularly reviewed. Staff facilitate regular outings in the community, arrange regular entertainers to the home, and encourage residents to maintain their independence for as long as possible. Representatives from the Community Visitors' Scheme visit residents at the home. The team reviewed strategies developed to assist individual residents maintain independence, friendships and participate in the life of the community within and outside the residential care services.

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

All residents and their representatives interviewed stated that staff recognise and respect residents' right to privacy, dignity and confidentiality. This was also confirmed by observations of staff delivering care and their interactions with residents. Documents reviewed showed that residents' privacy, dignity and confidentiality is discussed during orientation, and also showed that staff sign privacy agreements. Residents are provided with a privacy policy statement and the home obtains consent from the residents to use their personal information. The home has some single rooms available and there is a quiet area available at the home. The team also observed that residents' records are kept secure. Information of a confidential nature is stored in a restricted access areas and verbal handover between care staff is being conducted away from resident accommodation areas in the nurses' station

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's activity program consists of group and individual activities, regular outings, special events, specific groups (men's and ladies groups), cultural, cognitive and physical activities and visiting entertainers. The activity program is run seven days a week under the supervision of the diversional therapist.l Residents and/or resident representatives interviewed were generally happy with activities and understood that they could choose to participate in the activities. The program provides for residents with a number of deficits such as memory loss, dementia, physical impairment, visual and hearing lost. The program is developed and reviewed from the diversional therapy assessment, individual discussions with residents; evaluation through the diversional therapy and activity officer review; and requests and suggestions from residents and their representatives. A calendar informs residents of the seven day a week program and it is displayed on notice boards and a weekly program is given to each resident for their reference. The company provides a bus on a regular basis and residents enjoy travelling to a variety of destinations. The team observed the activity program on display, and being conducted. The team observed residents engaged in a variety of activities during the accreditation visit.

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

All residents and/or representatives interviewed stated they were satisfied that residents' cultural and spiritual backgrounds are valued. The home's system identifies residents' social, cultural and spiritual needs on entry to the home in consultation with residents and their representatives. Specific cultural days are commemorated such as Australia day and Easter and communion and church services are held onsite. Cultural diversity is also recognised within the activity program, for example the home has recently introduced a regular activity for resident from a Lebanese background and a 'travel adventure activity' has been introduced which highlights and celebrates the culture from various countries. The home has access to ministers from different denominations who visit, pastoral care is available and a volunteer group regularly visit the home to provide spiritual support and friendship. Staff explained that access to an external interpreter service is available, and a list has been complied a list of staff who are able to interpret as required. The team observed access to information in appropriate languages if required.

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

Interviews with residents and resident representatives identified that residents are generally satisfied with the choices available to them. The systems in the home offer residents choice and control over their lifestyles through case conferencing meetings, one to one feedback, care plan reviews and resident/relative meetings such as the activity conference meeting. Residents can choose to participate in activities of their choice, complete a food likes and dislikes form and can furnish their rooms with their own belongings. The 'charter of residents' rights and responsibilities' is available and displayed. Voting preferences are documented. The home also encourages residents and resident representatives to participate in decisions about the services they receive by encouraging them to complete a comments and complaints form. Information packs are given to the residents/resident representatives and the information is discussed with individuals which allows them to make informed choices about the services provided by the home.

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

Team's recommendation
Does comply

A resident agreement is offered to all residents at the time of entry to the home. The agreement includes information for residents about their rights and responsibilities (including security of tenure and the charter of residents' rights and responsibilities). A family conference checklist is completed during the admission period. Residents are

consulted regarding changes in room or alternative accommodation should the need arise. Residents interviewed stated that they are aware of their security of tenure and rights and responsibilities. The 'Charter of Resident's Rights and Responsibilities' is discussed with new residents and their family.

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

As a result of the home's continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team noted many improvements have been made in relation to Standard 4. Recent quality improvements relating to Standard 4 include:

- The home has recently increased security to the home with the installation of keypad access to the home.
- The home has improved infection control initiatives including the placement of disposable masks and sanitizing gel throughout the home and increased infection control information availability to visitors to the home. The team observed notices in the home's lift and on notice boards relating to infection control practices and department of health releases. The team observed increased infection control education and information available to support staff in their work.
- Non slip trays were trialled and are now in common use to support placement of resident televisions and increase safety in resident bedrooms.

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

The team's rationale for finding the home does comply to this expected outcome is based on the home's regulatory compliance system, referred to in expected outcome 1.2 Regulatory compliance. The home uses these processes to identify and implement a range of compliance measures relevant to Standard Four Physical environment and safe systems. These include:

- The home has fire certification certificates on display and NSW food authority compliance. The team observed information relating to food safety and vulnerable populations.
- The team observed a comprehensive organisational gap analysis of the group's infection control policy to support compliance with this expected outcome.
- The team observed the home's environmental and fire safety audits which support compliance with this Expected outcome.
- The team observed that all members of the occupational health and safety committee have attended a four day training course to support this role. The team noted that the fire safety officer holds a current fire safety officer, level one certificate.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. The team's rationale for finding the home does comply with this expected outcome is based on the home's systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Standard 4: Physical environment and safe systems. Recent examples of education relating to Standard 4 include:

- All nursing staff have undergone competency assessment in manual handling and handwashing/infection control. Additional infection control education has been provided including cough etiquette and swine influenza.
- The home conducts mandatory OH&S training programs for all staff at orientation, annually and as needed.
- The home provides at least two mandatory fire, evacuation and emergency training sessions for all staff per year. The fire officer has completed a fire safety officer certification, level one**.**
- A total of 14 staff, including all catering and housekeeping and some care staff have completed Certificate III in hospitality operations recently.

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

Team's recommendation
Does comply

The home provides a living environment that is homelike, safe, comfortable and consistent with residents' care needs. Residents are encouraged to personalise their rooms as much as possible. The home has a sunny aspect with garden areas, an out door seating area and a designated smoking area. All external doors and gates have key pad secure assess for resident security. Residents interviewed said the home is safe and comfortable and management generally consider their suggestions for improvement to the home. A review of documentation and discussion with management demonstrate they are actively working to provide a safe and comfortable environment. Regular environmental audits, surveys, accident/incidents and hazard reporting is carried out and the results are discussed at resident and staff meetings for inclusion in future planning.

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. Interviews with management and staff indicate the home has

systems to help ensure a safe working environment is provided for all members of staff, visitors and residents. The home has systems in place to help promote work place safety and awareness that includes education during staff orientation and on an ongoing basis, manual handling training, discussion of occupational health and safety and risk issues at meetings, environmental audits, incident and accident reports. A review of audits and surveys show maintenance staff and external providers provide regular preventative and routine maintenance on all equipment and staff are trained in the appropriate use of equipment. The team noted issues identified by staff through the risk management system are followed up and actioned appropriately and in a timely manner. Staff and residents said they are supported and encouraged by management to report potential and actual risks within the home and these are addressed appropriately in a timely manner.

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 home has systems in place to ensure the safety and security of residents, staff and others visiting the home. These include regular checks of equipment by staff and licensed contractors, security and lock up procedures and mandatory emergency, fire and evacuation education and training for staff. All staff interviewed demonstrated a sound working knowledge of fire, security and emergency policies and procedures. Corridors are uncluttered, exits and evacuation points are clearly signed and chemicals are signed and securely stored. The home is secured at night. Residents/representatives interviewed said they feel safe in the home and are confident staff know what to do in an emergency and could locate exits and evacuation points.

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

Team's recommendation
Does comply

The home has an effective infection control program that includes flowcharts, policies and procedures, monitoring resident infections, management of contaminated waste, safe food handling practices, cleaning and laundry procedures and staff training. Infection control education is provided to all new staff at orientation and on an ongoing basis. Infection control measures are in place including standard precautions, the use of protective clothing and equipment and immunisation programs. Staff interviewed demonstrated an understanding and knowledge of infection control procedures; had generally availed themselves of the home's immunisation program and were observed to be following infection control guidelines during the visit. The home regularly collects and analyses resident infection information to plan improvements and ensure quality care for residents. The team observed that the home has minimal infection rates. The team reviewed the home's outbreak management system. The home has policies, procedures, staff education and equipment to support their infection control and outbreak management program.

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

Team's recommendation
Does comply

The home obtains information regarding resident's needs and preferences on moving to the home and actions are taken to monitor hospitality services to ensure they enhance residents' quality of life and staff working environment. The home has a housekeeper manager who oversees the hospitality service. Hospitality staff, although generally designated specific roles, are multi-skilled and able to support other areas of service. Staff interviewed are knowledgeable about their work and committed to the residents' wellbeing.

Catering
The catering contractor has a food safety program in place, has a NSW Food Authority licence on display and conducts regular audits to monitor compliance and service provision. There has been a recent menu review where residents were able to provide information about choices and preferences. The cook informed the team all meals are prepared on site and the home offer choice and careful attention is paid to presentation, residents' preference and portion size. The team observed cheerful mealtimes in the dining areas. Residents requiring assistance were not hurried and special equipment was provided as needed. The home adheres to a food safety program and the menus are rotated monthly. Residents interviewed said they were happy with the meals provided at the home and snacks and drinks are available during the night as requested.

Cleaning
The home has flowcharts to support their cleaning program. The cleaning service is regularly monitored and audited. Interviews with cleaning staff and observation of the home show the home adheres to a rigorous cleaning schedule and staff receive training and supervision. Cleaning staff were observed to wear protective clothing and use appropriate colour coded equipment according to task. Resident/representatives interviewed said they were happy with the way cleaning was carried out at the home and staff were always courteous and efficient.

Laundry services
Residents/representatives interviewed said they are satisfied with the laundry services at the home and all clothing is cared for and returned in a timely manner. The team observed that the laundry is well equipped. The home provides resident labelling system to minimise lost clothing. Staff interviewed are knowledgeable about their position and resident likes and preferences.