



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Leigh Place

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

The Agency has decided that the period of accreditation of Leigh Place is three years until 14 October 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Leigh Place		
RACS ID:	0455		
Number of beds:	65	Number of high care residents:	24
Special needs group catered for:	<ul style="list-style-type: none"> • People with dementia in a 13 bed house 		
Street/PO Box:	12-18 Leigh Ave		
City:	ROSELANDS	State:	NSW
		Postcode:	2196
Phone:	02 9153 8222		Facsimile:
			02 9584 1221
Email address:	info@leighplace.com.au		

Approved provider

Approved provider:	Leigh Place Retirement Housing Inc
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Assessment team

Team leader:	Denise Marianne Touchard
Team member/s:	Toby Hammerman
Date/s of audit:	18 August 2009 to 19 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

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

Agency findings
Does comply
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Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Leigh Place
RACS ID	0455

Executive summary

This is the report of a site audit of Leigh Place 0455 12-18 Leigh Ave ROSELANDS NSW from 18 August 2009 to 19 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes.

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Leigh Place.

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 18 August 2009 to 19 August 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:	Denise Marianne Touchard
Team member:	Toby Hammerman

Approved provider details

Approved provider:	Leigh Place Retirement Housing Inc
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Details of home

Name of home:	Leigh Place
RACS ID:	0455

Total number of allocated places:	65
Number of residents during site audit:	59
Number of high care residents during site audit:	24
Special needs catered for:	People with dementia in a 13 bed house

Street/PO Box:	12-18 Leigh Ave	State:	NSW
City/Town:	ROSELANDS	Postcode:	2196
Phone number:	02 9153 8222	Facsimile:	02 9584 1221
E-mail address:	info@leighplace.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Leigh Place.

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
General manager	1	Home services co-ordinator	1
Book-keeper	1	Cleaning contractor representative	1
Receptionist	1	Contracted cleaner	1
Clinical nurse consultant/infection control co-ordinator	1	Laundry staff	1
Senior care co-ordinator/occupational health and safety committee member	1	Maintenance co-ordinator/fire officer	1
Homemakers	6	Residents	20
Recreational activity officers	2		

Sampled documents

	Number		Number
Residents' files (including care plans, assessments, progress notes, medical officer reports, various consent forms, hospital discharge summaries, and pathology results)	18	Medication summary sheets/medication signing and administration folders in each house	12
Medication incident reports 2009	16	Daily care forms: shower forms, bowel charts, blood sugar and blood pressure measurement charts	12
Assessments for residents who self administer their medications	2	Resident administration files	4
Staff personnel files	8		

Other documents reviewed

The team also reviewed:

- Abuse of older people folder
- Accident incident reports and data
- Accommodation bond folder, including register
- Activity attendance records
- Activity evaluations
- Activity plans (individual residents)
- Aged care complaints resolution folder
- Annual fire safety statement
- Approved provider profile/key personnel folder
- Assessments for funding and care purposes
- Audit schedule: internal and external
- Audits internal and commercial benchmarking package
- Blood glucose monitoring charts
- Business risk management tool kit and plan
- Care staff competency assessment folders
- Certification requirements folder
- Cleaning contractor inspections report
- Cleaning manual
- Clinical assessments: initial data
- Clinical assessments scheduled for days eight to 30 after entry
- Commercial company audit program folders
- Communication diary
- Complaints brochures
- Continuous quality improvement plans folder
- Contractor's guide for safety and conduct
- Dental, optometry and audiology folders
- Diet analysis sheets
- Disclosure standard folder
- Education and training attendance records tracking sheet
- Education folder
- Electrical equipment log book
- Electrical maintenance book
- Email, dated 17 August 2009, about a review of the resident agreement template
- Emergency lighting maintenance log book
- Emergency procedures flip-charts
- Environmental audits and shed/storage area audits
- External service provider agreements folder
- External stakeholder survey
- Fire officer certification folder
- Fire safety service books
- Food and equipment temperature testing records
- Food order forms
- Food sanitisation records
- Gardening log
- Handover sheets
- Housekeeping folder, including daily cleaning program records
- Infection control folder
- Infection control manual
- Laundry manual
- Liquidity management strategy folder
- Maintenance log

- Material safety data sheets
- Medical advisory committee meeting minutes
- Medication monthly audits
- Medication refrigerator monitoring records
- Medication reviews
- Medication storage audits
- Meeting meetings: administrative staff; House 5 staff; infection control committee; manual handling committee; medication advisory committee; occupational health and safety committee; recreational activity officers; senior homemakers/quality improvement committee
- Menu choice forms
- Menu feedback sheets
- Menus
- Microwave radiation surveillance records
- New resident information/forms pack
- Newsletters
- Notes from residents' meetings - Houses 1, 2, 3, 4 and 6
- NSW Food Authority licence
- NSW Food Authority reports folder
- Occupational health and safety folder, including hazard alert and staff injury records
- Pain monitoring charts
- Pest control records folder
- Pharmacy medication audits
- Physiotherapy programs
- Police checks and statutory declarations folder
- Policies and procedures folder
- Position descriptions folder
- Preventative maintenance folder
- Privacy brochure
- Proposed new medication charts
- Proposed new statutory declaration template for staff
- Receivals book
- Resident accidents folder
- Resident agreement
- Resident handbook
- Resident infection rates folder
- Residents comments and complaints register
- Residents' information handbook
- Residents' information package and surveys
- Residents' information sessions folders
- Residents' physical assessments folder
- Residents' units cleaning audits
- Search procedure for missing resident
- Servery manual
- Sign on/off book
- Staff appraisals folder
- Staff handbook
- Staff professional folder
- Staff recruitment folder
- Staff rosters
- Staff satisfaction survey
- Staff screening and vaccination folder
- Stock control registers
- Strategic plan July 2007-June 2010

- Thermostatic mixing valve annual service reports
- Training evaluations
- Training plan
- Wound/dressing charts

Observations

The team observed the following:

- Activities in progress
- Activity program and menu displayed
- Afternoon tea being served to residents
- Brochures, posters and notices on display throughout the buildings
- Building work in progress for new laundry
- Care staff administering medications to residents at lunchtime
- Cleaning store rooms and trolleys
- Community room
- Emergency management (outbreak) kit
- Equipment and supply storage areas
- Fire panel and fighting equipment
- Garbage/waste disposal storage area
- General stores room
- Grounds and gardens
- Hand-washing and sanitisation facilities
- Interactions between staff and residents
- Kitchens and laundries
- Living environment
- Maintenance shed
- Manual handling/lifting equipment
- Medication and pathology refrigerators
- Reception area
- Resident rooms
- Spill kits and personal protective equipment
- Staff offices
- Staff room
- Staff serving meals to residents at lunch-time
- Storage of medications
- Suggestion box

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 organisation has a quality management system that supports it to actively pursue continuous improvement. The system includes policies and procedures, a variety of stakeholder feedback mechanisms, an audit and survey program, monitoring of clinical indicators, and a risk management approach. Stakeholders are encouraged to make suggestions for improvement, and opportunities for improvement are considered and acted upon. Improvement activity may be tracked through a continuous improvement log. Information about improvements under way or completed is communicated to residents and staff through meetings and documentation made available. A quality improvement committee meets second monthly to monitor the continuous improvement works in progress. Residents and staff are familiar with the mechanisms in place for suggesting improvements, and can all talk about improvements that have been made at the home in recent times.

Some recent improvements relevant to Accreditation Standard One are:

- The organisation’s risk management policy was due for review. A decision was made to hold risk management workshops and these took place in February, March and April. A full review of organisational risks was undertaken, using the principles of risk management, and a risk management plan has been developed with strategies to treat and monitor risks.
- It was identified that there was a need to provide education about the Accreditation process to staff with the aim of supporting them when audits occur. Weekly one hour information sessions were held in June, July and August and all staff were provided with Accreditation Standards pocket guides. Staff’s knowledge of the Accreditation Standards and process has increased and they have become more involved in the home’s continuous quality improvement.
- It was identified that there was a need to provide supervisory staff with training to enhance their confidence, skills and work performance. Consultants were engaged and ran four workshops covering topics such as effective communication, assertiveness, the supervisor’s role, managing difficult situations and conflict resolution, and prioritisation. The attendees believe they benefited from the workshops and management say there has been some improvement in their performance as supervisors.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation’s management has systems in place to identify and ensure compliance with relevant requirements. The home receives information about new and amended requirements through legal support provided by Board members, a legislative update service,

aged care industry peak bodies, and government department circulars. Regulatory changes are considered and policies and procedures amended as necessary. Staff are informed about regulatory requirements of relevance to them through discussion at staff meetings, notices, and the education program. Residents and representatives are informed about regulatory requirements of relevance to them through discussion at meetings, notices displayed at the home, and letters sent to them or their representatives. Compliance with regulatory requirements is monitored through the organisation's internal audit program, inspections commissioned by consultants, and reports received from external regulatory bodies.

Examples of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard One are that in accordance with requirements in the *Aged Care Act 1997* (Cth) and Principles, the organisation:

- Is ensuring that all staff, volunteers and relevant contractors have a current police record check.
- Has ensured that management and staff are aware of their responsibilities in relation to elder abuse, missing residents, and compulsory reporting requirements.
- Checks to ensure that the registered nurse working at the home has a current practising certificate.

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 organisation has demonstrated that management and staff have appropriate knowledge and skills to perform their roles effectively. Education is co-ordinated by the clinical nurse consultant. Educational needs and interests are identified through organisational priorities, changes to regulatory requirements, observations of staff performance by management, the home's audit program and incident/accident reporting system, and staff surveys. There is an education program and staff are made aware of educational opportunities through notices put on display. Education is delivered through orientation, formal training sessions, and on the job. The home uses an aged care training and education television channel and other training is provided by individuals and organisations with relevant expertise. Records are kept to monitor attendance, participation is discussed at performance appraisals, and there is follow-up of non-attendance at compulsory training sessions. The effectiveness of the education is monitored through feedback questionnaires and competency assessments. Staff said they have access to education and training relevant to their duties and interests.

Education sessions that management and staff attended recently relating to Accreditation Standard One, include a number of sessions about the Accreditation Standards and audit processes; aged care funding instrument (ACFI); effective leadership; information management; team work; and use of the call bell system.

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

A system is in place to ensure that all residents, their representatives and other interested parties have access to internal and external complaints mechanisms. Information about how

to lodge internal and external complaints is detailed in the resident handbook and agreement, is discussed as part of the admission procedure, and is promoted at residents' meetings and through brochures, posters and forms on display in the home. Complaints are predominantly dealt with verbally at the time they are made but may be documented on a 'Your comments please' form. Complaints may be raised and addressed through monthly meetings held with residents. Formal complaints, whether lodged internally and externally, are investigated, appropriate action is taken, and feedback is provided to the complainant. Staff are familiar with the home's procedure for dealing with complaints. Residents say they would feel comfortable approaching management or staff if they have a complaint.

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 organisation's mission, vision, values, philosophy and commitment to quality have been documented. This information is contained in resident and staff handbooks, and is on display within the home.

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

A system is in place to ensure there is enough appropriately skilled and qualified staff to meet the needs of residents. Policies and procedures are being implemented for staff recruitment, orientation, training and development, and performance management. For information about staff education and monitoring of their skills and knowledge refer to expected outcome 1.3 Education and staff development. The staffing mix and levels are based on the organisation's standards for resident care and staff safety, and examples were provided to the team of rosters being amended in response to changing resident needs. Casual and part-time staff are utilised to fill shifts that become vacant due to staff leave, and agency staff are not used. Staff said they have sufficient time to complete their duties. Residents said that staff are competent, caring and are available to help them when needed.

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 organisation has a system in place for ensuring that stocks of appropriate goods and equipment are available for quality service delivery. There are procedures for ordering, receipting, controlling, maintaining and disposing of goods and equipment. Input from staff, residents and representatives is taken into account in determining inventory and equipment needs. There is a budget for inventory and equipment and quotations are sought for major expenses. Relationships with ongoing suppliers are managed to ensure quality products and services are received. Equipment is checked and serviced as part of the preventative maintenance program. Observations by the team indicate there are sufficient supplies and equipment for provision of quality care, to support residents' lifestyle choices and for all

hospitality services. This is confirmed by residents and by staff who said that management is responsive to their requests for new or additional equipment and supplies.

1.8 Information systems

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

Team's recommendation

Does comply

The organisation has demonstrated that information management systems are in place. Relevant policies and procedures are in place and records are being protected, archived and disposed of safely and correctly. Information flows between management and staff/residents/representatives via a range of meetings, case conferences, the home's 'open door' policy, and notices and letters. There are mechanisms for the sharing of information between staff about residents care issues and these include resident care records, care staff handover and communication books. Efforts are being made to communicate effectively with the supplying pharmacist and with medical and allied health professionals in relation to resident care needs. The results of an external stakeholder survey show that most are satisfied with the way that Leigh Place relates to them. Staff and residents confirmed they are kept informed of matters that affect them and there is good communication at the home.

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

A system is in place to ensure that all externally sourced services are provided at a standard that meets the organisation's needs and goals. When sourcing service providers there are checks to ensure they have necessary or relevant qualifications, experience, clearances, licences and insurance. There is a list of preferred providers and staff said that contact information is available so they can arrange services and products urgently if needed. Formal agreements were recently established with major providers and will be reviewed second yearly. If a provider is spending time on site they are provided with an orientation and information about expectations the organisation has of them and their conduct and work is supervised. If an external service provider is noted to be under-performing there is follow-up action to improve the service or product being received. Residents are satisfied that they are able to access external services such as hair-dressing and podiatry.

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

Information about the home's continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Some recent improvements relevant to Accreditation Standard Two are:

- It was identified that there was a need to improve clinical observation of high care residents. Each resident is now receiving a thorough clinical check-up every three months to enable detection and responsiveness to their changing care needs. The check-ups are being undertaken by the senior care co-ordinator. The clinical nurse consultant reports that this is assisting in detecting major changes in care needs and has led to treatment being undertaken, issues being brought to the attention of general practitioners, and referrals being made to allied health services.
- It was identified that there was a need to improve residents' access to allied health services. Contact has been made with allied health professionals, on-site clinics arranged and the services promoted to residents. This approach has led to an increase in the number of residents accessing dental, optometry and audiology services.

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

Information about the home's system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Example of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard Two are:

- In accordance with requirements under Schedule 1: Specified Care and Services for Residential Care Services under the *Quality of Care Principles 1997* (Cth), the organisation is ensuring that high care residents' initial and ongoing assessment, planning and management of care is carried out by registered nurses.
- In response to a circular issued by the Australian Government Department of Health and Ageing in early 2009 about resident comfort during heat waves, staff were reminded to ensure residents are appropriately dressed and to keep all cooling systems in operation, additional water coolers were installed, free standing fans were purchased, residents were given encouragement to maintain their hydration and were provided with additional drinks and ice-creams.

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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Two include bowel management; diabetes management; falls prevention; hydration and nutrition; medication administration for care staff; mental health: dementia, depression and delirium; and wound management.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has comprehensive systems in place to assess, plan, manage and regularly review residents’ individual care needs in conjunction with residents themselves or their representatives. The clinical nurse consultant and senior care coordinator obtain information from residents and referring agencies when residents move into the home and then a range of focused assessments are used to prepare individualised care plans. The general manager stated that appropriate clinical care is delivered by care staff, called homemakers, who are encouraged to adopt a social model of care where medical procedures form a small part of meeting residents needs overall. Interviews and a review of documentation confirmed that care plans are reviewed by the clinical nurse consultant every three months for high care residents and six months for low care residents or as necessary when needs change. This ensures that the care provided is up-to-date and effective. Interviews verified that homemakers are knowledgeable about their roles, and they demonstrated an understanding of residents’ care needs and preferences. Residents confirmed that they have the opportunity to contribute to care planning, and where relevant representatives are kept well informed of residents’ care needs and health changes. Residents interviewed expressed satisfaction with the care provided and praised the staff for their caring and thoughtful approach.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

The home has systems in place to assess, plan, manage and regularly review residents’ specialised nursing care needs. Assessment, care planning and review of specialised care needs are undertaken in conjunction with the residents’ medical practitioners, other health professionals, and residents and their representatives. Currently the home has a small number of residents requiring complex specialised care such as insulin dependant diabetes and catheter care but staff have in the past received specific training in other specialised procedures as the need arises. The clinical nurse consultant is a registered nurse, is on duty five days a week and is on call at other times. Staff access internal and external education programs and external nursing specialists are consulted and provide specialised nursing care to residents as required. Ongoing competency assessments ensure that staff skills and knowledge are up-to-date. Residents’ files confirmed that residents are referred to a range of allied health professionals and other specialists to assist the home to manage residents’

complex and specialised care needs. All residents stated that they are satisfied with the specialised nursing care that 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

Leigh Place has systems to ensure referral to appropriate health specialists occurs in accordance with residents' needs and preferences. Referral occurs, as the need requires, with transport provided independently by the resident or by arrangement with resident representatives. The home also organises health and related service referrals to visiting professionals including, but not limited to, optometry, podiatry, speech pathology, physiotherapy, dietician, psycho geriatrician, dental, pathology, radiography, palliative care services and audiometry. A music therapist visits regularly and actively contributes to the home’s provision of resident centred individualised care. The team sighted several documented examples of resident referral to appropriate health specialists. Residents and staff interviewed by the team reported use of medical and allied health services and the home’s assistance with care recommended by health and other related services.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has developed systems to manage the ordering, storage, administration, recording and review of medications. Each of the six cottages which make up Leigh Place use seven day, multi blister pack systems placed in individually marked baskets together with the residents’ non-blister packed medications. Individual medication charts sighted by the team are in separate folders for each resident and were current, signed and dated, and allergies noted. A clinical pharmacist conducts medication reviews and provides staff education when visiting the home. All staff are required to complete medication administration competency assessments. Immediate action is taken to correct errors identified by regular audits and the error reporting system. For example, staff errors may result in counselling, education related to medication management and further competency assessments. Pharmacy supply and packaging errors are reported without delay to the supplying pharmacy, resulting in timely corrective action. Medication baskets are kept in locked cupboards and when opened are always in sight of the homemaker. Medication requiring refrigeration is kept in the dementia specific cottage and refrigerator temperatures are recorded daily to ensure they remain within an acceptable range for safe medication storage. Residents who wish to partially self-administer their medications are regularly assessed to ensure that they are competent to do so. A medication advisory committee meets to discuss multidisciplinary medication management issues.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents’ pain is identified, assessed, documented and reviewed. Care staff use verbal and non-verbal assessments to evaluate pain. Care plans identify a range of strategies to manage pain. Non-chemical interventions

include physiotherapy, walking activity, heat and cold aids and equipment and diversion. Care staff record the effectiveness of strategies and analgesics in residents' treatment notes, and refer residents to a physiotherapist and the residents' general practitioners for advice and treatment when appropriate. All residents are satisfied with residents' pain management and confirmed that they are as free from pain as possible.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. Where possible, residents' end of life wishes are identified and documented on entry to the home or shortly thereafter. The home has access to area palliative care services including a palliative care specialist and community nurse. Residents are supported to remain at the home where possible in the event of requiring palliation and residents are transferred to the palliative care ward at a nearby hospital when their medical needs exceed the home's ability to deliver complex pain management interventions. Staff interviewed by the team felt adequately supported in issues of grief and loss and advised that they have received education relating to palliative care. Pastoral care is available for support of residents and relatives.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Documentation reviewed and the team's observation demonstrates that residents' receive adequate nutrition and hydration. Residents' dietary needs including special diets, swallowing difficulties, food allergies and individual preferences are identified and assessed when a resident moves into the home. Interviews with staff and review of documentation confirm that residents' nutrition and hydration needs are communicated to kitchen staff and care plans are regularly reviewed and evaluated. Residents are encouraged to eat all their meals in the dining room although if they are not feeling well a meal tray is delivered to them in their rooms. Residents' weights are recorded monthly and nutritional supplements given as required. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning, afternoon tea and extra cold liquids or ice-cream on hot days. Residents have a choice at mealtime and the majority of residents interviewed expressed satisfaction with meals.

2.11 Skin care

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

Team's recommendation

Does comply

There are systems in place for maintaining residents' skin integrity including initial and ongoing assessments as required, care planning and regular evaluation. The home monitors accidents/incidents including wound infections and skin tears and acts appropriately on trends identified. Care staff interviewed by the team were able to describe the systems in place for reporting changes in skin integrity and the use of incident reporting forms. The clinical nurse consultant oversees delivery of wound care and will refer residents with

complex wounds to their general practitioner for ongoing instructions. A range of dressing products and aids to maintaining or promoting skin integrity is available for use as required, including the use of limb protection and moisturising and emollient creams. If required the home is able to access wound consultants for advice and education. Education is provided to staff relating to the maintenance and promotion of skin integrity and manual handling competencies are carried out for staff.

2.12 Contenance management

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents' continence is managed effectively, including, assessment on entry to the home and on an ongoing basis; evaluation of management strategies such as scheduled toileting; and the use of continence aids. The home provides continence aids for high care residents and assists other residents in obtaining aids if requested. The home's home services supervisor has the responsibility for the ordering and monitoring the use of continence aids. The home's external continence aid supplier can be accessed as required for advice and the provision of staff training. Bowel management programs are in place and monitoring is by daily recording and reporting by care staff. Urinary tract infections are in the key performance indicators monitored and where indicated preventive strategies are implemented. Residents interviewed by the team stated general satisfaction with care, inclusive of continence management. The team observed that there were no offensive odours present during the site visit.

2.13 Behavioural management

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

Team’s recommendation

Does comply

A review of documentation and discussions with management and staff show residents with challenging behaviours are appropriately assessed and managed effectively. Care plans and progress notes identify triggers and staff interviews confirmed various strategies they use to manage residents' behaviour when necessary. These include one-on-one intervention and involvement of residents in activities. The home has access to a psycho geriatrician and psychiatrist through the aged care assessment team system and community mental health outreach team and staff informed the team of positive outcomes following referrals to assist in management of residents with challenging behaviours. The team observed staff interacting with residents, in a respectful, caring and calming manner. Residents confirmed effective behaviour management strategies are used by staff for residents.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s recommendation

Does comply

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The system includes initial and ongoing assessment of residents' mobility, dexterity and rehabilitation needs, and the development of a care plan and individual exercise regime if required. A manual handling committee has been established to provide staff education in identified areas of need and develop staff skills in managing safe transfers and to promote falls prevention strategies. A physiotherapist attends the home

regularly to undertake assessments and set programs for the physiotherapy aides and care staff to assist residents with their daily mobility needs. In addition some residents choose to employ a private physiotherapist. Both physiotherapists maintain detailed progress reports in the residents' files to ensure staff are aware of each resident's mobility achievements. The home's program includes, but is not limited to, passive/active exercises during activities of daily living and walking groups. Residents identified as having a high risk of falls are assessed as to correct footwear and medication reviews are undertaken. The team observed residents using mobility aids and handrails suitably placed throughout the home. An accident and incident reporting system is in place which includes analysis of incidents to identify trends and implementation of strategies to reduce falls. Aids to dexterity such as special plates and cutlery are available if required.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home has strategies in place to ensure that residents' oral and dental health is maintained. Oral and dental health is assessed when residents move into the home and individualised care plans are developed. A review of residents' documentation shows residents receive regular dental assessments and referrals to dental specialists as required. Staff are trained to attend to ongoing oral and dental hygiene by observing mouth care and prompting or assisting residents to clean teeth and/or dentures. The senior care coordinator confirms assistance is given to residents with appointments to external dentists and the home has recently accessed government funding for residents requiring dental care. Staff interviews described how resident's dentures are checked daily and/or residents are assisted to brush their teeth. Residents said they are happy with all care provided.

2.16 Sensory loss

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

Team's recommendation

Does comply

Systems are in place to identify and manage residents' visual, hearing and other sensory losses. Residents' sensory status is assessed when they move into the home, and care plans are formulated and are regularly reviewed. Residents have access to specialist services including speech therapy, audiology, ophthalmology and optometry. Care staff assist residents requiring help to clean and maintain hearing aids and spectacles. Residents with vision impairment have access to a large screen television, a range of large print books and magnifying aids. Care staff are able to describe their roles in maintaining sensory aids such as spectacles and hearing aids. Residents interviewed by the team expressed satisfaction with the care provided, including the management of sensory loss. The activity program incorporates sensory stimulation, such as music and gardening.

2.17 Sleep

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

Team's recommendation

Does comply

Residents' sleep patterns are assessed on moving into the home. On entry to the home a history of sleep patterns is obtained and a sleep assessment is carried out. Residents' ongoing sleep patterns are reviewed when necessary and annually. Sleep disturbances are monitored and strategies in place to support residents' sleep include; offering warm drinks or

snacks, appropriate continence, pain management and comfort. Staff interviewed confirmed the various ways in which they assist in maintaining an adequate sleep pattern for residents. Residents interviewed confirmed that the environment is quiet at night and that staff assist residents promptly if they have difficulty in sleeping.

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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Some recent improvements relevant to Accreditation Standard Three are:

- Residents provided feedback that the activity calendar is too small to read. The print has been enlarged and residents are now able to independently read the calendars.
- Residents requested an extra bus trip so the number of monthly bus trips was increased from two to three. More residents are now enjoying the outings.
- The piano used for resident entertainment was not working optimally despite regular tuning. A new piano has been purchased to enhance residents’ enjoyment of music.
- Residents provided feedback that there was too much noise in House 5 when movies are shown. This issue was discussed at residents’ meetings and it was decided to designate House 2 as the house where movies will be shown. It has curtains that can be closed to darken the room and it has a quiet lounge area. A new DVD/VCR was purchased and is used in House 2 when the lounge is set up as a movie room.
- It was identified that residents in House 5, which is specifically for people with dementia and challenging behaviour, required more stimulation. An accredited, qualified music therapist was engaged and runs two sessions each week. Socially isolated residents from other houses also attend the sessions. The music therapy has assisted in calming some residents and engaging others who had not been participating in activities.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Three are:

- In accordance with the National Privacy Principle 5.1 in the *Privacy Act 1988* (Cth) the organisation has clearly set out in a document its policies on the management of personal information. This is done in a privacy policy and privacy consent form.
- In accordance with the *User Rights Principles 1997* (Cth) the organisation gives each resident, at the time they move into the home, information about their rights and responsibilities as detailed in Part 2 of the Principles and in the Charter of Residents’ Rights and Responsibilities. This is done in writing through the resident handbook and agreement, and verbally through admission procedures.
- In accordance with the *Accreditation Grant Principles 1999* (Cth) the organisation has made residents and their representatives aware of this Accreditation site audit visit and of their opportunity to speak with the assessors in confidence.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. The recreational activity officers attended a workshop about activities run by the relevant professional body.

3.4 Emotional support

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

Team's recommendation

Does comply

The home supports residents in adjusting to life in the new environment and on an ongoing basis. Prior to entering the home residents and representatives attend an extensive pre-admission interview and tour of the home. In some instances the general manager will visit the resident in hospital to assist the integration process. On entry to the home residents are provided with a handbook and given an orientation around the home. Residents, in consultation with their families, are encouraged to complete a social profile that assists staff to understand a resident's background and any particular requirements they have. To assist residents in settling in to their new home they are encouraged to bring items to personalise their rooms such as furniture and photos and prints to provide a familiar environment. The team observed a new resident arriving at the home and noted staff interacting with residents providing reassurance and guidance and demonstrating an understanding of residents.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation

Does comply

The home assists residents to maintain their independence and encourages family and friends to visit. Residents have access to mobility aids to promote their independence such as walking frames, motorised wheelchairs and walking canes. The team observed residents using these assistive devices. Staff encourage residents to maintain their independence with personal hygiene as well as with their meals. Residents are also encouraged to continue their own leisure pursuits; for instance residents were observed leaving the home independently to go the local shopping centre or meet with friends by catching the local bus. Residents are able to have electrical appliances in their rooms, such as kettles or toasters, pending appropriate risk assessments and one resident has been assessed to allow occasional independent use of the home's kitchen to prepare a meal. Staff explained to the team that residents are also supported, and assisted as needed, to conduct their own errands. The team noted the layout of the six separate houses require residents to be very active and independently mobile in order to attend group activities in the community hall.

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' right to privacy, dignity and confidentiality is recognised and respected. This is facilitated by appropriate staff practices in attending resident care and residents in six of the seven houses being accommodated in single rooms with en-suite facilities. In the dementia specific unit toilets are shared and there are systems in place to ensure privacy and dignity are maintained. Information about residents is securely stored. Staff interviewed by the team were able to demonstrate understanding of privacy, dignity and confidentiality issues. Residents interviewed by the team and observation, confirmed that staff respect residents' privacy by knocking on doors before entering and calling residents by their preferred names. Residents also advised that staff treat them in a respectful and dignified manner. Audits, surveys and the comments and complaints mechanisms are used to monitor residents' privacy and dignity. On entry to the home residents or their representatives sign a form to give consent for photographs to be taken and the use of information. Staff and volunteers sign confidentiality agreements when commencing working in the home.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's recommendation

Does comply

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Assessment of residents' specific needs, interests and preferences is performed on entry to the home and on an ongoing basis. Information is also obtained from surveys, resident/representative meetings, informal/formal group and one-on-one discussions. The recreation activity officers develop a formalised activity program five days a week for the general cottages and less structured activities are offered in the dementia cottage, depending on the moods and state of mind of the residents on a particular day. The team observed activities in progress and documentation review and interviews with staff and residents indicate general satisfaction with the program offered. The activity program provides group and one to one activities including bus outings on a regular basis. A monthly activity program is displayed throughout the home and provided with the monthly newsletter in large format. Weekly programs are displayed and each day's program is written up on the white board to remind residents of that day's activities. Residents are encouraged by the activity staff to attend daily activities.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's recommendation

Does comply

The home is able to demonstrate that individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessment of residents' specific needs, customs, and beliefs is performed on entry to the home and on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held within the home by various visiting ministers. Days of cultural and religious significance are celebrated, including resident birthdays. An interpreter service is

available if required to assist communication between staff and residents. There are very few residents of cultural and linguistic diversity accommodated in the home at present, and those residents speak English or are assisted by family members to communicate with staff. Residents interviewed by the team confirmed that they are encouraged and supported to continue with their own interests, customs and beliefs.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home has systems and processes in place to acquire and record resident preferences in relation to their care, activities, routines and meals. Examples of residents' choices include choice of and participation in activities, choice of meals, showering preferences, waking and retiring time preference and personalised evening routines, choice of clothing worn, choice of medical officer and choice of personal items in rooms. Residents have nominated amongst themselves a chairperson for the resident's meeting. Resident meetings, surveys and comments and complaints forms are available for residents to provide input into decisions about the care and services they receive. Residents and relatives interviewed confirmed that, where able, they generally make their own choices and decisions regarding their day to day activities in the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

A system is in place to ensure that residents have secure tenure and understand their rights and responsibilities. Each resident is offered a resident agreement with information about security of tenure, the Charter of Residents' Rights and Responsibilities (the Charter), and complaints mechanisms. At least once each year there is a discussion about residents' rights at the residents' meetings with the Charter handed out to each attendee. There is consultation if a resident is asked to move rooms. If a resident is asked to leave the home there is discussion about this with the resident and their representative, the aged care assessment team and general practitioner are involved, and sufficient time is provided to find suitable, alternative accommodation. Residents and their representatives said that residents feel secure in their tenure and their rights are respected.

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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvements relevant to Accreditation Standard Four are:

- Leigh Place did not meet the Australian Government’s requirements under the 1999 Certification Assessment Instrument. With relevant building contractors the additional compliance requirements were identified and the work undertaken. This includes major improvements in the fire safety systems. An independent building certifier reported in April 2008 that the requirements had been met and this was confirmed by the Australian Government Department of Health and Ageing in May 2008.
- The home’s emergency procedures manual was due for review. A fire safety services provider was engaged to assist with review of the procedures, production of manuals and other information materials, to provide training for fire wardens, and to maintain the procedures on an ongoing basis.
- It has been identified that there is no clear separation between soiled and clean linen in the home’s laundries as they do not have two doors and/or two metres of space between washers and dryers. An infection control consultant was utilised to assess the risks associated with this and a decision was made by the organisation to install a new laundry. Relevant building professionals have been engaged, work commenced in May 2009 and is nearing completion. Deposits have been paid on new equipment, including commercial washers and dryers. The new laundry will improve infection control of the laundering processes.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Four include:

- The home has a mechanism in place to consult with staff in relation to occupational health and safety consistent with the *Occupational Health and Safety Regulation 2001* (NSW). That mechanism is a committee and all members have been trained.
- A pass mark has been achieved overall and in relation to fire and safety under the Australian Government Department of Health and Ageing’s Certification Assessment Instrument. The home has a current Fire Safety Certificate (Form 15A) issued under the *Environmental Planning and Assessment Act 1979* (NSW).
- In accordance with requirements in the *Food Safety Regulation 2004* (NSW), the home has obtained a licence from the NSW Food Safety Authority. In addition, the home had a

positive result during an audit conducted by the NSW Food Safety Authority and is implementing corrective actions so that an even higher rating can be achieved.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff attended recently relating to Accreditation Standard Four include fire officer training; fire safety and evacuation, infection control (various aspects); manual handling; occupational health and safety; and occupational health and safety committee member training.

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 is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in six separate and self contained houses that offer a homelike environment. Residents all have single rooms that offer separate living and sleeping space and a kitchenette facility. Residents have en-suite bathrooms except in House 5, which is a secure dementia specific unit, where there are shared bathrooms. Each house has comfortably furnished lounge and dining rooms, and there is a common community room on the site that all residents can access. Residents have call bells in their rooms and bathrooms to summons assistance from staff. There are heating systems throughout the home and cooling systems in the common areas. There are pleasant outdoor areas with paved walkways. Responsive maintenance is undertaken as needed and a comprehensive preventative maintenance program is in place. Environmental inspections are undertaken regularly, and there are mechanisms for identifying, reporting and managing hazards. Residents said they feel safe and are comfortable within the home, and maintenance staff are responsive to their needs.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation

Does comply

Management is actively working to provide a safe working environment that meets regulatory requirements. Occupational health and safety (OH&S) policies and procedures are in place. A range of information and education about workplace safety is made available to staff, including in relation to manual handling, chemical safety, and infection control. Staff interviewed by the team demonstrated good OH&S knowledge as it relates to their work area. There is an OH&S committee whose members have attended committee member training. The OH&S committee undertake workplace inspections and meet on a monthly basis to consider and resolve any issues of concern. There are other mechanisms for pro-actively identifying, reporting and managing workplace safety issues such as a hazard reporting system, the audit program, and inspections undertaken by the maintenance co-

ordinator. Equipment and supplies to support safe work practices are available and the team observed them being used by staff. There is support for staff injured in the workplace to return to work. Staff, including some OH&S committee members, said that management responds positively and quickly to staff suggestions and requests relating to OH&S.

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

A system is in place to ensure management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home has an annual fire safety certificate and has achieved a pass mark for fire and safety against the Department of Health and Ageing's Certification Assessment Instrument. Emergency procedures, an early warning detection system, fire fighting equipment, assembly point signage, and orientation/evacuation maps are in place. Emergency exits are clearly marked and kept free of obstruction. There is an evening security lock-up procedure and four patrols each night by a security company to check all external doors are secure and there are no disturbances. The home is not at particular risk of any other emergencies. The external fire safety service providers undertake regular checks of the fire safety systems. There is a trained fire officer and fire safety training is compulsory for all staff. The fire officer and staff are knowledgeable about their role and responsibilities in the event of an emergency.

4.7 Infection control

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

Team's recommendation

Does comply

An effective infection control program is in place. Infection control policies, procedures, guidelines and education are in place. Equipment and supplies are available for preventing cross-infection and are being used by staff. Hazard analysis and critical control point checks are undertaken in the kitchens, a food safety program is in development and the home has been inspected by the NSW Food Authority with a good result. Disinfection in the laundering process is through use of an appropriate chemical and a new laundry is being built to enable clear separation between clean and dirty areas. Cleaning schedules are in place for all areas of the home, records indicate they are being carried out, and the team observed all areas to be clean. Staff hand-washing facilities are available. There is monitoring for signs of infection in residents, evidence of investigation and follow-up action, and data is being collated and reported to an infection control committee. Information and resource kits are available demonstrating preparedness to respond in case of an outbreak. Infectious waste is being stored and disposed of appropriately. The organisation monitors the effectiveness of its infection control system through clinical indicators, the audit program, and assessments by an external infection control consultant.

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

Systems are in place to ensure hospitality services are provided in a way that enhances residents' quality of life. Menus change with the seasons, offer a variety of meals, incorporate

choice for residents, and allow for special dietary needs to be met. The main meal is brought in from a cook-chill provider and re-heated, and breakfast and light dinner options are prepared fresh on site. The menus can be adjusted in response to feedback from residents, which is actively sought. It is the duty of the homemakers and a contracted cleaner to ensure that each resident's room and bathroom and all other areas of the home are cleaned on a regular basis. These staff are familiar with the cleaning routines and the importance of providing a quality service. The team observed all areas of the home to be clean. A laundry service is provided on site in domestic laundries and a new commercially fitted out laundry is being built. Staff, residents and their representatives said there are enough sheets and towels available at all times to meet residents' needs. The laundry staff member is familiar with the duties required of them and says they have enough time to launder residents' clothing within a reasonable timeframe. Residents are satisfied with the catering, cleaning and laundry services.