



Standards and Accreditation Agency Ltd

Decision to Accredite Holly Residential Care Centre

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredite Holly Residential Care Centre in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Holly Residential Care Centre is 3 years until 13 April 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:	Holly Residential Care Centre				
RACS ID:	6042				
Number of beds:	140	Number of high care residents:	Nil		
Special needs group catered for:	Nil				
Street:	Pennys Hill Road				
City:	Hackham	State:	SA	Postcode:	5163
Phone:	08 8392 6799		Facsimile:	08 8392 6799	
Email address:	jcoombe@ech.asn.au				

Approved provider

Approved provider:	ECH Inc.
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Assessment team

Team leader:	Lorraine Tyler
Team member:	Linden Brazier
Date of audit:	2 February 2009 to 3 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
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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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	Holly Residential Care Centre
RACS ID	6042

Executive summary

This is the report of a site audit of Holly Residential Care Centre 6042 Pennys Hill Road HACKHAM SA from 2 February 2009 to 3 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 Holly Residential Care Centre.

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 2 February 2009 to 3 February 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:	Lorraine Tyler
Team member:	Linden Brazier

Approved provider details

Approved provider:	ECH Inc.
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Details of home

Name of home:	Holly Residential Care Centre
RACS ID:	6042

Total number of allocated places:	140
Number of residents during site audit:	138
Number of high care residents during site audit:	103
Special need catered for:	People with dementia and related disorders

Street:	Pennys Hill Road	State:	SA
City/Town:	HACKHAM	Postcode:	5163
Phone number:	08 8392 6799	Facsimile:	08 8392 6799
E-mail address:	jcoombe@ech.asn.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Holly Residential Care Centre.

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.

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 two days on-site and gathered information from the following:

Interviews

	Number		Number
Chief executive office	1	Residents	16
General manager residential care	1	Relatives	4
Staff development officer	1	Manager food services	1
Senior occupational health and safety advisor	1	Food services coordinator	1
Director of care	1	Hospitality coordinator	1
Care manager	1	Hospitality staff	2
Clinical nurse	1	Manager quality programs	1
Registered nurse	1	Quality support officer	1
Care staff	4	Laundry staff	1
Training officer	1	Maintenance officer	1
Administration staff	2	Facilities manager - south	1
Activities coordinator	1	Catering staff	2
Cleaning staff	2	Auxiliary staff	1

Sampled documents

	Number		Number
Residents' files	14	Medication charts	14
Care plans	14	Personnel files	8
Lifestyle assessment	14	Lifestyle care plan	14
Social and human needs – self care plans	20	Social and human needs – friends and family care plans	14

Other documents reviewed

The team also reviewed:

- Improvement activity logs, improvement reports, plan for continuous improvement, quality audit schedule, quality support officer reports
- Schedule of performance development plans, credentialing records, competency records, nurses registration records, police check information, education and training planners, corporate training schedule and agendas, staff education register, staff education requests, staff education action plans, duty lists, agency orientation folder, agency guidelines
- Various allocation sheets, rosters, local and corporate staff orientation program, job descriptions
- Various audits, memos and meeting minutes
- Comments and complaints records, compliment, complaints and suggestions summaries, resident concerns folder
- Doctors communication book, handover sheet, communication book
- Clinical assessments, initial assessment guidelines, care plan schedule 2009, admission and short term assessment care plan, essential care needs form, allied health documentation, case conference documentation
- Palliative assessment and short term care plan, good palliative care plan
- Eating and drinking assessment, nutrition and hydration risk assessment, swallowing assessment, catering requirements, weigh charts, summer menu, food charts, supplement records
- Wound folder, wound assessment and plan, wound care evaluation, wound clinical plan, skin assessment, pressure area monitoring chart, repositioning chart, podiatry records, photographic wound records, disposal dressing packs
- Behaviour assessment, behaviour of concern chart, restraint assessment, review and evaluation
- Sensory assessment form, pain review schedule
- Medication incidents, 30 day reminder stickers, PRN stickers, medication crush authorization, schedule 4 & 8 drug licence, medication profiles, drug imprest, resident photographs dated, variable dose folder
- Imprest system for stock control in kitchen and medical supplies
- Activity evaluation records, weekly activity programs, one-to-one activity allocation list, lifestyle one-to-one interaction records, resource list for spiritual counselling, religious services details, various activity flyers, lifestyle participation sheets, lifestyle reviews, emotional dependence care plan
- Resident service agreements, resident welcome pack, resident information booklet, family and resident surveys, list of bi-lingual staff
- New equipment register, service contracts, contractors list, plant risk assessment
- Refrigeration temperatures, food temperature probes, equipment cleaning and maintenance, likes and dislikes, coloured menu charts, smoothie drink list,

cleaning procedures, cleaning procedure manual, kitchen documentation accountability form, menu reviewed by dietician, food service plan August 2008, certificates of registration ECH Food Services for HACCP and GMP and ISO 9001:2000

- OHW&S training needs analysis 2008, OHW&S corporate plan 2007 & 2008, staff incident folder, hazard data, hazard register, risk assessment forms, work place area inspection schedule, action plans
- Preventative maintenance schedule, electrical testing and tagging, maintenance requests
- Black out plan, building certification, material safety data sheets, emergency evacuation plans, emergency manual, mock fire drill reports, certification of compliance with essential safety provisions, certificate of connection of fire alarm, fire hydrant and booster flow test
- Pandemic guidelines, pathology results, external swab audits, monthly infection control statistics, infection log
- What to do for agency staff
- Contractors attendance register, maintenance service agreement

Observations

The team observed the following:

- Internal and external living environment including resident rooms, communal areas, courtyards, café, main hall, 'op shop', chapel and hairdressing salon
- First floor viewing room
- Staff room
- Interactions between staff and residents
- Residents using internet facilities, computer in resident's room
- Resident craft for sale in 'op shop'
- Meal service and morning and afternoon tea in progress
- Staff assisting residents with meals
- Storage of medications, specimen and medication fridge, dated eye drops, silent pill crusher, white board
- Food supplements
- Wound trolley, palliative care trolley
- Secure dementia unit, key pad access, beds lowered, mobility equipment
- Fire board, fire extinguishers, break glass alarms
- Dry good storage, plating of food, rotation of goods, dated meals, monitored fridges
- Resident and staff noticeboards
- Computer systems including e-mail, intranet and management systems
- Suggestion box, mail box, various brochures for external services
- Hand washing signs, sharp disposal system, antiseptic hand gel
- Seated digital scales
- Infection control notices, infectious waste bins, sharps containers, cleaning schedules for nebulisers
- Archive and confidential waste facilities
- Vision, mission and values displayed in reception

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 is part of ECH incorporated and is supported by the organisation in management systems including continuous improvement. The organisation has a manager of quality programs and a team of quality support officers who support individual facilities and monitor the group’s quality and improvement activities.

The home has corporate and local systems to actively pursue continuous improvement. Improvements are identified in a number of ways, including, adverse events analysis, surveys, internal and external audits, comments and complaints information and staff and resident suggestions. Improvements are recorded on continuous improvement reports and the plan for continuous improvement which is reviewed at the Quality Continuous Improvement Committee every month. Each department also maintains a continuous improvement log of its own improvement initiatives. The quality support officer coordinates improvement and quality activities, including quality audits and evaluation of improvements. Staff and residents are informed of improvements at their meetings and on a one-to-one basis as appropriate. Staff confirm they can make suggestions. Residents and relatives are generally aware of some improvements introduced at the home.

Examples of improvement activities and achievements in management systems, staffing and organisational development in the last 12 months include:

- An additional 32 hours of enrolled nurse time has been introduced to the home as a result of staff feedback. This has provided additional support for residents at the weekends and during the evening and increased time available for assessment of residents’ needs. These are relatively new improvements and the impact of the changes has not been fully evaluated yet.
- As a result of complaints about call bell response times the call bell system was amended so that any call not answered within ten minutes escalates to nursing management. Previously all calls registered with nursing management making it difficult to identify those that had not been answered within ten minutes. A call bell audit in December 2008 confirms that all bells tested during the audit were answered on average in less than ten minutes which is a significant improvement over the previous audit completed in January 2008.
- A family noticeboard has been installed in reception to improve communication with families and visitors to the home. This was discussed at the family forum meeting in November 2008 where seven family members confirmed they had seen and read information displayed on the board.

- A satellite based training tool has been installed at the home. Evaluation shows that 28 staff attended four of the sessions first available although some feedback said staff enjoyed the education part but not the panel discussion shown afterwards.

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 is supported by the corporate office to identify changes to and maintain compliance with relevant legislation, professional standards and regulatory compliance. Changes to regulatory requirements are ‘alerted’ via the corporate intranet system to the director of care and quality support officer and reviewed by the Quality Continuous Improvement Committee and Occupational Health, Safety and Welfare Committee. Access to relevant federal and state legislation is available through the corporate intranet system. Staff are informed of updates through memos, training, policies and procedures. New or updated policies and procedures are printed and highlighted to staff in the staff room. The police clearance status of employees is checked before commencing employment and managed on an ongoing basis by head office. Residents and relatives were made aware of the site audit through notices displayed in the home and at their meetings. Staff are aware of their regulatory obligations.

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 local processes in place and access to corporate systems to support management and staff to have appropriate knowledge and skills to perform their roles. Position descriptions set out qualifications, knowledge and experience required for each role. Training is organised corporately and locally to address specific requirements of staff. Local learning methods have been introduced to increase staff participation in training and include; handover training, ‘balloon training’ where key messages are displayed on balloons in staff areas and ‘T learning’ where key messages are displayed on posters in the staff toilets. Training is provided by internal and external providers. A satellite transmitted training program has been installed. New staff attend corporate and local induction. Examples of training completed in management systems, staffing and organisational development in the last 12 months include Aged Care Funding Instrument uncovered, incident reporting and continuous improvement. Staff confirm they are satisfied with the training they receive. Residents and representatives confirm management and staff have the skills to complete their roles.

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 and representatives are generally satisfied with the complaints mechanisms available to them. Comments and complaints mechanisms are explained to residents and their families on entry to the home. Forms are provided in the admission pack and are available throughout the home. Internal and external complaints mechanisms are explained in the resident handbook and residential care agreement with brochures for external mechanisms available in reception. There is a suggestion box for residents and representatives to submit written complaints although most prefer to discuss issues as they arise. Residents can also raise any concerns at the resident meetings held every two months and the family forum held twice a year. Comments and complaints are summarised each month and reviewed at the Quality Continuous Improvement Committee. Staff are trained in comments and complaints processes at the corporate mandatory training workshop.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has adopted the overall ECH vision, mission and values which are documented on the internet and intranet for access by the public and staff. The vision and mission statement is displayed in reception at the home and documented in the resident information handbook. The home's philosophy is discussed at corporate induction and staff have access to senior management through induction days and training retreats. Continuous improvement is documented in the corporate induction handbook and in the quality management system policy and procedure.

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 systems in place to deliver services in accordance with the Accreditation Standards and the home's lifestyle model of care. There is a registered nurse available on-site at all times. Additional support is provided by the director of care, the care manager and clinical nurse during the day Monday to Friday. The director of care reviews the roster regularly in response to feedback from staff and changing resident acuity. Vacant shifts are offered to staff before being offered to agency staff. Agency staff are orientated to the home. New staff receive a corporate and local induction and are allocated to work with a buddy during initial shifts. Staff performance is reviewed through the performance development program. Qualifications and the police check status of staff are routinely checked before they commence employment and managed corporately. Staff are provided with a contract of employment and are guided in their duties by position descriptions and duty lists. Staff provide feedback about staffing levels through meetings or informal discussions with management. Staff confirm they generally have sufficient time to complete their duties. Residents and relatives generally confirm there are sufficient staff to deliver care and services to residents.

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 a system to facilitate the availability of an adequate supply of goods and equipment for care and services. The home considers the increasing needs of residents, staff feedback and occupational health safety and welfare requirements when purchasing new equipment. Designated staff take responsibility for specific stock control and ordering. The home has a preventative and corrective maintenance program and resources external contractors as required. New equipment is trialed before purchase and staff feedback is sought during the trial period, for example, two extra wide high back shower chairs were trialed and purchased for resident comfort. Staff and residents are satisfied there are adequate stocks of goods and equipment available to provide care and services.

1.8 Information systems

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

Team's recommendation

Does comply

The home has information systems in place to keep residents, management, staff, and other stakeholders informed about what is happening at the home. Management and staff have access to information to enable them to complete their roles, deliver care to residents and maintain a safe environment through corporate and local systems, including, care plans, notice boards, meetings, computer systems and memos. Policies and procedures are maintained corporately and are available to staff throughout the home on the intranet. New or updated policies and procedures are printed out for staff to review in the staff room. Residents and representatives are provided with an admission pack, information booklet and resident service agreement on entry to the home. A 'What's on' program of events is provided each week. Information technology systems are protected with passwords and access limited to roles and functions. Management monitor information systems through audits and surveys. Processes are in place to manage the confidential storage of records and archived information. Confidential waste is disposed of appropriately. Staff, residents and representatives are generally satisfied they have access to appropriate information.

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

The home has processes to ensure external services are provided to an agreed standard and quality. Services contracted externally include allied health, pharmacy, chemical supplier, fire services, and plumber. The general manager of residential care manages corporate contracts to ensure that indemnity insurance and police checks are current and the manager of maintenance services is presently reviewing all maintenance contracts. The director of care in consultation with relevant staff evaluates the effectiveness of services provided, and liaises with contractors to address identified deficiencies should that be necessary. Management, staff and residents are satisfied with the external services provided.

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 home has corporate and local systems to actively pursue continuous improvement. Improvements are identified in a number of ways, including, analysis of resident incidents, surveys, internal and external audits, comments and complaints information and staff and resident suggestions. Improvements are recorded on continuous improvement reports and the plan for continuous improvement which is reviewed at the Quality Continuous Improvement Committee every month. Each department also maintains a continuous improvement log of its own improvement initiatives. Improvements for individual residents are identified and evaluated through care planning processes. The quality support officer coordinates improvement and quality activities, including quality audits and evaluation of improvements. Staff and residents are informed of improvements at their meetings and on a one-to-one basis as appropriate. Staff confirm they can make suggestions. Residents and relatives are generally aware of improvements introduced at the home.

Examples of improvement activities and achievements in health and personal care in the last 12 months include:

- In October 2008 a care plan review schedule was developed and is managed by the care manager and administration staff who allocate documentation to staff at care plan review time. Audits of 33% of care plans confirm that in October 2008, seven care plan evaluations had not been completed when due. A subsequent audit in January 2009 indicated that all evaluations were completed on time.
- It was noticed that some residents did not enjoy the flavour of pureed fruit which was used when administering crushed medications. Chocolate topping has been introduced as an alternative to pureed fruit. Staff confirm that some residents prefer chocolate topping and as a result the medication round is easier.
- The handover sheet has been developed to include symbols that reflect the health status of the resident. For example, a hand indicates the resident has challenging behaviours, a dolphin indicates the resident has an infection and a leaf indicates the resident is at risk of falls. Registered nurses and agency staff have said that this is a useful tool.
- Following a review of medication incidents a variable dose folder was implemented and registered nurses are now responsible for the administration of all warfarin, insulin and DDA medication. Staff interviewed believe that this system is working well and that medications are administered safely and the number of medication errors has reduced.
- Due to the large number of credentialed carers administering medications the home has introduced a sticker system to record residents refusing medication. The registered nurse is required to countersign this entry and take appropriate clinical action if necessary.

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 home is supported by the corporate office to identify changes to and maintain compliance with relevant legislation, professional standards and regulatory compliance. Changes to regulatory requirements are ‘alerted’ via the corporate intranet system to the director of care and quality support officer and reviewed by the Quality Continuous Improvement Committee and Occupational Health, Safety and Welfare Committee. Access to relevant federal and state legislation is available through the corporate intranet system. Staff are informed of updates through memos, training, policies and procedures. New or updated policies and procedures are printed and highlighted to staff in the staff room. The home has a current licence to possess drugs of dependency and addiction. Processes are in place to monitor the status of nurses’ registrations. Staff are aware of their regulatory obligations.

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 home has local processes in place and access to corporate systems to support management and staff to have appropriate knowledge and skills to perform their roles. Position descriptions set out qualifications, knowledge and experience required for each role. Training is organised corporately and locally to address specific requirements of staff. Local learning methods have been introduced to increase staff participation in training and include; handover training, ‘balloon training’ where key messages are displayed on balloons in staff areas and ‘T learning’ where key messages are displayed in the staff toilets. Training is provided by internal and external providers. A satellite transmitted training program has been installed. New staff attend corporate and local induction. Examples of training completed in health and personal care in the last 12 months include challenging behaviours, pain management, medication credentialing and palliative care. Staff confirm they are satisfied with the training they receive. Residents and representatives confirm management and staff have the skills to complete their roles.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the clinical care provided. The home uses the nursing process of assessment, planning, implementation and evaluation for care plan development. A short term care plan is developed on entry to the home from information obtained during the initial interview, which guides staff practice until clinical assessments are completed, and a full care plan developed. The care plan is developed with input from residents or their representatives and nursing staff assist with the assessment process. Residents' needs and care strategies are regularly reviewed and evaluated in consultation with residents, representatives and care staff. The registered nurse is responsible for evaluating and reviewing the care plan. The handover process, communication book and the white board are used to communicate and remind staff of residents' needs. A general practitioner practice is located onsite and many of the residents use this convenient service. Nursing practice and resident care is monitored through observation, identified trends, resident surveys and the comments and complaints system. Nursing staff interviewed can describe the communication processes in place to inform them of changes in the residents' clinical 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

Residents and representatives are satisfied with the management of residents' specialised care needs. Registered nurses are responsible for assessing, care planning and the ongoing management of residents' specialised nursing care needs, including complex wound care, diabetes management and complex pain issues. Care plans reflect specific needs of residents and are evaluated every four months. Enrolled nurses and carers work within their role and function and report to the registered nurse when changes in residents' health or care needs require re-assessment. Education is provided to staff on a needs basis to ensure that staff are competent in managing specialist nursing care needs. The home resources external specialist nursing services and residents are supported to attend outpatient appointments for specialist services. Handover, communication book and progress notes are used to monitor and communicate information about residents' changing needs and preferences.

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

Residents and representatives are satisfied with health services and supports made available at the home. Resident preferences for external health specialists are identified and documented during the entry process. The home has access to a variety of services including physiotherapy, speech pathology, podiatry, dietician, mental health services, audiologist, optical and dental services. The home liaises with resident representatives to assist with arrangements for residents to attend appointments. A copy of the medication chart and other essential information is sent with the resident to the health specialist. The information from the outcome of appointments is used to revise care plans and medication regimes. Residents' files contain referrals and follow-up reports from a range of medical and other health related services. The home has processes to advise staff of changes to care through the handover process and documentation in progress notes.

2.7 Medication management

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

Team's recommendation

Does comply

Residents and representatives are satisfied with staff practices relating to medication administration. On entry to the home, residents' existing medication regimes and administration preferences are documented. Medications are supplied in multi-dose packs prepared by the pharmacy. Registered, enrolled nurses and credentialed carers administer medications. General practitioners review residents' medications. The visiting pharmacist completes medication management reviews each year on each resident and a report is provided to the home for review by the general practitioner. Medications are stored securely and drugs of dependency and addiction are checked at shift changeover. The effectiveness of 'as required' medications is documented in the progress notes. Staff are required to complete annual medication competency assessments. Management advise that staff receive counselling and training in response to medication administration errors. A self-administering assessment is completed in consultation with the medical officer, resident and staff, for residents who self-administer their medications. A lockable drawer is provided in the resident's room for the safe storage of medications. Unused or out-of-date medications are returned to the pharmacy. Resident and staff feedback, regular audits, supervision and observation of staff and investigation and trending of incidents are used to monitor staff practices. Handover, progress notes, white board and communication book are used to monitor and communicate information about residents' changing needs and preferences.

2.8 Pain management

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the home's pain management techniques. The home uses information from its entry and assessment processes to identify residents' preferences for pain management. Monitoring of care documentation and 'as required' medications is used for identifying changes to care needs. The home is responsive to identified changes to pain, repeating pain assessments and making referrals for specialist intervention. The assessment process considers non-verbal indicators of pain. The home has a system to ensure residents prescribed drugs of addiction are evaluated every thirty days and pain management reviews are completed every four months or as required. Alternative therapies based on residents' individual preferences are used to assist with pain management in conjunction with medication regimes. Ongoing monitoring processes determine the effectiveness of these strategies. Staff are aware of individual resident's pain management requirements.

2.9 Palliative care

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

Team's recommendation

Does comply

Staff confirm that the comfort and dignity of terminally ill residents is maintained. The home has systems to facilitate the provision of residents' terminal care wishes and preferences. On entry to the home staff consult with residents and representatives about residents' end of life wishes. This information is used to guide care practices when the need arises, including the required interventions for specialised care and comfort needs. A palliative care plan is developed and includes specific needs and requests. Palliative care equipment including aromatherapy, music therapy and specialist clinical equipment including medication pumps is available. Palliative care equipment is stored in palliative care trolleys which are placed in the resident's room when required. The home resources local palliative care and specialised nursing care services as required. The home is able to provide spiritual support to residents, representatives and staff and palliative care guidance from specialist services is accessed when required.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the quality and quantity of food and fluids provided. Residents' nutritional and hydration preferences, dietary requirements and allergies are identified as part of the home's entry process. Cultural, specialised diets and individual preferences identified from this process are catered for by the home. Registered nurses make referrals to the speech pathologist and the dietician as required in consultation with the resident, representative and general practitioner. A regular schedule of weighs is used for monitoring resident nutritional status and identifying residents' changing needs. Weighs are conducted more frequently, and supplements are

provided in response to identified weight loss. The home also adds a supplement powder to vitamised and soft diets as additional calories for residents with weight loss. Thickening agents are freely available for residents on modified diets. Resident independence and choice is encouraged by supplying meal assistive devices such as lipped plates and angled cutlery.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the skin care management provided by the home. Skin assessments are completed and individualised skin care plans developed and implemented. Other care plans, including personal hygiene and continence management include relevant skin care strategies. Wound management is undertaken by the registered nurse, enrolled nurse or carers according to wound management complexity. The registered nurse reviews wound management strategies. Education is provided to staff on current wound care practice, to maintain and improve skill levels. Pressure relieving devices and practices are available and used. There are systems to maintain appropriate medical stock and to ensure that the home is equipped to manage residents’ skin integrity care needs. Staff practices are monitored through audits, incidents, complaint processes and observation. Handover, wound assessment and management plans with photographic records of wound progress are used to monitor and communicate information about residents’ changing needs and preferences.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the management of their continence needs. Continence assessments identify residents’ individual needs and preferences, including assistance and continence aids required. Care plans are developed from this information. Infection data is collected for analysis and strategies implemented include increasing fluids and general practitioner referral. To encourage nursing staff to administer fluids to residents a dehydration workshop using balloons was held several times at handover to reinforce the importance of fluid intake and the effects of dehydration on residents. Resident and representative feedback, observation and supervision of staff, and product usage information are used to monitor staff practices.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents and representatives are generally satisfied with the home’s management of resident behaviours. The home has systems to identify, plan, action and monitor behaviours of concern. Behaviour assessments are completed using the home’s specific behaviour charts and the required forms for the Aged Care Funding Instrument. Triggers to behaviours and effective interventions are identified during the assessment process. Individualised care plans are developed and implemented from this assessment information. Mental health specialists are resourced. The home has two secure units catering for low and high care residents. Residents are able to wander around areas safely. The home uses minimal restraint with staff being guided and directed by documented policies and procedures. Specific lifestyle activities are organised for these residents and include cooking, small concerts, exercises and a fun day on Sundays. Resident, representative and staff feedback and observation and supervision of staff are used to monitor staff practices. Handover and progress notes are used to monitor and communicate information about residents’ changing needs and preferences.

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

Residents are satisfied with the home’s approach to optimising mobility, dexterity and rehabilitation, including the exercise program. The home has systems to assess, identify, plan and evaluate residents’ mobility, dexterity and rehabilitation needs. A registered nurse assesses residents’ abilities on entry to the home and includes appropriate strategies on the short term care plan. The physiotherapist assesses all residents soon after entry, develops mobility and transfer care plans and individualised exercise programs which are included in the care plan folder. Assistive devices are resourced and provided to assist residents to be as independent as possible, including walkers, walking sticks and wheelchairs. Regular exercise programs are run for residents and gymnasium equipment has recently been purchased for resident use. Physiotherapy assistants and care staff provide support for residents with their exercise programs. Resident and representative feedback and observation and supervision of staff are used to monitor staff practices. Handover, progress notes, analysis and trending of falls and skin tears are used to monitor and communicate information about residents’ changing needs and preferences.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents are satisfied with the home’s management of oral and dental care. The home has systems to identify concerns and monitor residents’ oral and dental health. Oral and dental health assessments are completed to identify residents’ individualised needs and preferences. Care plans are implemented based on assessment information. External dental services visit the home and provide oral and dental health care reviews, treatments and staff education. Residents are supported to attend external dental appointments. Resident and representative feedback and observation and supervision of staff are used to monitor staff practices. Handover, progress notes and diaries are used to monitor and communicate information about residents’ changing needs and preferences.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents are satisfied with the home’s management of sensory loss. The home assesses, identifies, plans and evaluates care for sensory loss in all five senses. Care plans are implemented based on the assessment information. Care plans include specific strategies to address identified losses, preferences and needs, including assistive devices and individualised needs related to taste, touch and smell. Residents are supported to attend external specialists’ services. Resident and representative feedback and observation and supervision of staff are used to monitor staff practices. Handover, progress notes, diaries and handover sheets are used to monitor and communicate information about residents’ changing needs and preferences.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are satisfied with the home’s approach to promoting natural sleep patterns. Individualised needs and preferences are identified during the assessment process and included in care plans. This includes environmental needs and preferences to assist residents to sleep or rest during the day. Non-pharmacological strategies are promoted, which include warm drinks, repositioning and environmental controls. General practitioners review pharmacological strategies used for sleep promotion. Referrals are generated to the general practitioner when sleep disturbances are ongoing.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has corporate and local systems to actively pursue continuous improvement. Improvements are identified in a number of ways, including, adverse events analysis, surveys, internal and external audits, comments and complaints information and staff and resident suggestions. Improvements are recorded on continuous improvement reports and the plan for continuous improvement which is reviewed at the Quality Continuous Improvement Committee every month. Each department also maintains a continuous improvement log of its own improvement initiatives. Residents are invited to participate in their lifestyle evaluations and each group activity is evaluated by lifestyle staff. The quality support officer coordinates improvement and quality activities, including quality audits and evaluation of improvements. Staff and residents are informed of improvements at their meetings and on a one-to-one basis as appropriate. Staff confirm they can make suggestions. Residents and relatives are generally aware of improvements introduced at the home.

Examples of improvement activities and achievements in resident lifestyle in the last 12 months include:

- A large screen has been introduced in the main hall. This was specifically introduced to watch the Olympics but is also very useful for showing movies and allows large numbers of residents to enjoy the entertainment.
- The welcome pack has been improved by introducing a colourfully presented welcome letter and a voucher for the home’s café for new residents. This improvement is due for evaluation in March 2009.
- Some residents experienced difficulty hearing events held in the main hall. A personal address system has been installed and as a result residents are able to hear events more clearly.

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

The home is supported by the corporate office to identify changes to and maintain compliance with relevant legislation, professional standards and regulatory compliance. Changes to regulatory requirements are 'alerted' via the corporate intranet system to the director of care and quality support officer and reviewed by the Quality Continuous Improvement Committee and Occupational Health, Safety and Welfare Committee. Access to relevant federal and state legislation is available through the corporate intranet system. Staff are informed of updates through memos, training, policies and procedures. New or updated policies and procedures are printed and highlighted to staff in the staff room. All residents are offered a residential services agreement and provided information about privacy on entry to the home. Staff sign the code of employment principles that includes information about confidentiality of resident information. Resident information is stored securely. Staff are aware of their regulatory obligations.

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

The home has local processes in place and access to corporate systems to support management and staff to have appropriate knowledge and skills to perform their roles. Position descriptions set out qualifications, knowledge and experience required for each role. Training is organised corporately and locally to address specific requirements of staff. Local learning methods have been introduced to increase staff participation in training and include; handover training, 'balloon training' where key messages are displayed on balloons in staff areas and 'T learning' where key messages are displayed in the staff toilets. Training is provided by internal and external providers. A satellite transmitted training program has been installed. New staff attend corporate and local induction. Examples of training completed in resident lifestyle in the last 12 months include privacy and dignity, lifestyle model of care and duty of care. Staff confirm they are satisfied with the training they receive. Residents and representatives confirm management and staff have the skills to complete their roles.

3.4 Emotional support

This expected outcome requires that "each resident receives support adjusting to life in the new environment and on an ongoing basis".

Team's recommendation

Does comply

Residents and representatives are generally satisfied residents receive emotional support when they need it. Residents are orientated to the home and introduced to other residents on entry. Residents are able to bring their own belongings into the home. If initial assessments identify specific emotional needs an emotional dependence care plan is developed. Social and human needs care plans are developed for the resident and family and friends. Care plans are reviewed every four months. Details of religious representatives are available to residents. Community visitors and one-to-one visits are arranged as required. Staff are aware of residents' emotional needs.

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 representatives are satisfied their independence is maintained and existing friendships are supported. Residents' independence and community links and friendships are assessed on entry to the home and care plans developed to support residents' needs. Care plans are evaluated every four months. A resistance chair is available for residents to continue to exercise. Residents are supported to attend external appointments with taxis and transport organised by the home as required. Residents are supported to continue to use the mail. Some residents volunteer their services around the home. Residents are able to make purchases from the on-site 'op shop', the café and the hairdressers. Residents are able to access telephone lines as required. Resident and relative satisfaction with independence is monitored through surveys. Staff are aware of resident's individual needs and support them, for example large print books are provided if required.

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

Residents are satisfied their privacy and dignity is recognised and respected generally and during activities of daily living. Residents' are referred to by their preferred names which are displayed on the door to their rooms. Resident information is stored securely. Residents have a lockable drawer in their room for personal items. Residents either have their own room or share a room with one other resident. All rooms have en-suite toilet and shower facilities. Dividing walls and privacy curtains are in place in shared resident rooms. Resident and relative satisfaction with privacy and dignity is monitored through surveys. Staff are made aware of the need to respect residents' privacy and dignity during induction and are required to sign the code of employment principles which outlines the need for confidentiality.

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 generally satisfied with the activities offered to them at the home. Their lifestyle choices are assessed on entry to the home and a lifestyle care plan developed that includes a weekly program of group activities of interest to each resident. Residents participate in the evaluation of this care plan every four months. There is a 'what's on' calendar of activities circulated to residents each week that highlights group activities and includes quizzes for residents to complete and news items such as residents' birthdays. Specific activities are offered to residents with dementia and associated disorders. Concerts and bus trips are scheduled regularly. Group activities are regularly evaluated by lifestyle staff. Some residents are offered one-to-one activities as assessed necessary or requested by families. Resident and relative satisfaction with leisure interests and activities is monitored through surveys.

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

Residents are satisfied their cultural and spiritual preferences are respected. Residents' cultural and spiritual customs and background are identified on entry to the home. Various religious services are offered and religious representatives of different faiths visit the home. Food preferences are identified and respected. Cultural days are celebrated including Australia Day and Remembrance Day. Residents who speak other languages are offered volunteer visits by people who speak their language where possible. Resident's cultural wishes are respected and the chapel has been designed to accommodate different faiths 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

Residents and representatives are generally satisfied they are able to participate in decisions about the services they receive and about their lifestyle. Friends and family are able to visit residents at all times. Residents' rights and responsibilities are explained on entry to the home and are available in the information handbook and resident services agreement. There is a resident meeting every two months and a family forum twice a year. Residents are able to provide feedback to the home through surveys and comments and complaints processes. Residents participate in their lifestyle care evaluations every four months. Information about external complaints and advocacy services are made available to residents on entry to the home and brochures are available in reception. Staff are made aware of residents rights and responsibilities and informed decision making at corporate retreats.

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

Residents and representatives are satisfied residents feel secure within the home and are generally comfortable to raise any concerns they may have. Residents and representatives are offered a resident service agreement on entry to the home that explains the conditions of their residency. Residents' rights and responsibilities are detailed in the agreement are also in the information booklet that includes details of internal and external complaints mechanisms. Residents and representatives are consulted about any room changes before they happen. Information about advocacy services is available in reception and in the resident information handbook and residential services agreement. Staff receive training about resident abuse and how to identify and report any possible incidents.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has corporate and local systems to actively pursue continuous improvement. Improvements are identified in a number of ways, including, adverse events analysis, surveys, internal and external audits, comments and complaints information and staff and resident suggestions. Improvements are recorded on continuous improvement reports and the plan for continuous improvement which is reviewed at the Quality Continuous Improvement Committee every month. The Occupational Health, Safety and Welfare Committee review hazards, audits, and accidents and injuries every two months. Each department also maintains a continuous improvement log of its own improvement initiatives. The quality support officer coordinates improvement and quality activities, including quality audits and evaluation of improvements. Staff and residents are informed of improvements at their meetings and on a one-to-one basis as appropriate. Staff confirm they can make suggestions. Residents and relatives are generally aware of improvements introduced at the home.

Examples of improvement activities and achievements in physical environment and safe systems in the last 12 months include:

- Following resident feedback the evening meal has been changed to include resident suggestions such as bacon and eggs and salad plates three times a week.
- To reduce the spread of infection a new washing machine had recently been purchased specifically for the washing of mop heads. Staff report mop heads are cleaner as a result.
- As a result of a corporate initiative the quality support officer now coordinates quality and occupational health, safety and welfare activities. Since the change processes have been streamlined and responsibilities allocated to ensure timely completion of required audits and activities. This improvement is yet to be formally evaluated.
- Following a corporate safety initiative the home has developed a black-out plan and a black-out box with supplies for use in a black-out. The home has not had cause to use the plan or equipment so this initiative has not yet been evaluated.

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 home is supported by the corporate office to identify changes to and maintain compliance with relevant legislation, professional standards and regulatory compliance. Changes to regulatory requirements are ‘alerted’ via the corporate intranet system to the director of care and quality support officer and reviewed by the Quality Continuous Improvement Committee and Occupational Health, Safety and Welfare Committee. Access to relevant federal and state legislation is available through the corporate intranet system. Staff are informed of updates through memos, training, policies and procedures. New or updated policies and procedures are printed and highlighted to staff in the staff room. Electrical test and tagging of equipment is managed by the corporate office and information provided to residents about this requirement on entry to the home. The home meets the safety requirements of the 1999 certification instrument. Staff are aware of their regulatory obligations.

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

The home has local processes in place and access to corporate systems to support management and staff to have appropriate knowledge and skills to perform their roles. Position descriptions set out qualifications, knowledge and experience required for each role. Training is organised corporately and locally to address specific requirements of staff. Local learning methods have been introduced to increase staff participation in training and include; handover training, ‘balloon training’ where key messages are displayed on balloons in staff areas and ‘T learning’ where key messages are displayed in the staff toilets. Training is provided by internal and external providers. A satellite transmitted training program has been installed. New staff attend corporate and local induction. Examples of training completed in physical environment and safe systems in the last 12 months include infection control, manual handling and food safety. Staff confirm they are satisfied with the training they receive. Residents and representatives confirm management and staff have the skills to complete their roles.

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 are satisfied with the level of comfort and security of the living environment. The home has systems to facilitate, monitor and maintain a safe and comfortable living environment for residents and staff. Holly Residential Care is a new purpose built aged care facility with nursing stations strategically positioned to be able to observe residents in the dining room, an observation area on the first floor for residents to observe lifestyle activities and many secure courtyards for residents to use safely. Residents' rooms have an individual split system air-conditioner with controls to adjust the temperature to their choice and comfort. An electronic security system is used throughout the home. This system is programmed according to staff responsibilities. Entry to the secure unit is through an electronic fob system. Passage ways are wide and uncluttered with many high back chairs purposefully placed for resident comfort. The home uses restraint to manage resident safety. The need for restraint is discussed and reviewed with the resident, representative and medical office on a regular basis. Maintenance and repairs are undertaken according to a routine schedule or when problems are identified. During the building warranty period the maintenance officer monitored and reported any building and equipment defects to the contractors. The home monitors, identifies and rectifies hazards and plans improvements through reporting mechanisms, internal and external audits.

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

Staff are aware of their obligations under occupational health, safety and welfare legislation. The home has processes to monitor and maintain a safe working environment through policies, procedures, duty statements and work schedules which guide and direct staff. Hazard reports are used to monitor activities and identify areas for improvement. Information from these reports is addressed at the Occupational Health Safety & Welfare Committee. Mandatory training and education programs are provided to staff at mandatory training sessions. The level of noise in the laundry has been investigated and although noise levels are within acceptable limits work practices have been reviewed. New equipment is trialed by staff prior to being implemented to assess need and safety. The home has monitoring systems, including, workplace inspections, supervision and monitoring of staff practices and external audits. Staff are aware of their obligations under occupational health safety and welfare legislation.

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 to monitor, detect and respond to risks associated with fire, security and other emergencies. Evacuation plans and emergency procedures are displayed throughout the home and appropriate fire fighting equipment is readily available. The home provides regular mandatory fire and evacuation training for staff. Checks and maintenance of fire suppression equipment, exits and alarms are undertaken by external contractors and the maintenance officer. A vacant block of land next to the aged care facility is maintained by the home to ensure that it is not a fire threat. The home has a security procedure for the front door in the afternoon and all other external doors are locked after hours. A secure car park is available for staff after hours and resident windows are designed with a limited opening capacity for resident safety. Staff are aware of procedures and their role, according to their skill level in fire, security and other emergencies. The home has a current certificate of compliance with essential safety provisions. Fire certification documents are available and the home meets the requirements of the safety section of the 1999 Commonwealth certification instrument.

4.7 Infection control

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

Team's recommendation

Does comply

Staff are provided with education, training and information to assist them to minimise the possibility of cross infection. The director of nursing has overall responsibility for infection control. Infection control issues are discussed at the Quality Improvement Committee. Procedures, plans, practices and equipment are available to monitor, identify and control infection. The infection data is evaluated to identify trends or opportunities for improvement within the home. Processes, including hand-washing, the use of personal protective equipment, temperature monitoring, colour-coded cleaning mops and single use equipment reduce the risk of cross infection at the home. The home has an outbreak management plan and pandemic influenza management folder. Staff are provided with education on infection control, including safe food handling as part of yearly mandatory training. Staff have personal protective equipment available and confirm they understand their responsibilities in their use. To reduce the spread of infection additional lifter slings have been purchased. A cleaning program for the slings has been developed. The home has an influenza vaccination program for staff and residents.

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

Residents are satisfied with the catering, cleaning and laundry services provided by the home. The home has systems to provide and monitor quality hospitality services, including catering, cleaning and laundry for residents and a safe work environment for staff. Residents' food preferences and needs are identified on entry to the home and changes in resident dietary needs are forwarded to the kitchen. Residents' meals are prepared and cooked at the ECH central production kitchen and delivered to the home using a cook chill method. The main food site is HACCP certified. Meals are transported in compliance with the *Food Safety Act* and temperature logs confirm the ongoing monitoring of food on delivery and during preparation. Food safety programs are in place at the home. Meals are heated and served to residents in the dining room. A four week menu is used by the home but allowances are made for individual choice and dietary needs. Catering staff are aware of resident's individual needs and preferences.

Resident personal clothing is laundered on site seven days a week. The laundering of linen is outsourced to an external provider. Processes are in place to minimise the amount of lost residents' clothing by the provision of a labeling service for all new pieces of clothing. The team observed that resident's clothes were returned ironed and neatly folded.

Cleaning services are provided seven days a week by cleaning staff following scheduled routines and duty lists. Monitoring of resident satisfaction and input into these services is gathered by comment and complaint processes, meetings, surveys and individual discussions.