



Standards and Accreditation Agency Ltd

Decision to accredit Residential Gardens

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

The Agency has decided that the period of accreditation of Residential Gardens is three years until 9 September 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:	Residential Gardens		
RACS ID:	0367		
Number of beds:	44	Number of high care residents:	7
Special needs group catered for:	<ul style="list-style-type: none"> • Spanish speaking community 		
Street/PO Box:	420 Woodstock Avenue		
City:	ROOTY HILL	State:	NSW
		Postcode:	2766
Phone:	02 9832 1844	Facsimile:	02 9832 1686
Email address:	residentialaged@bigpond.com		

Approved provider

Approved provider:	Residential Garden for Spanish Speaking Frail Aged Limited
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Assessment team

Team leader:	Nuala Duignan
Team member/s:	Sue Morgan
Date/s of audit:	14 July 2009 to 15 July 2009

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Does comply

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

Accreditation decision

Agency findings
Does comply
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Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Residential Gardens
RACS ID	0367

Executive summary

This is the report of a site audit of Residential Gardens 0367 420 Woodstock Avenue ROOTY HILL NSW from 14 July 2009 to 15 July 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 Residential Gardens.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 14 July 2009 to 15 July 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:	Nuala Duignan
Team member/s:	Sue Morgan

Approved provider details

Approved provider:	Residential Garden for Spanish Speaking Frail Aged Limited
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Details of home

Name of home:	Residential Gardens
RACS ID:	0367

Total number of allocated places:	44
Number of residents during site audit:	40
Number of high care residents during site audit:	7
Special needs catered for:	Spanish speaking community

Street/PO Box:	420 Woodstock Avenue	State:	NSW
City/Town:	ROOTY HILL	Postcode:	2766
Phone number:	02 9832 1844	Facsimile:	02 9832 1686
E-mail address:	residentialaged@bigpond.com		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Residential Gardens.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	12
Care manager	1	Operations manager	1
Care staff	5	Laundry/maintenance and cleaning contract manager, supervisor and staff	4
Administration assistant	1	Contract catering manager	1
Catering staff (contract)	2	Physiotherapist	1

Sampled documents

	Number		Number
Residents' files including care plans, progress notes, medical officers' notes, assessments	8	Service agreements, including medical practitioner	8
Summary/quick reference care plans	10	Personnel files	8
Staff signed confidentiality agreements	6	Police record checks for staff members	15
Residents' agreements	7	Incidents/accidents review	10
Medical summary reports and medical assessments	8	Statutory declarations	7
Consent to disclose and collect information, photo consent, food safety policy and "my last wishes" forms	7		

Other documents reviewed

The team also reviewed:

- Authorities to practice – physiotherapist, medical officers and registered nurse
- Care documentation including: nutritional assessment of individual residents, hand-over reports, specimen signatures/initials, emergency contact numbers, specialist appointment register,
- Catering documents including: NSW Food Safety license, stock control records, breakage replacement sheets, trend data breakages, four week rotating menu, communication diary, table arrangements forms, residents' likes/dislikes data, resident nutrition requirements (care plans), cleaning schedule, procedures manual, invoices for food purchases, calibration records, food temperature logs, goods received temperature logs, anti-bacterial wash monitoring record, refrigerator, freezer and cool room temperature check records, dishwasher temperature check records, kitchen maintenance log, staff training records
- Clinical data: falls incidents, aggressive incidents, medication errors, infections, skin tears
- Comments and complaints documentation: complaints' mechanism processes in agreements and residents' handbook, comments/concerns/complaints' forms, comments and complaints register, complaints trend analysis data, charter of residents' rights and responsibilities
- Communication diary and handover information sheets
- Continence aid assessments and schedule
- Doctors' information folder
- Education and training records including: competency check and training attendance information
- Fire, safety and emergency documents including: annual fire safety statement, notification of assessment against the 1999 certification instrument, disaster and business recovery policies/procedures, fire safety certificate, emergency response procedures manual, external provider regular checks of fire safety equipment
- Flu and gastro information for family and visitors
- Four week cycle menu, initial assessment data, residents likes and dislike and special dietary needs information
- Human resource management documentation including: duty statements, staff handbook, job descriptions, staff induction pack, immunization records, orientation records, current roster, education planner, individual staff training certificates, training attendance records,
- Incident and accident reports forms, summaries and manual handling instructions
- Infection control documentation including: register of infections, infection data, NSW Health Infection Control policy, external contractor audit report, infection control meetings, infection control checklists, resident and staff influenza register, Legionella checks.
- Laundry and cleaning contract documents including: procedures manual, toolbox talk minutes, training records, completed works registers, cleaning schedules, monthly quality assurance checklists, master schedule of tasks, weekly inspection checks, daily laundry summary, staff induction records, and monthly reports
- Maintenance records including: improvement logs (request for maintenance), preventive maintenance checks of wheelchairs, walking frames, trolleys, etc, thermostatic mixing valves (TMVs) checks, pest control, external provider service invoices, inventory (asset) register,
- Management systems documentation including: policies and procedures, annual review record of policies and procedures, continuous improvement log, notices to residents/ representatives about the building project, invoices, confidentiality agreements for volunteer and staff, police check records for staff, volunteer and relevant visiting contractors, bond balance retention data, annual prudential compliance statement 2008, statement of bond balances x eight, industry association bulletins and updates, audit results, quality reports, audit results, memos and notices to staff, independent assurance report relating to prudential arrangements, letter from chartered accountant confirming compliance with prudential arrangements
- Meeting minutes including: board, relative updates (regarding building project), consultative updates (regarding building project), construction updates, administration, continuous improvement, general staff, Spanish community pensioners association, medication advisory committee, infection control
- Newsletter – January 2009
- Observation data on individual residents
- OH&S documentation: WorkCover registration of passenger lifts, certification of lifts as safe to operate, OH&S and infection control risk management manual, workplace inspection checklists,

- Pharmacy communication documentation
- Physiotherapy assessments and care plans including reviews of care plans
- Policy and procedural manuals including care and lifestyle
- Recreational activities program and records, photos of activities and celebrations
- Resident care needs assessment data
- Resident information kit (incorporating resident handbook and resident care agreements)
- Resident lifestyle documentation including: residents' handbook, information package, disclosure of information package, application for admission, resident food survey results
- Staff handbook
- Various meeting minutes and agendas 2008 - 2009 (including those of the residents, staff and medication advisory meetings).
- Wound care management folder

Observations

The team observed the following:

- Activities in progress (individual and group, including singing, dancing and participating in exercise classes, reading and watching the Spanish television channel)
- Chemicals stored appropriately and MSDS available where chemicals stored
- Cleaning in progress (including equipment such as trolleys and wet floor signage boards)
- Communal facilities including activities room, hairdressing salon and area for spiritual services, kitchen and laundry
- Computer at nursing station
- Dining rooms during lunch meal (including resident seating, staff serving/supervising/ assisting residents with meals)
- Equipment, archive, supply storage and delivery areas (including continence aids, chemicals, clinical supplies including medications, linen, and mobility aids and electric beds)
- Fire safety equipment including: illuminated exit signs, evacuation plans, extinguishers and fire blankets, identified assembly area, sprinkler system, mimic boards, break glass in emergency units, colour coded emergency flip charts
- Infection control measures including: hand washing facilities and signs located appropriately, colour coded laundry, cleaning and catering equipment, sanitising equipment, body substance spill kits, sharps containers, hand sanitising gels located in communal areas, personal protective equipment, and infection control posters including relating to H1N1 influenza
- Laundry and cleaning facilities including appropriate equipment, hand washing facilities, washing machines and dryers, trolleys, chemicals, material safety data sheets (MSDS), personal protective equipment and colour cleaning equipment
- Living environment including residents' rooms, communal internal and external areas
- Manual handling aids and mobility equipment
- Notice boards (containing resident activity notices, menus, memos, staff and resident information)
- Nurse call system
- Passenger lift between floors
- Personal protective clothing in all areas, first aid kits, spills kits, hand washing signs and sinks/waterless sanitisation liquid, wall mounted soap dispensers for hand washing, infection control resource information, waste disposal systems (including sharps container, contaminated waste bins and general waste bins)
- Photographs of residents' enjoying activities
- Residents suggestion boxes
- Secure storage of resident files
- Signage in Spanish/English promoting a safe working environment
- Staff practices and courteous interactions with residents, visitors and other staff

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The organisation has a quality management system that includes active pursuit of continuous improvement. The continuous improvement system is based on audits, reviews and client feedback with the purpose of identifying areas needing improvements and to coordinate activities and action plans to ensure best practice. The system monitors service on the 44 expected outcomes of the accreditation standards and continuous improvement is a standing agenda item on administration, continuous improvement, staff and board meetings. Self-assessment processes include review of clinical data, regular audits and surveys and review of comments and complaints, maintenance requests, staff in performance of their duties and matters raised at regular meetings. Suggestions for improvement are sourced from the self-assessment processes, on the appropriate form and verbally from residents/representatives and staff members. Staff are familiar with how to offer their suggestions for improvement. Recent and planned improvements relevant to Accreditation Standard one includes:

- The home has undertaken major re-construction and re-building of the home to include additional accommodation, communal areas, and provision of improved services for the residents.
- A written complaint from a resident resulted in a review of the home’s system for managing supplies of toiletries for residents on the weekends. Actions were taken to change the system to ensure adequate supplies over seven days a week.
- The home’s review of an external provider, and identified gaps in manual handling education for staff resulted in the appointment of a new approved provider.
- To improve administration staff knowledge of regulations and legislative requirements, the home offered an educational program – “understanding government funding”.
- Board members have been provided with training in how to improve outcomes for the residents and to ensure they comply with legislative requirements.
- The home has improved its information systems with the introduction of identifying labels for care documents.

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 team confirmed there are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to Accreditation Standard one. Changes to regulations are reported at board meetings and advised to staff through quality assurance meetings, memos and notice boards. The organisation receives information about regulatory matters through subscription to legislative update services, industry associations, state and commonwealth government departments, via the internet and newsletters. Staff members confirm that they are provided with information about legislation and regulatory matters in their position descriptions, policies and procedures, at meetings, by memo, on notice boards or verbally. The organisation’s management system is based on regulations, for example the Aged Care Act and its principles, the Accreditation Standards, Building Certification Standards and Residential Care Standards. There is a system to review policies and procedures annually or when changes occur. Examples of compliance with regulations in regard to Accreditation Standard one includes:

- To ensure compliance with the *Aged Care Amendment (Security and Protection) Bill 2007* all staff, volunteers and relevant contractors are monitored to ensure they have undertaken and passed criminal record checks, and there is a system to ensure they are current. All staff confirm they have undertaken criminal record checks.
- Staff have been informed about and trained in changes to the *Aged Care Amendment (Security and Protection) Bill 2007* regarding compulsory reporting.
- There is a system to provide staff with information about industrial awards.

1.3 Education and staff development:

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

Team's recommendation

Does comply

The home has systems to help ensure management and staff have appropriate knowledge and skills to perform their roles effectively, in particular in relation to management systems, staffing and organisational development. All staff are required to undertake an orientation/induction program that includes (but is not limited to) the organisation's mission, vision and values, infection control, fire safety, and occupational health and safety. Care staff work with an experienced staff member prior to commencing full time responsibilities. The assistance of external trainers is utilised, and senior staff and board members attend conferences and seminars to broaden their knowledge and to keep updated with changes. Staff are encouraged and assisted to attend external training, conferences or seminars relevant to their job responsibilities. Job descriptions and duty statements are provided for staff members when commencing with the home. The team observed that many staff have been employed in the home for several years, and have qualifications relating to aged care. Staff interviewed said they are encouraged to undertake training. Examples of staff training relevant to Accreditation Standard one includes:

- Aged and Community Services Association state conference
- Affordable aged care
- Better boards, better outcomes

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

All care recipients have access to the internal and external complaints' mechanisms that are recorded in the residents' agreement, residents' handbook and displayed in a communal area in the home. Suggestion boxes are located in communal areas for lodgement of confidential complaints. The home has a system to record verbal and written complaints and concerns and these are regularly reviewed by the Board and at continuous improvement and staff meetings. Action is taken to resolve complaints and concerns that may also be included in the plan for continuous improvement. Residents/representatives said they generally talk to a staff member if they have a problem or complaint, or may raise concerns at residents' meetings. Staff are familiar with the system for residents to express their concerns and complaints.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's recommendation

Does comply

The organisation has documented its mission, values, philosophy of care, constitution and commitment to quality. The statements are posted in communal areas throughout the home, in the

staff and resident induction packs, resident and staff handbooks, and policies and procedures. The chief executive officer (CEO) has the qualifications and experience to lead the organisation and is accountable to the board for making decisions, planning and policies and is focused on business and financial management issues for the delivery of quality care for the residents and their representatives. The board is involved in the planning, upgrading and review of aged care services, to ensure the long-term needs of the Spanish speaking community.

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 systems to help ensure there are qualified and appropriately skilled staff to ensure that services are delivered in accordance with the accreditation standards and the home's philosophy and objectives. The home uses its roster system to ensure sufficient numbers of staff are employed at all times, and that replacements are made due to absenteeism/holidays, etc. Selection of staff is based on residents' cultural needs including the ability to speak Spanish and English. Education and ongoing training is conducted through in-service and external training. Recruitment is based on competency and qualification, and the organisation respects the principles of equal employment opportunity, acknowledgment and value of diversity in culture and opinion, and offer opportunities for promotion on merit. At commencement of employment new staff undertake a comprehensive orientation, are provided with a staff handbook and a list of their duties. Staff confirm they generally have time to complete their duties within their rostered time, and that the pool of regular casual staff members is used to cover for absenteeism. Residents/representatives confirm they believe staff are competent in their responsibilities and provide care appropriate to their needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The organisation has systems to help ensure that stocks of appropriate goods and equipment for quality service delivery are available. All staff confirm that they are provided with adequate equipment and stock to perform their duties. Residents/representatives confirm they have sufficient goods and equipment to provide for their needs. The team observed sufficient and appropriate stocks of equipment for routine and specialised health and personal care, catering, housekeeping and cleaning, maintenance and for emergency and risk management. The maintenance team is responsible for the established preventive and maintenance system to undertake regular equipment checks. External providers are also contracted to undertake regular servicing of equipment in the home or to undertake specific qualified tasks (for example plumbing and electrical work). Inventory and equipment is stored appropriately and stock levels are monitored to ensure sufficient stock is available.

1.8 Information systems

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

Team's recommendation

Does comply

The team's review of documentation, interviews with residents/representatives and staff indicates that the home has effective management systems. Staff confirm they are advised about what is happening in the home on a regular basis, including via memos, notices, at meetings and verbally. All staff said they have signed confidentiality agreements and are aware of their responsibilities in

this regard. Archive documents are currently stored off-site until completion of the new buildings. There is a system to dispose of obsolete confidential documents safely and securely. Key information is collected and recorded and made accessible to designated staff. Staff have access to accurate and appropriate information to help them perform their roles, and residents/representatives have access to information appropriate to their needs to assist them to make decisions about their care and lifestyle. Information is stored appropriately for its purpose and in accordance with legislative requirements. Confidential material is stored securely. There is a system to back up electronic data, and all computers are password protected.

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

External services are sourced in a way that meets the home's service quality needs and expectations. There are systems to help ensure external providers comply with the organisation's needs and expectations, and legislative requirements. Service agreements include specifications of supply or service, pricing structures, obligations to comply with the home's OH&S and infection control procedures, where applicable safe work method statements, a requirement to provide the home with information about current insurance cover and authority to practice, and where applicable confirmation of current police checks. Staff confirm there are systems to manage non-conformance of supply that may result in review and replacement of a supplier.

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

Refer also in this report to Expected outcome 1.1 Continuous improvement regarding the home's systems and processes. The home records and collects clinical data including skin tears, and incidents of aggression. It uses this information to improve its performance relating to clinical care. Recent and planned improvements relevant to Accreditation Standard two includes:

- The home identified a need to improve clinical care, and asked care staff members about how this could be achieved, particularly in relation to medication management. A staff member was selected to undertake specific training in medication management, continence care and skin integrity. The staff member was also invited to be a member of the quality committee. Following this specific training the staff member now assists medical officers during consultations, liaises with the pharmacist, follows up on residents' specialist appointments and undertakes clinical monitoring. This improvement has resulted in improved communication with medical officers and the pharmacist, and clinical care for the residents.
- Following an increase in the number of medication errors, staff were re-trained in how to manage residents' medications.
- A specific need was identified for a resident in relation to their mobility and to ensure the safety of the resident and staff. As a result a four-section bed with side rails was purchased to accommodate the resident, thereby improving comfort and care for the resident and safety for the staff.
- To improve residents' nutritional requirements, a dietician was consulted to review residents' weights, and as a result some nutritional supplements were prescribed for identified residents.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The organisation has systems in place to identify and ensure compliance with relevant legislation, regulatory requirement, professional standards and guidelines in relation to health and personal care. Information about residents' security of tenure and their rights and responsibilities is included in the residents' agreement that is offered to all residents, Examples of compliance with regulations in regard to Accreditation Standard two includes:

- The storage, administration, record keeping and disposal of medications is managed according to the Australian Pharmaceutical Advisory Council guidelines for medication management in residential aged care facilities.
- The home has systems to monitor the professional registration of allied health professionals who provide services for residents, and to ensure they are current.
- The home has implemented changes to its care planning and assessment in accordance with the requirements of the Aged Care (Residential Care Subsidy – basic subsidy amount) Determination 2008 (No1).
- An accredited pharmacist undertakes regular resident medication reviews and medication management audits in accordance with the terms and conditions of the Commonwealth government funding for this service.

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

The home has systems to help ensure management and staff have appropriate knowledge and skills to perform their roles effectively, in particular in relation to residents’ physical and mental health. Refer also in this report to Expected outcome 1.3 Education and staff development. The majority of care staff have achieved their Certificate III or Certificate IV in aged care work and their first aid certificate. Staff also said they have undertaken competency checks including medication management and resident care. Records reviewed confirm competencies including: medication administration, hand washing and vital signs (temperature, pulse, weight, blood pressure). The home offers work experience for care staff students undertaking external training. Examples of staff training relevant to Accreditation Standard two includes:

- Assist bath
- Medication management
- Wound care

2.4 Clinical care

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

Team’s recommendation

Does comply

A system is in place to ensure that residents receive appropriate clinical care at Residential Gardens. The system includes a comprehensive assessment of residents’ physical, psychological, emotional and lifestyle needs. The residents’ needs are identified at assessment, and the strategies to meet those needs form the basis of individualised care plans that are reviewed every three months for low care and monthly for high care residents, or more often as required. Consultation with residents and their families, the residents’ medical officer of choice and other relevant health care professionals ensures that ongoing needs are met. Clinical care is delivered by Spanish/English speaking care staff and is consistent with the care plan. Residents/representatives confirm that they receive appropriate care and are satisfied with the care provided at the home.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

The home has an effective system to identify residents’ with specialised nursing care needs and also ensures their needs are met by appropriate qualified nursing staff. Staff identify each resident’s specialised nursing care needs through initial and ongoing assessments and appropriate care delivery that is regularly evaluated with input from other health professionals as required. Specialised clinical equipment is available through and/or accessible through external services and there is sufficient equipment and supplies to provide specialised nursing care. Residents/representatives and staff report that residents’ specialised nursing care needs are consistently met.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The home has systems in place for referral to appropriate health specialists in accordance with residents' needs and preferences. Referral occurs, as the need requires with transport provided by resident representatives or other transport as arranged by the home. Health and related service visits the home regularly, and management advises residents/representatives of their availability. Examples of residents' referral to health specialists are documented, and care staff implement instructions resulting from these referrals. Resident/representatives are satisfied with the way the home assists them access other health and related services of their choice.

2.7 Medication management

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

Team's recommendation

Does comply

A documented system ensures that residents' medication is managed safely and correctly. The system is functioning, as per the home's policy, with a medication advisory committee in place that meets annually. Medication is provided by the pharmacy in blister packs and is stored securely and correctly. Individual resident medication reviews are undertaken and medication charts are audited for correct staff signature. On entry to the home individual residents' needs regarding medication are assessed and are regularly reviewed and updated by the resident's doctors. These individual needs are documented in residents' clinical information and medication charts include the resident's photo, prescribed medication, known allergies and sensitivities, and any special requirements regarding the safe and effective administration of medication to individual residents. Staff administers medication safely and correctly. Medication incidents are documented, reported and appropriately addressed. Residents/representatives report medication is consistently administered to their satisfaction.

2.8 Pain management

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

Team's recommendation

Does comply

The home has an effective system to assess and manage residents' pain to keep residents as free from pain and as comfortable as possible. Clinical documentation confirms that a pain assessment is carried out when residents move into the home and when there is an observed need. Pain management strategies are implemented, documented and regularly reviewed and further reviews and referral to a pain specialist undertaken as required when the level of pain changes or strategies are no longer effective. Pain-relieving strategies include medication, passive/active physiotherapy, postural interventions (as assessed by the physiotherapist), rest, soothing music and other non-pharmacological interventions. Residents/representatives confirm that staff and other health professionals consistently support them in keeping as free as possible from 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 a system in place to provide for the comfort and dignity of terminally ill residents. The system includes the consultative assessment and documentation of individual resident preferences including the residents' spiritual, cultural, physical and emotional needs and special wishes and end of life information provided by residents/representatives. Management ensure that strategies are in place to meet those needs. Staff understand the needs of the terminally ill residents and their families. Strategies to ensure the comfort and dignity of terminally ill residents are noted to include access to, spiritual care referral, external palliative care experts, and promoting inclusion and support of significant others during the. The palliative care team from the local hospital is available for advice and support when needed.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

A documented process ensures that residents’ receive adequate nutrition and that those residents with food allergies are closely monitored. Residents who are at risk of dehydration or malnutrition are identified and appropriate referrals made. The home has applied the system effectively and includes assessment of residents’ nutrition and hydration needs recently by a dietician, resident weight monitoring, fluid monitoring, variability of food consistency for individual residents, the implementation of a dietary supplement management plan and close monitoring of outcome of the interventions. Communication with catering staff about special diets and nutritional drinks is effective in ensuring that dietary supplements are supplied correctly. Assistive devices are available to facilitate taking of meals and fluids. Residents/representatives speak positively of the choice, quality and quantity of food and drink available to them at the home.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems in place to maintain residents’ skin integrity including initial and ongoing assessment, care planning and evaluation. All residents are assessed for potential risk and a range of strategies are provided accordingly to prevent skin breakdown. Residents who have a breakdown of skin integrity are commenced on a wound care management chart, which includes progress of wound healing, the appropriate dressings, and frequency of treatment and wound condition. Preventative measures to maintain skin integrity consistent with the residents’ general health are in place. Forms are used to record accidents and incidents, and strategies implemented, such as, reassessment by the physiotherapist, to reduce the risk of a recurrence. Pressure relieving equipment, skin protection devices and dietary supplements are used at the home. Residents/representatives are satisfied with the support they receive in promoting good skin integrity.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has a comprehensive system to ensure that residents’ continence is managed effectively. Clinical documentation shows that the system includes individual continence assessment when the resident moves into the home and development of a care plan and toileting regime, which is regularly reviewed and evaluated. The home has an external supplier for all continence products, who provides support and ongoing training and education for staff. An adequate supply of continence aids is maintained at all times. There are supplies of disposable incontinence pads of varying sizes available for residents, and staff are knowledgeable about individual resident toileting regimes. All resident/representatives are satisfied with the continence management.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Systems are in place to effectively manage the needs of residents with challenging behaviours. The systems include a pre-admission assessment, initial and ongoing assessment of residents' behavioural needs and the development of a care plan that includes strategies to address residents' specific behavioural needs. The residents' clinical documentation identifies the triggers to challenging behaviour with corresponding interventions. Referrals are made to local specialists as the need arises. Clinical documentation shows referrals for residents with ongoing behavioural management issues to local specialists such as, psychogeriatricians, clinical psychologists and community mental health team. Behavioural management practices are regularly reviewed to determine their effectiveness in meeting the needs of the residents. Residents/representatives confirm that they are consulted and kept informed by staff and confirm that identified strategies are implemented and reviewed as required.

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

The home has an effective system in place to ensure that optimum levels of mobility and dexterity are achieved for all residents. Through assessment and care planning processes the residents' mobility, dexterity and rehabilitation needs are identified, assessed and strategies are developed to achieve optimum levels. The home provides comfortable furniture, and easy to reach devices as assessed for individual residents. The physiotherapist, recreational activities staff and care staff are all involved in the delivery and evaluation of residents' mobility programs. The recreational activities staff supervise the group exercise program. Staff use lifting equipment and residents' use mobility aids and handrails that are suitably placed throughout the home. The mobility, dexterity and rehabilitation program is monitored and trended and results are discussed with appropriate staff. Residents/representatives speak highly of their involvement in the mobility programs offered by the home.

2.15 Oral and dental care

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

Team's Recommendation

Does comply

The home has strategies in place to ensure that residents' oral and dental health is maintained. Review of residents' clinical care information shows that each resident's needs are assessed on entry to the home as well as on an ongoing basis. Staff regularly monitor residents' oral and dental health, and residents are referred as required to specialist dental services. Staff demonstrate knowledge of oral care and residents' dentures. Residents are assisted with oral and dental hygiene as required and residents/representatives are satisfied with the oral and dental care provided at the home.

2.16 Sensory loss

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

Team's recommendation

Does comply

A system is in place to identify and effectively manage residents' sensory losses. Assessments of resident's sensory needs are undertaken when moving into the home and when there is a change in the resident's condition, and an individualised care plan relevant to their needs is developed, implemented and reviewed as required. Observation and review of care documentation shows that all staff assist residents to manage aids and equipment such as hearing aids and glasses. The residents' activity program, which includes, music and tactile activities, is designed to maximise sensory ability. An individual program is undertaken for those residents who find it difficult to join in

group sensory activities. Residents/representatives state that staff assist with the maintenance of sensory aids and that they enjoy the sensory program, especially the music and special themed family activities.

2.17 Sleep

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

Team’s recommendation

Does comply

The home has implemented strategies to assist residents to achieve natural sleep patterns through initial and ongoing identification of sleep requirements and assessments, the implementation and evaluation of strategies to achieve natural sleep and the provision of a quiet environment. Residents/representatives confirm that the environment is quiet at night and that staff use a range of strategies, such as, warm milk, massage and reassurance to assist them if they have difficulty sleeping.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Refer also in this report to Expected outcome 1.1 Continuous improvement regarding the home’s systems and processes. Recent and planned improvements relevant to Accreditation Standard three includes:

- Two complaints received from a resident’s representatives resulted in the home providing additional emotional support and reassurance for the residents and their representatives on a daily basis.
- Residents’ recreational activities have been improved with the introduction of afternoon teas with five other culturally specific homes (for example German, Maltese, Yugoslavian, etc). Each home invites the other four to the afternoon tea in turn, and even though language initially presented a barrier to communication, residents are now enjoying the afternoon teas with singing together and socialising.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation has systems to identify and ensure compliance with relevant legislation, regulatory requirement, professional standards and guidelines in relation to resident lifestyle. The team observed the code of ethics for residential aged care and charter of residents’ rights and responsibilities is displayed in communal areas throughout the home. Examples of compliance with regulations in regard to Accreditation Standard three includes:

- In compliance with new guidelines from the Department of Health and Ageing regarding compulsory reporting, all staff have been reminded of their duty of care regarding mandatory reporting at staff meetings, by memo and during training sessions.
- There is a system in place to ensure staff and volunteers confirm they understand and will comply with the home’s confidentiality policies prior to commencing with the home.
- Residents are provided with information about their rights and responsibilities prior to entering the home. This information is recorded in the residents’ handbook and residents’ agreement.
- Residents are offered a residential care agreement that meets the requirements of the *Aged Care Act 1997 and the User Rights Principles*.
- The residents’ agreement includes information about consent for use of personal information, for the purpose of providing their care as per the *Privacy Amendment Act (2000)* legislation.
- The organisation complies with its obligations relating to prudential arrangements under the *Aged Care Act 1997 and User Rights Principles 1997 Division 3 of Part 4 and Divisions 2 and 5 of Part 4*.

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

The home has systems to help ensure management and staff have appropriate knowledge and skills to perform their roles effectively, in particular in relation to resident lifestyle and how staff are trained in how to help residents retain their personal, civic, legal and consumer rights. Refer also in this report to Expected outcome 1.3 Education and staff development. Competency checks for care staff include privacy and dignity issues. The project manager has achieved their Certificate IV in lifestyle and leisure and the activities officer is scheduled to commence Certificate IV in lifestyle and leisure this year.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents' emotional needs are identified when they begin living in Residential Gardens through a range of social, recreational and clinical assessments. An individual care plan is formulated and is monitored and reviewed regularly with care adjusted accordingly. Recreational activities officers and care staff are fluent in the Spanish/English language and provide ongoing emotional support to assist residents adjust to their new environment and this continues throughout their stay. Residents are encouraged to bring in personal items and photos to help create a warm familiar atmosphere. Further emotional support is provided through the use of an 'open door' welcoming approach by management, daily activities, regular church services and communion, newsletter, massages and ongoing communication with the resident and their representatives. Resident/representative feedback is sought regularly to ensure residents' emotional needs are being met. Staff interact with residents/representatives in supportive, caring ways and staff respond quickly to individual needs as they occur. Residents/representatives receive emotional support when adjusting to life at the home and are very happy with the ongoing emotional support they receive.

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 are assessed for their level of independence and mobility on entry to the home and this is recorded in their care plan and monitored and reviewed regularly. They are assisted to be as independent as possible by being given choice in as many areas of their lives as possible. This includes participating in appropriate activities of choice, both within and outside the home and making decisions about many activities of daily living including food, personal items in their room, clothes, name choice and appropriate aspects of their care. Mobility aids, sensory aids, assistive eating devices, exercise programs, massage, and physiotherapy sessions help residents maintain their independence. Residents are supported with their independence with staff assistance and encouragement. Residents/representatives are encouraged to be as independent as possible.

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 has a system in place to ensure that each resident's right to privacy, dignity and confidentiality is preserved. Residents' files are secure and only accessible by relevant staff and all staff sign a confidentiality agreement annually and at orientation. Residents are addressed by their preferred names. Staff and management demonstrate an awareness of privacy and dignity issues in their daily practices, such as using appropriate door signage, knocking prior to entering rooms,

ensuring privacy screens and clothing are in place, speaking quietly, calmly and directly to residents and having handover in a private space. Residents/representatives confirm their privacy, dignity and confidentiality is respected.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents are encouraged and supported to participate in a wide range of interests and activities both inside and outside the home within their capacity. A social and recreational assessment is undertaken for all new residents and a care plan developed which is reviewed and monitored regularly. Pastoral care volunteers visit regularly to provide church services and individual pastoral care. The activity program is based on the resident's assessed needs and displayed throughout the home and residents/representatives are encouraged to participate. Activities include movies, massage, outings, large print library, music appreciation, quizzes, concerts and individual birthday celebrations. The organisation has installed the Spanish satellite television station in all resident's rooms for their enjoyment. Residents/representatives confirm they are aware of the activity program, are invited to participate and especially enjoy the dancing, music and special themed activities.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has systems in place to value and foster residents cultural and spiritual needs through the assessment of needs and wishes on admission in consultation with the resident/representatives. Church services are held monthly and pastoral carers visit regularly. A range of special celebrations are held during the year that residents/representatives are invited to attend and these include Christmas, Easter, Remembrance Day, ANZAC and Spanish cultural and spiritual activities. Special dietary needs are met and specific cultural requirements are regularly provided for. Residents/representatives are encouraged to consider advanced care directives and special wishes on entry to the home to ensure individual needs are addressed. Residents/representatives confirm that individual interests, customs, beliefs and their Spanish cultural and ethnic backgrounds are valued and fostered.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The personal preferences, needs and choices of each resident are identified on entry to the home, using a comprehensive range of assessments in consultation with residents and/or their representatives. These are recorded in a care plan and reviewed regularly. Residents are provided with information to assist choice including ongoing staff-resident communication, newsletters, meetings and management open-door policy. Staff identified many ways in which residents are given choices and encouraged in their decision making on a range of issues including decisions about clothes, food, activities, spiritual practice, special wishes, and personalising their rooms. Residents/representatives are involved in and contribute to decisions regarding their care and lifestyle. Information to assist decision-making is provided for residents requiring palliative care and

their choices and decisions respected and carried out. Residents/representatives confirm that staff are responsive to their needs and encourage them in their choices and decision-making.

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

Information is given to new and prospective residents and representatives with details of the care and services provided at the home. This includes a copy of the resident handbook with information including the comments and complaints process, privacy and confidentiality issues and residents' rights and responsibilities. Management explains the information and ensure all details of funding and tenure are understood. The opportunity is given for independent advice to be obtained before signing the agreement. Residents/representatives feel secure and understand their rights and responsibilities and are satisfied with the information provided on security of tenure.

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

Refer also in this report to Expected outcome 1.1 Continuous improvement regarding the home’s systems and processes. The home reports all infections, accidents and incidents and this information is analysed monthly, with the intention of improving results. Staff report that audits are regularly undertaken to check for safety and cleanliness in the home. Recent and planned improvements relevant to Accreditation Standard four includes:

- The organisation’s building project presented particular OH&S issues as the home continues to operate during this period. To help alleviate any safety issues, the home offered training for all staff in risk management with aged care.
- To improve staff understanding of infection control procedures, the home has contracted the services of a consultant to provide ongoing training in this subject for staff every six months.
- Following complaints from residents about the menu, a meeting was conducted with the contractor, the menu was reviewed and changes made to accommodate residents’ preferences.
- Following consultation and by observation of staff in performance of their duties, a need was identified for new lifting equipment. Trials of lifting equipment were conducted, staff trained in the use of the equipment and risk assessment on manual handling carried out. An additional mechanical lifter has been purchased as a result of the consultation and review.
- As a result of feedback from residents about misplaced clothing, a labelling system has been purchased to identify residents’ clothes.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation has systems in place to identify and ensure compliance with relevant legislation, regulatory requirement, professional standards and guidelines in relation to Accreditation Standard four. The home has a current NSW Food Authority License. Examples of compliance with regulations in regard to Accreditation Standard four includes:

- A food safety program has been implemented in response to introduction of the *Food Safety Act*.
- The home displays a current fire safety statement according to local government requirements.
- There is a system to test and tag electrical equipment according to legislated guidelines.

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

The home has systems to help ensure management and staff have appropriate knowledge and skills to perform their roles effectively, in particular in relation to the physical environment and safe systems. Refer also in this report to Expected outcome 1.3 Education and staff development. Occupational health and safety (OH&S), fire safety and infection control education is mandatory

and carried out on site. The staff induction program and compulsory training includes infection control, fire safety, and manual handling. Staff have undertaken competency checks including hand washing, use of personal protective equipment, cleanliness and infection control. The OH&S/fire safety officer has undertaken accredited training in OH&S and fire safety. The home contracts the services of an infection control consultant to conduct regular infection control training. Recent training relevant to Accreditation Standard four includes:

- Food safety
- Infection control
- Fire safety and evacuation
- Fire panel systems
- Nurse call system and security systems
- Cleaning and laundry equipment
- Manual handling
Stock control (catering, cleaning and laundry)
- Labelling and dating (catering, cleaning and laundry)
- Kitchen equipment

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 team's review of documentation, interviews with residents/representatives and their observations indicates that the home has systems to help ensure that residents are provided with a safe and comfortable environment, consistent with their needs. Residents' rooms in the new building include individually select control reverse cycle air conditioning, individual remote control flat screen television supported by Spanish satellite channels, lockable bedside unit, adequate storage areas, nurse call system and appropriate furnishings. Communal areas are spacious and provide a comfortable environment for residents to socialise, dine and participate in activities. The majority of rooms are single, with some double rooms available for couples and friends. Adequate heating and cooling is available for all residents in individual rooms and communal areas. Furniture throughout the home is supplied according to the Aged Care Act, and residents have a choice to provide their own furnishings and memorabilia to create a familiar and home like environment. There is safe access to clean and well maintained communal, private, dining and outdoor areas and residents' are satisfied with their overall living environment. Residents are assessed for their environmental needs and care plans are developed that include strategies to ensure their environmental needs are met. Residents have access to mobility aids that encourages independence, and staff are available to provide assistance as required. There is a system to detect and report hazards (refer also in this report to Expected outcome 1.7 Inventory and equipment relating to the home's preventive and corrective maintenance systems.)

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Management is committed to provide a safe working environment that meets regulatory requirements. Resident and staff accidents/incidents are recorded and the continuous improvement committee reviews the data and where applicable takes action to help reduce the possibility of accidents. Annual mandatory manual handling training is conducted for all staff including the correct use of lifting equipment. The team observed staff maintaining safe work practices during the accreditation audit. The OH&S officer conducts regular environmental audits to help ensure a safe environment for residents and staff. The maintenance request system is used to record any hazards that are either rectified by the contract maintenance staff or external providers (for example plumber

or electrician). Equipment is subject to routine and preventive maintenance. External providers/contractors are required to demonstrate and record safe work practices according to the homes requirements. Residents/representatives feel safe and secure in their home.

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 to help ensure that it provides a safe environment that minimises fire, security and emergency risks. Mandatory annual fire safety and evacuation training is conducted for staff and the orientation process also includes training in the home's fire safety systems. Qualified external contractors check the fire alarm system according to legislated timeframes. Emergency telephone numbers are displayed in the clinical care office. Evacuation plans are located appropriately throughout the home, as well as fire safety equipment. There is an internal sprinkler system and emergency lighting. The team observed emergency exits are clearly marked, free from obstruction, well lit, secure and large enough to facilitate transfer of residents and staff in the event of an evacuation. Staff follow specific instructions for locking up the home after hours and there is a regular security patrol during the night. The team observed material safety data sheets (MSDS) are located where chemicals are stored and that cleaning materials and chemicals are stored safely and securely. Personal protective equipment is readily available for use when handling chemicals. Staff demonstrate an understanding of the home's fire safety policies and procedures and their roles and responsibilities in such an event.

4.7 Infection control

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

Team's recommendation

Does comply

The home has systems in place to help ensure effective infection control processes. All staff have a good understanding of infection control procedures and how to manage infectious waste and any potential outbreak. They confirm their requirement to undertake compulsory infection control training and competency checks. There are systems to help ensure minimal risk of cross infection between residents, employees and visitors to the home. Annual influenza and Hepatitis B vaccination is offered to staff, and all residents are offered influenza/pneumococcal vaccination. A record is maintained of resident and staff influenza immunisation status. Families have been issued with a letter outlining the home's food regulations relating to infection control. The home collects regular data relating to infections and results are reported and action is taken to help reduce the incidence of infections. Systems include standard and additional precautions, for example hand washing, use of personal protective equipment, use of sanitising agents, appropriate management of sharps, safe and effective disposal of waste, management of spillage of blood and body substances, pest control measures, and protocols for processing instruments and equipment. Cleaning, catering and laundry equipment is colour coded and hand-washing facilities are located appropriately throughout the home

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The organisation has systems that aim to ensure hospitality services are provided in a way that enhances the residents' quality of life. All staff and residents/representatives confirm their satisfaction with the home's catering, cleaning and laundry services. The home contracts the services of an external provider for its catering, cleaning and laundry services. The contractors are

responsible for their staff including training, monitoring and ensuring that hospitality services are provided according to agreed specifications and pricing structures.

Catering

Residents are assessed for their nutritional and hydration needs and this information is communicated to catering staff. Special diets are available including meals of varying textures if required. Residents are encouraged to offer feedback about the menu that is reviewed by a dietician. Residents have a choice of food and drink and confirm their satisfaction with the meals provided. Snacks are available throughout the day or night as necessary. Residents' were observed enjoying several meals. There are adequate supplies of fresh fruit and vegetables, meat and dry goods in store. The kitchen has modern equipment and there is a system of regular cleaning and maintenance.

Cleaning

All residents/representatives confirm their satisfaction with the cleaning services provided in the home, and the team observed the home is clean and tidy during the accreditation audit. Contract staff undertake regular cleaning of residents' rooms and communal areas. The contractor conducts regular monitoring of its staff and weekly audits of cleanliness to check compliance with responsibilities. Cleaning staff attend compulsory training including infection control, manual handling and fire safety.

Laundry

Adequate staff is available to provide laundry services for the residents. There is appropriate separation between clean and soiled areas, and facilities for sorting clothing and linen. Equipment (washers and dryers) and chemicals used in laundry processes are suitable for their application, and audits are undertaken to ensure ongoing safe practices and cleanliness in the area. Residents/representatives are encouraged to identify their clothing to avoid misplaced items. Laundry staff are familiar with systems to manage infected linen and have been trained in infection control processes. Personal protective equipment is in use and available for laundry staff.