



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Kaloma Hostel

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

The Agency has decided that the period of accreditation of Kaloma Hostel is three years until 29 September 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Kaloma Hostel				
RACS ID:	5304				
Number of beds:	50	Number of high care residents:	42		
Special needs group catered for:	<ul style="list-style-type: none">Dementia and other related disorders				
Street/PO Box:	16 Gough Street				
City:	GOONDIWINDI	State:	QLD	Postcode:	4390
Phone:	07 4671 1422		Facsimile:	07 4671 3890	
Email address:	ceo@kaloma.org.au				

Approved provider

Approved provider:	Kaloma Home for the Aged Limited
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Assessment team

Team leader:	Elizabeth Palmer
Team member/s:	Louise Brouwers
Date/s of audit:	14 July 2009 to 15 July 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
Does comply
Does comply

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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Does comply
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Agency findings
Does comply
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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	Kaloma Hostel
RACS ID	5304

Executive summary

This is the report of a site audit of Kaloma Hostel 5304 16 Gough Street GOONDIWINDI QLD from 14 July 2009 to 15 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kaloma Hostel.

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 14 July 2009 to 15 July 2009

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

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

Assessment team

Team leader:	Elizabeth Palmer
Team member/s:	Louise Brouwers

Approved provider details

Approved provider:	Kaloma Home for the Aged Limited
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Details of home

Name of home:	Kaloma Hostel
RACS ID:	5304

Total number of allocated places:	50
Number of residents during site audit:	50
Number of high care residents during site audit:	42
Special needs catered for:	Dementia and other related disorders

Street/PO Box:	16 Gough Street	State:	QLD
City/Town:	GOONDIWINDI	Postcode:	4390
Phone number:	07 4671 1422	Facsimile:	07 4671 3890
E-mail address:	ceo@kaloma.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kaloma Hostel.

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 officer	1	Residents/representatives	8
Care manager	1	Volunteers	1
Registered nurse	1	Workplace health and safety manager/maintenance officer	1
Endorsed enrolled nurse/Brigalow coordinator	1	Kitchen coordinator	1
Endorsed enrolled nurse	1	Cook	1
Quality coordinator	1	Catering staff	1
Infection control coordinator	1	Laundress	1
Office manager	2	Housekeeping coordinator	1
Care staff	8	Cleaning staff	2
Lifestyle officer	1	Maintenance staff	1
Lifestyle coordinator	1		

Sampled documents

	Number		Number
Residents' files	7	Medication charts	10
Summary/quick reference care plans	7	Personnel files	6
Residential care agreements	5		

Other documents reviewed

The team also reviewed:

- Activity calendar
- Admission package
- Annual meeting schedule
- Appliance temperature checks
- Application for employment forms
- Audit data and survey results 2009
- Behaviour monitoring chart
- Best practice folder
- Blood glucose levels & management chart
- Care policies and procedures
- Care staff handover notes
- Care trending data and analysis
- Certificate of assessment against 1999 certification instrument
- Cleaning schedule checklists
- Clinical file
- Clinical resource material
- Complaints register
- Completed audits
- Compliments register
- Continence assessments
- Dangerous drugs register
- Dementia monitoring chart
- Dietetic communication
- Doctors notes
- Duties statements
- Electronic care records and progress notes
- Electronic handover sheets
- Employee orientation manual
- Employment contracts
- Enduring power of attorney
- Environmental bacterial testing records
- Equipment monitoring protocol
- Falls risk assessment tool
- Fire and rescue service building survey report inspected 24 February 2009
- Fire equipment and systems servicing records
- Fire evacuation plans and procedures
- Fluvax list
- Food safety program
- Food safety standards and guidelines folder
- Food temperature checks
- Fortified diets booklet
- Glucometer calibration records
- Hazard alerts
- Hazard, incident and accident reports
- Hygiene roster
- Improvement logs
- Incident data
- Infection control trending data and analysis
- Kaloma chronicle
- Maintenance schedule and servicing documentation

- Material safety data sheets
- Medication and care meeting minutes
- Medication competencies
- Medication reviews and directives
- Meeting minutes
- Memorandum
- Menus
- Mission statement
- Mobility plans and review
- Modified meals and drinks folder
- Newsletters
- Night duty lists
- Nursing communication diary
- Nutritional supplement list
- Pain intensity tool
- Palliative care pathway
- Pharmacy liaison
- Physiotherapist communication book
- Physiotherapy schedule
- Policies, protocols and procedures
- Position descriptions
- Quality improvement forms
- Registered nurse registration
- Request for change in resident diet form
- Resident activity participation records and reports
- Resident admission forms
- Resident agreements
- Resident list
- Resident permissions forms
- Resident progress notes
- Residents' medical history/care notes
- Residents' meeting minutes
- Residents' bathing/shower schedule
- Residents' daily care profile
- Residents' information package
- Residents' likes and dislikes folder
- Residents' special care days
- Restraint authorisations
- Satisfaction surveys
- Sleep monitoring records
- Spark of life program
- Specialised care equipment orders
- Staff handbook
- Staff orientation package
- Staff performance appraisals
- Staff training attendance records
- Syringe driver competencies
- Temperature records
- Training/education folder
- Visitors sign in/out book
- Weight charts
- Workplace health and safety folder 2009
- Wound risk assessment and treatment plans

Observations

The team observed the following:

- Activities in progress
- Activity calendar on display
- Advocacy and external complaints posters and brochures
- Aged care complaints investigation scheme displayed
- Aromatherapy equipment
- Charter of rights and responsibilities
- Colour coded cleaning equipment
- Emergency exits with signage
- Equipment and supply storage areas
- Evacuation signage
- Family interacting with residents
- Fire detection alarm system and safety equipment
- Fire evacuation plan and safety equipment
- Hand washing and sanitising facilities
- Infection control posters
- Interactions between staff and residents
- Internal and external environment
- Kitchen equipment
- Living environment
- Manual handling equipment and aids
- Meal service
- Medication rounds
- Menu and communication board
- Mission statement
- Notice boards - posters/brochures
- Outbreak kits
- Pan rooms
- Packaged medications
- Secure storage of resident files
- Sharps containers
- Sign in/out book
- Specialised comfort mattresses and cushioning
- Specimen fridge
- Spills kits
- Staff accessing and wearing personal protective equipment
- Staff practises
- Staff working environment
- Storage of medications
- Suggestion box
- Unpacked and cold medication storage
- Volunteer one on one time with residents
- Wall mounted sanitizer hand gel dispensers
- White boards

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

Kaloma Home for the Aged has a continuous improvement system that comprises processes for the identification of improvement opportunities and the implementation, monitoring and evaluation of improvement solutions. Information is gathered through staff/resident/representative and other interested parties via comments and complaints, incident and accident reporting, an audit matrix, a quality improvement suggestion form, verbal feedback and through resident/staff meetings. Continuous quality improvement is discussed at the regular quality meeting and documented to ensure monitoring, implementation and evaluation. Feedback is provided through discussions with the originator of the suggestion, through staff and resident meetings, and memos. Staff and residents demonstrated an understanding of these processes and stated that they worked effectively. Examples of improvements relative to Standard One include:

- The home has employed a Clinical Care Manager to supervise, monitor and assist clinical staff in providing cares and to support clinical staff to undertake further studies. Staff indicated that the new clinical care manger provided them with support in relation to residents’ care needs.
- In response to staff requests and identification of increased resident acuity, the home has constructed pan rooms and purchased pan room equipment including electronic hands free pan flushers. Staff indicated that the new rooms and equipment are enabling easier and timelier processing of bed pans and has streamlined the associated infection control practices.
- The home has reviewed the processes and documents associated with staff appraisal and competencies on an ongoing basis and on commencement of employment. Included in the review is a system which ensures that by week eleven all staff have completed all aspects of the orientation process. Management indicated that the new system is providing an opportunity to ensure the orientation and ongoing management of human resources meets the needs of the home and of the employees.
- In response to staff requests, management incorporates a team approach to selection and review of the acquisition of equipment to be purchased by the home. Staff are consulted regarding equipment that they require and the opportunity to bring forward ant requests for new equipment. Through staff consultation and through staff requests, the home has acquired integrated, careflow air mattresses which are safer for the residents at risk of falling and more easily managed by staff attending these 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 has a system for capturing relevant legislation, regulations and guidelines, and for monitoring compliance in relation to the Accreditation Standards. Subscriptions to organisations providing information on changes to regulation and membership to peak industry bodies are in place. Policies are reviewed and updated to ensure currency. Staff have access to the home's policies and procedures and are notified of relevant changes through staff meetings and education. Compliance with legislative requirements is monitored through audits, competencies, training and observation of staff practice. Processes are in place to manage any identified regulatory issues and residents/representatives are informed of accreditation audits through meetings and noticeboards.

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

Management demonstrates a general and mandatory education/staff development program that includes an orientation program for all new staff, buddy shifts, memoranda and competency assessments. Mandatory training sessions are scheduled as needed and attendance at education sessions is documented and monitored by supervisors. Education topics in relation to Standard One are identified based on operational requirements of the home, audit/survey results, acquisition of new equipment/supplies, observation of staff practice and new/revised policies and procedures. Staff are supported and encouraged to self nominate their interest to attend internal and external educational opportunities; the home has resources to facilitate the provision of educational sessions. Staff demonstrate knowledge and skills appropriate to their roles and report satisfaction with the support they receive from management to participate in internal and external education and staff development opportunities.

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

The home has a comments and complaints system that captures comments, complaints and suggestions from residents, representatives, staff and other interested parties. Residents/representatives are informed about internal and external avenues of complaint via the resident handbook, the residential care agreement, brochures, notices displayed throughout the home, at resident meetings, and through one-to-one discussions with staff and management. Comments/complaints forms are available and accessible to residents; a secure comments box is located in the reception area for those who wish to lodge a confidential complaint. Management registers and acts upon all complaints received and monitors progress toward resolution. Management provides feedback to the originator in

writing, verbally, or via the telephone on the progress of the investigation and the final outcome. Residents/representatives are familiar with the various ways to initiate a complaint/suggestion and reported they feel comfortable in expressing any issues of concern and stated that they are dealt with promptly and adequately.

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 documented its commitment to quality throughout the service and the organisation's vision, values, philosophy and objectives; these are outlined in organisational documents including the staff and resident information packages and displayed through out the home. Staff are orientated on the organisation's vision, values, philosophy and objectives before commencing employment and an organisational code of conduct is maintained.

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

Residents and their representatives are satisfied with the skills and sufficiency of staff to attend to their needs in an appropriate and timely manner. Reference checks, proof of current registration, qualifications and police checks is conducted prior to commencement of employment. Staff are provided with an employment package; completion of competencies and induction/orientation procedures are required and new staff are accompanied for initial shifts to ensure they are familiar with the role and variance in shift requirements. Initial training includes workplace health and safety, manual and chemical handling and infection control practices; individual performance management occurs when/if required. Clinical staffing levels are based on changes to residents care needs and analysis of clinical indicators; absences are filled with permanent/casual staff when possible. Staff confirm they are provided with time to perform their role. Hospitality, clerical and maintenance personal are employed to meet the non-clinical needs of the home.

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 processes to identify, maintain and purchase appropriate goods and equipment for the delivery of services. Service agreements include provision for feedback and replacement when goods or services are unsuitable. Management, contracted maintenance and workplace health and safety personnel ensure that equipment is suitable for its intended use and risk assessment processes are undertaken where appropriate. Minimum stock levels are maintained across all areas of the home in consideration of

variations in staff and residents' requirements. A preventive maintenance program ensures equipment is serviced and maintained according to manufacturer's recommendations. Staff and key personnel have procedures/authority to repair or replace equipment and goods as necessary and have access to emergency contacts for urgent and after hours repairs. Residents and staff have access to a consistent supply of stock and suitable equipment to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes in place to ensure appropriate information is managed in a secure and confidential way. Staff and resident information is stored in secured areas and is only accessible to authorised personnel. Service policy and procedures, legislative information, administrative and educational information is provided to staff through written communication, one to one discussion, communication folders, meetings, memoranda and meeting minutes. An electronic clinical management system is used to provide information in relation to resident care provision with a computerised system used to manage the collection, communication, reporting and trending of maintenance requirements, incidents, training information, organisational communication and quality systems. Electronic information is secured by password access and data is backed up to prevent loss of important information. Staff reported that they have access to information relevant to their position and stated that changes to residents' current needs are communicated to them in a timely manner.

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 a list of selected external providers with service agreements to ensure their compliance with the home's quality, workplace health and safety and legislated requirements. Arrangements are in place to ensure alternative and after hour's availability as needed. Key personnel monitor the activities of external providers; a record is kept to document communications and a register of scheduled servicing is used to track and ensure requirements are being met as planned. Service agreements are reviewed annually or as required with input from relevant stakeholders. A list of external service providers is accessible to staff who can obtain authority to contact them when issues occur. Resident and staff feedback identified external services are maintained to ensure a standard that meets their needs.

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

Kaloma Home for the Aged has a continuous improvement system that comprises processes for the identification of improvement opportunities and the implementation, monitoring and evaluation of improvement solutions. Information is gathered through staff/resident/representative and other interested parties via comments and complaints, incident and accident reporting, an audit matrix, a quality improvement suggestion form, verbal feedback and through resident/staff meetings. Continuous quality improvement is discussed at the regular quality meeting and documented to ensure monitoring, implementation and evaluation. Feedback is provided through discussions with the originator of the suggestion, through staff and resident meetings, and memos. Staff and residents demonstrated an understanding of these processes and stated that they worked effectively. Examples of improvements relative to Standard Two include:

- To develop a more multidisciplinary approach to care planning for residents, the home has enabled off site internet care plan access for medical officers. Most medical officers who visit the home are able to review the care plans and associated documentation of their patients and provide guidance or make comment regarding changes to care provision. Management indicated that medical officers have found the ability to access information on their patients to be a positive improvement.
- The home has developed individual portfolios for enrolled endorsed nurses and registered nurses, these portfolios include the management of continence, wounds, palliative care, infection control and medication. Staff who were responsible for these areas commented positively that they had increased understanding of their particular area, were assisted and supported to participate in continuous improvement initiatives in these areas and were able to guide staff to enable improved outcomes for residents through ongoing monitoring and activity in selected portfolios.
- The home has successfully applied for funding grants which enables five personal care staff members to attend a two day workshop on palliative care. Management and care staff indicated that the palliative care workshops will assist the home to provide evidence based best practice clinical care to residents' who are in the palliative stage of their clinical care.
- In response to audit findings, the home has developed a list of nurse initiated medications. The list has been developed in consultation with medical officers and a pharmacist and includes information to guide staff practice in regard to initiating commonly used over the counter medications. Staff indicated that the list and defined indications/actions/contraindications provides them with a valuable resource for decision making.
- In response to an identified trend in skin tears, the home has updated its skin tear protocol, adjusted care plans and provided education of skin tear management and prevention. As a result of the education in implemented strategies, the home has reduced the number of skin tears experienced by the residents.

- In response to resident falls occurring, the home has developed a new falls prevention and post falls management program. This falls program incorporates a multidisciplinary approach including involvement from the workplace health and safety officer, allied health professionals and clinical staff. Management indicated that the new program has improved the management of residents at high risk of falling and ensures the post fall assessment; reassessment and appropriate strategies are put in place to reduce the likelihood of the resident experiencing further falls.
- In response to identified changes in residents' needs and with the assistance of the local area health authority, the home has developed a syringe driver education, competency package and observation and evidence based care path documentation. Clinical staff indicated that the education, competency package and associated documentation has enabled them to care confidently for residents who are in the palliative phase of their care.

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 has a system for capturing relevant legislation, regulations and guidelines, and for monitoring compliance in relation to the Accreditation Standards. Subscriptions to organisations providing information on changes to regulation and membership to peak industry bodies are in place. Policies are reviewed and updated to ensure currency. Staff have access to the home's policies and procedures and are notified of relevant changes through staff meetings and education. Compliance with legislative requirements is monitored through audits, competencies, training and observation of staff practice. Processes are in place to manage any identified regulatory issues and residents/representatives are informed of accreditation audits through meetings and noticeboards.

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

Management demonstrates a general and mandatory education/staff development program that includes an orientation program for all new staff, buddy shifts, memoranda and competency assessments. Mandatory training sessions are scheduled as needed and attendance at education sessions is documented and monitored by supervisors. Education topics in relation to Standard Two are identified based on operational requirements of the home, audit/survey results, acquisition of new equipment/supplies, observation of staff practice and new/revised policies and procedures. Staff are supported and encouraged to self nominate their interest to attend internal and external educational opportunities; the home has resources to facilitate the provision of educational sessions. Staff demonstrate knowledge and skills appropriate to their roles and report satisfaction with the support they receive from management to participate in internal and external education and staff development opportunities.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents/representatives confirm that the clinical care they receive is appropriate to their needs and preferences. Initial assessment is undertaken on admission to the home using a range of assessment tools that assist in identifying residents’ care needs in relation to health areas such as pain, skin integrity, continence, behaviours, mobility and dexterity, sensory loss and sleep. Information is collected during the assessment phase using assessment forms, flow charts, review of referral/transfer information, information from the treating doctor and observation of the resident. Care planning is undertaken by the care manager/registered nurse following review and re-evaluation of the assessment information collected and care plans are reviewed monthly and/or as resident needs change. A case conference, to discuss care planning, with nursing, therapy staff and in consultation with family is conducted annually and when necessary in response to residents’ changing care needs; medical reviews occur at regular intervals and when required by an acute episode or deterioration in a residents’ health. Staff demonstrate an understanding of individual resident care needs and preferences and are satisfied with the communication processes utilised to inform them of resident clinical care changes.

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’ specialised nursing care needs are identified through assessment and care planning processes conducted. The Care Manager is supported by an endorsed enrolled nurse in the provision of specialised nursing care including urinary catheter, oxygen therapy, diabetic, syringe driver medication, behaviour, wound and pain management with assistance sought from specialist health services as required. Care interventions are planned and discussed with the care staff who report any changes to the Care Manager. Progress and review of the management of these cares is documented in the residents’ computerised progress notes/ database and care plans. Ongoing monitoring of care needs is conducted through observation, discussion with residents, review of residents’ records, and feedback from staff and health professionals. The visiting medical officers, allied health practitioners and specialist services are contacted if additional support is required for individual residents. Residents indicate satisfaction with the specialised nursing care they receive.

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’ allied health and specialist needs are identified on admission and referral to appropriate health specialists is undertaken in a timely manner. A variety of health specialists are utilised by the home including physiotherapy, podiatry, dietitian, speech pathology and dementia specialists. A referral is initiated by registered nursing staff and/or medical officers. Resulting instructions and strategies for ongoing care are documented and retained in

residents' records. Staff demonstrate an understanding of the indicators for referral for initial and ongoing assessment by other health specialists and medical officers communicate remotely into respective resident's electronic care plans. Residents/representatives indicate they are referred to appropriate health specialists in accordance with their care needs and wishes.

2.7 Medication management

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

Team's recommendation

Does comply

Systems are in place to identify residents' initial and ongoing medication management needs. Care staff who have undergone medication competencies provide residents with their medication via multi dose blister packs. The Care Manager is responsible for the ordering of unpacked medications, notifying pharmacy of changes to resident's medications. A system for checking of weekly packs when delivered to the facility has been implemented and local pharmacy services deliver daily as necessary. Processes are in place to monitor and evaluate the administration of variable dose and timed medication and 'as required' medication. Resident medication charts contain photographic identification, allergies and specific instructions for administration and residents' medications are assessed twice yearly by a clinical pharmacist. Medications including controlled and refrigerated drugs are stored and monitored appropriately. Staff demonstrate safe practice when providing residents' medication. Residents/representatives are satisfied that their medication is administered safely and correctly.

2.8 Pain management

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

Team's recommendation

Does comply

Residents with pain are identified by assessment on admission to the home and as they experience pain symptoms. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. Staff implement a variety of non-pharmacological pain relief strategies such as heat packs, massage, aromatherapy, acupuncture and other nominated treatments requested by residents to ensure they remain as free as possible from pain and staff have outlined pain management strategies for individual residents. Progress notes entries show that action is taken in response to residents' reports of pain and medical officers prescribe treatments such as analgesic patches which have reportedly improved the management of some residents' pain. The effectiveness of pain management strategies are evaluated through progress notes and planned pain management interventions undertaken through monthly care plan reviews. Residents reported they are satisfied with the way their pain is managed.

2.9 Palliative care

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

Team’s recommendation

Does comply

Strategies to ensure the comfort and dignity for residents who are palliating are developed and reviewed by the care manager and specialised training is underway for other clinical staff to assist in this process. Maintenance of residents’ comfort and dignity is supported by access to, and use of appropriate clinical equipment, suitable meals and drinks, skin care and pain management. Staff review the palliative care needs of residents on an individual basis to ensure that the home can co-ordinate and provide appropriate clinical and emotional/spiritual support and information such as enduring power of attorney and advanced health directives are located in the residents’ records. Resident/representative feedback indicated satisfaction with the home’s ability to meet their current palliative care needs.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ nutrition and hydration needs including likes, dislikes, cultural, and food allergies are identified on admission through the completion of a dietary analysis form. The information gathered is used to develop the resident’s care plan and inform the kitchen, to ensure appropriate meals are provided to all residents. Strategies implemented to assist residents to maintain adequate nourishment include the provision of appropriate eating aids, assistance to eat and drink, provision of texture modified diets and dietary supplements as required; staff are provided with positioning and feeding competencies by the speech therapist. Residents are weighed on admission then monthly or more frequently, as needed. Weight variances are trended and unintended weight loss or gain is analysed for causative factors; referral and regular review by allied health professionals is undertaken in relation to the introduction of special diets and/or supplements. Residents/representatives are satisfied with the home’s approach in meeting their nutrition, hydration and associated support needs.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin integrity is assessed and a risk assessment is performed on admission and when the resident’s care needs change. Results and strategies are documented on the care plan and are monitored and evaluated during hygiene routines and delivery of care. Daily monitoring of residents’ skin integrity is undertaken by care staff and changes in residents’ skin integrity is reported to the care manager and appropriate action taken; advice is sought from wound management specialists and relevant allied health professionals as required. The home provides equipment and aids to enhance residents’ skin integrity such as mattresses, limb protectors and emollient creams; the home has commissioned the provision of specialised cushioning tailored for identified resident’s care needs in relation to pressure

areas. Skin tears are reported and where impairment has occurred or the skin is compromised, a wound treatment chart and risk assessment identifying any specific treatment and interventions is implemented, reviewed and evaluated by the care manager. Residents/representatives confirm they are satisfied with the care they receive in relation to their skin integrity.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents’ continence needs are assessed on admission using continence flow chart, bladder and bowel assessments. Residents’ individual continence programs are assessed and developed by the care manager in consultation with the link nurse and are detailed on care plans to guide staff practise. Care plans are reviewed monthly in consultation with the resident/representative and care manager, who is a continence advisor in order to identify strategies for residents’ continence needs are managed including the use of continence aids, toileting times, and other non-pharmacological interventions. The home has established a catheter care program and can access specialist consultative input from the local hospital in relation to invasive continence requirements. Information related to residents changing continence needs such as urinary tract infections, changes to bowel frequency and changes to continence aids required are documented and monitored through resident records including: progress notes, bowel and medication charts and via communication books and handover processes. Residents/representatives are satisfied with the level of assistance and aids provided to manage and maintain their continence.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents’ behaviour care needs are assessed on admission with care plans developed in relation to resident identified behaviours and strategies developed to manage these behaviours. Interventions such as activities, mobility and aromatherapy programs are used effectively within the home and specialist advisory services have been accessed in relation to care staff education and intervention implementation. Ongoing review and monitoring of residents’ behaviours is documented in the progress notes, behaviour charts and communicated to staff through handover processes. A secured unit provides a safe environment for residents who are at risk of wandering and restraint authorisations are in place. The Care Manager in conjunction with the Secure Wing Coordinator and care staff monitor the effectiveness of care strategies and the incidence of aggression is reported, monitored and managed with calming strategies used and staff awareness of triggering factors. Residents/representatives confirm they are satisfied with the homes approach in the provision of care for individual residents and that preventative strategies are in place and are effective in minimising the occurrence of challenging behaviours.

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’ mobility and dexterity requirements are assessed on admission and a physiotherapist is utilised to identify specific mobility programs, falls risk, manual handling needs and mobility aids. Staff implement exercise programs prescribed by the physiotherapist to promote and maximise residents’ independence. Falls prevention strategies are in place and falls are reported through the incident reporting processes to enable any trends to be identified. Resident care needs are documented in the care plan and staff are familiar with the individualised needs of the residents in relation to this. Review of residents’ changing mobility and dexterity needs is undertaken by the physiotherapist and in conjunction with the care manager, care staff, medical officer and family. Case conferencing where required provides an opportunity to review and monitor residents ongoing needs. Residents/representatives reported satisfaction with their programs to assist them achieve optimal levels of mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents are assessed to ascertain their oral and dental care needs during the initial admission assessment process. Residents/representatives are consulted throughout this process to identify residents’ individual needs and preferences and these are incorporated into care planning. Residents/representatives are also consulted related to their preferences for oral and dental care providers within the community. Review of care interventions is undertaken monthly or as residents’ changing needs indicate and texture modified meals provided where oral and dental health is altered; Staff are provided with education on oral hygiene strategies. Staff facilitate access to other health providers such as dentists and speech pathologists on an as needed basis and this is communicated to staff through the handover processes, diary and resident records. Residents/representatives are satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Information relating to the residents’ sensory needs including vision, hearing and speech is identified on admission and on an ongoing basis. Individual residents’ sensory loss is documented in residents’ care plans which are reviewed monthly. Care, physiotherapy, and lifestyle staff assist residents with sensory loss through review of the risks related to each resident and assisting residents with daily care, aromatherapy and leisure and interest activities such as texture/touch activities conducted to assist in stimulating residents’ senses. The home has access to annual optometry visits and residents are referred to local

specialists such as audiologists, optometrists, speech therapy and the diabetic nurse consultant in accordance with assessed need and in consultation with the resident, their representative and medical officer. Appointments are diarised and staff assist residents to attend as required. Staff have an understanding of individual resident needs and strategies to promote effective communication. Staff are provided with education in the use and cleaning of sensory aids. Residents report satisfaction with the management of their sensory care needs.

2.17 Sleep

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

Team’s recommendation

Does comply

Assessment information related to residents’ individual sleep and rest needs and preferences is collected as part of the initial assessment package. Care plans identify resident’s individual strategies related to sleep and rest such as offering hot drinks, the use of aromatherapy, providing emotional support by sitting with residents to allay fears, massage, analgesia and identification of preferred rest/settling and rising times. Monitoring of residents’ sleep and rest patterns is undertaken through the progress notes, sleep reassessments, and communicated through the handover process. When necessary, referral to the resident’s medical officer is undertaken to review medication if strategies to achieve natural sleep are ineffective. Residents/representatives expressed satisfaction with the assistance staff provide them in achieving natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Kaloma Home for the Aged has a continuous improvement system that comprises processes for the identification of improvement opportunities and the implementation, monitoring and evaluation of improvement solutions. Information is gathered through staff/resident/representative and other interested parties via comments and complaints, incident and accident reporting, an audit matrix, a quality improvement suggestion form, verbal feedback and through resident/staff meetings. Continuous quality improvement is discussed at the regular quality meeting and documented to ensure monitoring, implementation and evaluation. Feedback is provided through discussions with the originator of the suggestion, through staff and resident meetings, and memos. Staff and residents demonstrated an understanding of these processes and stated that they worked effectively. Examples of improvements relative to Standard Three include:

- In response to residents’ decreasing mobility, the home has redesigned areas of the home to provide dining areas closer to residents’ rooms. Residents’ are now able to dine in designated areas in each wing of the home if this is their preference. Additionally, the home has purchased new tables which allow easier access for wheelchairs. Residents commented positively regarding the new dining areas provided and the new dining furniture which enables wheelchair bound residents to dine together.
- In response to a representative request, the home has engaged the local church to provide second weekly church services in the secure area of the home. Staff indicated that the service provided was attended by residents and representatives and that the feedback from representatives was positive.
- In response to resident request, the home is now providing more music for residents. The home has allocated two afternoons a week and engaged community performers to provide a varied selection of music for the residents. Residents/representatives indicated satisfaction with the new music program.
- In response to staff feedback, the home has updated and changed the information collected on residents on entry to the home. The new biographical question sheet now provides all staff for more comprehensive information regarding the residents’ preferences. Staff indicated that the new admission document provides more information to guide practice especially during the admission phase.

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 has a system for capturing relevant legislation, regulations and guidelines, and for monitoring compliance in relation to the Accreditation Standards. Subscriptions to organisations providing information on changes to regulation and membership to peak industry bodies are in place. Policies are reviewed and updated to ensure currency. Staff have access to the home's policies and procedures and are notified of relevant changes through staff meetings and education. Compliance with legislative requirements is monitored through audits, competencies, training and observation of staff practice. Processes are in place to manage any identified regulatory issues and residents/representatives are informed of accreditation audits through meetings and noticeboards.

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

Management demonstrates a general and mandatory education/staff development program that includes an orientation program for all new staff, buddy shifts, memoranda and competency assessments. Mandatory training sessions are scheduled as needed and attendance at education sessions is documented and monitored by supervisors. Education topics in relation to Standard Three are identified based on operational requirements of the home, audit/survey results, acquisition of new equipment/supplies, observation of staff practice and new/revised policies and procedures. Staff are supported and encouraged to self nominate their interest to attend internal and external educational opportunities; the home has resources to facilitate the provision of educational sessions. Staff demonstrate knowledge and skills appropriate to their roles and report satisfaction with the support they receive from management to participate in internal and external education and staff development opportunities.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents and/or representatives are satisfied that staff and management are supportive and understand their emotional needs. There are established policies, procedures and processes to identify and assess emotional support needs on admission and when changes to care needs occur. The Care Manager, in consultation with the care staff and lifestyle officers develop and review the care plans to reflect emotional support needs for residents. Residents and their representatives are given information about the home prior to admission to facilitate their integration into residential life. Access to pastoral care can be facilitated.

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/representatives confirmed that staff assist them to achieve their desired level of independence. The needs of residents in relation to their independence are assessed on admission and when changes to care needs occur, via focus assessment tools. The care manager along with care and lifestyle staff in consultation with relevant allied health specialists develop and review the care plans to also reflect the desired levels of independence. Aids to assist with maintaining optimal levels of mobility are provided or sourced for residents. Residents are encouraged to be independent with shopping trips, maintaining links with the community, social outings or varied activities and personalisation of their individual ensuited rooms.

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/representatives are satisfied that their privacy is respected and staff treat them with dignity showing consideration for their personal lifestyle and care choices. There are established policies, procedures and processes to identify and assess the privacy and dignity needs of residents on admission and when changes to care needs occur. Care plans reflect the individual needs of residents and include consideration for the residents' family and friends. Care staff are aware of privacy and dignity considerations when attending to residents care needs; care staff address residents by their preferred name. Resident information is stored and utilised in a manner that supports residents' privacy.

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/representatives are satisfied with the lifestyle program and the range of activities available to them if they choose to participate. There are established policies, procedures and processes to identify and assess leisure and activity needs on admission and when changes to care needs occur, via a resident database and focus assessment tools. The lifestyle officers in consultation with the care manager and care staff, develop and review the care plans to reflect leisure and activity needs for residents. Volunteers support the activity program and the secure wing promotes varied activities designed with specialised external input to support residents' emotional needs. The monthly activities calendar is printed and distributed to residents/representatives and displayed throughout the home. Records of attendance are maintained to assist in the evaluation of the program and activities and outings are evaluated with residents and reflect individual interests and preferences including preferences relating to all residents. Additional activities are incorporated based on resident

feedback and one-to-one activities are provided to residents who require individualised support.

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/representatives confirmed that their cultural and spiritual needs or preferences are respected and supported through a variety of activities including access to church services and recognised days of cultural celebration. The identification of residents' cultural and spiritual needs and research in relation to specific traditions occurs following admission via the lifestyle assessment. Care needs and preferences are reflected in the resident care plan, which is developed in consultation with the lifestyle officer, care manager and the care staff. Specific cultural and religious activities are programmed and links to the various religious denominations are encouraged and supported. A suitable area is available and used within the home for the provision of spiritual services. Pastoral care is provided to residents who request this service. Interpreter services can be obtained where there is an identified need and the home has access to advice through a local cultural health centre.

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/representatives are satisfied they are able to make choices about their care and lifestyle. There are established policies, procedures and processes to identify and assess choice and decision-making needs on admission and when changes to care needs occur. Information in relation to residents' appointed decision-makers is documented in their file. Residents are informed about their rights and responsibilities through interview on admission. Information about residents' rights and responsibilities is contained in the resident handbook offered to all residents on admission and a monthly publication is distributed to residents/representative and members of the community with assistive and eventful information provided. Residents have the right to refuse care or treatment offered and such refusal is documented in the progress notes. Information regarding advocacy services is available and regularly published. Residents' meetings provide a forum for residents to make suggestions regarding the care and services provided which is linked to the homes continuous improvement activity.

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

Information is provided to residents/representatives about residents' tenure and their rights and responsibilities. Admission policies, procedures and processes assist management and staff to identify and support security of tenure via one-to-one interview prior to admission and the resident handbook. All residents and/or representatives are offered a residential care agreement on admission which contains information on relevant fees or charges, rights and responsibilities as well as external complaints processes. Consultation with residents/representatives occurs as required where changes in care are identified and/or if room changes may be necessary. Processes are in place to ensure that residents/representatives are informed of conditions of occupancy. Resident/representative feedback mechanisms such as a recent resident/representative surveys conducted at the home indicate they are aware of, and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

Kaloma Home for the Aged has a continuous improvement system that comprises processes for the identification of improvement opportunities and the implementation, monitoring and evaluation of improvement solutions. Information is gathered through staff/resident/representative and other interested parties via comments and complaints, incident and accident reporting, an audit matrix, a quality improvement suggestion form, verbal feedback and through resident/staff meetings. Continuous quality improvement is discussed at the regular quality meeting and documented to ensure monitoring, implementation and evaluation. Feedback is provided through discussions with the originator of the suggestion, through staff and resident meetings, and memos. Staff and residents demonstrated an understanding of these processes and stated that they worked effectively. Examples of improvements relative to Standard Four include:

- In response to identification of a need by the new infection control officer for the home to have resources to respond rapidly to potential infectious outbreaks, the home has developed an outbreak management kit, guidelines and provided education to staff regarding management of outbreaks and/or possible outbreaks. Staff indicated that they were aware of the location of the outbreak management kit and new the home’s triggers to commence outbreak management in the even of a potential outbreak.
- To ensure an ongoing timely response to maintenance requirements after expansion of the home, management has employed an addition maintenance officer on a part time basis. Staff indicated that response to maintenance needs was timely and that the new officer was able to provide a comprehensive range of repair services to the home.
- In response to legislative changes, the home has trained a Fire Safety Advisor at the home. The Fire Safety Officer indicated that the course has provided him with comprehensive information regarding fire systems and legislative requirements and assists him in his role at the home.
- In response to upcoming food safety requirements, the home has trained three catering staff members to be Food Safety Officers. Catering staff indicated that the training has provided them with the resources to ensure ongoing compliance requirements with food safety and that the training is a valuable resource to cater staff members.

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 has a system for capturing relevant legislation, regulations and guidelines, and for monitoring compliance in relation to the Accreditation Standards. Subscriptions to organisations providing information on changes to regulation and membership to peak industry bodies are in place. Policies are reviewed and updated to ensure currency. Staff have access to the home's policies and procedures and are notified of relevant changes through staff meetings and education. Compliance with legislative requirements is monitored through audits, competencies, training and observation of staff practice. Processes are in place to manage any identified regulatory issues and residents/representatives are informed of accreditation audits through meetings and noticeboards.

4.3 Education and staff development

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

Team's recommendation

Does comply

Management demonstrates a general and mandatory education/staff development program that includes an orientation program for all new staff, buddy shifts, memoranda and competency assessments. Mandatory training sessions are scheduled as needed and attendance at education sessions is documented and monitored by supervisors. Education topics in relation to Standard Four are identified based on operational requirements of the home, audit/survey results, acquisition of new equipment/supplies, observation of staff practice and new/revised policies and procedures. Staff are supported and encouraged to self nominate their interest to attend internal and external educational opportunities; the home has resources to facilitate the provision of educational sessions. Staff demonstrate knowledge and skills appropriate to their roles and report satisfaction with the support they receive from management to participate in internal and external education and staff development opportunities.

4.4 Living environment

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

Team's recommendation

Does comply

The home's environment provides safe access to clean internal and external areas with furniture sufficient and appropriate for residents and their visitors. Residents are encouraged to maintain their independence; residents have access to call bells, toilets, adapted plates, cups, cutlery and mobility aids. Internal cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Work instructions detail the frequency of cleaning regimes and ensure cleaning programs cover all areas of the home; the quality of cleaning services is monitored on an on-going basis by key personnel and deficiencies are addressed as needed. Hazards identified by anyone at the

home are risk assessed and remedial action is taken as appropriate. Preventative, corrective and routine building and equipment maintenance is conducted by the maintenance officer or by external contractors. Residents are individually assessed for risk in relation to their safety and appropriate preventive/corrective actions are taken. Work instructions for night duty staff include lock up procedures and an external provider conduct random patrols after dark. Staff are aware of and demonstrate practices that ensure the safety and comfort of residents. Residents/representatives are satisfied with the living environment of the home.

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

The home has procedures, processes and practices in place to assist in the identification, actioning and review of safety issues. Workplace health and safety information is provided at staff meetings, orientation, and mandatory training. Safety performance is monitored through audits/inspections, competency assessments, hazards reporting, risk assessments and incidents/accident reports. Identified issues are reviewed and action taken. Staff implement safe practices whilst performing their role and have access to material safety data sheets and personal protective equipment. Chemical, equipment and supply storage areas are identified by signage. Accidents and incidents are recorded identifying frequency, severity and location and action is taken to instigate control methods to prevent any reoccurrence. Staff reported that they were aware of their safety obligations and that management was responsive to providing a safe workplace for them. Residents reported that they felt that the environment was safe.

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

Processes are in place to guide residents and staff in emergency procedures and this is documented in the fire security and emergency manuals. A resident fire list report is kept updated and informs staff of resident numbers in the event of an emergency. The maintenance of fire systems and equipment is undertaken by an external service provider and is monitored through the planned maintenance program. Staff complete fire safety training during orientation and on an annual basis and this attendance is monitored and processes are in place to follow up non-attendance. Illuminated signage and evacuation plans are in place and emergency instructions and other relevant information is displayed at the fire panels. Fire and other emergency information is provided to residents through consultation and meetings. Staff indicated awareness of fire safety and evacuation procedures, location and use of fire fighting equipment.

4.7 Infection control

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

Team's recommendation

Does comply

Management demonstrated that its infection control program is effective in identifying and containing infection and organised strategies are in place within the home should an outbreak occur. Information on infection surveillance and regular trending data through audits on the effectiveness of infection control are maintained, reviewed and updated by the home. Staff education on hand washing and chemicals is provided at staff orientation and ongoing through both internal and external training. Staff practice is consistent with relevant infection control guidelines and the home subscribes to a recognised external provider for legislative updates and industry guidelines. Individual resident infections are recorded and followed up through resident progress notes and infection forms via the electronic care planning system. Colour coding systems in relation to, chemicals, cleaning equipment, laundry, and adequate cleaning procedures are in place and the home has recently introduced a food safety program.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Processes are in place for the provision of catering, cleaning and laundry services that enhance residents' quality of life and staff's working environment. Catering services are provided on-site to meet residents' identified dietary and clinical needs and preferences. Residents/representatives have input into the menu through surveys, meetings and one-to-one discussion. Cleaning schedules are in place and staff perform these across all areas of the home. The laundry service at the home follows infection control practices and ensures a timely return of resident's personal laundry and linen. The quality of catering, cleaning and laundry services is monitored through resident/representative and staff feedback, outcomes of audits and equipment maintenance. Residents indicated they are satisfied with the catering, cleaning and laundry services; staff stated that hospitality services enhance their working environment.