Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit
Proserpine Nursing Home

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

The Agency has decided that the period of accreditation of Proserpine Nursing Home is three years until 28 July 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:	Proserpine Nursing Home
RACS ID:	5393

Number of beds:	69	Number of high care residents:	54

Special needs group catered for:	• Dementia and other related disorders

Street/PO Box:	42 Anzac Road				
City:	PROSERPINE	State:	QLD	Postcode:	4800
Phone:	07 4945 2666		Facsimile:	07 4945 3166	
Email address:	pnhome@mackay.net.au				

Approved provider

Approved provider:	Proserpine Nursing Home Inc

Assessment team

Team leader:	Dee Kemsley
Team member/s:	Denise Edwards
Date/s of audit:	28 April 2009 to 29 April 2009

Executive summary of assessment team's report		Accreditation decision
Standard 1: Management systems, staffing and organisational development		
Expected outcome	**Assessment team recommendations**	**Agency findings**
1.1 Continuous improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply
Standard 2: Health and personal care		
Expected outcome	**Assessment team recommendations**	**Agency findings**
2.1 Continuous improvement	Does comply	Does comply
2.2 Regulatory compliance	Does comply	Does comply
2.3 Education and staff development	Does comply	Does comply
2.4 Clinical care	Does comply	Does comply
2.5 Specialised nursing care needs	Does comply	Does comply
2.6 Other health and related services	Does comply	Does comply
2.7 Medication management	Does comply	Does comply
2.8 Pain management	Does comply	Does comply
2.9 Palliative care	Does comply	Does comply
2.10 Nutrition and hydration	Does comply	Does comply
2.11 Skin care	Does comply	Does comply
2.12 Continence management	Does comply	Does comply
2.13 Behavioural management	Does comply	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply	Does comply
2.15 Oral and dental care	Does comply	Does comply
2.16 Sensory loss	Does comply	Does comply
2.17 Sleep	Does comply	Does comply

Executive summary of assessment team's report		Accreditation decision

Standard 3: Resident lifestyle

Expected outcome		Assessment team recommendations	Agency findings
3.1	Continuous improvement	Does comply	Does comply
3.2	Regulatory compliance	Does comply	Does comply
3.3	Education and staff development	Does comply	Does comply
3.4	Emotional support	Does comply	Does comply
3.5	Independence	Does comply	Does comply
3.6	Privacy and dignity	Does comply	Does comply
3.7	Leisure interests and activities	Does comply	Does comply
3.8	Cultural and spiritual life	Does comply	Does comply
3.9	Choice and decision-making	Does comply	Does comply
3.10	Resident security of tenure and responsibilities	Does comply	Does comply

Standard 4: Physical environment and safe systems

Expected outcome		Assessment team recommendations	Agency findings
4.1	Continuous improvement	Does comply	Does comply
4.2	Regulatory compliance	Does comply	Does comply
4.3	Education and staff development	Does comply	Does comply
4.4	Living environment	Does comply	Does comply
4.5	Occupational health and safety	Does comply	Does comply
4.6	Fire, security and other emergencies	Does comply	Does comply
4.7	Infection control	Does comply	Does comply
4.8	Catering, cleaning and laundry services	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.

SITE AUDIT REPORT

Name of home	Proserpine Nursing Home
RACS ID	5393

Executive summary

This is the report of a site audit of Proserpine Nursing Home 5393 42 Anzac Road Proserpine QLD from 28 April 2009 to 29 April 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 Proserpine Nursing Home.

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 28 April 2009 to 29 April 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:	Dee Kemsley
Team member:	Denise Edwards

Approved provider details

Approved provider:	Proserpine Nursing Home Inc

Details of home

Name of home:	Proserpine Nursing Home
RACS ID:	5393

Total number of allocated places:	69
Number of residents during site audit:	66
Number of high care residents during site audit:	54
Special need catered for:	Dementia and other related disorders

Street/PO Box:	42 Anzac Road	State:	QLD
City/Town:	Proserpine	Postcode:	4800
Phone number:	07 4945 2666	Facsimile:	07 4945 3166
E-mail address:	janetc@pnhome.com.au		

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and
Accreditation Agency Ltd accredit Proserpine Nursing Home.

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

Interviews

	Number		**Number**
Manager	1	Residents/representatives	9
Director of nursing	1	Chairman of the board	1
Clinical nurse	1	Environmental support manager	1
Registered nurses	2	Maintenance officer/workplace health and safety officer	1
Endorsed enrolled nurses	3	Catering staff	2
Endorsed nurses	2	Laundry staff	2
Diversional therapists	3	Cleaning staff	2
Assistants in nursing	2	Administration officers	2
Church representatives (volunteers)	2	Maintenance/gardener	1

Sampled documents

	Number		**Number**
Residents' clinical files and care plans	7	Medication charts	7
Residents' financial files	7	Personnel files	7

Other documents reviewed
The team also reviewed:
- 'Handy hints for wound and skin care' folder
- 'Keeping your family's story alive' form

- 11:00 and 15:00 fluid round charts
- Two monthly observation charts
- Three monthly permanent review by case managers
- Accident/incident forms
- Activities exercise book
- Activity programs
- Activity tick list folder
- Anticoagulant regimes
- Application for police certificates
- Appropriate activities for resident to participate in
- Asbestos material report and register
- Asbestos register
- Assessment of a resident ability in relation to medication administration
- Asset register
- Audiology folder
- Audit and survey results
- Audits
- Behaviour management plans
- Bladder/bowel flow chart/assessment
- Blast chillier temperatures
- Blood glucose level form
- Bomb threat check list
- Certificate of assessment against 1999 certification instrument
- Charter of rights and responsibilities
- Chemical handling guidelines
- Chemical register
- Code brown self directed learning package
- Code pink missing persons policy
- Comments and complaints folder
- Communication books
- Continuous improvement logs
- Continuous improvement plan
- Daily Exercise programs
- Delivery worksheet of unsatisfactory goods
- Dental listing
- Destruction of records log
- Dietary advise/request
- Dishwasher temperatures
- Diversional therapy permission for outings book
- Diversional therapy use of photographs/consent
- Education planner 2009
- Education program
- Emergency management manual
- Emergency procedures manual
- Emergency stock borrowing sheet
- Employment application
- Employment contract
- Equipment monitoring protocol

- External services contracts
- Fire detection and alarm system reports
- Fire evacuation assessment questionnaire
- Fire evacuation procedure March 2009
- Fire extinguisher hose reel certificate of inspection 9 April 2009
- Fire fighting and evacuation procedure
- Fire list
- Fire procedures
- Fire reports 2008-2009
- Fire resistant doors log book report 24 October 2008
- Fire test records and fire hydrant system reports
- Fixed thermometer calibration report
- Food orders
- Fridge temperature records
- Gastroenteritis advice letter to staff/visitors/volunteers/residents
- Generator service report
- Guidelines for general cleaning
- Hand washing policy
- Hazard identification forms
- Hearing batteries fortnightly check list
- Improvement forms
- In service training attendance records
- Infection control data collection
- Infection outbreak management protocol
- Initial 3 day intensive write-up form
- Instructions to operate fire panel
- Internal audit folder
- Job descriptions
- Kitchen cleaning schedules
- Laundry/Kitchen tradesperson register
- Letter of termination
- Maintenance schedule
- Material safety data sheets
- Medication incidents/errors
- Meeting minutes
- Memos
- Menu meal list
- Menus
- Minutes of relative support group
- Mission statement
- Name badge audit
- Notification to pharmacy of change to drug therapy
- Nursing data chart
- Optometry clinic folder
- Palliative care philosophy
- Percutaneous enteral gastropic feed chart
- Pest control register
- Podiatry risk list

- Policy and procedures manual
- Portable thermometer calibration report
- Prefeeding assessment checklist
- Proserpine nursing home incorporated strategic plan
- Queensland fire and rescue service maintenance report dated 9 March 2009
- R.C.D tests
- Record of number of washing loads each day
- Record of replacement staff
- Record of verbal warning
- Recruitment policies and procedures
- Refrigerator/freezer temperatures
- Registered nurse registration
- Registered nurse signature listing
- Regular 3/12 resident care plan review
- Report on replacement of staff
- Resident activities survey
- Resident application pack
- Resident continence aid allocation sheet
- Resident incidents and accident folder
- Resident information package
- Resident newsletter newsletters
- Resident nominal role
- Resident social profile
- Residents' information handbook
- Residents' information package and surveys
- Restraint authorisation forms
- Risk assessments
- Roster request forms
- Special diet lists
- Staff and resident vaccination records
- Staff appointment letter
- Staff competencies
- Staff handbook
- Staff newsletters
- Staff orientation package
- Staff orientation survey
- Staff performance reviews
- Staff roster
- Staff training contracts
- Summary of pain assessment data
- Test and tag register
- Thickened fluid list
- Three monthly appraisal reports
- Training evaluation records
- Training schedule
- Visitors book
- Volunteers handbook
- Weight chart files

- Work place health and safety plan
- Work roster for hospitality staff
- Work routines folder
- Wound care charts
- Yearly appraisal reports

Observations

The team observed the following:
- Activities in progress
- Archive room
- Bird aviaries
- Charter of Residents Rights and Responsibilities in Approved Nursing Homes on display
- Chemical storage
- Colour coded linen skips
- Computers for residents' use
- Daily work plan located in residents' cupboards
- Equipment and supply storage areas
- Evacuation instructions
- External complaints procedure displayed
- Fire equipment
- Fire records storage
- Food being prepared and plated
- Food service
- Gastroenteritis kit
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Library
- Manual handling equipment
- Medication administration
- Medication storage
- Meeting and training room
- Mission and vision statement displayed
- Palliative care room
- Photographs of board members displayed
- Physiotherapy bars
- Resident noticeboards
- Residents using 'hand' bells
- Secure nurses stations
- Staff noticeboards
- Staff practices
- Storage of medications
- Suggestion box
- Volunteers and family members interacting with residents
- White and black boards
- Wide screen televisions

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 has a continuous improvement system, which identifies, implements and follows up improvement opportunities. Staff, residents and volunteers have input into the system through quality improvement forms, meetings, incident/hazard reporting, suggestions box and complaint forms. Audits, meetings, resident/staff surveys, and verbal feedback are used to monitor the effectiveness of systems and to identify areas of improvement. The home demonstrates results of improvements across all standards and staff reported that they had made improvement suggestions, which had been implemented. Residents reported that they felt able to make suggestions about improvements.

Examples of improvements in standard one include:

- The ward clerks hours have been increased from three days a week to a full time position to assist nursing staff with a range of documentation including, meeting minutes, filing, archiving and data entry. Management spoke positively about the increase in hours and stated that nursing staff were able to spend more time with the residents.
- A visitor's book has been purchased and is displayed outside the main office. This has allowed visitors to make comments and suggestions about the service which is reviewed as part of the continuous improvement system.
- Management identified that staff needed additional information on elder abuse after circulating a questionnaire to staff. Elder abuse education is now included in orientation and as a self directed learning package. Staff spoken to confirmed that they had received the training and now had a better understanding about elder abuse.
- The volunteer handbook has been updated to include new legislation on police checks, smoking and elder abuse.
- The manager has reviewed all the contractors' agreements and has developed a prompt sheet to identify when contractors agreements expire to ensure currency.
- Staff identified to management that they were unable to recognise board members. Photographs of board members have been taken and are now displayed in the main entrance area where all staff and residents can view them.
- Management have terminated the existing contract cleaners and

have now appointed their own staff to deliver cleaning services.Management stated that this has resulted in a more efficient service which is directly supervised by the homes staff providing better accountability.

1.2 Regulatory compliance

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

Team's recommendation
Does comply

The home has systems to identify current legislation, regulatory requirements, and professional standards through subscriptions to aged care peak bodies, national bodies and the Internet. There are systems in place to ensure residents/representatives are informed of accreditation audits and to ensure all staff and volunteers have a current criminal record check. Policies and procedures are reviewed and updates are communicated to staff through meetings, newsletters, memoranda, and communication books. Staff have access to hard copies of policy/procedure manuals which are updated as legislation changes and compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals and observation of staff practice. Processes are in place to manage any deficiencies or non-compliance.

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

Staff are provided with information to perform their roles effectively through the orientation program, mandatory training and other internal and external training courses. Position descriptions, duties lists, policies, procedures and work instructions are available throughout the home to guide staff practice. Training needs are identified through performance reviews; annual training needs analysis, audits, clinical indicator trends, and staff and resident feedback. An education calendar has been developed based on identified needs, which includes external and mandatory training. Education sessions are advertised, evaluated and processes have been established to monitor attendance. All staff receive a staff education agreement which identifies the number of education sessions they have to attend on the aged care channel and the self directed learning resources that have to be completed. Staff from all areas of the home have knowledge related to the requirements of their positions and demonstrated knowledge applicable to their various roles.

1.4 Comments and complaints

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

Team's recommendation
Does comply

Initial and ongoing information about internal and external complaint systems is provided to residents and their representatives through the information they receive prior to admission, on admission, publicly displayed notices, newsletters, at resident meetings and one-to-one discussion. The complaints process is explained to each resident/representative on admission and management use the resident meetings and provide forms to encourage residents to raise their suggestions or concerns. Advocacy services have been invited to the home to provide education for residents about the services available to them. Written and verbal suggestions and complaints are recorded, acted on and followed up in a timely manner. Residents and representatives confirmed they have access to the comment/complaint system in the home, feel able to discuss any concerns with staff and are satisfied with the response of management and staff when they raise a concern or make a suggestion.

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 a documented mission statement, and strategic plan which includes their vision, values, philosophy, objectives and quality commitment. The organisation's mission statement is published in a number of documents including resident/ staff handbooks, and is displayed 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 has recruitment and selection processes for employing staff which identifies their skills via resumes, references and sightings of certificates and qualifications. A process of orientation, ongoing education and training provides staff with the skills and knowledge to

perform their roles. Staff skills are monitored through observation, annual performance appraisals, competency assessments, incidents, comments and complaints and performance management processes are instigated when required. Staffing hours are increased or adjusted and reviewed in consultation with staff to meet increasing resident needs and a system is in place to cover unplanned absences. Management actively seek to cover unexpected absences and data is collected monthly which is discussed at board meetings. The home replaces staff through extending staff shifts, using existing staff to work extra shifts and using local agencies to fill planned or unexpected staff absences. Residents/representatives indicated that staff understand their needs, are responsive to their requests and provide appropriate care.

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 there are sufficient stocks of goods and equipment available to staff and residents. Identified needs for equipment are actioned through improvement request forms, maintenance requests and hazards reports and items are discussed with Management and the board members for approval. New equipment is risk assessed, generally trialled prior to purchase and staff are trained on correct usage. The maintenance staff and external contractors' complete maintenance for all the equipment at the home. Stock levels are maintained and rotated to ensure availability of goods to meet health and personal care needs and environmental service needs. Stock is stored and secured and accessible to staff when needed and there is a process to monitor usage. Staff and residents reported that the equipment meets residents' needs and is maintained satisfactorily.

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

Team's recommendation
Does comply

Staff and resident information is stored in secured areas and is only accessible to authorised personnel. Handover sheets, staff meetings, diaries, communication books, newsletters and memorandums are used to disseminate information. Staff reported that they have access to information relevant to their position and demonstrated that knowledge of residents' current needs. Residents are aware of internal communication processes and have access to information about care and service delivery. Electronic information is secured by passwords

and information is regularly backed up to prevent loss of important information. There is a system in place to archive material, and files that have reached a determined destruction date are destroyed under contract off-site.

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

Agreements outline the homes' requirements onsite and the quality of the service provided is reviewed by management and board members. Performance of external service providers is monitored through audits and feedback from staff and residents. External service providers are provided with information about the homes' workplace health and safety processes and requirements and sign a privacy agreement to ensure confidentiality. External contractors sign the contractors book when entering and leaving the home and wear name badges for identification. Staff have access to the contact details of key service providers if required after hours and in an emergency. Staff reported that external service providers were responsive to concerns raised by the home and were satisfied that if goods were faulty they were replaced. Suppliers in breach of their contract are advised in writing and dismissed if the service continues to be non compliant. Staff and residents stated that they are satisfied with the quality of external services provided**.**

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's recommendation
Does comply

The home has a continuous improvement system, which identifies, implements and follows up improvement opportunities. Staff, residents and volunteers have input into the system through quality improvement forms, meetings, incident/hazard reporting, suggestions box and complaint forms. Audits, meetings, resident/staff surveys, and verbal feedback are used to monitor the effectiveness of systems and to identify areas of improvement. The home demonstrates results of improvements across all standards. Staff reported that they had made improvement suggestions, which had been implemented. Residents reported that they felt able to make suggestions about improvements. Examples of improvements in standard two include:

- A palliative care room has been created in response to a complaint identifying the need for a private area for residents sharing rooms. The single room provides privacy, a peaceful environment and accommodation for relatives if needed.
- Photographs of wounds are being taken to assist clinical staff with wound evaluations.
- An electric bed has been donated which has reduced the use of bedrails for one resident. Management stated that this has improved the safety of the resident.
- A review of manual handling has resulted in wider slide sheets being purchased for larger residents. Staff stated that larger residents could now be repositioned more easily.
- An influenza/gastroenteritis kit has been developed in line with government guidelines which includes hand gels, personal protective equipment, and signage which is easily accessible in the treatment room.
- In response to a complaint from a resident, hand bells have been purchased so that residents can attract the attention of staff when sitting in outside areas. The team observed the residents using the hand bell and observed staff attending to the residents' in a timely manner.

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".

Team's recommendation
Does comply

The home has systems to identify current legislation, regulatory requirements, and professional standards through subscriptions to aged care peak bodies, national bodies and the Internet. Clinical policies and procedures are reviewed and updates are communicated to staff through meetings, newsletters, memoranda, and communication books. Staff have access to hard copies of policy/procedure manuals and compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals and observation of staff practice. Processes are in place to manage any deficiencies or non-compliance. All registered nursing staff are required to provide a valid nursing registration prior to commencement of work and expiry dates of nursing registrations are monitored by the Manager.

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

Staff are provided with information to perform their roles effectively through the orientation program, mandatory training and other internal and external training courses. Position descriptions, duties lists, policies, procedures and work instructions are available throughout the home to guide staff practice. Training needs are identified through performance reviews; annual training needs analysis, audits, clinical indicator trends, and staff and resident feedback. An education calendar has been developed based on identified needs, which includes external and mandatory training. Education sessions are advertised, evaluated and processes have been established to monitor attendance. All staff receive a staff education agreement which identifies the number of education sessions they have to attend on the aged care channel and the self directed learning resources that have to be completed. Staff from all areas of the home have knowledge related to the requirements of their positions and demonstrated knowledge applicable to their various roles.

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

Team's recommendation
Does comply

The home has processes in place to assess residents' initial and ongoing clinical care needs and preferences. On entry to the home a 'daily work plan' is completed from information provided by the resident and/or representative, hospital discharge or medical referral notes.

Focus assessments are then completed to form individualised care plans that direct staff's provision of care. Care plans are evaluated three monthly, or as care needs change, under the delegation and supervision of registered nurses; all care staff contribute towards resident progress notes as scheduled per shift. Case conferences are held annually whereby residents/representatives are enabled to input into the ongoing provision of their care. Clinical care assessments, planning and monitoring data is recorded in resident clinical care records that are currently both computer and paper based. Staff demonstrate an understanding of individual resident care needs and preferences; with staff indicating satisfaction with the communication processes utilised to inform them of resident clinical care changes. Residents/representatives confirm that the clinical care they receive is appropriate to their needs and preferences.

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

Team's recommendation
Does comply

The needs and preferences of residents' requiring ongoing specialised nursing care are identified on entry to the home, or as care needs change; this information is included in the resident's individualised care plan's to guide staff practises. Further focus assessments are initiated where a particular risk or need has been identified. Registered nurses are available on-site 24 hours a day, seven days a week, to assess and oversee specific care requirements, which currently include diabetic management, percutaneous enteral gastropic feeds, oxygen therapy, complex pain and complex wound management. Professional development training, the use of external specialist services and clinical research based resource material is available to support staff to care for residents with specialised needs. Appropriate equipment is provided to enable resident's specialised nursing care needs to be met. Residents/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

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 have access to a wide range of health specialists who provide services such as physiotherapy, speech pathology, podiatry, dietetics, geriatrics, optometry, dental care, audiology and pathology. A written, telephone or fax referral mechanism is initiated by the attending

medical officer and/or registered staff, as a result of resident assessments, care staff observations, progress note entries and handovers. Health specialists regularly attend the home and staff coordinate external appointments when necessary. The outcome of referrals, including instructions for ongoing care, are documented and retained in residents' clinical records with changes incorporated into the residents' care plan as necessary. Residents/representatives report satisfaction with choice and access to other health specialists.

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

Team's recommendation
Does comply

Registered and endorsed enrolled nurses administer medications, and a registered nurse is available 24 hours per day, seven days per week for consultation regarding administration of 'as required' (PRN) medication. Resident medications are supplied in a webster pack system that is delivered to the home on a weekly basis. Medications are stored securely and medications such as creams and eye drops are dated on opening. Registered staff demonstrated an awareness of procedural and legislative requirements relating to the administration and storage of medications and controlled drugs. Review of residents' medications is undertaken by an external pharmacist; evaluation of the medication administration system is conducted through the monitoring of medication incidents, observation of staff practises, internal auditing processes and review through regular medication advisory committee meetings. Residents/representatives are satisfied that their medication is administered safely and correctly.

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

Team's recommendation
Does comply

Residents' pain management needs are identified and assessed on admission and on an ongoing basis as required. Verbal and non-verbal pain assessment occurs and interventions are recorded on the resident's care plan to guide staff's provision of care. Strategies to manage pain include the application of transcutaneous electrical nerve stimulation machines, massage, heat and cold packs, exercise, repositioning, the use of aids/equipment such as air mattresses, and as required analgesia. Pharmacological measures include regular prescribed schedule eight oral analgesia, and topical slow-release narcotic patches. Effectiveness is assessed, and monitored by registered nurses, with any changes being recorded in the resident's progress notes and care plans. Residents/representatives reported they

were satisfied that their pain is managed effectively and staff respond promptly to requests for assistance if they experience pain

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

Team's recommendation
Does comply

The home has processes in place to provide appropriate care and comfort for terminally ill residents. Resident's end of life wishes are identified on admission or as the residents' health status changes' and residents are supported to remain in the home during the palliative phase of care. Care needs are managed in consultation with residents/representatives, their medical practitioners and supporting allied health members. The home has made available a 'palliative care box' for the comfort and care by residents, when required. Specialised equipment is available for staff to assist residents to remain as free from pain as possible. Three registered staff members recently attended a national palliative care conference, in order to provide assistance to staff in supporting residents during palliation. Staff demonstrate an awareness of the care needs and measures required to provide comfort and dignity for terminally ill residents and support for 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 requirements are identified and assessed on admission, including their personal and medical dietary needs. Care strategies required to support residents' nutrition and hydration needs are incorporated into their care plans and communicated to all staff, including kitchen staff. Care strategies include assistance with meals, regular beverage rounds, specialised cutlery and crockery, dietary supplements, thickened fluids and modified texture diets; with referral to medical practitioner, dietitians and speech pathologists as required. Residents are routinely weighed on admission and then every two months; variances in weights are monitored further by the registered nurses at regular nutrition meetings and unintended weight loss is analysed for causative factors with supplements and referral to a medical practitioner/dietitian initiated. Residents are satisfied with the meals and fluids provided.

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

Team's recommendation
Does comply

Residents' skin integrity is assessed on admission and planned interventions are included in the resident's care plan to guide staff. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, which include assistance with personal hygiene, regular hydration rounds, regular pressure area care and repositioning, the use of aids/equipment such as air mattresses, skin protectors and the use of non-soap liquid washes and emollient creams. Wounds and treatments are monitored via wound management plans with wound care monitored by an enrolled nurses under the supervision of registered nurses, The incidence of injury/skin tears is captured on incident reports and analysed for trends/triggers; interventions are then implemented as appropriate. Staff undertake annual manual handling competencies. Residents/representative's feedback indicates that residents' skin condition is consistent with their general health.

2.12 Continence management
This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation
Does comply

Residents' continence status is assessed on admission with urinary and bowel assessment charts commenced to identify patterns. Residents' individual continence programs are developed by the registered nurse and are detailed on care plans to guide care staff. A daily bowel record is maintained for each resident, which is monitored by registered nurses, with management programs in place that include the addition of dietary fibre in the form of fruit at breakfast, fluids and mobility are encouraged, and the administration of aperients as is required. Care plans record strategies to promote and manage resident's continence needs, including assistance with personal hygiene and provision of appropriate continence aids. Staff demonstrate an understanding of resident's individual toileting schedules and continence needs. Residents are satisfied with the level of assistance and aids provided to manage their continence.

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

Team's recommendation
Does comply

The needs of residents with challenging behaviours are identified during the initial assessment phase and on an ongoing review basis. A behavioural assessment is conducted to identify the types of

behaviours exhibited and effective management strategies; individualised care plans are then developed accordingly. Strategies implemented to manage challenging behaviour include one-on-one interaction, diversion and redirection, monitoring and elimination of pain, involvement in group activities, and medication review. Specialist advice is available to guide ongoing management of challenging behaviours through referral to a geriatrician if required. Individual residents' behaviour management strategies are discussed and reviewed at the secure units monthly staff meetings. Staff demonstrated an understanding of managing residents with challenging behaviours and were observed to interact with residents in a manner that encouraged positive outcomes.

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

A registered nurse conducts an initial assessment in relation to each residents specific mobility, transfer and therapy needs, and a falls risk assessment where indicated. Individualised care plans are developed which are evaluated for their effectiveness on a three monthly basis. Where necessary, and under referral by the attending general practitioner, residents are referred to a physiotherapist. Residents are assisted to trial and select mobility and dexterity aids appropriate to their needs. Residents and staff are instructed in the use of mobility and transfer aids and staff undergo manual handling competency training on an annual basis. Care staff initiate passive exercise programs with residents during their morning shower routine; with the therapy nurse performing more detailed exercise routines with identified residents. Resident's at risk of falls are identified and falls are monitored with actions being taken to improve outcomes for the individual residents. Residents/representatives indicated satisfaction with the level of support and assistance provided to maintain optimum levels of mobility.

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

Team's recommendation
Does comply

Residents' oral and dental needs are identified on entry to the home through the completion of oral assessments, with the level of assistance required to maintain the residents oral and dental hygiene determined. Care plans include strategies to assist residents to maintain their oral and dental health and identify the presence of dentures or own teeth. Oral hygiene is provided as part of the resident's activities of daily living with care staff informing the registered nurses of

any concerns at handover or in the progress notes, which initiates further referral as appropriate. The home arranges for a dental specialist to visit the residents on an annual basis. However, should a need for dental specialist be identified in the interim, dental appointments are arranged and coordinated by the home, with suitable follow-up noted in resident's clinical records. Residents are satisfied with the level of support provided to assist them with the

2.16 Sensory loss

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

Team's recommendation
Does comply

Residents' sensory needs are assessed on entry to the home or as care needs change; this information is included in the resident's care plan's to guide staff. Residents are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the resident/representative and medical practitioner. Care staff generally implement strategies that may include provision of sensory/activity aids ('talking' books, and headphones) and assistance with activities of daily living (regular cleaning of hearing aids and the provision of batteries). Staff coordinate external appointments as required with any changes being incorporated into the residents' care plan as necessary. Residents indicate they are satisfied with the assistance provided by staff to identify and manage their sensory needs.

2.17 Sleep

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

Team's recommendation
Does comply

Each resident is assessed on admission and information about their usual sleep patterns, settling routines and personal preferences are documented and forms part of the individualised care plan. Night routines maintain an environment that is conducive to sleep and staff have implemented support measures such as providing supper, attending to toileting, using night lights and minimising noise and repositioning. Staff are aware of each resident's sleep and rest patterns and personal preferences/routines. Residents/representatives and staff feedback indicates residents are able to sleep comfortably and are satisfied with the support provided by staff.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

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

Team's recommendation
Does comply

The home has a continuous improvement system, which identifies, implements and follows up improvement opportunities. Staff, residents and volunteers have input into the system through quality improvement forms, meetings, incident/hazard reporting, suggestions box and complaint forms. Audits, meetings, resident/staff surveys, and verbal feedback are used to monitor the effectiveness of systems and to identify areas of improvement. The home demonstrates results of improvements across all standards. Staff reported that they had made improvement suggestions, which had been implemented. Residents reported that they felt able to make suggestions about improvements. Examples of improvements in standard three include:

- Plastic crockery has been purchased so that resident's in the dementia unit are able to feel useful by assisting with washing the crockery. Residents are also able to wash clothes and peg them on the line which assists them with normalisation.
- Raised flower beds have been built in the garden area in response to residents' requests and shade has been erected so that residents' are able to continue using their gardening skills in warmer weather. Residents spoke positively about the raised flower beds and the attractive environment that has been created.
- Residents' jewellery and spectacles are photographed on admission so that lost items can be more easily identified and returned to the correct person. Management stated that the number of lost items has decreased.
- Two large screen televisions have been donated to the residents. Residents' spoke positively about the new televisions and stated that they were able to see movies and other programmes more clearly.
- Personal computers with internet access have been donated to the home for residents use. School children from the local school visit the home and teach the residents basic computer skills. Management stated that residents enjoyed the children's company.
- The resident social profile has been reviewed by the diversional therapy staff and has been updated to provide additional information including significant events in the residents' life, spiritual and cultural information. This is a new improvement and has not been formally reviewed; however staff stated that the additional information has provided a better understanding of the residents' social needs.
- The home has introduced Anglican Church services and visits by an Anglican minister to provide additional support and spiritual needs.

Residents spoke positively about the service provided.

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".

Team's recommendation

Does comply

The home has systems to identify current legislation, regulatory requirements, and professional standards through subscriptions to aged care peak bodies, national bodies and the Internet. Lifestyle policies and procedures are reviewed and updates are communicated to staff through meetings, newsletters, memoranda, and communication books. Staff have access to hard copies of policy/procedure manuals and compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals and observation of staff practice. Processes are in place to manage any deficiencies or non-compliance. Staff have received education on consumer protection and mandatory reporting of elder abuse. Volunteers and identified service providers are required to provide a current police certificate prior to commencement of work; expiry dates of police certificates are monitored by management and staff/volunteers are notified of relevant expiry dates.

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

Staff are provided with information to perform their roles effectively through the orientation program, mandatory training and other internal and external training courses. Position descriptions, duties lists, policies, procedures and work instructions are available throughout the home to guide staff practice. Training needs are identified through performance reviews; annual training needs analysis, audits, clinical indicator trends, and staff and resident feedback. An education calendar has been developed based on identified needs, which includes external and mandatory training. Education sessions are advertised, evaluated and processes have been established to monitor attendance. All staff receive a staff education agreement which identifies the number of education sessions they have to attend on the aged care channel and the self directed learning resources that have to be completed. Staff from all areas of the home have knowledge related to the requirements of their positions and demonstrated knowledge applicable to their various roles.

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

Emotional support is provided to residents and/or representatives upon entry to the home by all staff involved in the admission process. Information about residents' social and family history, lifestyle choices and preferences is collected from the residents/representatives through initial and ongoing assessment, with an individualised care plan developed accordingly. Processes in place to assist new residents include orientation to the home, provision of information on the home and general planned activities, and introduction to other residents. Residents are able to bring personal possessions to furnish their rooms and family visits are encouraged and supported. Staff are aware of residents' needs for support at particular times such as loss and bereavement. Residents/representatives indicate they are satisfied with support received from staff to help to them to adjust to their lifestyle in the home.

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' current lifestyle preferences, interests and abilities are identified during admission to assist with the development of lifestyle and clinical care plans that maximise individual resident's independence. Staff promote and support resident's independence within their capacity, in relation to personal care and activities of daily living, and appropriate equipment such as mobility aids and continence aids are provided to support independence. Recreational activity staff assist residents to participate in a variety of leisure activities and to maintain links within the community, as well as with family and friends. Regular resident meetings provide an opportunity for residents to discuss issues and voice suggestions or concerns. Residents report satisfaction with the support provided to enable them to maintain an optimal level of independence.

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. On admission, residents are provided with information about privacy and confidentiality which is contained in the resident handbook. Staff and management demonstrated awareness of the privacy and confidentiality considerations when providing shift handover and attending to resident care needs. Resident personal, clinical and financial information is stored in a secure manner that protects the confidentiality of residents. All staff and volunteers sign a confidentiality agreement on being employed by the home. Residents/representatives indicated that their privacy needs are respected and that staff ensure their dignity is maintained.

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 through interview and completion of social profile assessment. Individualised activity care plans are developed in consultation with the resident/representatives, and reflect the resident's physical and cognitive abilities and identified interests. The six day activity program includes general group, and one-to-one sessions, with monthly activity calendars being provided in the resident's room, posted in resident areas and communicated to residents by activities staff. Programs are evaluated by review of participation rates, surveys and feedback at resident meetings. The activity programs are also benefited by a volunteer support group which augments the variety and number of group activities and outings available to residents. Residents/representatives indicate that they are satisfied with the leisure and activity programs offered by 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 admission and care plans are developed in consultation with the resident/representative. The home currently accommodates residents from culturally and linguistically diverse backgrounds (Italian and German) and staff have access to these residents' family members, and cue cards, to assist with communication. Religious services are conducted weekly by Catholic, Anglican and Christian Outreach representatives. Days of personal, cultural and spiritual significance are planned and celebrated in the home as a community and on an individual basis. The menu can be altered to accommodate

residents' cultural needs as required. Residents expressed satisfaction that their cultural practices and spiritual beliefs are provided for and 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

Residents are provided with opportunities to exercise choice and decision making in the planning and provision of care and are encouraged to be actively involved. Input and feedback is sought from residents/representatives throughout their stay at the home through case conferences, resident meetings, resident surveys, suggestions and complaints processes, and daily one-to-one interaction between staff and residents. Staff utilise strategies to incorporate choice into residents' daily care routines and leisure interests. Information for residents about internal and external complaint mechanisms are contained in the resident handbook and information displayed in the resident's communal living areas. Residents reported that they are satisfied with choices offered in matters relating to their care and lifestyles with staff showing due consideration for their personal preferences and choices.

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/representatives are provided with information about their rights and responsibilities and security of tenure prior to admission and on admission, with this information being re-enforced during their time at the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure, services to be provided by the home and the resident's responsibilities. Management ensures that all parties understand the terms of the agreement prior to signing the residency agreement. Further information regarding resident's rights and responsibilities is contained in the resident handbook and displayed in the resident's communal living areas. Ongoing information is provided through letters, newsletters and discussions at residents/representative meetings. Residents are satisfied 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 has a continuous improvement system, which identifies, implements and follows up improvement opportunities. Staff, residents and volunteers have input into the system through quality improvement forms, meetings, incident/hazard reporting, suggestions box and complaint forms. Audits, meetings, resident/staff surveys, and verbal feedback are used to monitor the effectiveness of systems and to identify areas of improvement. The Home demonstrates results of improvements across all standards. Staff reported that they had made improvement suggestions, which had been implemented. Residents reported that they felt able to make suggestions about improvements. Examples of improvements in standard four include:

*   A review of food temperatures identified that residents' requiring assistance with feeding were often left to last to be fed which resulted in decreased temperatures of food. Green trays have now been introduced for residents' that require assistance with feeding and are served first. Nurses spoke positively about the system and reported that meal times are more efficiently managed resulting in improved food temperatures.
*   In response to residents' complaints about soft toast and cold tea, toast and tea is now being prepared in the kitchenettes. Residents stated that toast was no longer soft and it was pleasant to smell the toast being cooked.
*   In response to complaints about temperatures of food, a cook chill process has been implemented. Management stated that temperatures had greatly improved since the introduction of cook chill last week. Staff and residents spoke positively about the food service and changes in temperatures of food.
*   In response to a resident who wandered out into the adjoining neighbourhood, a fence has been erected around the kitchen area to prevent further incidents occurring and protect the safety of the residents.
*   Hand rails have been erected around the main entrance area to assist residents' with poor mobility.
*   The kitchen has been upgraded to comply with health regulations, providing increased space and newer equipment.
*   An additional four hours a week has been implemented to provide an ironing service for residents. Residents spoke positively about the increased service.
*   A review of fire procedures identified that extra staff were needed to evacuate residents at night. Volunteers that live close by have

volunteered to assist the home if the need arises and will be receiving education on evacuation at night in May 2009. Ten fire evacuation blankets have been donated and placed onto beds of heavier residents at risk to assist in the evacuation process.

- A cheese and fruit platter is being offered at supper time as an alternative to soup and a main meal. Residents' are able to have biscuits or bread with the platter and spoke positively about the additional choice

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".

Team's recommendation
Does comply

The home has systems to identify current legislation, regulatory requirements, and professional standards through subscriptions to aged care peak bodies, national bodies and the Internet. Lifestyle policies and procedures are reviewed and updates are communicated to staff through meetings, newsletters, memoranda, and communication books. Staff have access to hard copies of policy/procedure manuals and compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals and observation of staff practice. Processes are in place to manage any deficiencies or non-compliance. The home has a food safety plan and a food supervisor coordinates the plan.

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

Staff are provided with information to perform their roles effectively through the orientation program, mandatory training and other internal and external training courses. Position descriptions, duties lists, policies, procedures and work instructions are available throughout the home to guide staff practice. Training needs are identified through performance reviews; annual training needs analysis, audits, clinical indicator trends, and staff and resident feedback. An education calendar has been developed based on identified needs, which includes external and mandatory training. Education sessions are advertised, evaluated and processes have been established to monitor attendance. All staff receive a staff education agreement which identifies the number of education sessions they have to attend on the aged care channel and the self directed learning resources that have to be completed. Staff from all areas of the home have knowledge related to the requirements

of their positions and demonstrated knowledge applicable to their various roles.

4.4 Living environment

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

Team's recommendation
Does comply

The home's environment provides safe access to clean internal and external areas with sufficient and appropriate furniture for residents and their visitors. Residents are encouraged to maintain their independence and have access to call bells, toilets, adapted plates, cups, cutlery and appropriate mobility aids. Cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Hazards are risk assessed and appropriate action is taken to control the hazard. Preventative, corrective and routine building and equipment maintenance is conducted by the maintenance staff or by external contractors. Lock up procedures are in place and an external contractor conducts patrols at night. Staff are aware of and demonstrate practices that ensure the safety and comfort of the residents and restraint is only used as a last resort and developed in consultation with the resident/representative, their doctor and management/nursing staff. Residents/representatives stated that they were satisfied with the living environment in the home.

4.5 Occupational health and safety

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

Team's recommendation
Does comply

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

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's recommendation
Does comply

The home has systems and equipment for the identification, early detection and actioning of risks associated with fire, security and other emergencies. The maintenance and inspection records for the fire system, extinguishers and emergency lighting are current and indicated that deficiencies in the systems are actioned as required. Emergency and evacuation procedures have been documented and are available to staff along with resident mobility lists that are updated when changes occur. Evacuation plans are located across the site and generally exits are clear of obstruction. Building security is maintained while allowing staff, residents and visitors access as required. Staff receive instruction on fire/emergency requirements and non attendees are followed up. Staff and residents demonstrated knowledge of the evacuation processes and procedures to be followed in an emergency

4.7 Infection control

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

Team's recommendation
Does comply

The home has a system to manage infection control in the areas of clinical, catering, cleaning and laundry practices. Infection control policies and procedures are available to staff and guide staff practice. Infection control education including hand washing and use of personal protective equipment is provided to staff at orientation and through the general staff education program. Facilities and equipment such as single-use clinical products, gloves, aprons, sharps containers, hand washing stations, waste receptacles and storage areas are provided to enable infection control practices to be implemented. Staff demonstrate awareness of infection control guidelines and practices applicable to their area of duty including the appropriate use of personal protective equipment and hand washing. Surveillance processes are in place to monitor resident infections and include data collation and analysis to identify trends and areas for improvement. Surveillance data and the results of infection control audits are reviewed by the designated infection control coordinator who identifies any trends and communicates this information to relevant staff through meetings/minutes, one to one discussion and handovers. Outbreak management procedures are available and staff have direct access to equipment to prevent the spread of infection if an outbreak occurs. Residents/representatives stated that they were satisfied that staff take necessary precautions to prevent infections.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents' nutrition and hydration preferences and requirements are identified on admission and there is an effective system of identification of menu modification as residents' needs/preferences change. A cook chill system is used for the provision of meals and meal alternatives are offered and available according to residents' preferences. Residents are supported to maintain their independence, exercise choice regarding nutrition and hydration and are consulted about the menus. Residents' personal and flat linen is laundered on-site. Hospitality services are monitored by management via audits and feedback from residents/representatives and staff, observations by supervisors, resident meetings and the complaints process and issues of concern are addressed. Documented procedures, checklists and training for laundry, cleaning and catering guide staff practice in the provision of hospitality services. Residents/representatives reported they are satisfied with the laundry, kitchen and cleaning services provided.