



Aged Care
Standards and Accreditation Agency Ltd

Regis Wynnum

RACS ID 5332

261 Preston Road

WYNNUM WEST QLD 4178

Approved provider: Regis Group Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 May 2015.

We made our decision on 5 April 2012.

The audit was conducted on 5 March 2012 to 6 March 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against 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.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

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.

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

Standard 3: Resident lifestyle**Principle:**

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

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

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.

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Regis Wynnum 5332

Approved provider: Regis Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 5 March 2012 to 6 March 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 5 March 2012 to 6 March 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Mary Tattam
Team member/s:	Dee Kemsley

Approved provider details

Approved provider:	Regis Group Pty Ltd
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Details of home

Name of home:	Regis Wynnum
RACS ID:	5332

Total number of allocated places:	40
Number of residents during audit:	39
Number of high care residents during audit:	18
Special needs catered for:	Not applicable

Street/PO Box:	261 Preston Road	State:	QLD
City/Town:	WYNNUM WEST	Postcode:	4178
Phone number:	07 3249 5100	Facsimile:	07 3249 5188
E-mail address:	Nil		

Audit trail

The assessment team spent one and a half days on-site and gathered information from the following:

Interviews

	Number		Number
Facility Manager	1	Residents/representatives	7
Clinical Manager/Infection Control Officer	1	Care staff	3
National Quality Systems Manager	1	Lifestyle Co-ordinator	1
National Property Services Manager	1	Volunteer	1
Registered Nurse	1	Workplace Health and Safety Officer	1
Enrolled Nurse	1	Maintenance Officer	1
Physiotherapist	1	Hospitality staff	2
Quality Assurance Specialist	1	Chef Manager	1
Office Co-ordinator	1		

Sampled documents

	Number		Number
Residents' clinical records	8	Medication charts	10
Personnel files	6		

Other documents reviewed

The team also reviewed:

- Annual priority staff development
- Approved supplier list
- Archiving folder
- Audits and surveys
- Bowel charts
- Carer's folder
- Cleaning schedules
- Clinical incident data/flash reports
- Clinical pathways
- Communication books
- Completed work orders folder
- Continuous quality improvement audit reports and forms
- Controlled drug register
- Cooking/equipment temperature control logs
- Daily care profiles
- Daily medication chart reviews
- Delivery records (food)
- Diabetic charts
- Dietary assessments

- Duties lists
- Education/training folder
- Emergency procedures flip charts
- Emergency program
- Essential services folder (internal fire alarm/equipment maintenance)
- Evacuation lists
- Evening meal choices
- External contractor specific cleaning records
- Family conference records
- Feedback forms
- Fire alarm/equipment planned activity test results
- Flowcharts and manuals
- Food safety program
- Hazard alert log
- Hazard identification inspection
- Hazard risk assessment forms
- Hazardous chemical register
- Human resources orientation guide
- Incident logs
- Infection monitoring records
- In-service training evaluation
- Kitchen hygiene report
- Manual handling summary
- Material data safety sheets
- Meeting minutes
- Memo folder
- Menu/planning/recipes
- National consolidated register of assaults
- Nurse professional registration details
- Nutritional supplement list and records of administration
- Outbreak management information
- Oxygen checklist
- Pain clinic records
- Pest control
- Physiotherapist's and physiotherapy assistant's documentation
- Plan for continuous improvement
- Police check details
- Policies and procedure manuals
- Position descriptions
- Preventative maintenance calendar/folders
- Repairs and maintenance log/folder
- Resident and staff handbook
- Resident of the day folder
- Residential care and accommodation payment agreement
- Restraint management documentation
- Safety alerts
- Service agreements
- Site orientation folder
- Special nursing care needs folder
- Staff and resident newsletters
- Staff incident – running log
- Staff questionnaires (education)/training and attendance records
- Staff roster

- Supplier folder
- Test and tag requests
- Training calendar and need analysis
- Urinary catheter management
- Weight records
- Work request forms
- Wound assessment/treatment records

Observations

The team observed the following:

- Activities calendar
- Activities in progress
- Charter of residents rights and responsibilities on display
- Cleaners room and trolley
- Colour coded equipment
- Emergency assembly points
- Emergency exits with signage
- Equipment and supply storage areas
- Evacuation plans on display
- Feedback forms on display
- Fire detection alarm system/panel
- Fire fighting equipment
- Gastro-enteritis kit
- Hand washing facilities
- Information brochures and posters on display
- Interactions between staff and residents
- Internal and external living environment
- Kitchen processes
- Laundry practices
- Maintenance workshop
- Meal and beverage services
- Medication administration
- Medication storage
- Menu on display
- Mission, vision and philosophy statement on display
- Resident and staff notice boards
- Sharps containers
- Spills kit
- Staff accessing personal protective equipment
- Staff and resident noticeboards
- Staff practices
- Storage of chemicals
- Suggestion box
- Visitors and resident sign-in/out book

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

The home meets this expected outcome

Residents/representatives and staff we interviewed are satisfied that improvements continue to be implemented at the home and that their suggestions are considered and result in action. Regis Wynnum (the home) has a continuous quality improvement program which is managed and monitored by the Facility Manager, in conjunction with the national plan for continuous improvement monitored by the Quality Assurance/Compliance Team. Opportunities for improvement are identified through scheduled internal audits and surveys, completion of continuous improvement and feedback forms, hazard identification forms, corrective action and continuous quality improvement reports, clinical incidents, resident and staff meetings and one-to-one discussions with residents/representatives and staff. Urgent issues are addressed in a timely manner and acted upon as required. Improvements (identified gaps and issues) not resolved in 30 days are logged onto a register and actioned/delegated by the Facility Manager. Results are fed back verbally to the originator and/or through resident and staff meetings; further review and evaluation takes place if appropriate before closure.

Management reported examples of recent improvements relevant to Standard 1 which included:

- The home replaced the night duty (medication endorsed) care staff with a registered nurse in August 2011. Management reported that this had resulted in residents’ increased care needs being consistently met across all shifts. It ensures appropriate clinical supervision is being provided and had decreased the number of calls made to the Facility Manager and Care Manager overnight.
- As a result of resident and staff feedback and in order to meet residents’ changing care needs, the home has recently increased care and cleaning staff rostered hours as follows:
 - Care staff hours have been extended by two hours on the morning shift (from 10:30 to 12:30) and by half an hour in the evening (from 20:30 to 21:00). After consultation with care staff new duties lists were put in place. Care staff reported that they have sufficient time to attend to resident care needs without being rushed, including assisting residents with their meals.
 - Cleaning staff hours have been extended by an additional 12 hours during the week and by commencing two new shifts (three hours each) over the weekend. After consultation with cleaning staff new duties lists were put in place. Cleaning staff reported that the new and extended hours were helpful in maintaining a clean environment and meeting residents’ needs on an ongoing basis.
- In October 2011 the organisation introduced electronic learning for the delivery of mandatory (and other education) sessions. This allows staff to access these paid mandatory education sessions any time over a 24 hour period, at work or at home and at their convenience. Management reported that this had been positively received by staff

and additional education had been provided to staff on how to use electronic learning when required.

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 about health and personal care”.

Team’s recommendation

The home meets this expected outcome

The organisation has established systems to identify and ensure compliance with a wide range of legislation, professional standards and industry guidelines and has access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. This system is monitored and managed out of national office and a summary of all changes is communicated to the Facility Manager via emailed monthly updates as well as discussed at monthly management meetings. Changes are communicated to staff via education sessions, meetings, memos and the facility newsletter. Changes are also communicated to residents and families where appropriate. The home has a system to ensure that all staff has a current police certificate and a process to inform residents and their representatives of re-accreditation audits. Residents and other stakeholders have access to appropriate complaints mechanisms. Compliance with legislation is monitored through the audit process, performance appraisals and observation of staff work practices.

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

The home meets this expected outcome

The home provides an education program for staff that includes orientation, annual mandatory training, identified training needs and other development opportunities (for example, a national scholarship program and access to external training to assist staff undertake professional development). Delivery of education occurs either face-to-face or via an electronic learning platform. Education sessions are communicated to staff via monthly education calendars placed on the staff notice board. The Workplace Health and Safety Officer, in conjunction with key personnel, maintains education records and monitors staff attendance and the effectiveness of each session. Individual staff education requirements are identified via an annual training needs analysis and during the performance review process; results are combined with organisational education requirements to develop the training calendar. The home co-ordinates education sessions relevant to Standard 1 to ensure staff understand their role in relation to management systems and organisational development. Management monitors the skills and knowledge of staff through the audit process, competency assessments and observation of staff practice. Management and staff have knowledge and skills specific to their 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

The home meets this expected outcome

Residents/representatives we interviewed are familiar with various ways to initiate a suggestion and feel comfortable in expressing issues of concern. The home has a comments and complaints system which is managed and monitored by the Facility Manager. The system captures compliments and complaints from residents, representatives, staff and other interested parties. Residents are informed about internal and external avenues of complaint via the resident handbook, resident agreement, notices and brochures displayed in communal areas of the home and through one-to-one discussions with management and staff. Feedback forms are available and accessible to residents, together with a suggestion box located in the reception area. Resident meetings also provide a forum for residents to raise issues of concern. The Facility Manager, in conjunction with the Clinical Manager, acts upon all complaints received and monitors progress toward resolution. A monthly continuous quality improvement audit report summarises issues raised and the actions taken. Acknowledgement/feedback is provided to residents/representatives either verbally or in writing within 24 hours of receipt.

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

The home meets this expected outcome

The organisation has documented the home's mission, values and philosophy and this is on display within the reception area of the home and is incorporated into the resident and staff handbooks.

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

The home meets this expected outcome

Residents/representatives we interviewed are satisfied with staff responses to residents' requests for assistance. The organisation has systems and processes to recruit appropriately skilled and qualified staff. The home has recruitment and selection processes that are managed by the Facility Manger in conjunction with a central recruitment team. This includes an orientation program (both organisational and facility), provision of staff handbook and buddy shifts for new staff. All staff are required to provide a valid police certificate and statutory declaration prior to commencement of work and staff are notified when police certificates are due to expire. Key personnel manage the home's rosters and shifts are filled with permanent staff. A pool of staff (permanent-part time) is accessed to manage planned and unplanned leave of permanent staff. Position descriptions are provided to staff prior to commencement of work; work instructions are detailed on duty lists appropriate to the shift and job role and are available to staff. Staff practice is monitored and performance reviews

are conducted annually. Staff have sufficient time to complete their designated tasks and to meet the needs of residents.

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

The home meets this expected outcome

Residents/representatives and staff we interviewed are satisfied with the appropriateness and availability of the goods and equipment provided by the home. The home has processes and personnel in place to monitor and maintain goods and equipment for the delivery of care and services to residents. The Maintenance Officer and/or external contractors complete preventative and routine maintenance work at the home to ensure the safety and useability of equipment. Faulty equipment and other maintenance issues are identified through completed repair and maintenance logs, regular audits, completed feedback and continuous improvement forms, and incident/hazard reports; these forms are available to staff and/or residents. There is a purchasing process in place for consumables and capital items that ensure sufficient and appropriate goods and equipment are consistently available. Key personnel are responsible for ordering and maintaining levels of medical supplies, food stocks, paper and office supplies and other housekeeping and cleaning materials. Stock is examined for fitness on receipt and rotated with remaining stock. There is a preferred supplier list to guide staff. Equipment and goods are appropriately stored and areas containing hazardous chemicals are secured and identified by signage.

1.8 Information systems

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

Team's recommendation

The home meets this expected outcome

Staff and residents/representatives we interviewed are satisfied with the communication processes at the home and access to information. The home has systems and process in place to enable staff and management access to sufficient and reliable information for appropriate decision-making. Electronic and paper based records are maintained by the home with restricted and locked access to resident and staff files. Electronic information is secured by password access. Care plans and the handover process provides staff with relevant information to ensure residents' care needs are met. Information manuals, policy and procedures and legislative information are accessible via the national intranet (and in hardcopy) to guide staff practice. Management communicates regularly with residents/representatives and staff via newsletters, notice boards, one to-one-to discussions, meeting minutes, memos and individual letters as is necessary. There is a system to archive material in a designated secure area and destroyed under contract when appropriate. The effectiveness of information systems is reviewed through regular audits, surveys and staff/resident feedback.

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

The home meets this expected outcome

Residents/representatives, management and staff we interviewed are satisfied with quality of services provided by external service providers. The organisation has systems and processes to ensure that externally sourced services are contracted in order to meet the home's care service needs and service quality goals. A range of contractors and external providers operate within formalised agreements to provide services in relation to fire safety systems, cleaning services, allied health services and various building maintenance/equipment services. Service agreements are tendered and maintained through national office. The home monitors the performance of external service providers through observation and resident/staff feedback and takes appropriate action when required. There is a preferred supplier list to guide staff; external service contractors providing service at the home are required to sign-in/out.

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

The home meets this expected outcome

Residents/representatives and staff we interviewed are satisfied that improvements continue to be implemented at the home and that their suggestions are considered and result in action. The home has a continuous quality improvement program which is managed and monitored by the Facility Manager, in conjunction with the national plan for continuous improvement monitored by the Quality Assurance/Compliance Team. Opportunities for improvement are identified through scheduled internal audits and surveys, completion of continuous improvement and feedback forms, hazard identification forms, corrective action and continuous quality improvement reports, clinical incidents, resident and staff meetings, and one-to-one discussions with residents/representatives and staff. Urgent issues are addressed in a timely manner and acted upon as required. Improvements (identified gaps and issues) not resolved in 30 days are logged onto a register and actioned/delegated by the Facility Manager. Results are fed-back verbally to the originator and/or through resident and staff meetings; further review and evaluation takes place if appropriate before closure.

Management reported examples of recent improvements relevant to Standard 2 which included:

- The home has purchased a new (small and compact) pain relieving device for the administration of continuous, 24 hour, pain relief medication for palliating residents. Clinical staff reported that while the device had not yet been used, a self-directed electronic learning program was available when required to guide staff practice.
- In the past the physiotherapist attended to resident's mobility, dexterity and rehabilitation needs on a weekly basis. The home has recently increased the physiotherapist's hours and the physiotherapist now visits the home four times a week (Monday to Thursday). In addition, a physiotherapist assistant has been appointed to attend to resident's mobility needs on a Friday. Staff reported that as a result of these increased physiotherapist hours and the appointment of the physiotherapist assistant, residents receive more walks/massages and resident's pain relief management is enhanced by the application of heat packs by the physiotherapist/physiotherapist assistant.
- The home has recently introduced a 'special care needs' folder which provides information and 'clinical pathways' to be followed in relation to the management of residents' specialised care needs. Qualified staff reported that it was “a great resource” as it provided information in relation to resident's catheter management, oxygen therapy, wound management and various other treatment regimes.

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

The home meets this expected outcome

The organisation has established systems to identify and ensure compliance with a wide range of legislation, professional standards and industry guidelines and has access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. This system is monitored and managed out of national office and a summary of all changes is communicated to the Facility Manager via emailed monthly updates as well as discussed at monthly management meetings. Changes are communicated to staff via education sessions, meetings, memos and the facility newsletter. Changes are also communicated to residents and families where appropriate. All registered staff are required to provide current nursing registration prior to commencement of work and registration is monitored annually by management. The home complies with regulations relating to the storage and administration of schedule eight medications, and registered nurses plan and review care for residents with high care needs. Compliance with legislation is monitored through the audit process, performance appraisals and observation of staff work 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

The home meets this expected outcome

The home provides an education program for staff that includes orientation, annual mandatory training, identified training needs and other development opportunities (for example a national scholarship program and access to external training to assist staff undertake professional development). Delivery of education occurs either face-to-face or via an electronic learning platform. Education sessions are communicated to staff via monthly education calendars placed on the staff notice board. The Workplace Health and Safety Officer, in conjunction with key personnel, maintains education records and monitors staff attendance and the effectiveness of each session. Individual staff education requirements are identified via an annual training needs analysis and during the performance review process; results are combined with organisational education requirements to develop the training calendar. The home co-ordinates education sessions relevant to Standard 2 to ensure to ensure that residents’ current health and well-being status and care needs are being met effectively. Management monitors the skills and knowledge of staff through the audit process, competency assessments and observation of staff practice. Management and staff have knowledge and skills specific to their roles

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied with the support of staff and that residents receive appropriate clinical care. The Clinical Manager oversees and monitors the

provision of clinical care with the support of registered nursing staff and national office personnel. Residents' care needs are identified through initial and ongoing assessment processes. Three monthly, or as required, resident review is undertaken in consultation with the resident and/or their representative, medical officer and other health professionals as is indicated by the resident's health status. Registered nursing staff develop individual resident care plans to guide the delivery of care. Processes to inform relevant staff of the current needs of residents includes shift handover and individual discussion with staff. Staff are provided with training relevant to their role and staff we interviewed are aware of the individual care needs of residents. Monitoring mechanisms include the conducting of audits, surveys, observation of staff practices and the analysis and trending of clinical incident data.

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 findings

The home meets this expected outcome

Residents we interviewed who require specialised nursing care are satisfied their needs are met by appropriately qualified nursing staff. The home has processes to meet the specialised nursing care needs of residents and have this attended to by appropriately qualified nursing staff. Residents' complex care needs are identified through assessment processes and care interventions undertaken by registered nursing staff. Individual resident care plans and treatment regimes guide staff practices. Referral processes ensure that residents have access to other health professionals, such as wound specialists, if a need is identified. Specialised nursing care needs identified include residents who require complex wound, diabetes, oxygen and catheter management. The home is able to access specialised nursing equipment if this is required and has processes to ensure staff competency in its operation. Staff are aware of care interventions within their role to support residents' specialised nursing care management.

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 findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied that residents are referred to appropriate health professionals in accordance with their needs and preferences. The home has processes to access other health professional services such as audiology, optometry, physiotherapy, podiatry, dietary, dental and speech pathology when this is requested by the resident, or assessed as a care need. Communication processes ensure visiting health professionals are informed of those residents who require review. Health professionals' recommendations are captured in medical officer and/or residents' clinical notes and transferred to residents' care plans by registered nursing staff. Handover processes communicate health professional directives to relevant care and catering staff. Residents are assisted to attend external appointments and health professionals attend the home to meet the needs of those residents who are less mobile. Registered nursing staff we interviewed are aware of referral processes at the home.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied with the management of residents’ medication and the assistance provided by staff. The home has processes to ensure that residents’ medication is managed safely and correctly by appropriately qualified and trained staff. Medication orders are prescribed by the medical officer and dispensed by pharmacy services. Registered nurses, enrolled nurses and care staff (who have been assessed as competent) are responsible for the administration of residents’ medications. Assessment processes identify, and medication charts reflect, residents’ medication allergies and special administration instructions. Residents who self administer their medications are assessed for competency by their medical officer and monitored by staff. Medications are stored securely and, when indicated, at manufacturer’s recommended temperature. Medical officer and pharmacist reviews are regularly undertaken and quarterly medication advisory committee meetings are held. Staff demonstrated an awareness of the home’s processes to manage residents’ medication safely and correctly. The safety of the medication management system is monitored through routine medication audits, observation of staff practice and analysis of medication related incidents.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents/representatives we interviewed reported satisfaction with the management of residents’ pain. The home has processes to identify the pain requirements and preferences of residents and care plans reflect individual interventions to manage residents’ pain. Communication processes inform staff of residents’ specific pain management interventions such as, exercise, repositioning and heat packs to assist residents to be as free as possible from pain. The home has a multidisciplinary team approach to managing residents’ pain which involves the resident’s medical officer and other health professionals, such as the physiotherapist, as indicated. Staff we interviewed are aware of individual resident’s pain relief interventions. Monitoring mechanisms include audits, case conferences and individual feedback from residents.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes to meet the medical, physical, spiritual, emotional and comfort needs and preferences of residents who are at the end stage of their life. Residents’ end of life wishes are identified on entry to the home and/or at subsequent care consultations. Care plans are regularly updated to meet the needs of the resident. The specific spiritual and cultural beliefs of residents are respected and accommodated during this time in consultation with the resident and their families. Residents and their families or significant others are supported and accommodated to maximise their time together and are involved in regular consultation with the care and lifestyle staff. The home is able to access, when indicated,

external palliative care professionals and specialised equipment to optimise residents' comfort should this be required. Staff we interviewed are aware of interventions to support the palliative care needs of the residents.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied residents receive adequate food and fluids. The home has processes to identify residents' individual dietary needs and preferences and ensure residents receive adequate nourishment and hydration. Processes to communicate residents' dietary information such as, allergies and specific textures and diets, from the clinical area to catering staff are effective. Residents are regularly weighed and residents with significant weight discrepancies are reviewed and care plans modified. Interventions including supplements, textured or modified diets and more frequent weighs for weight loss or gain may be implemented. Residents are referred to the dietician and/or speech pathologist for assessment when the need is identified. Staff we interviewed are aware of the nutrition and hydration requirements of the residents. The effectiveness of nutrition and hydration is reviewed through resident feedback at meetings, verbally on a one to one basis, audits and surveys.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied residents receive care that promotes and assists residents maintain their skin integrity. Care plans direct staff practices in the provision of moisturisers, limb protectors, specialised equipment (such as air mattresses) and regular repositioning. Staff receive training in safe and correct manual handling practices. Registered nursing staff are responsible for wound management, completion of treatment records, documenting interventions and wound monitoring. Staff we interviewed have an awareness of residents' individual skin care interventions. Breaks in residents' skin integrity are monitored through the home's incident reporting processes and observation of staff practices.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied residents' continence needs are met and that staff support residents' privacy and dignity when attending to their hygiene requirements. Assessment and re-assessment processes identify residents' continence needs and preferences. A continence link nurse has responsibility to ensure adequate stocks of continence aid supplies are maintained to meet the individual needs of the residents. The home is supported by an external continence advisor who regularly reviews continence

processes to ensure residents' continence is managed in the most effective way. Care planning interventions to effectively manage residents' continence requirements include scheduled toileting, implementation of continence aids and bowel management regimes. Bowel management interventions may include dietary intervention and, following medical officer's referral, regular and as required medication. Staff complete daily bowel monitoring charts which are reviewed by registered nursing staff and are aware of the individual continence needs and preferences of the residents.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied that the activities of other residents' do not infringe on residents' life at the home. The home has processes to identify and meet the needs of residents with challenging behaviours. Monitoring processes assist with the identification of triggers for behaviours and the implementation of appropriate interventions. Individual care planning is undertaken by registered nursing staff and external mental health services can be accessed to assist in the management of complex behaviours and provide support for staff. The daily social and activity program at the home supports the needs of residents with challenging behaviours. Care staff are aware of interventions they may need to implement in the event of a behavioural incident and of their reporting responsibilities. Staff demonstrated an awareness of individual resident's behaviours and the interventions required and demonstrated a calm approach when interacting with residents and attending to their needs.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents/representatives we interviewed reported satisfaction with the support residents receive to optimise residents' mobility and dexterity. The home has processes to identify the mobility and dexterity needs of residents and communicate information to care staff and other health professionals. The physiotherapist, with the assistance of a physiotherapy assistant, regularly visits the home to review and assess the mobility, dexterity and pain needs of residents in consultation with the registered nursing staff. Residents are encouraged to attend group exercise classes that form part of the activity calendar and individual passive and active exercises are undertaken for the less mobile residents. Care planning reflects interventions to maximise residents' safety and independence. Mobility aids and specialised dietary assistive aids are provided for residents as required. Falls are monitored, residents at high risk of falling are identified and interventions are in place to optimise their safety. Staff are aware of interventions to optimise the mobility and dexterity requirements of the residents.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied with the assistance provided by staff to maintain residents’ oral and dental health. Residents’ dental history and preferences relating to the management of their oral and dental health are identified on entry to the home through interview and assessment of their oral health status. Care staff monitor residents’ ability to self-manage their oral care and assist when required. Registered staff, in consultation with the resident and/or their representative, have responsibility to co-ordinate dental referrals when a need is identified. Residents are able to attend their preferred dentist and assistance is provided to enable residents to attend external appointments. Care staff demonstrated an awareness of the oral and dental needs and preferences of the residents. Key clinical personnel monitor and maintain stocks of equipment and products to meet residents’ oral hygiene needs.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents we interviewed with identified sensory loss are satisfied their care needs are identified and they receive the assistance and support they require from staff. Information in relation to each resident’s care needs in relation to hearing, vision and speech is collected through initial and ongoing assessment processes. Care interventions reflect identified personal preferences and sensory needs and are linked with other relevant care plans such as hygiene, mobility and leisure activities. Residents are referred to specialists including an audiologist, optometrist and speech pathologist as needs indicate. The home can access hearing and vision equipment repair services should this be required. Staff assist residents to manage assistive devices, such as spectacles and hearing aids, to maximise sensory function and demonstrated an awareness of residents’ individual requirements.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents we interviewed advised they sleep well and are satisfied with the assistance staff provide during the night if this is required. Residents’ needs and preferences in relation to settling and sleep patterns and the assistance they require are identified through consultation with the resident and/or their representative and assessment processes. Care strategies are developed, communicated to staff and implemented in response to residents’ requests and requirements. The home monitors the environment to ensure comfortable room temperatures, adequate lighting and minimal noise levels are maintained. Staff provide assistance when residents have difficulty sleeping which includes the provision of refreshment and snacks, re-positioning and attending to hygiene cares. Staff we interviewed are aware of the individual assistance residents require to support their sleep and settling routines.

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

The home meets this expected outcome

Residents/representatives and staff we interviewed are satisfied that improvements continue to be implemented at the home and that their suggestions are considered and result in action. The home has a continuous quality improvement program which is managed and monitored by the Facility Manager, in conjunction with the national plan for continuous improvement monitored by the Quality Assurance/Compliance Team. Opportunities for improvement are identified through scheduled internal audits and surveys, completion of continuous improvement and feedback forms, hazard identification forms, corrective action and continuous quality improvement reports, clinical incidents, resident and staff meetings, and one-to-one discussions with residents/representatives and staff. Urgent issues are addressed in a timely manner and acted upon as required. Improvements (identified gaps and issues) not resolved in 30 days are logged onto a register and actioned/delegated by the Facility Manager. Results are fed-back verbally to the originator and/or through resident and staff meetings; further review and evaluation takes place if appropriate before closure. Management reported examples of recent improvements relevant to Standard 3 which included:

- Following discussions with the Lifestyle Co-ordinator management has recently enlarged the home’s community visitor scheme from approximately three to eight volunteers. The volunteer co-ordinator provided community visitors with education in relation to fire safety, infection control and manual handling; each participant was also provided with an orientation pack. Management reported that residents who were previously isolated, or who had lost family members, now receive regular visits and additional emotional support.
- As part of a national initiative the home has introduced monthly themed days (for example Mother’s and Father’s day). A resource kit is provided to the lifestyle and catering teams which includes planned menu/recipes, additional funds and activities for the theme day celebrations, or the home can provide their own. Management reported that these theme days were now better co-ordinated and supported as a result of this initiative.
- The Lifestyle Co-ordinator now attends a three monthly organisational workshop. This workshop assists the lifestyle staff to form networks of support and encourages the sharing of information and ideas. Education relevant to their role is also provided (for example they recently had training on advocacy services). Management reported that the lifestyle staff pool their resources online for ease of reference and access.

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

The home meets this expected outcome

The organisation has established systems to identify and ensure compliance with a wide range of legislation, professional standards and industry guidelines; and has access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. This system is monitored and managed out of national office and a summary of all changes is communicated to the Facility Manager via emailed monthly updates as well as discussed at monthly management meetings. Changes are communicated to staff via education sessions, meetings, memos and the facility newsletter. Changes are also communicated to residents and families where appropriate. The home has a system to manage the reporting of assaults to the police and Department of Health and Ageing in accordance with regulatory requirements. Compliance with legislation is monitored through the audit process, performance appraisals and observation of staff work practices.

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

The home meets this expected outcome

The home provides an education program for staff that includes orientation, annual mandatory training, identified training needs and other development opportunities (for example a national scholarship program and access to external training to assist staff undertake professional development). Delivery of education occurs either face-to-face or via an electronic learning platform. Education sessions are communicated to staff via monthly education calendars placed on the staff notice board. The Workplace Health and Safety Officer, in conjunction with key personnel, maintains education records and monitors staff attendance and the effectiveness of each session. Individual staff education requirements are identified via an annual training needs analysis and during the performance review process; results are combined with organisational education requirements to develop the training calendar. The home coordinates education sessions relevant to Standard 3 to ensure to ensure to ensure resident lifestyle is enhanced. Management monitors the skills and knowledge of staff through the audit process, competency assessments and observation of staff practice. Management and staff have knowledge and skills specific to their 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 findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied with the support received from staff to assist residents adjust to life in the home environment and on an ongoing basis. Residents are orientated to the home and are offered an existing resident as a buddy for support during the settling in period. Processes ensure residents are supported to participate in social functions at the home and establish new friendships. Residents are able to access support

from visiting pastoral workers on an initial and ongoing basis as is their preference. Residents are encouraged to furnish their rooms with their personal and familiar items and family visits are encouraged and supported. Communication processes between the clinical and leisure and lifestyle staff ensure relevant staff are informed of the current emotional needs of the residents. Staff we interviewed are aware of strategies to provide assistance and emotionally support residents residing at 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 findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied with the support residents receive to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment and re-assessment of residents' needs is conducted to ensure residents are assisted to achieve maximum independence on an ongoing basis. Regular mobility reviews and review of residents' ability to perform activities of daily living are undertaken and inform care planning. Residents' social, civic and cultural needs and preferences are identified and facilitated by the home. Residents' relatives and other significant persons are informed of events at the home and encouraged to participate in social functions and outings. Staff are aware of interventions to support residents to achieve maximum 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 findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied residents' privacy is respected and confidentiality and dignity maintained. Resident's specific privacy and dignity needs are identified and the needs and preferences of each individual resident are communicated to staff. The home's expectations for maintaining privacy, dignity and confidentiality are reinforced during observation and supervision of staff practice. The environment supports small communal areas that can be accessed by the residents and their representatives whilst socialising. Residents' confidential information is stored securely. Staff we interviewed demonstrated awareness of interventions to maintain residents' privacy and dignity. These interventions include obtaining consent for entry to residents' rooms, identifying residents' preferred title, closing doors and curtains during residents' cares.

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 findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied the home offers a range of activities that are of interest to the residents. Processes are established to identify residents' leisure

interests and activity needs on entry to the home and on an ongoing basis. A Lifestyle Co-ordinator, with the assistance of activities staff and volunteers, oversees residents' leisure and social activities program. A monthly calendar is developed which includes the celebration of significant days such as Anzac and Australia Day and religious activities. Consideration is given to the inclusion of activities that meet the needs of the culturally diverse residents. Residents are encouraged and supported to attend social events and family members and representatives encouraged to attend. Residents who experience sensory impairment are provided with resources that enable their participation in group activities and individual leisure interests. Residents have opportunity to provide feedback on social events and have input into the program through monthly meetings and on a one to one basis. A monthly newsletter informs residents of occurrences within the organisation and local activities. Staff are aware of the individual interests of the residents and assist with the weekend activities. Monitoring mechanisms include resident surveys, audits, resident attendance at activities and evaluation of events.

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 findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied residents' cultural practices and spiritual beliefs are provided for and respected. Assessment, re-assessment and consultative processes identify residents' individual interests, spiritual and cultural beliefs and individual care planning directs staff practice. Visiting ministers of religion from local churches support residents in maintaining affiliations within the home and in the wider community. Days of personal, cultural and spiritual significance are planned and celebrated at the home as a community, and on an individual basis. The home is able to accommodate culturally appropriate diets should this be requested or identified during the admission process. Staff we interviewed are aware of interventions to support the cultural and spiritual needs of the residents.

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 findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied residents are enabled to exercise choice and control over their lifestyle at the home. Processes have been established to support residents' decision-making regarding the care and services they receive including their physical, intellectual, emotional, social and financial needs. Information is provided to residents and/or their representatives' pre and post entry which includes consultation in relation to how residents are enabled to exercise choice and be involved in decisions that impact on their life at the home. Communication processes ensure residents have an understanding of complaints and advocacy processes. Management and staff are aware of processes to appoint alternative decision makers for residents when a need has been identified. Residents' preferences are identified and communicated to staff through individual resident care plans, shift handover and meetings. Staff we interviewed are aware of interventions to enable residents to exercise choice and make decisions relating to activities of their daily living.

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 findings

The home meets this expected outcome

Residents/representatives we interviewed are satisfied residents have secure tenure within the home and are aware of their rights and responsibilities. Residents and/or their representatives are provided with information regarding residents' rights and responsibilities and security of tenure prior to and on entry to the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure and services to be provided by the home. Management ensures that all parties understand the terms of the agreement prior to signing the residential care agreement. Further information regarding resident's rights and responsibilities is contained in the resident handbook. Residents and/or their representatives are consulted in relation to any proposed room changes. Ongoing information is provided through correspondence, newsletters and discussions at residents'/representatives' meetings as the need arises.

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

The home meets this expected outcome

Residents/representatives and staff we interviewed are satisfied that improvements continue to be implemented at the home and that their suggestions are considered and result in action. The home has a continuous quality improvement program which is managed and monitored by the Facility Manager, in conjunction with the national plan for continuous improvement monitored by the Quality Assurance/Compliance Team. Opportunities for improvement are identified through scheduled internal audits and surveys, completion of continuous improvement and feedback forms, hazard identification forms, corrective action and continuous quality improvement reports, clinical incidents, resident and staff meetings, and one-to-one discussions with residents/representatives and staff. Urgent issues are addressed in a timely manner and acted upon as required. Improvements (identified gaps and issues) not resolved in 30 days are logged onto a register and actioned/delegated by the Facility Manager. Results are fed-back verbally to the originator and/or through resident and staff meetings; further review and evaluation takes place if appropriate before closure. Management reported examples of recent improvements relevant to Standard 4 which included:

- In the past issues in relation to occupational health and safety were discussed as part of the general staff meeting. In order to better address issues identified, as from January 2012 the home implemented an Occupational Health and Safety Committee comprising of the Workplace Health and Safety Officer and key personnel from each work area, which is to meet three monthly. Staff reported that at their first meeting the committee’s purpose and role was discussed and their responsibilities were outlined.
- To ensure a continued safe working environment for staff and living environment for residents, the home has recently introduced the following equipment and/or implemented the following changes:
 - The introduction of colour coded linen skips (in the past all linen receptacles were white).
 - The introduction of standard green coloured equipment (for example broom, mop, bucket) for cleaning the kitchen.
 - New cleaning and laundry manuals incorporating the newly introduced colour coded equipment have been made available to staff.
 - The introduction of spring loaded laundry trolleysCleaning and laundry staff reported that these changes had been positively received.
- A hazard form alerted management to the potential tripping risk to staff when entering and exiting the raised external cold room and freezer units. As a result ramps were installed to the doorways of these units to ensure the continued safety of staff when entering/exiting the cold room and freezer units while carrying heavy food items for storage. The roof was also extended over this external area to ensure staff remain dry and protected during inclement weather.

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

The home meets this expected outcome

The organisation has established systems to identify and ensure compliance with a wide range of legislation, professional standards and industry guidelines; and has access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. This system is monitored and managed out of national office and a summary of all changes is communicated to the Facility Manager via emailed monthly updates as well as discussed at monthly management meetings. Changes are communicated to staff via education sessions, meetings, memos and the facility newsletter. Changes are also communicated to residents and families where appropriate. The home has systems to ensure compliance with requirements relating to fire and safety, food safety, workplace health and safety and infection control are met. Compliance with legislation is monitored through the audit process, performance appraisals and observation of staff work practices.

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

The home meets this expected outcome

The home provides an education program for staff that includes orientation, annual mandatory training, identified training needs and other development opportunities (for example a national scholarship program and access to external training to assist staff undertake professional development). Delivery of education occurs either face-to-face or via an electronic learning platform. Education sessions are communicated to staff via monthly education calendars placed on the staff notice board. The Workplace Health and Safety Officer, in conjunction with key personnel, maintains education records and monitors staff attendance and the effectiveness of each session. Individual staff education requirements are identified via an annual training needs analysis and during the performance review process; results are combined with organisational education requirements to develop the training calendar. The home coordinates education sessions relevant to Standard 4 to ensure legislated training requirements in relation to the physical environment and safe systems are being met. Management monitors the skills and knowledge of staff through the audit process, competency assessments and observation of staff practice. Management and staff have knowledge and skills specific to their 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

The home meets this expected outcome

Residents/representatives we interviewed are satisfied with the maintenance, safety and comfort of the residents' living environment. The living environment and resident safety and

comfort needs are assessed and reviewed through regular audits and inspections, risk assessments, incident/hazard reports, maintenance requests, resident/staff meetings and staff observation. The home consists of single en-suite rooms and the environment provides safe access to clean and well maintained internal and external communal areas, with appropriate furniture sufficient for residents' needs. Handrails are in place throughout the home and walkways facilitate resident mobility outside. A call bell system is in place for resident care and safety. The Maintenance Officer implements and oversees a preventative and reactive maintenance program on buildings, infrastructure and equipment, with external contractors being used as is appropriate. Restraint in the form of bedrails is used for some residents and appropriate authorisation and monitoring is undertaken.

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

The home meets this expected outcome

The home has processes, procedures and practices to provide a safe living environment for residents and a safe working environment for staff. The homes' safety system is supported by an onsite Workplace Health and Safety Officer. Regular environmental inspections and audits are conducted by the home and management maintains a register of hazards (together with correlating risk assessments) identified at the home. The occupational health and safety committee meets on a three monthly basis and meeting minutes are provided to staff. Orientation and annual mandatory training is provided in relation to manual handling, safe chemical usage, infection control, fire safety and incident/hazard reporting. Staff have access to manual handling equipment, personal protective equipment and spill/sharp kits throughout the home. Chemicals are stored securely and material data safety sheets are accessible to staff. Staff are knowledgeable of incident and hazard reporting processes and have an understanding of safe work practices.

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

The home meets this expected outcome

The home has systems for the detection and action in the event of a fire, security breach or other emergency incidents within the home. The home's fire safety system includes fire detection alarm and control panel, smoke and fire doors and fire fighting equipment which is regularly inspected and maintained by external contractors in conjunction with the Maintenance Officer. Fire evacuation plans are displayed throughout the home; fire exits and pathways to exit are free from obstacles and exit doors are clearly marked. Staff attend mandatory fire safety training during orientation and annually thereafter. Staff ensure all external entrances to the home are secure in the evening and staff have access to police and emergency telephone numbers in the event of a security breach or other emergency. Residents are notified of the fire policy to follow when they enter the home and further information is contained in their handbook. Emergency procedure manuals are available for staff and staff are aware of their responsibility in the event of a fire or emergency situation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program which is overseen by the Infection Control Officer. The surveillance system includes the collection, analysis and trending of residents' infections to identify trends and implement appropriate actions when trends are identified. Incidents of infections and issues relating to the infection control program are communicated to staff at meetings. The home has an outbreak management procedure in place and staff are aware of their responsibilities in the event of an outbreak. Staff attend training in hand washing and infection control measures annually or as a need is identified. Hand washing/sanitising facilities are located throughout the home and strategies for minimising cross infection include colour coded equipment and use of personal protective equipment. Staff we interviewed demonstrated an awareness of infection control principles relevant to their role such as safe food storage/handling practices. Catering and laundry processes support the prevention/minimisation of cross contamination. Pest control and waste management processes are in place. The infection control program is monitored through audits, incident data and observation of staff practices.

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

The home meets this expected outcome

Residents/representatives we interviewed are satisfied with the hospitality services provided by the home. The home has processes to provide hospitality services that meet the needs and preferences of the residents. The home's meals are prepared in the on-site kitchen where a rotating four week menu is currently in place and offers a choice of meals as is required. Residents are regularly consulted about their dietary preferences, with any changes being communicated to catering staff in writing. Feedback is gained through monthly resident meetings, surveys, feedback forms and informal one-to-one discussion with staff. The home's kitchen has monitoring systems to ensure that food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Laundry services are provided on-site within infection control guidelines and returned to residents, with the assistance of laundry staff, in a timely manner. The cleaning staff utilise a colour coded cleaning system for cleaning in the kitchen, dining room and communal areas, resident rooms and bathrooms.