



Standards and Accreditation Agency Ltd

## **Decision to accredit Pine Woods Hostel**

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

The Agency has decided that the period of accreditation of Pine Woods Hostel is three years until 14 August 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:	Pine Woods Hostel				
RACS ID:	5195				
Number of beds:	50	Number of high care residents:	Nil		
Special needs group catered for:	Nil				
Street/PO Box:	260 Francis Road				
City:	LAWNTON	State:	QLD	Postcode:	4501
Phone:	07 3881 9414		Facsimile:	07 3882 0721	
Email address:	pine.woods@bluecare.org.au				

### Approved provider

Approved provider:	The Uniting Church in Australia Property Trust				
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### Assessment team

Team leader:	Louize Fulton				
Team member/s:	Elizabeth White				
	Catherine Miller				
Date/s of audit:	25 May 2009 to 27 May 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

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

## Accreditation decision

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

### Assessment team's reasons for recommendations to the Agency

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Pine Woods Hostel
RACS ID	5195

### **Executive summary**

This is the report of a site audit of Pine Woods Hostel 5195, 260 Francis Road LAWNTON QLD from 25 May 2009 to 27 May 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 Pine Woods Hostel.

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

### **Assessment team's recommendations regarding support contacts**

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 25 May 2009 to 27 May 2009.

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

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

## Assessment team

Team leader:	Louize Fulton
Team member/s:	Elizabeth White
	Catherine Miller

## Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust
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## Details of home

Name of home:	Pine Woods Hostel
RACS ID:	5195

Total number of allocated places:	50
Number of residents during site audit:	49
Number of high care residents during site audit:	47
Special need catered for:	Residents with dementia and related conditions

Street/PO Box:	260 Francis Road	State:	QLD
City/Town:	LAWNTON	Postcode:	4501
Phone number:	07 3881 9414	Facsimile:	07 3882 0721
E-mail address:	l.bartolini@bluecare.org.au		

### Assessment team's recommendation regarding accreditation

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

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

### Interviews

	Number		Number
Director of nursing	1	Residents/representatives	7
Clinical nurse consultant	1	Clinical nurse specialist	1
Registered nurse/continence coordinator	1	Endorsed enrolled nurses	2
Registered nurse/staff coach	1	Volunteers	2
Care staff	3	Laundry staff	1
Administration officer	3	Cleaning staff	1
Catering staff	1	Maintenance staff	1
Cook	1	Regional maintenance supervisor	1
Lifestyle coordinator	1	Regional hospitality services officer	1
Workplace health and safety officer	1	Massage therapist	1
Quality officer/workplace health and safety representative	1	Physiotherapist	1
Regional workplace health and safety officer	1	Chaplain	1
Music therapist	1		

### Sampled documents

	Number		Number
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Residents' files	6	Medication charts	15
Summary/quick reference care plans	8	Personnel files	8
Resident administration files	4		

### Other documents reviewed

The team also reviewed:

Action plans

Annual workplace assessment

Approved vendor agreement register

Archive records register

Audit schedule

Audits 2008/2009

Certification report – aged care certification assessment against the 1999 certification instrument

Chemical register

Chemical (hazardous) risk assessments

Chemical stock list

Chemical storage guide

Cleaning schedule

Cleaning sheets

Cleaners manual

Clerk's admission checklist

Clerk's discharge checklist

Colour coded emergency flip chart

Communication book – kitchen staff

Complaints form

Complaints register

Complaints resolution flow chart

Compliments book

Continuous improvement plan

Contractor's handbook

Department reports (monthly)

Dietary sheets' folder

Dietitian menu review (2009)

Domestic cleaning weekly check sheet

Duties lists

Emergency response manual

Emergency telephone list

Emergency lighting check records

Emergency risk assessments and local service contingency plans

Evacuation maps

External services agreement

Fire drill records and attendance sheets

Fire safety advisor certificate

Fire safety declaration 2008

Fire safety – maintenance inspection report (Queensland Fire and Rescue Service)

Fire protection equipment (certificate of maintenance 2007-2008)

Food safety manual (draft)

Food business licence

Hazard and risk assessment flow chart



Hazard and risk register 2009  
 Hazard report summary  
 Hazard risk notice forms  
 Improvement log register  
 Improvement logs  
 Incident reports – residents  
 Incident reports – staff  
 Incident form flow chart  
 Individual resident participation records (activities)  
 Infection control antibiotic surveillance form  
 Infection control monthly statistics  
 Infection control surveillance report- annual  
 Infection control surveillance report – urinary tract infections  
 Infection control – antibiotic surveillance form  
 Infection spreadsheet (urinary tract infections)  
 Maintenance requests  
 Maintenance request flow sheets (after hours)  
 Maintenance schedules – planned/preventative  
 Maintenance service reports  
 Mandatory staff training attendance records  
 Meal data base  
 Meetings minutes – 2008/2009  
 Memoranda – 2009  
 Menu – four weekly rotating  
 Newsletters  
 Orientation to workplace health and safety information  
 Performance appraisals  
 Police certificate  
 Police check reports  
 Policies and procedures  
 Position descriptions  
 Probation assessment form  
 Protective assistance authorisations (restraint)  
 Pest control service reports  
 Resident amenities accounts – transaction records  
 Resident cash vouchers  
 Resident chart information kit  
 Resident entry package  
 Resident information handbook  
 Resident invoice statements  
 Resident leave register  
 Resident list and medical diagnosis  
 Resident payment - direct debit service agreement  
 Resident satisfaction report  
 Safe environment information for residents  
 Staff competency assessments  
 Staff education attendance records  
 Staff information package  
 Staff roster  
 Surveys – 2008/2009  
 Temperature records (kitchen and servery)  
 Work area orientation check sheet  
 Workplace health and safety officer certificate

## Observations

The team observed the following:

Activities area with stained glass effect on windows  
Activities in progress  
Archive boxes  
Art gallery  
Bed poles  
Cleaning in progress  
Blackout box emergency kit  
Coffee shop  
Combined staff room  
Emergency spills kit  
Equipment and supply storage areas  
Fire fighting equipment - tagged  
Handwashing station  
Individual resident nail care boxes  
Interactions between staff and residents  
Kitchen  
Laundry  
New shelving in kitchen  
Pendant buzzer  
Personal protective equipment  
Personal protective garment  
Positive interactions between staff and residents  
Privacy screen  
Regency/gel recliner chairs  
Residents' 'story board'  
Living environment  
Outbreak box  
Personal protective equipment  
Protective assistance in place  
Protectors on resident care equipment  
Pressure relieving equipment in use  
Resident care equipment  
Residents' internal and external living environment  
Residents' rooms and ensuites  
Residents wearing skin protectors  
Satin undersheets  
Staff gymnasium  
Staff assisting residents with transfers and mobility  
Staff hand washing  
Storage areas  
Storage of medications  
Utility rooms  
Visitors/contractors sign on/off log  
Vision, values and philosophy statements (displayed)  
Waste disposal.

## Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

### Standard 1 – Management systems, staffing and organisational development

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

#### 1.1 Continuous improvement

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

##### Team’s recommendation

Does comply

The home actively pursues continuous improvement by seeking feedback from residents/representatives and staff through improvement logs, surveys, comments and complaints forms, meetings and an ‘open door’ policy with management. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident forums. Resident, staff and clinical data is collected, reviewed and analysed on a regular basis. The home captures improvement opportunities and objectives on a plan for continuous improvement which also specifies timelines and key responsibilities. Residents and staff confirmed that management are responsive to suggestions for improvement.

Recent examples of improvements related to Standard One include:

- The home’s school holiday program for children/grandchildren of staff members has recently been consolidated to include the six-week summer holiday period as well as the shorter holiday periods throughout the year. The Director of Nursing (DON) reported that the child minding program has enhanced the ability of the home to attract registered nursing staff and there has been an improved continuity of care for residents as numerous staff do not need to take leave during school holidays. Staff and resident feedback indicates overwhelming endorsement of the program.
- Management established a combined staff room which brings staff from all areas of the facility together and also conducts team building sessions at the combined staff meetings. Staff and management report that a positive culture of togetherness has evolved as a result of the initiatives and management indicated that the continuity of care for residents has been enhanced as staff are now more familiar with residents from either area and feel more confident to work in both areas.
- As the use of time sheets was identified as involving much waste of time, the practice has been abandoned and instead staff are required to sign the master roster at the end of the roster period as verification of attendance for each shift. Management report that the new system ensures greater accuracy and fewer administration staff hours are required for follow up and verification.
- The progress of new staff after two, four and eight weeks from commencement is now being monitored by the ‘staff coach’ who liaises with both the new staff member’s supervisor and with DON if issues arise. The DON indicated that the benefits to new staff include additional support and

- education which is particularly appropriate to the mature work force.
- The implementation of an on-site gymnasium for staff and volunteers has been offered by management as a means to promote health and wellness for the home's ageing workforce. Attendance records indicate that the gymnasium is well patronised by staff.

## 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 has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The organisation's head office provides regular updates of legislative and regulatory requirements via email to the home and updates are also posted on the organisation's intranet. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via newsletter, memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard One is monitored through surveys, audits and observations of staff practices. Probity checks are implemented for all staff, volunteers and relevant external service providers.

## 1.3 Education and staff development:

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

### **Team's recommendation**

Does comply

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and annual mandatory training. All staff have job specific educational qualifications and are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on two or more 'buddy' shifts and the ongoing skills and knowledge needs of staff are monitored through performance reviews, competency assessments, audits and staff and resident feedback. All staff must attend annual mandatory training including manual handling, infection control, chemical and fire safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard One including the comments and complaints process and maintenance and equipment, and the home considers the effectiveness of each session.

## 1.4 Comments and complaints

*This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".*

**Team's recommendation**

Does comply

Residents/representatives and other interested parties have access to internal and external complaints mechanisms. To facilitate this, the home has developed a customer feedback processes including annual resident satisfaction survey, complaints forms and resident meetings. The home has an open door approach which encourages residents/ representatives to comment about the care and services they receive. The complaints process is explained to residents/ representatives on entry to the home and is also clearly outlined in the resident handbook, residential care agreement and brochures, including contact details of external agencies if residents are dissatisfied with the internal process. Staff are familiar with the process for dealing with residents' complaints or concerns. Residents and their representatives are aware of the avenues open to them should they have a concern or issue to be addressed, and are satisfied that issues raised are dealt with in an appropriate, timely and confidential manner.

**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 organisational directions and the home's vision, mission and philosophy statements are documented in the resident handbook and in the staff orientation package. Framed copies of the statements are on display throughout 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

The home's staffing levels and skill mixes are determined by management in accordance with the current care needs and health and well-being status of residents and operational needs of support and administrative services. The home follows organisational policy and procedures for recruitment and selection and there are systems in place to ensure probity checks are current and employee registrations are checked annually. New staff are assigned two or more 'buddy' shifts, printed duties lists are available and staff performance is reviewed on a regular basis. Management has mechanisms to ensure coverage at all times and an on-site registered nurse is rostered on duty at all times. Management obtain feedback from residents and staff to monitor sufficiency of staffing across the service types. Staff confirmed sufficiency of staffing levels within the home and that under normal circumstances they have sufficient time to complete their required duties. Residents/representatives confirmed they are satisfied with the responsiveness of staff and adequacy of

care and services.

## 1.7 Inventory and equipment

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

### **Team's recommendation**

Does comply

The home has processes in place to ensure that suitable goods and equipment appropriate for the delivery of services are available to meet residents' needs. Key staff from each area submit regular orders to ensure stock is maintained within preferred limits and according to budget. Cleaning products are supplied through a preferred external supplier and inventory and equipment is stored appropriately to ensure accessibility and prevent damage. A preventive and corrective maintenance program ensures equipment is serviced on a regular basis and requirements for additional or replacement equipment are identified through staff feedback and resident care needs. Staff demonstrated that quality service delivery is maintained in relation to routine and specialised health and personal care, resident lifestyle, catering, housekeeping, cleaning and resident and staff safety. Residents and staff reported that sufficient and appropriate goods and equipment are provided by the home to meet their needs.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

The home has established processes and an information management system to identify and record key information and changes to resident care, quality improvement, administration, financial, human resource and maintenance needs. Residents/representatives, staff and other stakeholders have access to current information on the processes and general activities and events of the home via internal email, newsletter, memos and staff and resident/representative meetings. Electronic and paper based records are maintained by the home, information is securely stored, access to information is based on designation and computer based information is password protected and backed up daily. Monitoring of the information management system occurs through internal auditing processes and staff feedback. Staff and management analyse a range of clinical and management data and this information is discussed at staff meetings and through an analysis group. The home is guided by organisational policies and procedures to guide staff practice and information is archived, stored and destroyed according to organisational policy and legislative requirements. Residents and staff are satisfied that information is communicated effectively either verbally or in writing.

## 1.9 External services

*This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".*

**Team's recommendation**

Does comply

The organisation identifies external service requirements based upon resident, operational and legislative requirements including catering, laundry, emergency services, chemicals, allied health, plumbing and electrical services. The organisation has established written service agreements with major suppliers and external service providers that stipulate details of service to be provided, insurance, probity checks and a service review process. The home obtains staff and resident feedback and uses internal auditing processes to monitor the performance of external service providers. Management liaise with external providers to address any dissatisfaction with services or supply of stock. Residents and staff are satisfied with the quality of services provided by external service providers.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

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

Does comply

The home actively pursues continuous improvement by seeking feedback from residents/representatives and staff through improvement logs, surveys, comments and complaints forms, meetings and an 'open door' policy with management. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident forums. Resident, staff and clinical data is collected, reviewed and analysed on a regular basis. The home captures improvement opportunities and objectives on a plan for continuous improvement which also specifies timelines and key responsibilities. Residents and staff confirmed that management are responsive to suggestions for improvement.

Recent examples of improvements related to Standard Two include:

- A nail care program for residents has recently been implemented by the home. A staff member, who is a qualified nail care technician, conducts a free service to residents on a three-weekly basis using individual nail care kits and guidelines prepared by the home. The manager indicated that the program provides extra nail care for residents and the nail care technician has assisted to identify residents suffering from nail infections.
- The home, in collaboration with the physiotherapist, has recently purchased a 'gel' recliner chair for a low care resident whose mobility status had changed and who could no longer socialize outside their room. The chair enables the resident to be moved closer to other residents and the 'gel' upholstery provides improved comfort to meet the resident's changing needs.
- After a resident was identified as having multiple falls, the home installed a new electronic sensor system to help alert staff to the resident getting out of bed unassisted. After the introduction of the sensor system, there were no more falls recorded for that resident .
- The physiotherapist identified that staff encounter difficulty with some residents when trying to re-position them in bed. The home implemented the use of under sheets with a central satin panel and side panels of non-slip material for residents who experience difficulty when turning from side to side. The DON reported that residents' bed mobility independence had improved as a result and that staff were at a reduced risk of injury to themselves.

### **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 organisation has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The organisation's head office provides regular updates of legislative and regulatory requirements via email to the home and updates are also posted on the organisation's intranet. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via newsletter, memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Two is monitored through surveys, audits and observations of staff practices. Systems are in place to ensure that specified care and services are provided as per the *Quality of Care Principles 1997* and the home was able to demonstrate it has processes in place to meet the various laws and guidelines which govern medication management practices.

**2.3 Education and staff development**

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

**Team's recommendation**

Does comply

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and annual mandatory training. All staff have job specific educational qualifications and are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on two or more 'buddy' shifts and the ongoing skills and knowledge needs of staff are monitored through performance reviews, competency assessments, audits and staff and resident feedback. All staff must attend annual mandatory training including manual handling, infection control, chemical and fire safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard Two based on the current health and well-being status and care needs of residents.

**2.4 Clinical care**

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

**Team's recommendation**

Does comply

Residents' care needs, preferences and physical and cognitive abilities are assessed on entry to the home; individualised care plans are developed in consultation with the resident and/or representative, resident's medical officer and other members of the care team, reviewed two-three monthly and when changes occur. The Clinical Nurse Specialist coordinates care plan reviews and supervises/monitors clinical care activities in collaboration with other registered staff to ensure that interventions address residents' current needs;

changes to resident status are identified on a daily basis and actioned as required by the Clinical Nurse Specialist or registered nurse/endorsed enrolled nurse in accordance with assessment information and/or medical officer/allied health request. Audits, surveys and analysis of clinical indicator data are used to monitor the quality of care provided. Residents are visited regularly by visiting medical officers and are referred to other health professionals as their needs indicate. Treatment is provided as prescribed and acute care episodes actioned in a timely manner and followed up appropriately. Case conferences are held on entry and annually. Care staff are provided with information about residents' care needs through shift handover processes, communication diaries and quick reference care plans located in residents' rooms. Care staff demonstrate knowledge of interventions necessary to meet residents' health and personal care needs and preferences. Residents report satisfaction with the care they receive at the home.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".*

### **Team's recommendation**

Does comply

Residents' specialised nursing care needs are assessed by registered nurses on entry and through reassessment when changes in residents' clinical status and/or care needs are identified. Care plans are developed to address identified special needs; registered nurses/endorsed enrolled nurses attend to residents' specialised care and equipment is supplied as necessary to meet identified needs. Staff expertise in specialised nursing care such as stoma care, wound management, catheter care, diabetes management and palliative care is developed / enhanced through internal and external education; further advice/assistance is accessed through liaison with nurses from local teaching hospitals, medical specialists or community organisations. Changes in residents' clinical status are transmitted to the relevant medical officer and any required investigations and/or hospital admission for acute illness arranged as requested. Residents indicate satisfaction with the specialised nursing care provided.

## **2.6 Other health and related services**

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

### **Team's recommendation**

Does comply

Residents are referred to specialist medical and/or allied health professionals as their assessed needs indicate. Residents' initial mobility / transfer assessments and care planning are undertaken by the physiotherapist with regular reviews in place. Dental, podiatry and speech pathologist consultations are arranged according to residents' assessed needs; interventions are implemented as required and recorded in care plans. Residents access the music therapist through group sessions and/or individual referral; a therapeutic massage therapist provides interventions for pain, behaviour management and/or supportive/emotional needs. Indicators for referral to other health

professionals such as dietitian, speech pathologist and psycho-geriatric services are documented in progress notes, with residents assisted to attend relevant external practitioners when necessary. Information from health related practitioners' reports is retained in residents' clinical records and conveyed to staff as required. Residents report they have access to allied health services, are visited by relevant practitioners or assisted to attend external appointments.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

Residents' medications are supplied by an external pharmacy using a packaged system, with administration undertaken by registered nurses, endorsed enrolled nurses and care staff assessed as competent to do so; medication competencies are assessed annually thereafter. Assistance with medications by care staff is limited to packaged medication, with the accuracy of these checked by registered staff on delivery. A registered pharmacist provides annual comprehensive medication reviews and medical officers include medications in their reviews (at least three monthly) of residents' needs/care. Medication charts reflect correct prescribing, documentation and administration procedures, including allergy alerts; protocols are in place to guide specific areas of practice including management of anticoagulant therapy, insulin therapy and emergency/telephone orders. Administration and storage practices, including storage of controlled drugs indicate that processes support safe medication management and legislative compliance. Staff demonstrate understanding of the medication incident reporting / investigation system and processes to be followed in addressing pharmacy related incidents. Staff involved in medication incidents are interviewed and receive education/competency reassessment as required. Incident investigation and analysis, medication chart audits and discussion at relevant meetings are used to monitor the effectiveness of medication management processes. Residents expressed satisfaction with management of their medications and with the assistance and support provided.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Residents' pain is identified during initial assessments, reassessment is implemented when new pain is identified, when existing pain control strategies are ineffective and/or when increased use of as required (PRN) analgesia is noted. A nonverbal pain scale tool is used to identify pain in residents with dementia or other inability to articulate their pain, with the effectiveness of pain management strategies documented on pain assessment charts. Residents and/or representatives, medical officers, allied health professionals and staff are involved in strategies to manage residents' pain. Care plans reflect location

and intensity of pain and strategies to manage the pain including positioning, heat therapy, massage therapy, distraction and administration of analgesia and other medication. Effectiveness of interventions, including use of as required (PRN) analgesia is monitored, evaluated and documented. Staff receive training in pain identification and management and demonstrated awareness of nonverbal cues to assist in identifying residents' pain or discomfort. Residents indicate satisfaction with current pain management strategies and report that care staff monitor the effectiveness of pain control interventions.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Residents' end of life care wishes are discussed with residents and/or representatives during the entry process or as the needs of the resident indicate, with relevant information documented in residents' records. The home cares for/supports seriously ill and dying residents, with input from residents' medical officers, allied health professionals and supportive therapists as required. Residents' pain, comfort and spiritual needs are managed in consultation with the resident and/or representative, health care practitioners, and pastoral care personnel, including the home's chaplain according to individual resident's preferences. Education in palliative care is provided and special equipment is available / obtained as necessary to ensure that interventions meet residents' increasing care needs; advice from external palliative care practitioners is available if required. A palliative care support group for relatives, volunteers and staff provides ongoing education and support, including grief and loss counselling. Members of the health care team and external health professionals work together to provide physical, psychological, emotional and spiritual support to residents approaching their end of life and for dying residents and their families.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Residents' dietary needs and preferences including special requirements and food allergies are identified by registered nurses on entry to the home; initial information and any dietary changes are recorded on dietary profiles and transferred to the chef (or their deputy) in the main kitchen; the information is included in documentation that guides food and fluid preparation / service. Care plans reflecting assessment data, including oral/dental health and sensory loss are developed in consultation with the resident and/or representative; referrals to allied health specialists, such as the dietitian or speech pathologist are undertaken as required, with texture modified food and fluids and other dietary adjustments introduced according to assessed need. . Residents' weights are monitored monthly (using chair and sling scales), with variations assessed, actioned and monitored according to the home's weight

management protocol. Dietary supplements and use of modified utensils are implemented as directed by registered staff/allied health specialists. Residents report they are assisted with meals and fluids and are satisfied with the quality and amounts available.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

Residents’ skin care needs and strategies to maintain skin integrity are identified through consultation with the resident and/or representative and assessments that include risk of skin breakdown, nutritional status, level of mobility and risk of falls. Individualised care plans outline strategies to preserve skin integrity including showering frequency, application of creams, correct manual handling, use of pressure relieving aids and attention to residents’ nutritional status. Residents are provided with access to manicure and podiatry services to reduce risk of self inflicted skin tears and nail bed infections. Registered nurses plan wound care that is provided/monitored by appropriately trained registered staff; advice from external wound care consultants is available if necessary. Clinical audit results and incident reports are analysed to identify factors contributing to skin breakdown/trends, with action taken to amend care strategies/ provide education when required. Additional staff manual handling education aims to minimise the incidence of skin tears associated with this area of care. Residents indicate they are satisfied with the assistance provided to maintain skin integrity.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Continence history and details of any previous strategies to manage incontinence are obtained on residents’ entry to the home. Continence assessments, including collection of bladder and bowel continence data are completed over designated periods as part of assessment processes. Interventions such as toileting regimens and use of continence aids are implemented and documented in residents’ care plans. The Continence Coordinator, assisted by registered and care staff monitors residents’ need for continence aids, evaluate their effectiveness and prescribes alternate aids as required; additional coordinator responsibilities include staff education and maintaining supplies of continence aids. Bowel management programs include individualised toileting programs, provision of natural dietary products, encouragement of additional fluid intake, optimum levels of physical activity and use of prescribed aperients when necessary. Care staff provide assistance with personal hygiene when changing residents’ continence aids; residents report staff are discreet when providing continence care and that they are satisfied with the home’s approach to meeting their continence needs.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Residents with challenging behaviours are assessed for a period following entry to the home to identify context of behaviours, possible triggers and effective interventions. Care plans reflecting assessment data are developed in consultation with the resident, family members and visiting medical officer. Episodes of challenging behaviour are managed by a variety of techniques including distraction, one to one interaction, involvement in activities, medication review and family support. Staff demonstrated knowledge of individual resident’s behaviours and appropriate management interventions. Episodes of aggressive or other challenging behaviour prompt repeat assessment, interventions are reviewed and discussed with a dementia specialist, the older persons mental health unit or specialist non government organisations as required. A minimal restraint policy is in place; restraint management processes include resident/representative consent and regular review of restraint requirements. Residents and representatives report that staff intervene to support agitated residents and to minimise behaviours impacting on other residents. The therapy team works with care staff to manage challenging behaviours and to calm residents experiencing episodes of agitation or anxiety.

### **2.14 Mobility, dexterity and rehabilitation**

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

#### **Team’s recommendation**

Does comply

Residents’ mobility, dexterity and rehabilitation needs are identified through admission processes that include assessment /care planning by the physiotherapists; care plans reflect mobility capacity, transfer requirements and falls risk management strategies. Exercise programs and any rehabilitation interventions to maximise residents’ mobility and dexterity are documented. Falls prevention/minimisation strategies including early identification of resident infections, medication review, adherence to toileting programs, use of limb protectors, frequent observation and installation of laser beam movement detectors in the rooms of residents with a history of frequent falls. The physiotherapists provides input for care plan reviews as required, provides ongoing support /assistance with complex exercise programs and undertakes reassessment when residents fall or their mobility status changes. Care staff receive training relating to residents’ transfer, mobility and exercise requirements and safe use of equipment and mobility aids; staff assist residents with regular walks and simple exercise programs whenever possible. Residents utilise assistive devices according to assessed needs and indicate that their mobility and dexterity needs are met.

## 2.15 Oral and dental care

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

### **Team’s recommendation**

Does comply

Residents’ dental history, preferences relating to management of their teeth and dentures and other oral / dental care needs are identified on entry through interview and assessment of their oral health status. Care plans reflect assessment information, outline required assistance / interventions and are reviewed as necessary. Care staff monitor residents’ ability to self manage their oral care, assist when required and initiate dental referrals as required. Management has recently arranged visiting dental services for the home; residents access external appointments according to preference and physical capacity. Attention to fluid intake and nutritional status are included in strategies to maintain / improve residents’ oral health. Residents indicate satisfaction with the assistance given by staff to maintain their dentures and overall oral hygiene.

## 2.16 Sensory loss

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

### **Team’s recommendation**

Does comply

Information about individual resident’s care needs in relation to sensory capacity including hearing, vision, speech, and communication ability is collected through initial and ongoing assessment processes. Identified resident need prompts assessment to identify environmental risks and control measures are implemented to maximise residents’ safety. Care interventions reflect residents’ needs and personal preferences and sensory care is linked to other relevant care plans such as hygiene, skin care, behaviour management and leisure activities. Residents are referred to specialists such as audiologists and optometrists according to assessed need or resident request. Staff receive instruction in the correct use and care of sensory aids and are aware of interventions and risk management strategies required to meet individual resident’s needs. Diversional therapy staff offer activities suitable for residents with a range of sensory deficits. Residents indicate that staff provide assistance with daily living and leisure activities according to their identified level of sensory incapacity.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

The home has processes in place to assess and review residents’ sleep patterns. Individualised care plans include residents’ sleep habits and sleep preparation needs to guide staff in assisting residents’ with their settling

routines and maintaining restful sleep. Individual care plans are reviewed according to schedule and as necessary; any sleep disturbances are investigated and strategies changed as required. Residents indicate they are generally able to sleep well and confirmed that staff provide assistance when required such as help with toileting, repositioning, pain management and offering refreshment.



## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

#### Team’s recommendation

Does comply

The home actively pursues continuous improvement by seeking feedback from residents/representatives and staff through improvement logs, surveys, comments and complaints forms, meetings and an ‘open door’ policy with management. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident forums. Resident, staff and clinical data is collected, reviewed and analysed on a regular basis. The home captures improvement opportunities and objectives on a plan for continuous improvement which also specifies timelines and key responsibilities. Residents and staff confirmed that management are responsive to suggestions for improvement.

Recent examples of improvements related to Standard Three include:

- Management identified that as the age of residents’ relatives increases it becomes increasingly difficult for relatives to take their loved ones away from the facility on an outing. Management established an in-house coffee shop which meets the social needs of residents and relatives and which also has an internet access facility. The coffee shop provides additional area for group activities such as sing-alongs conducted by the home’s music therapist.
- Staff identified that a resident with decreased cognition and mobility levels experienced difficulty at times when trying to locate the nurse call buzzer and would then become very anxious. The home purchased a pendant buzzer for the resident to wear at all times and staff confirmed a reduction in the resident’s anxiety levels.
- It was recognised by management that children can bring joy into the lives of elders and with the extension of the home’s school holiday child care program for the children/grandchildren of staff, a program has been developed to integrate children into the life of the home. The day commences with a ‘good morning’ hello from the children to the residents each day and residents have the opportunity to reminisce about their own children, grandchildren and great-grandchildren. Residents expressed satisfaction with the school holiday program.

### 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 organisation has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The organisation's head office provides regular updates of legislative and regulatory requirements via email to the home and updates are also posted on the organisation's intranet. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via newsletter, memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Three is monitored through surveys, audits and observations of staff practices. Management and staff are aware of their responsibilities with regard to reportable assaults and residents who go missing from the facility.

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

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

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

Does comply

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and annual mandatory training. All staff have job specific educational qualifications and are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on two or more 'buddy' shifts and the ongoing skills and knowledge needs of staff are monitored through performance reviews, competency assessments, audits and staff and resident feedback. All staff must attend annual mandatory training including manual handling, infection control, chemical and fire safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard Three based on the current care needs of residents and to ensure resident lifestyle is enhanced.

### **3.4 Emotional support**

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

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

Does comply

Residents report they are satisfied with the support received from staff and management on entry, and on a continuing basis, to help them adjust to their changed lifestyle. Processes in place to assist new residents include orientation to the home and their room, introduction to other residents; visits from the lifestyle coordinator, chaplain and staff and provision of information regarding care, services and daily routines. Residents are encouraged to bring personal possessions to familiarise their environment and family visits are encouraged at all times. Information about residents' social and family history and specific emotional needs is collected from the resident and/or representative through initial and ongoing assessment processes; considerations such as linguistic, cultural, spiritual and supportive needs inform care planning and review. Residents are assisted to maintain external

social/supportive connections with family and friends whenever possible and staff provide additional support for those residents noted to be without visiting family/friends and those whose environment is constrained by limited mobility. Staff are aware of residents' support needs, including their special needs at times of loss and bereavement.

### **3.5 Independence**

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

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

Does comply

Residents' previous and current lifestyle preferences, interests and abilities are identified to assist development of care plans that maximise individual resident's independence. Residents' capacity for independence in relation to meeting health, personal care and lifestyle needs is reassessed on an ongoing basis and planned interventions reflect their capacity for independent activity. Residents are assisted with those aspects of personal care and other activities they are unable to manage unaided and appropriate equipment such as mobility aids and feeding utensils are provided. The lifestyle coordinator and care staff assist residents to participate in group and/or individual leisure activities and to maintain links with family and friends. Resident meetings provide opportunities for residents and/or representatives to voice any concerns relating to care and services. Residents report satisfaction with the support provided to enable them to enjoy their preferred lifestyle and their optimal level of independence. Staff report they respect residents' independence while ensuring that necessary care and services are provided and resident safety maintained.

### **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

The home maintains policies and processes to protect residents' privacy and dignity. Residents are provided with information about their rights including their right to privacy; staff receive information relating to their responsibilities in maintaining residents' privacy, timely reporting of suspected elder abuse and confidentiality of residents' information. Staff indicate they are mindful of appropriate practices, such as knocking on residents' doors and maintaining dignity when delivering/assisting with personal care. Files containing residents' personal information are stored in locked areas with access limited to authorised staff and visiting health professionals. Residents report that staff are courteous and respectful of their privacy.

### **3.7 Leisure interests and activities**

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

**Team's recommendation**

Does comply

Residents' past and current interests are identified on entry to the home through interview and completion of a social profile. Lifestyle care plans are developed in consultation with the resident and/or representative, and reflect the resident's physical, sensory and cognitive abilities, cultural background and identified interests. The home aims to provide activities that engage individual residents and provide enjoyment and stimulation; activity programs are displayed and circulated around the home. Activities are evaluated by the lifestyle coordinator through feedback at resident meetings, review of participation levels and individual discussion. Group and individual sessions include activities suited to the needs/preferences of residents with limited mobility, sensory deficits, and cognitive impairment including those residents in the secure units. Activities are developed/arranged for residents preferring solo leisure interests. The lifestyle program aims to provide mental stimulation as well as a degree of physical activity. Residents report they are satisfied with the activities program and with the variety of group and solo activities within the home.

**3.8 Cultural and spiritual life**

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

**Team's recommendation**

Does comply

Residents' specific cultural and spiritual needs and preferences are identified on entry to the home and are recorded on individualised care plans. Religious observances for a variety of denominations are available and residents are supported to attend services in the wider community when possible. Care plans assist staff and visiting personnel to provide emotional and spiritual support and to address specific identified needs. The chaplain coordinates religious observances and provides support for individual residents and for the home's palliative care and family support groups, residents and staff birthdays, anniversaries and days of cultural and religious significance are celebrated in accordance with residents' preferences. Staff education includes sessions relating to caring for residents of different cultures at the end of life and after death; information is also available from external bodies to assist staff in meeting residents' individual cultural and spiritual needs. Residents indicate that their cultural and spiritual needs and preferences are respected.

**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

Processes have been established to support resident decision-making regarding finances and care and services that they receive. Information is

provided to residents and their representatives (verbal and written) pre and post entry, and includes consultation about choices and preferences, and complaints and advocacy process. Residents' choices and preferences are identified on entry to the home and communicated to staff. Staff are aware of residents' choices and preferences and regularly consult with them and their representatives to facilitate decision making and choice as new issues are raised. Residents and their relatives are happy with the consultation processes and advised that their individual preferences are considered and respected by staff.

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

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

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

Does comply

Residents and/or their relatives receive information about their rights and responsibilities, fees and charges and security of tenure prior to and on entry to the home through discussion during pre-entry interviews, and through written information provided within the residential care agreement and residents' entry package. Consultation occurs with all relevant parties if a room change is necessary for any reason. Residents and their representatives advised that they feel that they have secure tenure within the home, and are aware of their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### Team’s recommendation

Does comply

The home actively pursues continuous improvement by seeking feedback from residents/representatives and staff through improvement logs, surveys, comments and complaints forms, meetings and an ‘open door’ policy with management. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident forums. Resident, staff and clinical data is collected, reviewed and analysed on a regular basis. The home captures improvement opportunities and objectives on a plan for continuous improvement which also specifies timelines and key responsibilities. Residents and staff confirmed that management are responsive to suggestions for improvement.

Recent examples of improvements related to Standard Four include:

- Pinewoods recently conducted “Infection Control Week” with activities including demonstrations, static displays, outbreak box, a poster designed by staff and media involvement. Other initiatives for the week included the implementation of a cup measurement chart for accuracy when recording fluid balance charts, strategic placement of waterless hand-gel dispensers around the facility and a monthly urinary tract infection identification spreadsheet.
- The recent completion of a refurbishment program involved internal painting of both low and high care areas which staff and residents confirmed makes the area visually much lighter in colour and more appealing.
- It was identified by management that all furniture in the communal areas of the low care area was old, worn and too low in height for residents being admitted to the home. The home purchased new, specially designed furniture of more suitable height and width to meet resident needs.
- During a recent electricity ‘blackout’ it was identified that there was a need for more emergency equipment for distribution in each of the high and low care areas. A second ‘blackout box’ was implemented and placed in the emergency store room for future use.

### 4.2 Regulatory compliance

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

#### Team’s recommendation

Does comply

The home has an overarching system to identify and monitor compliance with

relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The home has access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via newsletter, memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Four is monitored through surveys, audits and observations of staff practices. The home's food safety program has been implemented and a Food Safety Adviser is available to guide staff.

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

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

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

Does comply

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and annual mandatory training. All staff have job specific educational qualifications and are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on two or more 'buddy' shifts and the ongoing skills and knowledge needs of staff are monitored through performance reviews, competency assessments, audits and staff and resident feedback. All staff must attend annual mandatory training including manual handling, infection control, chemical and fire safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions based on the current care needs of residents and legislated training requirements in relation to the physical environment and safe systems.

#### **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 has established risk management processes to demonstrate that it is actively working to provide a safe and comfortable environment consistent with residents' care needs. Environmental inspections are undertaken to identify hazards and action is taken to address (control and/or eliminate) risks. Staff are aware of maintenance requests and incident reporting processes, and maintenance programs are in place to ensure that equipment is in good working order. Resident accidents and incidents are reported, investigated, collated and analysed in order to identify trends and ensure that strategies are in place to prevent recurrence whenever possible (including increasing staffing levels, falls prevention strategies and processes for promoting skin integrity). The home has a minimal restraint policy and if protective assistance (restraint)

is required, appropriate assessment is undertaken and regularly reviewed. Residents and their family are satisfied with the comfort of the living areas and with the safety of the living environment.

#### **4.5 Occupational health and safety**

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

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

Does comply

The home has established risk management processes to demonstrate that it is actively working to provide a safe working environment that meets regulatory requirements. Environmental inspections, maintenance programs, accident and incident reporting processes and hazard reporting procedures are undertaken to identify hazards and assess risks and action is taken to address (control and/or eliminate) risks. The home has a qualified Workplace Health and Safety Officer, regularly reviewed policies and specific work instructions. Maintenance is conducted on buildings and equipment to ensure safety and useability. Chemicals are stored securely and material data safety sheets are accessible to staff. Staff demonstrated knowledge of incident and hazard reporting processes and their role in maintaining a safe environment, and indicated satisfaction with management's response to safety issues.

#### **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 are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Procedures have been established and are regularly reviewed, and staff have been provided with training in fire and emergency procedures and practice evacuations occur and are evaluated. Assessment of the home's fire system and associated installations indicate compliance with the 1999 Certification Assessment Instrument and regular inspection of fire equipment, exit lights and other fire installations are undertaken and the Certificate of Maintenance is current. Emergency procedures other than fire have been developed and documents outline emergency risk assessment and local service contingency plans. Staff demonstrated knowledge of fire and other emergency procedures and their role in the event of an alarm and evacuation for other emergency threats. Residents understand their role should an emergency situation arise and expressed confidence that staff would manage the situation and keep them safe. Security procedures are in place to protect residents and staff and their property and residents feel safe and secure at the home.

#### **4.7 Infection control**

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



**Team's recommendation**

Does comply

Processes to minimise the risks associated with the transmission of infection are in place and monitored through the home's internal audit program. Staff are provided with information about infection control at orientation, through the ongoing training program, assessment of competency (hand washing), and through policies, procedures and other available guidelines including outbreak management. Staff demonstrated knowledge of infection control principles in line with their roles and responsibilities (including hand washing, use and changing of personal protective equipment, separation of clean and dirty areas, waste management and pest control), and sufficient stock and equipment (for example personal protective equipment, machinery and cleaning agents) is available to enable them to effectively minimise the transmission of infection. Staff practices in preventing the transmission of infection are monitored as part of the audit program. Records are kept of the number and type of resident infections, and data is analysed to enable additional control measures to be implemented if indicated. Residents and their representatives advised that they are satisfied with staff hygiene practices and with the cleanliness of the home.

**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

The home has established processes to provide hospitality services that enhance residents' quality of life and staff's working environment. Support services staff are included in the education program to ensure that safe systems of work and infection control procedures and cleaning procedures are applied during their day-day routines. Ordering and maintenance procedures are effective in ensuring that equipment is available to enable staff to undertake catering, cleaning and laundry services to enable in a way that enhance residents' quality of life. The home has a Food Safety Supervisor and safe food handling and hygiene procedures are implemented by staff. Residents' food and fluid preferences and special dietary requests are identified and provided; and residents provide feedback on their satisfaction with the menu. Residents advised that they are satisfied with the taste, quality and variety of meals and fluids provided. A cleaning schedule has been established to provide guidance to cleaning staff in respect to cleaning routines and consideration is given to residents' needs and preferences. Residents and representatives advised that they are satisfied with the cleanliness of the home and with the care taken by staff when cleaning. Laundry is undertaken on-site and residents and representatives advised that they are happy with the laundry service and care taken with clothing.