



Standards and Accreditation Agency Ltd

## **Decision to Accredite Hawkins Masonic Village Nursing Home**

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

The Agency has decided that the period of accreditation of Hawkins Masonic Village Nursing Home is 3 years until 6 May 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 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:	Hawkins Masonic Village Nursing Home		
RACS ID:	2614		
Number of beds:	29	Number of high care residents:	29
Special needs group catered for:	Nil		
Street/PO Box:	Northville Drive		
City:	EDGEWORTH	State:	NSW
		Postcode:	2285
Phone:	02 4946 3205	Facsimile:	02 4958 1255
Email address:	agm@rfbihawkins.org.au		

### Approved provider

Approved provider:	Royal Freemasons' Benevolent Institution of NSW Nominees Ltd
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### Assessment team

Team leader:	Kay Louise Greentree
Team member/s:	Annette Fitzpatrick
	Sandra Heathcote
Date/s of audit:	17 February 2009 to 20 February 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
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Does comply
Does comply
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Does comply

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

## Accreditation decision

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Agency findings</b>
Does comply
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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	Hawkins Masonic Village Nursing Home
RACS ID	2614

### **Executive summary**

This is the report of a site audit of Hawkins Masonic Village Nursing Home 2614 Northville Drive EDGEWORTH NSW from 17 February 2009 to 20 February 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 Hawkins Masonic Village Nursing Home.

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 17 February 2009 to 20 February 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:	Kay Louise Greentree
Team member/s:	Annette Fitzpatrick
	Sandra Heathcote

## Approved provider details

Approved provider:	Royal Freemasons' Benevolent Institution of NSW Nominees Ltd
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## Details of home

Name of home:	Hawkins Masonic Village Nursing Home
RACS ID:	2614

Total number of allocated places:	29
Number of residents during site audit:	29
Number of high care residents during site audit:	29
Special need catered for:	

Street/PO Box:	Northville Drive	State:	NSW
City/Town:	EDGEWORTH	Postcode:	2285
Phone number:	02 4946 3205	Facsimile:	02 4958 1255
E-mail address:	agm@rfbihawkins.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Hawkins Masonic Village Nursing Home.

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.

The assessment team recommends there should be three support contacts during the period of accreditation and the first should be within 12 months.

### 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 four days on-site and gathered information from the following:

#### Interviews

	Number		Number
General manager	1	Residents	10
Assistant general manager	1	Relatives	1
Care manager/ infection control coordinator	1	Recreational activity officer	1
Registered nurses	3	Laundry staff	1
Quality coordinator/ occupational therapist	1	Cleaning staff	2
Catering staff	2	Maintenance manager	1
Self care manager	1	Education coordinator	1
Maintenance staff/ occupational health and safety committee chairperson	1	Catering manager	1
Hotel services manager	1	Aged care funding instrument coordinator	1
Care staff	4		

#### Sampled documents

	Number		Number
Residents' files including assessments, progress notes, care plans and medical notes	5	Medication charts	15



Summary/quick reference care plans	5	Performance management records including progress notes	4
Resident agreements	3	Accident/ incident forms	12

### Other documents reviewed

The team also reviewed:

- “Stat box”
- Accident and incident forms
- Accident/ incident documentation chart
- Activity officers meeting minutes
- Activity programs, records of attendance and evaluation forms
- Activity risk assessment for outings form
- Advanced care planning directive form
- Aged care facility pharmacy tender document
- Agency induction book
- Annual leave requests
- Assessment /care plan summary
- Audit schedule
- Catering delivery record
- Catering staff duties list
- Chemical contract
- Clinical care policy and procedures manual
- Comments and complaints forms
- Comments, complaints and suggestion register
- Communication diary - servery
- Community visitors – friends for older people folder
- Community visitors scheme resident profile information sheet
- Comprehension medical assessment
- Continence folder
- Continuous quality improvement meeting minutes
- Contractor manual
- Contractor services schedule
- Contribution to care plans – general practitioner
- Criminal record check renewal list
- Daily checklist for restocking chemicals
- Daily cleaning schedule – laundry
- Daily food temperature monitoring chart
- Diabetic charts
- Dietary assessments
- Education attendance sheets
- Education calendar 2008 and 2009
- Elder abuse policy
- Emergency flipchart guides
- Emergency operating procedures
- Employee assistance program information brochure
- Evaluation of logs
- Facsimile orders for wound management product
- Form for staff for influenza vaccination
- Handover sheets and communication diary
- Health care data base and summary sheets

- Improvement log reports
- Infection control incidences and criteria for reporting form
- Infection control register
- Infection data
- Influenza and pneumococcal resident/ staff register
- Job descriptions
- Kitchen maintenance program – dishwasher temperature record
- Laundry notification form
- Laundry service reports
- Letter to staff re non attendance at mandatory training sessions
- Linen change day guide
- Management committee meeting minutes
- Management committee report – maintenance manager
- Management committee reports – education coordinator, occupational health and safety representative, quality coordinator, resident care scale/ aged care finding instrument coordinator, assistant general manager, hotel services, catering, maintenance manager
- Management of personal information policy
- Management team unwritten ground rules
- Manual handling instruction guides
- Medical officers communication and contact detail folders
- Medical referrals, psychogeriatric and mental health unit, podiatry, physiotherapy, optometry, pathology, medical imaging, ulcer clinic, speech pathologist, audiology, pharmacy, continence clinic and dieticians
- Medication charts and nurse initiated charts
- Medication incident form
- Medication review and management notes
- Mission and values statement
- Monthly family conference checklist
- Multipurpose charts
- Need for bedrail consent form
- Nurse call point test log
- Nurses registrations
- Observation book summary folder including, care needs, monthly observations, personal care charts and behaviour chart
- Observation charts including weights, temperature, pulse, blood pressure, blood sugar levels, ear, foot, fingernails, hair/scalp, oral/lips, teeth and skin
- Occupational health and safety committee meeting minutes
- Occupational health and safety environmental audit
- Occupational health and safety inspection schedule
- Occupational health and safety manual
- Occupational health and safety policy
- Organisational newsletter
- Organisational procedures and guidelines manual
- Pain monitoring chart
- Pay roll adjustments
- Performance management procedure guide
- Personal care chart
- Pharmacy order form
- Plan for continuous improvement 2006 - 2009
- Podiatry charts
- Preventative maintenance program
- Procedures for using spill kits
- Registration of staff signatures,
- Resident and relative handbook

- Resident assessments and care plans including speech and comprehension, mobility, personal hygiene, continence, toileting, behaviours, nutrition, complex health care, physiotherapy, podiatry, risk, pressure care risk, social and human care, medications, sleep, pain, diabetic, wound, depression and lifestyle
- Resident consent form including, travel, photographs and alcohol
- Resident hospital discharge letters
- Resident menu forms
- Resident social profile
- Resident's meeting minutes
- Restraint assessment form, monitoring chart and authorisation
- Risk assessments
- Room cleaning schedules
- Royal Freemasons Benevolent Institution 2007 – 2012 plan
- Safe operating procedures
- Schedule eight medication register and schedule four recording book
- Servery maintenance program
- Service provider review
- Staff guidelines
- Staff meeting minutes
- Staff orientation and induction checklist
- Staff orientation notes
- Staff orientation program
- Staff roster
- Staff training program 2008 and 2009
- Summary of accidents/ incidents
- Summary of audits and actions
- Temperature control record – cooking, hot food, reheating
- Temperature record – fridge, freezer, dishwasher, bain marie
- Temperature records – laundry
- Terminal care wishes
- Training program 2008 and 2009
- Unscheduled maintenance breakdown register
- Village inspection schedule
- Wait lists – are you needing hostel or nursing home care? Information leaflet
- Wandering identification chart
- Work schedules – cleaners
- Wound charts
- Wound policy and procedure

### **Observations**

The team observed the following:

- “Our commitment to privacy” information displayed
- “Positive moments” noticeboard
- Activities in progress including quizzes, newspaper reading and bingo
- Aged care complaints investigation scheme brochures
- Aged care rights service brochures
- Annual fire safety statement displayed
- Assistive aids, cups, plate guards and cutlery
- Breakout box
- Charter of residents' rights and responsibilities displayed
- Chemical spill kit – laundry
- Cleaners room
- Clinic room and refrigerator

- Colour coding guides and colour coded equipment
- Continence aids in various sizes
- Dirty utility rooms
- Electoral enrolment brochures
- Emergency evacuation plans
- Emergency procedures flip chart
- Equipment and supply storage areas including medical stores and equipment
- Equipment including mechanical lifters, wheelchairs, raised toilet seats, walking frames, bed frames, spa bath, high low beds, pat slide, bed rails, water chairs and weigh chair
- Fire blankets
- Fire detection equipment
- Hairdressing salon
- Hand washing sinks and hand washing guide
- Interactions between staff and residents
- Interpreter service brochures
- Living environment, dining room, lounges, gardens and gazebo
- Maintenance information whiteboard
- Manual handling charts in resident cupboards
- Material safety data sheets
- Meals being served to residents
- Medical practitioner rounds in progress
- Needle stick exposure guide
- Nurse call system
- Outbreak kit
- Palliative care room
- Personal protective equipment
- Raised garden beds
- Resident cabinets with locked drawers
- Resident communication cards
- Resident computer, phones and newspapers
- Resident library
- Resident medication rounds in progress
- Resident one and two bed rooms with ensuites
- Residents files secured
- Sharps containers
- Spill kits
- Staff handovers
- Staff knocking on resident's bedroom doors
- Staff wearing personal protective equipment
- Storage of medications, medication charts, residents individual supplies, locked medication trolleys, schedule eight register
- Suggestion box
- Water cooler and drink machine
- Wound management product information guide displayed in treatment rooms
- Wound/ treatment trolley and single use equipment and supplies

## **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 has a sound management system that ensures the active pursuit of continuous improvement across the home and across all Accreditation Standards. The residents’ needs and preferences are the basis for continuous improvement actions as determined during residents and relatives meetings, through the complaints system and continuous improvement logs. The continuous quality improvement coordinator facilitates a system of auditing and self assessment as well as logging and directing suggestions to the appropriate meeting or forum for discussion and actioning. The homes continuous improvement log, which ensures that opportunities are not lost, illustrates improvement activity that is planned, actioned and feedback is provided to the source of the improvement opportunity and all stakeholders. Interviews held with staff identified that they are integral to the homes continuous improvement processes by their active involvement in making suggestions for improvement and by management seeking their input during all stages of the process. Examples of improvements made at the home relating to Accreditation standard one include:

- A project commenced four years ago to examine the workplace culture across the home looking at the “unwritten ground rules” based on information provided during compulsory staff workshops. The workshops also gave the staff an opportunity to decide collectively what the workplace culture that they would like is, and how they might achieve this. The management team were also given this opportunity to develop their own culture. This project has recently been evaluated to determine what are now the “unwritten ground rules” and workplace culture operating within the home and what remains to be achieved. The results have been that better communication is in place across all levels of the organisation, the staff believe there to be improved team work and a management team that listens and is supportive and responsive to the staff.
- The continuous quality improvement coordinator now attends the residents and relatives meetings so that feedback from the residents and relatives can be immediately captured as a continuous improvement log.
- A review of the complaint form has led to the inclusion of a numbering system so that information is kept according to the complaint number and the risk of losing information is reduced.
- The care manager has a locked mail box outside of the office to provide an opportunity for staff or residents and their representatives to submit confidential information or feedback.
- “Pigeon hole” shelving has been installed in the staff room so that written information can be distributed individually to the staff.

- A two way radio system has been installed at the home for communication in the event that telephone service is unavailable. The staff are trained to use the equipment as well as instruction on communication strategies for use over the radio that protects the confidentiality of the residents and the security of the home.
- As a result of feedback from the residents and relatives meeting the newly reviewed resident handbook has been distributed to all existing residents as well as on entry to new residents.

## 1.2 Regulatory compliance

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

### Team’s recommendation

Does comply

The home’s parent organisation have systems in place, along with the home’s management team to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Information is received through membership to peak bodies, subscription to legal information services and the information is disseminated through the assistant general manager to the relevant committee for discussion, policy review and implementation. Changes to policy and practice are documented and available in the appropriate manuals, memoranda are distributed and education sessions are conducted to ensure the staff are aware of the changes. Information is also given to residents and their representatives via direct mail outs, articles in the resident newsletters and information provided at the residents meetings. The home conducts audits to ensure compliance with the system of ensuring regulatory compliance on a regular basis. Evidence of regulatory compliance applicable to Accreditation Standard one includes:

- The elder abuse legislation has been implemented with staff attending compulsory training and receiving information about mandatory reporting requirements and criminal record checks completed for staff prior to commencing employment. A register has been developed so that the management team are aware of impending renewal dates for criminal record checks.
- Changes under the Aged Care Act 1997 effective from 1 January 2009 have been implemented in regard to notification of missing residents to the police Department of Health and Ageing.
- Accreditation site audits are discussed at residents’ meetings, included in the newsletter, notices of impending audits are displayed prominently throughout the home and letters are posted to residents’ or their representatives.

## 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

A review of documents and interviews with staff confirm that both management and staff have appropriate knowledge and skills to be effective in their roles. The recruitment and selection of staff involves not only specific skills and knowledge required for the position as documented in the job descriptions but also takes into

consideration their ability to work within the home's developing culture. New staff are led through an orientation program that involves specific information about the organisation and its policies and practices as well as providing an opportunity for new staff to work along side more experienced staff for at least two work shifts. The education and training program is managed by the education coordinator who works three days per week. The performance management system gives the managers an opportunity to review the skills and knowledge of each staff member and plan for their education and training needs in the future. Other mechanisms for providing information regarding the training needs of the staff include the auditing program, comments and complaints mechanisms and any changes in regulations and legislation. All education, internal and external, provided to the staff is evaluated and feedback from the staff is used to improve the sessions or to prompt further training.

Education and training provided to the management team and staff relevant to Accreditation standard one includes the aged care finding instrument, customer service and residents' rights, continuous improvement, the recruitment program, team work and managing teams, elder abuse: protecting residents, workplace assessor and trainer accredited course, payroll education and computer training.

#### **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

Residents, their representatives, staff and other stakeholders have access to an effective complaints mechanism both internally and externally to the organisation. Interviews held with residents and their representatives generally expressed knowledge of the complaints system and felt comfortable in approaching the staff directly if they had any concerns. Information about both internal and external mechanisms are provided to residents in the residents' agreement, residents' handbook and complaints management system information is displayed throughout the home. The information is available in several languages and suggestion boxes and complaints forms are located in the foyer. The care manager addresses all complaints in the first instance and then reviewed by the assistant general manager once logged in the complaints register. Review of documents and interviews held with staff identified that the staff were knowledgeable about the complaints mechanisms and could direct residents appropriately.

#### **1.5 Planning and leadership**

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

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

Does comply

The home's documented mission and values statement was developed during the organisations strategic planning and includes an emphasis in providing quality services. This document is displayed throughout the home, contained within the resident's and staff handbook, procedure manuals and the residents agreement.

## 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

Appropriately skilled and qualified staff are employed at the home to ensure that care and services are delivered according to the home's philosophy and objectives. The staffing levels are determined taking into consideration budgetary restrictions and resident dependency levels and care needs. The staff roster is flexible to maintain staffing levels and includes casual and permanent part time staff to relieve staff when on leave. The home's staff are supervised by the care manager and registered nurses rostered 24 hours a day. When recruiting new staff the home uses newspaper advertisement as well as consideration given to trainees that have completed work placement. The home monitors the registered nurses authorities to practice and all staff have had criminal record checks prior to commencement. An orientation program is in place for all new staff that includes a generic one day program covering information regarding the organisation and compulsory information including elder abuse legislation, infection control, occupational health and safety as well as information about the services available to staff such as an employee assistance program. Documented position descriptions and duties lists are accessible by all staff. The management team monitor the staff by having annual performance management discussions which assists in establishing training and development needs. Residents interviewed stated that the staff are available to attend to their needs in a timely manner.

## 1.7 Inventory and equipment

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

### Team's recommendation

Does comply

The home ensures that there are appropriate stocks of goods and equipment for quality service delivery. Where appropriate equipment is tested and a risk assessment is completed prior to purchase and implementation within the home. The managers are responsible for the ordering of consumable stock such as food items, medical stores and continence aids. The home monitors the condition of goods and food supplies provided and mechanisms are in place for the return of faulty or damaged stock. Adequate storage areas are available and were noted to be well stocked of goods and equipment. A preventative maintenance program is in place across the home and includes all equipment which ensures that equipment is kept in working order. The staff interviewed stated that there is always enough goods and equipment for them to do their jobs effectively and are complimentary of the responsiveness of the management team to their requests for additional equipment or supplies.

## 1.8 Information systems

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

### Team's recommendation

Does comply

Through the review of documents, interviews held with residents and/or their representatives and interviews with staff, the team confirmed that an effective



information system is in place within the home. Information for residents is provided in the residents agreement, resident's handbook and in the resident's newsletter and ongoing information is provided by information noticeboards. The home maintains a computerised system that includes an intranet site for information sharing and policy and procedure manuals are accessible in all work areas. The continuous quality improvement coordinator manages the document control system to ensure that all manuals have up to date information and are reviewed on a regular basis by the appropriate person or team. Paper based files are stored securely to protect the residents' confidentiality. The staff are kept informed through meetings, notice boards and memoranda.

## **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

All externally sourced services are provided in a manner that meets the home's quality goals. Formal documented agreements are made with external service providers at an organisational level as well as the local level. The contractors are assessed on a regular basis to ensure that feedback is received from relevant stakeholders of the performance of the contractor. Examples were given to the team where contractors have not met their obligations of the service agreement and the contracts were terminated. All contractors that work onsite have had criminal record checks in accordance with the terms of the service agreements. Interviews held with the management team and staff identified that they are happy with the service provided by contractors and that they had input into the contract review processes where applicable.

## **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 team's rationale for finding the home does comply to this expected outcome is based on the home's continuous improvement system, referred to in expected outcome 1.1 Continuous improvement.

The home uses processes to identify and implement a range of continuous improvement measures relevant to Accreditation Standard two: Health and personal care. These include the following examples:

- The home has developed a policy and procedure manual for wound management. The wound management policy is intended to reflect current best practice guidelines for staff to follow.
- Some of the clinical assessment tools used to assess the care needs of residents on entry to the home and on an ongoing basis have been replaced with tools that provide specific clinical information required for funding purposes.

### **2.2 Regulatory compliance**

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

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

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details about the home's system for ensuring regulatory compliance.

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

- The home monitors registrations and authority to practice records for registered nurses as well as external service providers.
- The home maintains a register of schedule eight dangerous drugs according to the poisons legislation.

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

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

#### **Team’s recommendation**

Does comply

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

Education and training provided to staff relevant to Accreditation standard two includes bowel management, dementia care, pharmacology, falls prevention, depression in the elderly, medication administration, continence link nurse training, wound management and skin integrity, first aid training, pain management, clinical assessment, chronic heart failure, palliative care and responding to behaviours.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The home has comprehensive systems in place to assess, identify, monitor and evaluate residents’ individual care needs on entry to the home and on an ongoing basis. Information obtained from residents and representatives when residents move into the home, together with a range of focussed assessments are used to prepare individual care plans. Interviews and a review of documentation confirm that care plans are reviewed every three months or as necessary to ensure that the care provided is up-to-date and effective and residents are regularly seen by their treating medical practitioners’. Residents and representatives interviewed by the team expressed satisfaction with the care provided and advised that they have the opportunity to attend case conferences. Staff training and competency assessments are completed to address issues relating to resident care and where appropriate consultants are accessed to support staff and provide advice regarding specific care issues. The provision of care is monitored via audits, surveys, collection of key performance indicators and the comments and complaints mechanisms. The home has access to the local medical practitioner after hour’s service and, if needed, residents are transferred to hospital for emergency treatment or to meet specific care needs.

### **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

The home has systems in place to identify and meet residents’ specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with residents and their representatives, and with input from other health professionals as required. Registered nurses are rostered over the twenty four hour period to oversee specialised care needs as required. Residents’ documentation confirmed that they have been referred to a range of allied health professionals and other specialists to assist the home manage residents’ complex and specialised needs. Staff training is provided to address specific care needs, for example wound care, dementia, pharmacology and continence.

Ongoing competency assessments ensure that staff skills and knowledge are up-to-date. Residents and representatives interviewed by the team indicated satisfaction with the care provided by the home.

## **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

The home has systems in place to ensure referral to appropriate health specialists occur in accordance with the resident’s needs and preferences. Referrals occur as is needed, with transport provided by residents’ representatives or as arranged by the home with a carer as an escort. The home also organises health and related service visits to the home including but not limited to, dietician, psychogeriatrician, the aged care assessment team, optometry, physiotherapy, podiatrist and palliative care services. Residents have a choice of medical practitioners who visits the home regularly. A review of residents’ documentation confirmed that residents are referred to a range of health care specialist for advice, assessment, treatment and review, and that appropriate changes are documented and implemented as a result. Residents and representatives interviewed by the team indicated that they are satisfied with the arrangements for referral to appropriate health and related specialists.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has effective systems in place to manage the ordering, storage, administration, recording and review of medications. Medication incident reporting is conducted with internal and external auditing of the systems. The home uses a blister pack system and liaison with the supplying pharmacist ensures that new or changed medications are supplied promptly. Medications are stored in locked cupboards or the locked medication trolley and are administered by the registered nurses, endorsed enrolled nurses or care staff that have been assessed as being competent. The team observed safe and correct medication administration and staff displayed understanding of the home’s medication management system, policies and procedures. Review of medication charts indicated that they are appropriately documented and contain relevant information and identification of residents. A random check of medications indicated that all medications in use are within the expiry dates and temperatures of medication refrigerator are recorded daily and within the acceptable range of safe medication storage. Residents and representatives indicate that they are satisfied with care provided, including medication management.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

There are systems in place to identify, manage residents’ pain and evaluate pain management strategies that ensure residents are as free as possible from pain. This includes initial and ongoing pain assessment using observation, discussion, and pain

assessment forms. Residents who are prescribed medication pain regimes are on pain monitoring charts located in the medication folder. A range of pain relieving strategies is used and appropriate pain evaluation and referral to health professional are available as required. Care staff interviewed by the team are able to describe their role in pain management, including identification and reporting of pain to the registered nurse for reviewing. Residents and representatives interviewed by the team confirm that pain management appropriately meets their needs and pain relief can be accessed as required.

## **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 home has systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. The care staff involve resident and representatives in care planning to ensure that physical, emotional, cultural and spiritual needs and preferences are identified, documented and implemented. An advance care planning directive is provided to residents and representatives and discussed on entry and at family conferences to identify the resident’s end of life wishes. The home has access to palliative care services, if needed, and residents are supported to remain in the home in the event of requiring palliation. Pastoral care services are available to support and counsel terminally ill residents and their representatives if required. The home has a room that includes a bed, television and ensuite so the resident’s families can stay close to the resident receiving palliative care if they wish. Care staff confirmed a range of intervention employed when caring for terminally ill residents to ensure their pain is managed and that their comfort and dignity is maintained.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The home has systems in place to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents’ dietary preferences and requirements. A dietician regularly reviews menus and is available to provide advice about special dietary requirements, and residents are referred to a speech therapist if they require a review of swallowing difficulties. Residents are weighed monthly to monitor changes, and significant weight loss is investigated and appropriate action taken. Additional nourishing fluids, dietary supplements and assistive devices are provided when a need is identified. Residents are encouraged to maintain hydration with drinks provided, and in hot weather, additional fluid rounds are supplied as well as a water cooler available at the home for all residents to use if they wish. Residents and their representatives interviewed by the team indicate satisfaction with the meals and confirm they are able to have input into menus via resident meetings, comments and complaints mechanism and directly to management.

## **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 for maintaining, residents' skin integrity including initial and ongoing assessments, care planning and regular evaluation. The home monitors accidents and incidents including wound infections and skin tears and acts appropriately on trends identified. Wound care is provided under the direction of the care manager and if required has access to a wound care consultant who will visit the home. The home has a range of dressing products and aids to assist in maintaining and promoting skin integrity. A podiatrist regularly visits the home and conducts assessments and care and a hairdresser service is available at the home. Care staff are able to describe the process of identifying changes in skin integrity and the team viewed completed wound care charts and charts that are still in process.

## **2.12 Continence management**

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

### **Team's recommendation**

Does comply

The home has systems in place to monitor and manage bladder and bowel continence and constipation effectively. These include assessment on entry to the home and on an ongoing basis, involving evaluation of management strategies which include scheduled toileting, prompting, continence aids, increased fluids and fibre. The home's external continence aid supplier has been accessed for advice and provision of staff training, and residents have been referred for consultation to continence clinics. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff. Urinary tract infections are recorded monthly and, where indicated, preventive strategies are implemented. The team noted that adequate supplies of linen and continence aids are available for residents use. Residents and representatives interviewed by the team are satisfied with the way in which residents' continence needs are managed.

## **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 assess and manage residents with challenging behaviours including initial and ongoing assessment of residents' behavioural needs and the development of a care plan that includes strategies to address residents' specific needs. All episodes of challenging behaviour are recorded, monitored closely and evaluated regularly to determine the effectiveness of strategies used and to identify the need for further interventions to be developed. Residents are encouraged to participate in the home's activity program during the day and the team observed staff redirecting and diverting residents' attention with effect. Documentation reviewed confirms that restraint authorisation forms are up to date and signed in accordance with the home's policy. Specialist advice is available from the local mental health unit and psychogeriatrician services as needed. Care staff have received education to enable them to effectively manage a range of challenging behaviours. Residents and representatives interviewed by the team indicate their satisfaction with the manner in which residents with challenging behaviour are managed at the home.

## **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

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The systems include initial and ongoing assessment of residents mobility, dexterity and rehabilitation needs, assessed by the home’s occupational therapist and, if required, a physiotherapist. The programs developed are either completed by the occupational therapist or the care staff. The home’s program includes passive and active exercise programs including one to one sessions, group chair exercise, and massage and spa bath therapy. The team observed residents using mobility aids and handrails suitably placed throughout the home. An accident and incident reporting system is in place which includes analysis of incidents to identify trends and implementation of strategies to reduce falls. All staff complete training on manual handling yearly at the home. Residents and representatives interviewed by the team express their satisfaction with the therapy program they receive.

## **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 has a system in place to ensure residents’ oral and dental health is maintained including initial and ongoing assessment of residents’ oral and dental needs. Assessments occur through staff observation and referral to dentists and/or specialists are arranged as per residents’ needs and preferences. Residents are assisted to access dental services as required. The day-to-day oral care is attended as per residents individual care plans with residents being encouraged to brush their own teeth or dentures to maintain their independence. Aids to oral and dental care are provided at the home, including tooth brushes, toothpaste and mouth swabs.

## **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 ensure that residents’ sensory loss are identified and managed effectively. The identification of any impairment includes sight, vision, touch, taste and smell. A plan is developed incorporating these needs and other specialist are involved as required, including audiology and speech therapist. The team observed examples of strategies used by the home to manage residents’ specific sensory loss and residents and representatives interviewed by the team reported that staff assist them in maintenance of sensory aids including the cleaning of glasses, fitting of hearing aids and replacement of batteries. The activity program incorporates sensory stimulation, such as massage, music, large print books and pet therapy.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

The home ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements and sleep assessments, the implementation and evaluation of strategies, and the provision of a quiet environment. Strategies used include offering of food or a warm drink or snacks, massage or position change, relaxing music, pain management, appropriate continence management, one-to-one time, interventions and night sedation if ordered by a medical officer. Residents and representatives interviewed by the team indicated that the home’s environment is quiet at night and they are given individual attention when they are unable to sleep.



## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The team’s rationale for finding the home does comply to this expected outcome is based on the home’s continuous improvement system, referred to in expected outcome 1.1 Continuous improvement.

The home uses processes to identify and implement a range of continuous improvement measures relevant to Accreditation Standard three: Resident lifestyle. These include the following example:

- The home has installed raised garden beds in the outdoor courtyard area to provide and opportunity for residents that are unable to stand to enjoy gardening activities.
- A new position of an activities coordinator has been established and the position filled to provide an opportunity to develop programs across the three homes that are onsite. The plan is develop consistent programs across the three homes.
- A ramp has been provided so that residents in wheel chairs can now access the visiting mobile library.

### **3.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring regulatory compliance.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following example relating to Accreditation Standard three:

- The home provides a written resident agreement that is updated and amended in accordance with changes in legislation. The home suggests to the residents to seek legal advice prior to signing the agreement.
- The home displays the charter of residents rights and responsibilities as well as including it in written material

### **3.3 Education and staff development**

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

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

Does comply

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

Education and training provided to staff relevant to Accreditation standard three includes personalised lifestyle programming, residents' rights, working well with aged veterans and war widows and cultural awareness.

### **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 home has processes in place to ensure that each resident receives support in adjusting to life in the new environment and on an ongoing basis. During their entry period, the new resident is provided with an orientation to the home including availability of pastoral care services, introduced to staff and given extra one-to-one time and has a resident 'buddy' assigned to them. During this initial period, there is a comprehensive assessment of each resident's social, cultural and spiritual support needs and an individual care plan is developed. Residents' emotional needs are monitored and care plans updated to ensure that each resident's needs are met as their requirements change. Staff interviewed demonstrated that they had a clear understanding of each resident's individual needs in relation to emotional support. Documentation reviewed and interactions observed between staff and residents confirmed that residents are appropriately assisted, comforted and supported emotionally. Residents reported that they felt supported by the staff, both when they first entered the home and on an ongoing basis. The home has access to the community visitor's scheme, volunteers and, if needed, interpreters.

### **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 processes in place to ensure that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment of resident's specific needs and preferences is undertaken on entry to the home and on an ongoing basis to assist staff develop an individualised care plan for each resident. A range of strategies are implemented to promote independence including a mobility program and equipment for resident use, and a program of planned activities and events that actively seeks the involvement of family, friends and the community. In addition, residents have access to

their own phones, computers and daily newspapers. Staff promote independence by encouraging residents to participate in their own activities of daily living whenever possible, making/maintaining links in the community and encouraging family and friends to visit the home on a regular basis with visiting hours open. Resident interviews indicate residents' satisfaction with the way in which the home encourages them to maintain their independence.

### **3.6 Privacy and dignity**

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

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

Does comply

Resident's' right to privacy, dignity and confidentiality is recognised and respected. Information on residents' rights and responsibilities is included in information given to the resident on entering the home and is also on display. Information about residents is securely stored and all staff and volunteers are informed and sign a confidentiality and privacy form on commencement of employment at the home. The home provides residents with a set of keys to secure valuables in a locked drawer if they wish to do so. The team observed areas provided where residents may entertain family and friends in the smaller lounge rooms located throughout the home. The team observed staff respecting residents' privacy by knocking on doors before entering, and resident and representative interviewed confirmed that staff care for them in a respectful and dignified manner. The home monitors residents' privacy and dignity with comments and complaints, and audits and surveys mechanisms.

### **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

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Assessment of residents' specific needs, interests and preferences is performed on entry to the home and on an ongoing basis. An activity care plan is formulated, comprising group and individual activities, and resident participation in the activities is monitored. Care plans are evaluated three monthly and changes made as required. The activities program includes music, sensory stimulation, bingo, craft and massage. Residents who choose to remain in their rooms or are unable to be involved in group activities are offered one-on-one activities on a scheduled basis weekly or as needed. Information obtained from surveys, resident meetings, informal and formal group and one-on-one discussions is also used to plan suitable group and individual activities, ensuring that activities meets residents' changing needs and wishes. Residents interviewed by the team are generally satisfied with activities in the home.

### **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 home is able to demonstrate that individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessment of residents' specific needs, customs, and beliefs is performed on entry to the home and on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held at the home by ministers of different denominations. Days of cultural and religious significance are celebrated. Information regarding the use of interpreting services is available in different languages and displayed throughout the home to assist communication between residents and staff. The home also uses communication cards, and resident representatives to assist residents to communicate their needs to staff. The home has access to the community visitor's scheme if needed. Residents and representatives interviewed by the team confirmed they are encouraged and supported to continue with their own interests, customs, beliefs, and ethnic backgrounds are valued and fostered.

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

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

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

Does comply

The home has processes in place to ensure 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. Residents are kept informed and given opportunities to provide input into the home through systems such as assessment and care planning processes, surveys, comments and complaints mechanisms, and resident and relatives meetings. Residents are provided with choices including their financial management, personal care, cultural and spiritual choices, preferred shower times, getting up and going to bed times, menu choices, personalisation of their rooms, participation in activities, end of life choices, and choice of their medical officer and allied health services. Interviews with residents/representatives and documentation reviews demonstrated that the home actively supports residents in maintaining their right to make their own lifestyle choices and decisions.

### **3.10 Resident security of tenure and responsibilities**

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

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

Does comply

Interviews and the review of documents identified that residents have secure tenure within the home and have adequate information provided regarding their rights and responsibilities. A resident agreement is offered to all residents and/or their representatives at the time of entry to the home and the residents' handbook is provided. The agreement includes information for residents about their rights and responsibilities (including security of tenure and the charter of residents' rights and responsibilities). Residents and/or their representatives are provided with the opportunity to have the contents of the agreement and fees and charges discussed at this time. Residents are consulted regarding any proposed changes in rooms or alternative accommodation should the need arise.

## **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 team’s rationale for finding the home does comply to this expected outcome is based on the home’s continuous improvement system, referred to in expected outcome 1.1 Continuous improvement.

The home uses those processes to identify and implement a range of continuous improvement measures relevant to Accreditation Standard four: Physical environment and safe systems. These include the following examples:

- In 2007 major rebuilding and extensions were completed. The major change has been that all residents’ bed rooms that contained four beds have been replaced with both single of double bed rooms and all with ensuites. The home now has greater communal areas with large and small lounge areas, a large dining room and landscaped outdoor areas.
- An emergency procedures manual has been developed that provides easily read information in the event of a natural or man made disaster. The manual includes photographs of the locations of important gas, telephone and electrical equipment and information on the procedures in the event of evacuation and relocation of residents.
- Recent improvements have been made to the home’s outdoor area including wider walk ways to provide access for large mobile comfort chairs and wheel chairs, improved shaded areas and the removal of a garden to provide more area of outdoor furniture.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring regulatory compliance.

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

- The home's main kitchen has received HACCP food safety accreditation and is authorised to prepare and serve food to vulnerable populations in accordance with food safety legislation.
- The Annual Fire Safety Statement 2008 certifying that fire equipment is appropriate and suitably serviced is on display.

#### **4.3 Education and staff development**

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

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

Does comply

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

Education and training provided to staff relevant to Accreditation standard four includes fire safety and evacuation, risk assessment, laundry procedures, infection control, bullying and harassment, manual handling, occupational health and safety consultation, hand washing, height safety training and incident investigation and reporting.

#### **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

Residents' needs are identified on entry, and the provision of a residents' handbook outlines the care and services available. Mechanisms, such as the residents' newsletter and residents' meetings, allow residents and their representatives to have input into their living environment. Accommodation consists of double or single rooms with ensuite bathrooms and there are lounge areas as well as open garden courtyards. Residents can receive guests in either the large or small lounge areas or outside. Residents are invited to bring small items of a personal nature to decorate their rooms. Hand rails in the hallways, grab rails in the bathrooms and toilets, mobility aids, lifting equipment and access to a nurse call system contribute to the safe living environment. All electronic beds are provided to ensure the occupational health and safety of staff and the comfort of residents. Internal temperatures are comfortably maintained by air conditioning systems. To ensure safety and security for all residents and staff the external doors to the building are alarmed following lock up at night and a security company provides a patrol service.

#### **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 are actively working to provide a safe working environment that meets regulatory requirements. There are systems to record, analyse and review resident and staff accidents and incidents. The occupational health and safety committee reviews hazard reports, audit results and statistics during their meetings as well as conduct regular inspections of the home and grounds. Interviews and review of documentation show that staff can and do highlight risks and hazards through the hazard reporting system. Personal protective equipment is readily available to staff and the team observed staff using this equipment appropriately. Environmental audits are conducted to ensure that the home meets regulatory requirements and the home's quality standards. The occupational health and safety committee members have attended training in occupational health and safety consultation. The team observed safe work practices during the Accreditation audit and staff members interviewed by the team stated they receive regular education in manual handling. Staff orientation includes training in manual handling and 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

Systems are in place to ensure the safety and security of residents and staff. Monitoring of all equipment by the maintenance staff, regular checks of fire fighting and warning systems by external fire contractors, lock-up processes and fire and emergency evacuation procedures are in place. Fire evacuation maps are correctly orientated and emergency procedure flip charts are located at strategic points throughout the building. Staff confirmed their attendance at compulsory fire safety training and demonstrated an understanding of evacuation procedures and use of fire fighting equipment. An emergency procedure manual is in place to guide staff in the event of an emergency. Safe systems include electrical tagging of appliances, a designated smoking area for staff and residents, lockup procedures and security fencing around most areas of the building. Effective hazard reporting, as well as incident and accident notification, ensures a safe and comfortable environment which promotes residents' independence and supports care needs.

#### **4.7 Infection control**

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

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

Does comply

The home maintains an effective infection control program through the management of infection control plans, procedures, practices and equipment. The home monitors the performance of the program through infection control audits and by the collection of



infection rates and associated data. The care manager operates as the home's infection control coordinator and accesses and disseminates infection control information to all staff. Sharps containers, contaminated waste bins and skill kits are available within the home. The home's food safety program includes the monitoring of food temperatures from food delivery through to serving to the residents and at critical points between. A resident and staff vaccination program is in place. The staff receive training in infection control practices during orientation and in mandatory training sessions. The staff were observed by the team to be using the hand washing basins, personal protective equipment and colour coded equipment appropriate to infection control guidelines.

#### **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**

The home has a system where food is fresh cooked at a co-located home following a 28-day rotating menu. The catering manager and catering staff have implemented food safety guidelines in the kitchen, systems ensure that residents' food preferences are identified and communication between care and catering staff support any changes to clinical nutritional requirements. Texture modified food and nutritional supplements are provided as required. Resident interviewed are generally happy with the catering services provided to them.

##### **Cleaning**

The living environment was observed to be clean and cleaning programs documented and noted to be in place. The cleaning staff demonstrated a working knowledge of the home's cleaning schedules, infection control practices and safe chemical use. Chemicals used in the service were observed to be safely stored and material safety data sheets available and accessible. The cleaning roster ensures all rooms, communal areas, hallways and offices are cleaned according to a set schedule. The servery area is cleaned by catering and maintenance staff according to daily, weekly and monthly schedules. Residents and their representatives interviewed by the team are very satisfied with the level of cleanliness of their rooms and of the home.

##### **Laundry**

Staff explained the labelling system and processes in place for the management and return of laundry to reduce loss of personal items. A dirty to clean flow of laundry is maintained and linen supplies were observed to be adequate. Mop heads are changed at the end of each day or more regularly if required. Residents and representatives interviewed expressed satisfaction with the laundry services.