



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Maranatha Lodge

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

The Agency has decided that the period of accreditation of Maranatha Lodge is three years until 20 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:	Maranatha Lodge				
RACS ID:	0443				
Number of beds:	95	Number of high care residents:	57		
Special needs group catered for:	• Dementia				
Street/PO Box:	Calton Road				
City:	BATEHAVEN	State:	NSW	Postcode:	2536
Phone:	02 4472 8606		Facsimile:	02 4472 8722	
Email address:	llawford@chcs.com.au				

Approved provider

Approved provider:	Catholic Healthcare Limited
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Assessment team

Team leader:	Judith Roach
Team member/s:	Matthew Hough
Date/s of audit:	25 August 2009 to 27 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
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
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Does comply

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
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Does comply
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Does comply

Agency findings
Does comply
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	Maranatha Lodge
RACS ID	0443

Executive summary

This is the report of a site audit of Maranatha Lodge 0443 Calton Road BATEHAVEN NSW from 25 August 2009 to 27 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 Maranatha Lodge.

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

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 25 August 2009 to 27 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:	Judith Roach
Team member/s:	Matthew Hough

Approved provider details

Approved provider:	Catholic Healthcare Limited
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Details of home

Name of home:	Maranatha Lodge
RACS ID:	0443

Total number of allocated places:	95
Number of residents during site audit:	92
Number of high care residents during site audit:	57
Special needs catered for:	Dementia

Street/PO Box:	Calton Road	State:	NSW
City/Town:	BATEHAVEN	Postcode:	2536
Phone number:	02 4472 8606	Facsimile:	02 4472 8722
E-mail address:	llawford@chcs.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Maranatha Lodge.

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

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Operations manager (OM)	1	Residents/representatives	20
Residential manager (RM)	1	Recreational activities officers (RAO)	2
Deputy RM	1	Chaplain	1
Registered nurses	2	Home services supervisor	1
Endorsed enrolled nurse (EEN)	1	Catering staff	2
Hostel supervisor (HS)	1	Laundry staff	1
Care staff	13	Cleaning staff including manager external cleaning services	3
Administration assistant	1	Maintenance staff	1
Residents' committee representative	1		

Sampled documents

	Number		Number
Residents' files (including doctor's notes, progress notes, care plans, case conference records, past medication charts, other health and related services' documentation)	15	Personnel files	6
Current medication charts	15		

Other documents reviewed

The team also reviewed:

- Activities program including calendars, individual and group activities records and evaluations, attendance forms, meeting minutes, volunteers' handbook
- Care manuals including clinical care procedures
- CHC staff handbook, and human resource (HR) record folders (containing letters of appointment, position descriptions, duty lists, task sheet, Feedback and Development System (FADS) forms/staff appraisals, federal police record check register, professional registration records for RNs and ENs, rosters, CHC Internet and Intranet staff recruitment pages)
- Cleaning programs, including schedules and chemical information including MSDS
- Clinical and care assessment documentation (including assessments for Aged Care Funding Instrument (ACFI) and initial and ongoing resident care needs and preferences such as resident dietary and menu choices, observation charts including weights, continence, behaviours, hygiene/grooming, sleep, skin integrity, pain, mobility, falls risk, toileting, oral health and physiotherapy; wound assessments and authorisation for restraint forms, leisure and lifestyle)
- Comments and complaints 2008/09 (including confidential and continuous improvement log register for compliment, suggestions, complaints and hazard data). Fact sheet on providing feedback through the internal comments and complaints process. Aged Care Complaints Investigation Scheme brochure and TARS advocacy brochures
- Communication books for medical and other health and related services personnel
- Comprehensive medical assessments
- Continuous improvement (CI) documentation 2008/09 (including CHC corporate CI plans, quality activity/audit schedule, audit and survey results, trend data, CI improvement report forms and register)
- Current annual fire safety compliance statement, fire safety maintenance contractor records, colour coded emergency procedures flip charts, emergency evacuation site plans and signage, building security protocols (including staff lock up procedures)
- Education records (including education and training program 2008/09 incorporating orientation, mandatory training and in-service. Staff attendance records, session evaluation reports, training certificates and competency records. Course outlines and education resources (including new orientation and mentoring handbook)
- Electronic communication systems (including e-mail, computer hardware, CHC Residential Aged Care Intranet containing quality management system, on line legislation, computer back up procedures)
- Four week cycle menu, initial assessment data, residents likes and dislikes and special dietary needs information
- Incident and accident/hazard reports forms, summaries and trend data, OH&S environmental safety inspections, MSDS, manual handling instructions, workers compensation reports
- Infection control material (including annual/monthly summaries and some trend data, temperature records for food and equipment, food safety plan, NSW Food Authority License, resident immunisation records and outbreak management program)
- Legislation information on CHC Intranet; legislation alert service folders containing relevant legislation
- Maintenance records (preventative and corrective) including 2008/09, maintenance request logs/work orders and records; Visitors & contractors sign in sign out books
- Medication management documents including medication policy and procedure, drug registers, medication audits and trending data
- Names of recipients of the Dynamic Outstanding Values Employee (DOVE) Award for exceptional care and service, innovation, and/or spirit and action award displayed
- Pastoral care program documentation and records

- Planning documentation (including mission, vision, values, goals and commitment to quality in framed statements and fold out brochure versions, CHC and service organisational charts)
- Policy and procedural flow chart manuals (hard copy and electronic copies on CHC Intranet site). Document management framework
- Preferred suppliers/contractors information, a sample of suppliers' contracts and agreements (some maintained on site some held centrally at head office). Sample included contracts for the supply of pharmacy and chemicals.
- Resident information pack (incorporating CHC resident handbook and resident care agreements)
- Resident lists and evacuation profiles
- Staff communication diary and handover sheets
- Various meeting minutes 2008-2009 (including those of the medication committee, OH&S and infection control, CHC residential managers, registered nurse, general staff, catering and the resident/friends committee).

Observations

The team observed the following:

- Access to telephones
- Activities in progress (including communion, chaplain visiting with residents, sing a longs, craft sessions, gentle exercise groups, facility bus in use)
- Cleaning in progress (including equipment, trolleys and wet floor signage boards)
- Dining rooms during lunchtimes, morning and afternoon tea (including resident seating, staff serving/supervising/assisting residents with meals)
- Equipment, archive, supply storage and delivery areas
- Fire safety system equipment (including fireboard, extinguishers, fire blankets, emergency exits, fire egresses and emergency evacuation areas)
- Flu and gastro information for visitors
- Interactions between residents, medical and other health and related services personnel
- Kitchen staff practices, environment, selection of foods, food storage areas
- Laundry staff practices, environment, stocks of linen
- Living environment (internal and external, including residents' rooms and en suite bathrooms, communal living areas including dining and lounge areas, numerous smaller sitting areas, chapel, hairdressing salon, landscaped gardens and outdoor/barbecue areas with shade structures and outdoor furniture).
- Manual handling equipment and instructions for use
- Medication rounds and safely stored medications
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- Notice boards (containing large print resident activity notices and large print resident committee minutes, menus, memos, staff and resident information including residents' rights and responsibilities statement, comments and complaints information)
- Oxygen cylinders stored safely
- Personal protective clothing in all areas, colour coded equipment in the kitchen and cleaning areas, first aid kits, spills kits, hand washing signs, sinks, wall mounted soap dispensers and waterless sanitisation liquid for hand washing, infection control resource information, waste disposal systems (including sharps containers, yellow contaminated waste bins and general waste bins)
- Residents' suggestion boxes
- Safe storage of chemicals
- Secure storage of residents' and staff files
- Security systems (including phones, the nurse call system linked to resident wall buzzers, external lighting, alarm systems)
- Staff clinical areas including medication trolleys, wound management equipment, clinical information resources and computer terminals

- Staff handovers
- Staff practices and courteous interactions with residents, visitors and other staff
- Staff work areas (including main kitchen, satellite kitchens, domestic style laundries, cleaner's room, care stations, clinic/treatment rooms, staff room and offices, reception).

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Maranatha Lodge’s continuous improvement (CI) system incorporates a range of activities that enables the home to seek input from the residents/representatives, staff and the home’s community for the purpose of improvement as well as assess, monitor and evaluate its performance in areas that relate to the four Accreditation Standards. This is achieved through various means including an internal and external audit and survey program, a formal comment and complaints system including a confidential improvement log system, scheduled meetings, ready access to management and the use of action plans to manage improvements. Formal review of the results of quality activities occurs and improvement strategies are planned and implemented as required.

All residents/representatives interviewed indicated that they are encouraged to make decisions regarding care and services including those relating to the residents’ health and personal care, lifestyle and hospitality services. They confirmed that the home is responsive to the issues they raise regarding these services through annual surveys, at resident meetings, in person and through the comments and complaints system.

All staff interviewed indicated that the home is open to suggestions for improvement and is responsive to issues they raise through the consultation processes available to them.

A range of quality activities have been implemented to measure performance in relation to expected outcomes in Standard One. A review of the results of activities undertaken indicates that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- Maranatha Lodge as part of CHC is currently participating in an organisation wide continuous improvement program including the implementation of a new quality management system known as the Residential management system (RMS). The RMS is an intranet based quality system intrinsically linked to the home’s quality improvement cycle. The RM reported that staff will be enabled to have ready access to regulatory compliance information and contemporary clinical and operational guidelines through online manuals, guides and legislation. The MO stated that the RMS provides inbuilt processes for the home to monitor, audit, review and consult with staff and residents/representatives. The team observed that a hard copy is available on site as a back up should the intranet fail.
- Staff knowledge and skills have been addressed through the provision of appropriate education ensuring that they are commensurate with the changing resident acuity or changing service delivery requirements. For example, the RM, DRM and home services supervisor have attained effective Workplace Relationships competency through TAFE NSW. Additionally, the RM has attained Manager Budgets and Financial Plans competency through TAFE NSW. A more extensive and formal education program has been implemented for new staff. A trained staff mentor has been appointed and is now coordinating the CHC mentorship/orientation program for new staff which was

implemented in May 2009. The OM and RM confirmed the initiative is a result of the organisation identifying the need for a restructuring of the organisation's education and training program. The initiative aims to increase the knowledge and skills of staff and to improve the level and quality of care and services being delivered to residents across a range of dependencies.

- A number of HR related strategies concerning staff development have been successfully implemented and/or completed and are strengthening the home's care processes and benefiting staff. For example, employee recipients of the DOVE Award have their framed awards displayed in the entry foyer. The RM reported that 23 staff have successfully completed dementia competency training through an accredited, industry specific training group; three staff are currently undertaking Certificate IV in Aged Care Work and one staff member a Certificate IV in Leisure and Lifestyle. Staff expressed gratitude with the opportunities being provided by management and reported feeling more confident about the skills and competencies they require to successfully care for residents with needs and preference across a range of dependencies.
- Results of the team's document review, interviews and observations revealed management and staff's satisfaction at the successful establishment of the 'Accreditation teams' project. The RM reported that the teams were developed to assist in undertaking the home's 2009 self assessment report and application for Accreditation. The teams used the home's formal in service education program to present their findings and opportunities for improvements were added to the home's CI plan. Staff reported that the program has increased their knowledge, understanding and awareness of the accreditation process and the importance of providing ongoing quality care and services to the residents of Maranatha Lodge.

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 (CHC) has an effective system in place to manage regulatory compliance. The results of the team's observations, interviews and document review revealed that policies and procedures have been developed by CHC to ensure that they embrace regulatory compliance. Maranatha Lodge is notified of change through the CHC intranet and information legislation alert services that it subscribes to and action is taken as required to ensure that the home remains compliant with legislation. Monitoring of quality indicators, audits of compliance, education and competency assessments are assisting management and staff to ensure that required standards are maintained and enhanced.

An example of responsiveness to a change in legislation is that the organisation has considered the implications of the *revised police check arrangements* applicable from 1 January 2009 and implemented the necessary changes. For example, police checks have been carried out for contractors, in particular allied health personnel and trades people who perform work under the control of the approved provider. The home ensures that all other contractors are supervised by a designated staff member if they are likely to have access to care recipients.

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

Systems in place have ensured that management and staff of Maranatha Lodge have the knowledge and skills to perform their roles effectively.

The results of the team's observations, interviews and document review revealed that maintenance of staff knowledge and skills is underpinned by a staff orientation program that familiarises new staff with the home's policy and procedures. The home has an annual education program that includes mandatory topics as well as multidisciplinary education topics for staff on a range of issues relevant to aged care. The internal education programs, together with the external education available, support staff to provide care and services in accordance with the requirements of the four Accreditation Standards. The effectiveness of the training provided is being measured through audit results, observation, staff appraisal and various competency skills tests.

Education sessions and courses that relate to this Accreditation Standard and that have been attended by management and members of staff include mandatory reporting policy and procedures for elder abuse and missing persons, accreditation, planning and leadership (CHC mission, vision and values), Aged Care Funding Instrument (ACFI), code of conduct, staff grievance, complaints handling, information services and Aged Care Channel.

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

Maranatha Lodge ensures that all residents/representatives have access to internal and external complaints' mechanisms. Residents/representatives state they prefer to speak directly to staff and management rather than using the formal avenues of complaint available to them. Internal mechanisms include improvement logs and meetings; discussions with management, care and lifestyle staff, medical officers, social workers and community visitors; and case conferencing. Residents/representatives and staff receive feedback including through meetings, memoranda, newsletters or personally. Interviews and review of documentation demonstrate that the home links its comments and complaints system with its accident and incident reporting mechanisms, continuous improvement and education programs and residents' care planning processes. Information on the complaints' mechanism is displayed at the home and information is described in the admission handbook and resident agreements. A register of complaints is kept including the investigations and actions taken and date completed. Complaints are actioned and followed up with the complainants in a timely manner. Residents/representatives confirmed they feel comfortable to raise any issue with management and staff; and stated management is responsive to their suggestions.

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 has documented the home's values, philosophy, objectives and commitment to quality throughout Maranatha Lodge. Documentary evidence is found in the resident and staff handbooks and is clearly displayed in 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

Human resource policies and procedures are underpinned by the home's program of staff recruitment, orientation, performance review and skills assessment and training. Staff performance appraisals are conducted annually and as needed to determine future training needs and ensure staff are appropriately skilled to undertake their responsibilities. Staff report relevant education is provided and professional development opportunities are offered to ensure they have the necessary skills to undertake their duties. The RM, DRM, HM and registered nurses provide support and advice to care staff about residents' clinical and other care needs and preferences. Staffing levels and rostering are set to meet the demands of the home through consideration of occupancy levels, resident care needs and the safety and welfare of residents and staff. Residents/representatives and staff confirmed that direct care staffing levels remain the same seven days per week. Staff reported that they enjoy working at the home and express a commitment to the residents and the community of Maranatha Lodge. Residents/representatives are very complimentary about the care, lifestyle and hospitality services that the home provides for them.

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

Maranatha Lodge has stocks of appropriate goods and equipment for quality service delivery. Needs are identified through staff and resident requests, assessments of residents' needs, audits, stock take and asset replacement and acquisition programs. Appropriate storage is provided to guarantee the integrity of stock which is rotated where required. Suppliers of goods and services are regularly audited to maintain quality and supply. The home has preventative and reactive maintenance programs in place. Residents and staff confirmed there are appropriate goods and equipment available 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

There are systems in place that effectively manage the creation, usage, storage and destruction of all records, including electronic records. The results of the team's observations, interviews and document review revealed that Maranatha Lodge effectively disseminates information to management, staff and residents/representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through the CHC intranet, e-mail, data management and reporting applications, memorandum, noticeboards, meetings, a clinical record system, information packages (including resident and staff handbooks), education sessions, meeting minutes and policy and procedure manuals/flowcharts. Information is managed in accordance with the home's privacy policy. Residents/representatives expressed their satisfaction with information services 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

All externally sourced services are provided in a way that meets the home's needs and quality goals. The results of the team's observations, interviews and document review revealed that Maranatha Lodge has an effective system in place to identify preferred and major suppliers of goods, equipment and services and to review major suppliers' performance against agreed objectives contained in documented external service agreements or contracts. Contracts and/or simple service agreements are in place with suppliers of services such as pest control and fire system maintenance; laundry and cleaning services, pharmaceutical and continence products. There is a mechanism to track and resolve problems with suppliers. This involves the RM reporting performance issues to the operations manager who then reports the issue/s to and liaises with, the purchasing department at corporate office. Residents/representatives expressed their satisfaction with external service providers attending the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The results of the team's observations, interviews and document review revealed that Maranatha Lodge is actively pursuing continuous improvement through a program that is consultative and responsive to feedback from stakeholders including residents/representatives and staff. For comments relating to resident/representative and staff feedback and details regarding the system see expected outcome 1.1 Continuous improvement.

A range of quality activities including stakeholder feedback mechanisms, reviews and audits are in place to measure performance in relation to all expected outcomes in Standard Two. A review of the results of activities undertaken to date indicates that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- Maranatha Lodge has successfully introduced a new filing system for resident clinical care aimed at increasing the level of formal consultation occurring in partnership between each resident, their representative and the health care team. The RM and staff confirmed the initiative arose as a result of management and staff input and has resulted in an improved system of communication between all parties. The new and improved system features individual folders that integrate documents for each individual resident featuring input from (but not limited to) care staff, the resident's medical officer and other health and related services personnel.
- Staff knowledge and skills have been addressed through the provision of appropriate education. For example, following identification of training needs sourced through the results of the home's annual education and training needs analysis, three staff have attended medication competency training; one staff member has attended an external wound management course. Additionally, two staff have attended palliative care education through CHC, and one staff member has been trained by the home's external continence provider to act as the home's continence manager. Care staff expressed satisfaction with their increasing level of knowledge and skills and stated that they feel confident in their abilities to care for the residents at Maranatha Lodge.
- The home has developed a formal policy and procedure for the management of clinical incidents. The RM stated that management identified the need for an increased knowledge and understanding of staff in relation to managing clinical incidents such as resident falls. For example, the resident's representative and medical officer are now notified at all times following a resident sustaining a fall. Direct care staff have attended falls management training and an external educator has carried out clinical assessment education in relation to falls management for registered nurses working at the home.
- The RM reported that the current CHC policy, practice, protocol and competencies for the management of medications are being implemented at the home to ensure staff knowledge and skills are commensurate with the new medication system. Staff are being trained in medication competencies through the learning and development division of

CHC. The RM reported that medication administration is carried out by trained care staff only, ensuring a better identification by staff of residents' medication needs and preferences such as the safe and correct administration of regular and/or PRN medications. Other improvements include the introduction of printed identification pages by the accredited pharmacist for the documentation of resident allergies and the introduction of expiry dates by the accredited pharmacist for PRN dose administration aids.

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 results of the team's observations, interviews and document review revealed that Maranatha Lodge has an effective system in place to manage regulatory compliance pertaining to Health and Personal Care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to compliance with legislation is the action taken by the home to review its practices in accordance with the Department of Health and Ageing requirements. For example, the home maintains a current and regularly reviewed register of professional registrations including for registered nurses and other health and related services personnel such as the physiotherapist and podiatrist.

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

For details of Maranatha Lodge systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions and courses that relate to this Accreditation Standard that have been attended by staff include dementia, falls prevention, medication management, continence care, ileostomy care, palliative care, pain management, depression, diabetes, wound care, skin integrity, sensory loss, nutrition and hydration, restraint and behaviour management. The effectiveness of education is measured through observation, audits, survey and resident feedback. In addition, staff competency is assessed in various areas including medication administration.

2.4 Clinical care

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

Team's recommendation

Does comply

The care team can demonstrate that residents receive clinical care that is appropriate to their individual needs and preferences. Team interviews, observations and document review revealed that clinical care at Maranatha Lodge is managed and supervised by the RM, DRM and HM in liaison with the registered nursing staff across a range of high and low care dependencies. Residents/representatives are consulted and involved with clinical care and

all ongoing treatment. Information in integrated individual residents' files shows an established link between the regular evaluation of resident care, preferences and care delivery by designated staff and medical and other health and related service professionals. Matters are identified for further review and include referrals and/or involvement of other health and related services personnel. Residents/representatives confirmed that the care residents receive is very professional and sensitive to individual resident needs and preferences. Results of interviews with residents/representatives revealed that care staff constantly engage with the residents in a respectful and compassionate 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

Registered nursing staff at Maranatha Lodge provide specialised nursing care to residents through a process of identification, assessment and planning of individual needs and preferences. Consultation with residents/representatives, their preferred medical practitioner and/or other health and related services professionals is ongoing and occurs in response to specialised nursing care requirements that may arise for each individual at the home. Specialised nursing care is delivered in accordance with specified requirements and is conducted by registered nursing staff. For example, results of the teams' interviews, observations and document review revealed that specialised nursing care procedures governing wound care are carried out by registered nursing staff and are regularly assessed and evaluated in liaison with individual residents' representatives, medical officers and/or other health and related services personnel. Residents/representatives stated that they are regularly consulted and that residents receive specialised nursing care in accordance with their care needs and individual preferences.

2.6 Other health and related services

This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's recommendation

Does comply

The home can demonstrate that they have effective systems and processes in place that enable residents to receive care from health specialists at the home and in the community, relative to their needs and wishes. Team interviews and document review confirm assessment and planning with residents/representatives, the resident's medical officer and other health and related services professionals result in timely interventions and support for residents who require other health and related services. Other health and related services professionals providing referral to residents include a dementia support network team, a physiotherapist and a podiatrist. Residents/representatives stated they are informed of choices available to residents and that they are supported by staff at Maranatha Lodge to pursue other health and related services as desired.

2.7 Medication management

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

Team's recommendation

Does comply

Maranatha Lodge uses qualified staff and a prepacked accredited medication system to ensure the safe and correct management of residents' medication. Team interviews and document review confirm the home carries out regular monitoring and supervision of

qualified staff to ensure medication administration competency. The home's medication management system is regularly audited and reviewed in line with legislated requirements and in consultation with an accredited pharmacist. Evaluation and review of residents' medication needs and preferences is regularly undertaken by their medical officers and an accredited pharmacist and reports are provided as required to the medical officers and/or the home's medication advisory committee. Staff practices are consistent with legislated requirements and incidents are reported and responded to in a timely manner. For example, registered nurses and qualified staff were observed to be safely, correctly and appropriately administering medication to residents and could explain practices and protocols used to ensure residents receive their medications safely and as ordered. Residents/representatives are satisfied with the home's approach to the safe and correct management of residents' medication.

2.8 Pain management

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

Team's recommendation

Does comply

There are systems in place to identify and manage residents' pain and management strategies ensure residents are as free as possible from pain. This includes pain assessments using observations, discussion, and evaluations of the strategies being used. Qualified staff report that a validated pain assessment tool is used for residents that are unable to cognitively or verbally express or describe their pain. Efficacy of prescribed pain relief medication is charted and evaluated, and residents are provided with a choice of alternative pain relief methods including physiotherapy, gentle massage, repositioning techniques and lifestyle/pastoral therapies such as relaxation techniques. Care staff can describe their role in pain management, including identification and reporting of pain. Residents/representatives interviewed by the team confirmed that pain management appropriately meets residents' needs and pain relief can be accessed as required.

2.9 Palliative care

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

Team's recommendation

Does comply

Maranatha Lodge can demonstrate that systems are in place to ensure that the comfort and dignity of terminally ill residents is maintained. An established person centred care approach encourages residents to exercise personal choice and participative consultation is encouraged between relatives/representatives, friends, care staff and medical and other health related professionals. A special feature of the home's palliative care program is the chaplain who is available to offer support and counselling to residents, their relatives/representatives and friends. The chaplain and/or residents/representatives and friends are invited to participate in care planning to ensure that physical, emotional, cultural and spiritual needs and preferences of residents are identified, documented and implemented. Residents' terminal care wishes can be documented on entry to the home and during case conferencing and can include the level of clinical intervention preferred by the resident. Residents can be supported to remain in the home in the event of requiring palliation and equipment such as syringe drivers are available on site. Care staff are able to describe a range of interventions employed when caring for terminally ill residents to ensure their pain is managed and that their comfort and dignity is maintained.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents/representatives of Maranatha Lodge indicated their general satisfaction with the provision of meals and fluids in ample quantities and in accordance with residents’ needs and preferences. The home provides residents with input into menu choice through meetings, meal satisfaction surveys and in individual discussions with staff. The home has systems in place based on initial and ongoing assessment of residents’ dietary requirements that include communication of updated information to the kitchen and care staff as resident’s needs and/or preferences change. Documentation review and staff interview confirmed that the home has a nutrition program and all residents are regularly weighed and changes are monitored with significant weight variations being investigated by qualified staff in liaison with the resident’s medical officer and an accredited dietitian. Appropriate action is taken with additional nourishing fluids and dietary supplements provided. Resident/ representative interviews confirmed that residents are served food at satisfactory temperatures and that residents are encouraged to maintain hydration with drinks provided at meal times, at morning and afternoon tea and at regular intervals throughout the day.

2.11 Skin care

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

Team’s recommendation

Does comply

The policies and procedures of Maranatha Lodge demonstrate the home’s approach to ensuring that residents’ skin integrity is consistent with their general health. Skin care needs are regularly assessed, monitored, documented and evaluated on an initial and ongoing basis in consultation with the resident/representative, medical practitioner and other health professionals where appropriate. Procedures for monitoring residents with cognitive impairment are in place. The home monitors nutrition and hydration, accidents and incidents including wound infections, pressure areas, falls and skin tears and acts appropriately on trends identified. Wound care is provided under the direction of the registered nurse and, if required a wound care consultant. The home has a range of dressing products and aids to assist in maintaining and promoting skin integrity. Care staff are able to describe the process of identifying changes in skin integrity and the home assesses and evaluates wounds using documented wound care charts. Interviews with residents/representatives confirmed the processes described above and indicate their satisfaction with the maintenance and treatment of residents’ skin integrity and general health.

2.12 Continence management

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

Team’s recommendation

Does comply

Maranatha Lodge can demonstrate that residents’ continence is managed effectively through measures taken to maintain optimal continence levels for each resident across varying dependency levels. Measures include the assessment of residents’ needs on entry to the home and on an ongoing basis, involving evaluation of management strategies that include scheduled toileting and the provision of continence aids and adequate fluids and fibre.

Combined with the provision of a continence management nurse, the regular review of residents' continence and the support and education provided to staff by professional continence educators, the home maintains an appropriate monitoring of residents' continence care and needs and where indicated, preventive strategies are implemented. The team observed that the home has a range of continence care products and aids to assist in maintaining and promoting the optimal continence of residents. Residents/representatives reported their satisfaction with the program stating that residents' continence is managed effectively at the home.

2.13 Behavioural management

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

Team's recommendation

Does comply

Team interviews, observations and document review provide evidence that Maranatha Lodge has a system in place to ensure the needs of residents with challenging behaviours are managed effectively. All residents with identified behaviour issues have behaviour assessments that include input from residents/representatives and staff. Factors that may intensify behaviours of concern are noted and management strategies implemented, evaluated and reviewed on an ongoing basis through care assessments, progress notes, medical and other health and related service reports and staff consultation with residents/representatives. Incidents are recorded, addressed and evaluated in a timely manner and contributing medical causes are monitored and treated appropriately. Residents are referred to local mental area health teams, psycho geriatric services and behavioural management specialists as required. Residents/representatives are very satisfied that behaviours of concern are addressed appropriately by care staff including in the special needs unit of the home.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Maranatha Lodge can demonstrate that each resident's level of mobility and dexterity is optimised. Interviews with residents/representatives and staff and a review of documents including the physiotherapist's records provide evidence of regular and ongoing assessments occurring in consultation with residents/representatives, medical and other health related services personnel and the care team. An accredited physiotherapist visits twice a week to review residents' individual mobility, dexterity and rehabilitation needs and preferences. The evaluation of resident participation in planned individual and group therapy programs is carried out by the physiotherapist in liaison with the registered nurses. The use of mobility aids and individual falls prevention strategies are consistent with identified needs of residents and are documented in their regularly evaluated physiotherapy, manual handling and mobility care plans. Incidents are reported, responded to in a timely manner and feedback is regularly provided to staff, residents/representatives and medical and other health related personnel. Residents/representatives and staff are very satisfied with the home's approach to optimising residents' mobility, dexterity and rehabilitation.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents/representatives confirm that residents’ oral and dental health is maintained at Maranatha Lodge. The home’s approach to the maintenance of oral and dental health includes initial and ongoing assessment of residents’ oral and dental needs that are carried out by care staff and/or medical and other health and related services personnel. Staff interviews reveal that residents have their daily oral care needs encouraged and/or carried out by care staff. Referral to dentists and/or specialists of choice is arranged in consultation with residents/ representatives as per residents’ identified needs and preferences. The RM informed the team that residents can be escorted to external appointments if appropriate and if required. Residents/representatives and staff confirmed that residents have access to dentists in the local area and are assisted to make appointments as required.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Maranatha Lodge has a system in place to ensure that residents’ sensory losses are identified and managed effectively. The identification of sensory impairment includes sight, vision, taste and smell. A plan is developed incorporating these needs and other specialists are involved as required. The team observed examples of strategies used by the home to manage residents’ specific sensory loss. Residents/representatives interviewed by the team report that staff assist residents in maintenance of sensory aids including the cleaning and fitting of spectacles and hearing aids. Team interviews and document review confirmed sensory loss assessment information is incorporated into the development and planning of the home’s monthly activity program. Incorporated features that focus on sensory stimulation include a special dementia program featuring tactile boxes, gentle massage and exercise classes and craft. The team observed enhanced communication processes between the home and residents such as large print library books, large print menus and activity programs and lifestyle staff reading out loud from newspapers and books.

2.17 Sleep

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

Team’s recommendation

Does comply

Team interviews and documentation review confirmed that the home ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements, routines and the implementation and evaluation of strategies as well as the provision of a quiet environment. Strategies used include low lighting at night, reduced noise levels, offering of a warm drink, pain management, appropriate continence management, one-to-one time and night sedation if ordered by a medical officer and if sedation is prescribed it is monitored and assessed on a regular basis. Residents/representatives indicated they are satisfied with the care and attention staff provide in helping individual residents to achieve an optimal sleeping pattern.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The results of the team’s observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program that is consultative and responsive to feedback from stakeholders including residents/representatives and staff. For comments regarding resident/representative and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

Maranatha Lodge uses a range of quality activities including stakeholder surveys and audits to measure its performance in relation to all expected outcomes in Standard Three of the Accreditation Standards. A review of the results of activities undertaken indicated that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- The resident activity and lifestyle program is reviewed and changed on an ongoing basis in accordance with residents’ needs and desires. For example, initiatives that have been well received by residents and are providing positive outcomes include the introduction of a men’s group. Additionally, a weekly afternoon craft group has been established and residents expressed satisfaction with two recently completed projects involving jewellery making and the construction of photo boards.
- The RM informed the team that the home has recently introduced hot breakfasts to the residents’ menu. The initiative occurred as a result of resident feedback and staff observing a change in the resident population and in their needs and preferences. Residents/representatives expressed a high level of satisfaction with management and staff for recognising the importance of the residents’ need for choice and decision making in relation to their meals and other former lifestyle customs.
- A food comments book and a cleaning comments book have been implemented for residents to provide daily feedback in relation to their comments and concerns. The books are kept in the main entry of the home and the team observed residents writing comments in the books. Residents reported their satisfaction at being encouraged by the home to express their opinions in relation to their lifestyle needs and preferences.

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 results of the team’s observations, interviews and document review revealed that the home has an effective system in place to manage regulatory compliance pertaining to Residents’ Lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to legislation is the action taken by Maranatha Lodge to ensure that residents are provided with information about their rights and responsibilities including in the resident handbook and via the charter of residents' rights and responsibilities displayed in communal areas in the home. Residents are offered a residential aged care occupancy agreement that meets the requirements of the *Aged Care Act 1997 and the User Rights Principles 1997*. In accordance with the *Accreditation Grant Principles Clause 2.22* the home notified residents/representatives of the home's planned accreditation site audit.

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

For details of Maranatha Lodge systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions attended by staff that relate to this standard include but are not limited to using resident feedback, client advocacy, holistic care, pastoral care, privacy and dignity and residents' rights.

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

Management demonstrates residents' are supported in adjusting to the new environment and that their emotional status and needs are identified and met on an ongoing basis. All residents/representatives interviewed indicated they are very satisfied with the ways in which staff provided information prior to entry, assisted them to adjust to life within the home and for their ongoing emotional support through the entry processes, assessments, care planning, and the evaluation of the care provided. Residents' files include information about residents' emotional support needs and preferences, and their progress notes included entries detailing that those needs are being met on an ongoing basis. Staff demonstrated sound knowledge in the emotional needs 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

Opportunities to maximise residents' independence are identified by the home, actioned and added to the individual resident's record. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon including the consideration of those with vision or hearing loss. The home welcomes visits from resident representatives, volunteers and community groups and residents are free to participate in life outside the home when possible. The team observed internal signage and mobility aids readily available. Residents are encouraged to achieve independence (within their limits) in health care choices, participation in decision-making, and personal care. Residents were observed to

have personal belongings such as televisions, items of furniture, photographs and other memorabilia in their rooms. Residents/representatives interviewed stated that residents' independence is actively encouraged and supported at Maranatha Lodge.

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

Maranatha Lodge recognises and respects each resident's privacy, dignity and confidentiality. This was confirmed by information contained in the residents' and staff handbooks, by resident/representative feedback and observation during the site audit. The team observed appropriate door signage and staff knocking prior to entering rooms. All rooms are single with en suite bathrooms. Confidential resident records and belongings are stored securely. There are lounge areas in the home and outdoor areas where residents can be with their friends and relatives in private and staff sign a confidentiality agreement before commencing employment. Staff were able to demonstrate an understanding of privacy, dignity and confidentiality issues and residents/representatives confirmed that staff respect their privacy and treat them with respect.

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

Document review, resident and staff interviews and observation confirmed that Maranatha Lodge has systems that encourage and support residents to participate in a wide range of interests and activities of interest to them. On entry to the home, comprehensive lifestyle histories identifying residents' past and present interests and preferences are recorded. This information is included in the divisional therapy care plans which are reviewed regularly. Resident participation is documented in the activity record. The activities program includes a range of activities to meet differing leisure interests and backgrounds including bus outings, celebration of special days including birthdays, quizzes, bingo, cooking, music and dance. Activities programs are developed and reviewed in conjunction with residents and family members every three months. Residents/representatives are informed of recreational activities available through the recreational activity programs on display and verbal prompts about the activities of the day.

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

Maranatha Lodge has systems in place to foster residents' cultural and spiritual needs through the identification and communication of residents' individual interests, customs, cultures, and religions. Christian church services are held regularly and a chaplain or catholic priest (and other spiritual leaders) provide spiritual support as required. Information obtained on entry to the home is documented and communicated to the relevant staff. Residents/representatives interviewed are satisfied with the care the home provides for the support of their cultural and spiritual lives.

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

Personal preferences, needs and choices are identified on entry to Maranatha Lodge using a range of assessment tools and in consultation with health care providers and residents/representatives. The resident handbook outlines the care and services provided by the home including residents' rights and responsibilities and complaints mechanisms. Residents are encouraged to participate in decisions about their care and the services provided by the home through the use of feedback mechanisms including surveys and meetings. Residents/representatives interviewed indicated they are satisfied with choices available to them and that their decisions are respected.

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

Maranatha Lodge has systems in place to inform residents of their rights and responsibilities including security of tenure information. A residential aged care service agreement is provided for new residents that outlines relevant information on security of tenure, charter of residents' rights and responsibilities, fees/bonds, privacy matters and specified care and services. The resident handbook details the services available at the home. Information is provided and displayed in the home for residents/representatives and includes brochures on comments and complaints. Residents/representatives stated they feel secure at the home, understand the information that they receive and have ongoing opportunities to provide feedback to the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The results of the team’s observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program that is consultative and responsive to feedback from stakeholders including residents/representatives and staff.

For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

Maranatha Lodge uses a range of quality activities including numerous stakeholder surveys and audits to measure its performance in relation to all expected outcomes in Standard Four of the Accreditation Standards. They include but are not limited to reviews and audits in areas covering resident satisfaction (includes hospitality services such as catering, cleaning and laundry), workplace safety, hazards, accident/incidents, environment, manual handling, and infection control.

A review of the results of activities undertaken indicated that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- The RM informed the team that a number of initiatives have been carried out to ensure the home is providing a safe and comfortable environment consistent with residents’ care needs; and to improve the safety of residents, staff and visitors. They include (but are not limited to) gastro outbreak kits and hand sanitising gel have being introduced to improve the home’s infection control processes; new cleaning schedules have been implemented to improve cleanliness throughout the home; and a new lifter with slings, a reclining shower chair, three new electric beds and five new wheelchairs have been purchased in relation to the increasing acuity levels of residents at the home. The RM informed the team that new wall mounted heaters are being fitted out in the hostel and that a special respite room has been created at the home. The improvements are a result of resident and staff feedback. Residents expressed a high level of satisfaction with the improvements that have been carried out in their living environment stating that they feel comfortable, safe and well cared for by management and staff.
- Improvements to the resident’s living environment include the erection of a new shade in an outdoor area to provide comfort and shelter to residents in inclement weather; and the purchase of a TV/DVD combination for the use of residents who may be confined to their rooms due to ill health. Additionally, the home has carried out major improvements in the outdoor area situated near the special needs unit. The upgrade includes (but is not limited to) built up garden areas, outdoor furnishings, potted plants, a bus stop and a planned phone booth. The local horticultural society is currently developing and improving the existing car park and garden beds. Residents expressed their pleasure at the new outdoor area and in particular, the opportunity to carry out gardening activities.
- Staff knowledge and skills have been addressed through the provision of appropriate education. For example, the home services supervisor has attended food safety training

Level 1 and Level 2 through a registered training authority. Additionally, the home services supervisor and the infection control coordinator have attended infection control training through a registered provider. In line with the introduction of the home's new food safety program, a revised set of food safety guidelines have been implemented in the kitchen and staff have received appropriate training in relation to (but not limited to) revised practices for temperature monitoring, documentation processes and cleaning duties. Staff expressed a high level of satisfaction with the opportunities and encouragement that management provide to them in the areas of training and development.

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

Results of the team's observations, interviews and document review revealed that the home has an effective system in place to manage regulatory compliance. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of the home's recent response to legislative requirements includes the CHC comprehensive food safety policy and range of food safety measures that ensure the home is compliant with new regulations of the NSW Food Authority. The organisation is compliant with current requirements governing the NSW Food Authority law covering businesses that serve food to vulnerable persons. For example, they have introduced Standard 3.3.1 *Food Safety Programs for Vulnerable Persons* to the home in line with the regulatory introduction date for NSW of 1 September 2009. The home has been audited by an accredited officer of NSW Food Authority and received a B level pass. Maranatha Lodge has a current fire safety statement and has external services contractors attending for testing and calibration of equipment including fire fighting equipment, thermostatic mixing valves and electrical equipment testing and tagging.

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

For details of Maranatha Lodge systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Education sessions and activities that relate to this standard include but are not limited to manual handling (theory and practical), infection control (including outbreak management), fire safety training (theory and practical), occupational health and safety (including manual handling, risk assessment and management, hazard identification and OH&S committee training), use of equipment, chemical safety and food safety training. The majority of this training has been identified as mandatory and staff attendance is monitored. Staff competencies are carried out in various areas including manual handling, fire safety, cleaning and catering.

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

Management at Maranatha Lodge is actively working to provide a safe and comfortable environment. The team observed that the home is clean and free of clutter or other hazards, has sufficient and appropriate furnishings, comfortable internal temperatures and ventilation, little noise, and a secure internal and external environment. The home has a preventative and reactive maintenance program in place to ensure the environment is safe and well maintained. Safety and comfort of the home is monitored through feedback from residents, observations from staff, accident/incident reports, and environmental audits. Residents/representatives interviewed are very satisfied with the physical environment which contributes to the residents' ability to maintain an independent lifestyle.

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 through the adoption of the organisation's overarching OH&S policy and flowchart, and driven by the home's OHS Committee. All staff are trained in the identifying and reporting of hazards which are logged, rated, and appropriate actions initiated resulting in the hazards' elimination or reduction. Staff OH&S training is carried out at orientation, which includes manual handling, and is ongoing through the home's education program. Environmental audits are performed regularly. The team observed that all chemicals are safely stored with associated material safety data sheets located close by. Staff were observed to be following safe work practices and all residents/representatives interviewed stated that they believe the home provides a safe environment.

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

Management and staff of Maranatha are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks for residents/representatives and staff. The home's fire, security and emergency systems include policies and procedures, appropriate fire safety equipment, evacuation signage throughout the home, staff training in emergency evacuation procedures, and alarms on all external doors. The home's Fire Safety Officer has completed relevant training. The home has in place a documented emergency evacuation plan and maintains a resident evacuation list which includes resident's photo identification. The home has a current contract for the regular inspection and maintenance of all fire safety equipment. Staff demonstrated a sound knowledge of the location of emergency equipment and emergency procedures.

4.7 Infection control

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

Team's recommendation

Does comply

Maranatha Lodge has in place an effective infection control program that includes policies and procedures, an infection control manual, education programs commencing at orientation, provision of personal protective equipment, monitoring and analysis of infection rates with appropriate strategies to deal with infections, and regular temperature testing of all aspects of food preparation and delivery. All resident infections are documented and monitored, and results analysed at continuous improvement and infection control meetings. The home accesses up-to-date information regarding management of infections from Government Departments and other sources, and infection outbreak management guidelines and procedures are in place. Catering staff follow safe food handling guidelines and all staff interviewed by the team demonstrated a good understanding of infection control principles and practices related to their roles. Residents reported that the home is always clean and that they see staff wearing gloves and washing their hands.

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

Maranatha Lodge delivers hospitality services in a way that enhances residents' quality of life and the staff working environment. Meals are prepared and cooked on site and resident's dietary needs and preferences are identified on admission to the home, monitored and modified as necessary. Menus are rotated four weekly and designed in consultation with residents and evaluated by a dietician. Residents' clothing is laundered on site and services are frequent with an established system in place for the identifying and sorting of residents' clothing. The laundering of linen is carried out by external service providers with processes in place to notify the external laundry providers of contaminated linen. The home has appropriate cleaning schedules in place to ensure cleaning and detailing is carried out on a regular basis. Feedback on the home's hospitality services is provided through the internal comments and complaints system, and resident meetings and surveys. Resident/representatives indicated that the home's hospitality services meet their needs and preferences.