



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit R.E. Tebbutt Lodge**

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

The Agency has decided that the period of accreditation of R.E. Tebbutt Lodge is three years until 29 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:	R.E. Tebbutt Lodge				
RACS ID:	0060				
Number of beds:	68	Number of high care residents:	22		
Special needs group catered for:	• Nil				
Street/PO Box:	40 Stewart Street				
City:	DUNDAS	State:	NSW	Postcode:	2117
Phone:	02 9858 4999		Facsimile:	02 9804 6142	
Email address:	NIL				

### Approved provider

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

Team leader:	Margaret McCartney
Team member/s:	Maria Toman
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
Does comply
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Does comply
Does comply
Does comply
Does comply

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

## Accreditation decision

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

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

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

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



**Aged Care**

Standards and Accreditation Agency Ltd

# SITE AUDIT REPORT

Name of home	R.E. Tebbutt Lodge
RACS ID	0060

## **Executive summary**

This is the report for a site audit of R.E. Tebbutt Lodge, RACS ID 0060, 40 Stewart Street DUNDAS 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 R.E. Tebbutt Lodge.

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 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:	Margaret McCartney
Team member:	Maria Toman

## Approved provider details

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

Name of home:	R.E. Tebbutt Lodge
RACS ID:	0060

Total number of allocated places:	68
Number of residents during site audit:	67
Number of high care residents during site audit:	22
Special needs catered for:	Not applicable

Street/PO Box:	40 Stewart Street	State:	NSW
City/Town:	DUNDAS	Postcode:	2117
Phone number:	02 9858 4999	Facsimile:	02 9804 6142
E-mail address:	paul.turner@wesleymission.org.au		

**Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit R.E. Tebbutt Lodge.

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

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

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

**Assessment team's reasons for recommendations**

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

**Audit trail**

The assessment team spent two (2) days on-site and gathered information from the following:

**Interviews**

	Number		Number
Site manager/operations manager – sales/property/contracts	1	Residents	10
Operations manager - systems and quality	1	Representative	1
Operations manager – clinical and training	1	Recreational activity officer	1
Group manager – education and training	1	Occupational health and safety coordinator	1
Group manager –business innovation and development	1	Employee relations manager	1
Executive manager - risk and compliance	1	External contractors	3
Care manager	1	Physiotherapist	1
Registered nurse (organisational)	1	Services coordinator	1
Care staff	5	Cleaning staff	2
Catering staff	2	Maintenance supervisor	1

**Sampled documents**

	Number		Number
Residents' care files and care documentation (including progress note reports, assessments, care plans, family conferences, medical officer reports, hospital discharge reports, and pathology reports)	9	Medication charts	12
Wound assessment forms	7	Medication signing sheets	12
Identification records for absconding residents	3	Staff medication delivery practice competencies	2
Blood glucose level monitoring and management charts	10	Fluid balance/food intake charts	4
Resident focus day reports	15	Resident agreements	4
Blood glucose levels	8	Activity surveys	12
Bowel charts	15	Personnel files	6

## Other documents reviewed

The team also reviewed:

- 'What if' manual
- Accident and incident reports and data (2009)
- Activity attendance records – group and individual
- Activity plans - monthly (2008, 2009)
- Admission documentation requirements
- Aged care funding instrument assessments in resident files
- Audit tools, audit results and audit reports
- Behaviour management flow chart on restraint
- Blood pressure records – daily, weekly, monthly
- Budget for 2009
- Business plan (2009 – 2012)
- Chemical supply company certificate for chemicals meeting Australian Standards (30 August 2005)
- Cleaning schedules
- Comments and complaints register
- Communication diary
- Competency assessment for the application of heat pack
- Continence aid order list
- Continence aid order sheets
- Continuous improvement plan, continuous improvement summary reports
- Dietician's recommendations and weight gain diet strategies
- Doctors' communication folders
- Doctors' contact details
- Driving license register
- Education calendar, education attendance records, education session evaluations records, education needs analysis
- Education notices on staff noticeboards
- Elder abuse compulsory reporting
- Electrical testing and tagging register
- Email confirmation of fire safety certification score
- Emergency manual
- Falls risk assessment tool
- Fire evacuation maps, directionally orientated around the home
- Fire evacuation plans and flow charts
- Fire maintenance logs, fire safety statement
- First aid certificate register
- Flyers for special events (for activity program)
- Food and equipment monitoring temperatures
- Handover folder
- Heat pack application
- Heat pack assessment
- Hot pack application list
- Improvement logs
- Korean culture kit
- Legionella check (2009)
- Maintenance logs, maintenance request forms
- Massage and passive exercises instructions and staff competency
- Material safety data sheets
- Medication chart audits and audit surveys
- Medication incident reports and data (2009)
- Medication management procedures questions
- Medication monitoring reviews by a pharmacy service
- Medication refrigerator temperature records



- Meeting minutes including: medication advisory committee meetings (2008, 2009); resident and relative meetings (2009); continuous improvement meetings; management meetings; staff meetings; occupational health and safety meetings; and others
- Memorandum
- Menu - summer
- Monthly infection data
- Monthly water temperature testing logs
- Multicultural folders x 2
- Newsletters (2009)
- Newspapers (for example, Korean, Spanish, and Egyptian)
- NSW food authority certificate (22 October 2008)
- Nurses registration documentation
- Occupational health and safety (OHS) information on staff noticeboards
- On site podiatry assessments
- Operations managers protocols
- Ordering continence aids information sheets
- Organisational chart, operations flow chart and organisational chart
- Palliative care needs and advance care directive assessment (blank)
- Pharmacy agreement, pest service reports and other external provider agreements
- Physiotherapy assistant/carers worksheets
- Physiotherapy referral list (2008)
- Podiatry folder
- Police criminal record checks register
- Position descriptions
- Preventative and routine maintenance schedules
- Refurbishments schedule
- Register of staff injuries
- Report on the 2008-2009 summer menu cycle – by dietician (15 December 2008)
- Resident - birthday list
- Resident - bus outings list
- Resident - shopping at Carlingford list
- Resident focus day instructions
- Resident focus day room allocation list
- Resident from non English speaking background list
- Resident information packs – permanent and respite
- Resident self administration assessments
- Resident survey results (June 2009)
- Resident TRANS (transcutaneous electrical nerve stimulation) application information and list
- Resident tubular bandage list
- Residents personal handbook
- Restraint policies
- Seating arrangement and serving directions plan (for dining room)
- Self administration of creams and puffers list
- Sighting charts
- Staff - letter of offer of employment
- Staff competencies
- Staff competency matrix
- Staff competency tools for hand-washing, blood glucose levels, urinalysis and others
- Staff handbook
- Staff orientation pack
- Staff roster
- Staff sample signatures
- Strategic plan (2009 – 2012)
- Temperatures for fridges, freezers and meals
- Thermostatic mixing valve records
- Vision, mission, values statements

- Volunteer service position descriptions
- Volunteers updated list
- Wesley mission operations organisational chart

### **Observations**

The team observed the following:

- Birds in aviary
- Brochures from external complaints body
- Charter of residents' rights and responsibilities on display
- Chemical storage areas
- Cleaner's storage areas
- Cleaning in progress
- Cleaning trolley and equipment
- Clinical and wound care stores
- Colour coded equipment (for example, cloths, mops and chopping boards)
- Complaints forms on display
- Contaminated waste bin
- Continence aid supplies
- Dining environment and meal delivery
- Equipment storage area
- Fire and emergency flip charts
- Fire safety equipment including, tagged fire fighting equipment, fire panel, detectors, exit signs, and evacuation plans
- Fly zappers
- Hairdressing room
- Hand gel sanitiser dispensers throughout the home
- Hand washing facilities
- Handrails in corridors and bathrooms
- Interactions between staff/staff and staff/residents and their representatives
- Keypad lock to exit at front gate
- Large fish tank in residents' living area
- Living environment (internal and external)
- Maintenance area
- Medication refrigerator
- Medication round
- Medication trolley
- Mission, vision and values on display
- Nail clippers supplies
- New hot water system pipes
- New lounge chairs
- Notice boards and signage (staff and resident areas)
- Noticeboards containing education notices and continuous improvement reports
- Outdoor areas (including: smoking area and outdoor furnishings)
- Physiotherapy room recently developed
- Public telephone in use
- Resident laundry areas with direct feed chemicals
- Residents participating in activities
- Residents participating in lunch
- Secure storage of medications
- Sharps' containers
- Social room and games equipment
- Spills kits
- Staff room and amenities
- Staff work areas including: kitchen, laundry and offices
- Storage of resident information
- Suggestion box

- Televisions in communal areas
- Vending machine
- Vision, mission, philosophy and values on display
- White board with menu on display
- Wound dressing trolley

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home actively pursues continuous improvement across all four Accreditation Standards through audits, meetings, and other documentation tools such as comments and complaints and accident/incident reporting. Stakeholders are kept informed of continuous improvements through monthly reports that the team observed are clearly posted around the home. Interviews with residents confirm they are provided with opportunities to contribute to and are informed of continuous improvements. Interviews with staff show that staff are provided with opportunities to contribute to the home’s continuous improvement program.

Examples of recent improvements in relation to Accreditation Standard One include:

- A number of new electric beds have recently been purchased by management. This provides improved equipment for ageing in place.
- A new lifter was purchased in February 2009. This has provided staff with appropriate equipment to manage residents in the event of a fall
- All staff lockers were re-keyed and clearly labelled. This has provided staff with security of personal belongings whilst in the workplace.
- The home has recently introduced a ‘what if’ manual. Information contained in the manual is designed to guide staff on what to do, who to contact, or where to find information in case of unexpected emergencies including, but not limited to: broken windows, power blackouts, or in the event of the call bell system not working. Interview with staff indicates this has been very helpful.
- Management introduced an employee of the month program during 2009. Interviews with staff show that staff take pride in being nominated for such an award, and that staff morale is high as a result of this program.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems to identify relevant legislation, regulatory requirements, professional standards and guidelines. Management reports that the home receives updates regarding regulatory compliance from their peak body and by subscription to a legislative update program. Notifications of changes are also received through emails or other communications from government departments, attendance at meetings, and education sessions. Interviews with staff and review of documentation show that staff are kept abreast of regulatory requirements and guidelines through policies, procedures, education and meetings.

An example of regulatory compliance relating to Accreditation Standard One includes:

- Ensuring that all staff, volunteers and contractors who are in contact with residents have criminal history record checks completed.

### **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 a system in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Staff interviewed state that the education provided to them meets their needs and that they are offered both internal and external education opportunities. Mechanisms of staff education include: orientation, buddy shifts, mentoring by more experienced staff, on-site and external education, job specifications, competency assessments, performance appraisals, and up skilling. Training needs are identified through staff and resident feedback, observation of staff practices and performance appraisals. An annual staff needs analysis is completed.

Examples of education and staff training relating to Accreditation Standard One include:

- Elder abuse
- Quality management systems
- Safe driver course, and
- Mandatory reporting

### **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

The home provides access to internal and external complaints' mechanisms for all residents/representatives and visitors. All residents interviewed by the team state that they are aware of mechanisms to make complaints and feel comfortable raising issues of concern with staff and management. The resident handbook and resident agreement detail information regarding complaints' mechanisms. Review of resident and relative meeting documentation shows that continuous improvements are communicated to residents. A suggestion box is accessible for all residents and visitors. Interviews with staff confirm staff knowledge of the comments' and complaints' processes in the home.

### **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 home has the vision, mission statement and values documented at an organisational level and has communicated these to residents, representatives and staff. The team observed that these are displayed in the home and are included in the resident handbook. R. E. Tebbutt Lodge has a strategic plan that directs the home towards a more community focused aged care setting. For example, plans are in place to trial person centred service models and social inclusion practices. Management spoke about the desire to bring external social services to the site, whereby integrating the external community with the internal aged care home. This goal involves developing an environment that will attract and nurture talent. Whilst at the same time identifying key performance measures to manage revenue.

### **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

R.E. Tebbutt Lodge has a system in place to manage the appropriate number of staff and associated skills necessary to meet residents' identified needs. The system includes policies and procedures, performance appraisals, job specifications, selection and recruitment, rostering and education. The home adjusts the level of staffing to meet residents' identified needs. Management gave examples of recent increases in staff to meet resident behavioural management needs. Staff interviews demonstrate that staff are supported in their professional development within the home, and provided with appropriate competencies and performance measures. Interviews with residents confirm that staff are knowledgeable about their areas of work in the home. At an executive level there are operations managers for the organisation who each have specific portfolios. New initiatives will now be implemented only following collaboration with the three operations managers responsible for aged care services. The operations managers work together in a matrix management arrangement. This new management approach is designed to strengthen the management processes, ensuring provision of a broader skills set across all homes. The home's site manager is one of these three operations managers and is also responsible for sales, property and contracts at the organisation's other homes.

### **1.7 Inventory and equipment**

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

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

Does comply

The home has a system to ensure that there are stocks of appropriate goods and equipment available for the delivery of services. A routine and preventative maintenance program ensures that all equipment is regularly checked and serviced. Stock inventories are maintained in various areas of the home, and regular purchase orders are in place. Management participate directly in budgeting for the home's needs. Interviews with staff confirm that they have appropriate equipment to meet residents' needs. Interviews with residents show that residents are satisfied with the provision of equipment and supplies in the home.

### **1.8 Information systems**

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

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

Does comply

The home has systems in place to manage the creation, use of, storage and destruction of information. There are mechanisms in place to record and distribute information through quality reports, meeting minutes, communication books, emails, and noticeboards. The team observed that staff and resident information is kept locked to ensure security and confidentiality. The letter of offer of employment, given to staff for signing, includes the need for staff to respect the confidentiality of resident information. Residents interviewed report that they receive adequate information relevant to their needs. Staff interviewed report that they have access to relevant information to perform their roles.

### **1.9 External services**

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

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

Does comply

The home has a system in place to ensure that externally sourced services are provided in a way that meets the home's needs and its quality goals. The home has a preferred suppliers list. Management provide feedback to the group office on external services. This review of external services has led to a recent change to one contractor. Service agreements are in place with external contractors. Resident and staff interviews confirm that external services provided meet the current needs of the home and the resident population.

## **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

For further information relating to the home's continuous improvement system, please see expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Accreditation Standard Two include:

- New flooring has been installed in the carers' office. This has improved the cleanliness of the floor and reduced the likelihood of infection spreading as the previous floor covering is reported to have been cracked.
- Streamlining of the clinical care assessment forms across the home, and as part of the corporate group. This has ensured that clinical assessments completed will be consistent.
- A nutritional assessment tool was introduced. This ensures that residents' weight is appropriately monitored.
- A new medication management system is in the process of being introduced. This will provide printed medication charts, ensuring ease of readability for staff and easier review for the doctors.

### **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

For further information relating to the home's regulatory compliance system, please see expected outcome 1.2 Regulatory compliance.

An example of regulatory compliance issues relevant to Accreditation Standard Two includes:

- Maintaining a process for monitoring professional registrations for registered nurses and allied health professionals.

### **2.3 Education and staff development**

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

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

Does comply

For further information relating to the home's education and staff development, please see expected outcome 1.3 Education and staff development.

Examples of education sessions attended by staff in relation to Accreditation Standard Two include:

- Aged care funding instrument assessment documentation
- Medication management
- Continence management
- Falls prevention
- Skin integrity

### **2.4 Clinical care**

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

### **Team's recommendation**

Does comply

The home provides residents with appropriate clinical care through the provision of medical officers' reviews, transferring residents to hospital they are unwell, and the initial and ongoing assessment of residents' care needs, and care planning. Interviews and documentation reviews demonstrate that a number of medical officers currently visit the home, from whom residents can choose. The home has verbal and written communication systems to inform care staff of residents' care needs. The home's systems include offering family conferences to discuss and review resident care needs with residents and/or their representatives. Monthly resident focus days have recently been introduced through which residents' weights and vital signs as well as other care needs are monitored. Residents' blood glucose levels are monitored according to their medical officers' orders. The home has processes for the reporting and monitoring of accidents and incidents such as, falls and behaviours of concern. Resident/resident representative interviews indicate they are satisfied with the care provided by staff within the home and their access to medical officers. Interviews also confirm residents have opportunities for input into their care as desired.

### **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 provides ageing in place to the level that the physical environment allows and residents' care needs can be supported. Residents' specialised nursing care needs, to the level that the home accommodates, are identified and met by appropriately qualified nursing staff, with medical officers or allied health services' input when required. The home's care manager, a registered nurse, oversees residents' care Mondays to Fridays and is available on call on weekends and after hours. The organisation also employs other registered nurses to whom the home can refer for advice. The care manager reports that they can also contact a local hospital for advice on the provision of residents' specialised nursing care needs when required. The home currently provides specialised nursing care for residents including: catheter care, wound care, and insulin management. Care staff are provided with guidelines on the residents' blood glucose levels reportable to medical officers. Care plans are developed outlining residents' specialised nursing care needs when appropriate. Management and staff interviews indicate that the home currently has sufficient supplies of equipment for the provision of residents' specialised nursing care needs and would access more supplies if required. Resident/resident representative interviews indicate satisfaction with the nursing care provided.

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

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

### **Team's recommendation**

Does comply

The home has systems to identify residents' needs and preferences in relation to other health and related services and for making appropriate referrals as required. Interviews and documentation reviews demonstrate examples of residents being seen by health services visiting the home including: physiotherapy, podiatry, a dietician, an X-ray service, a psycho geriatrician, a clinical neuropsychologist, pharmacy and pathology services. Audiology and optometry services can also be organised to visit residents when required. The care manager advises that an oral and dental care service has visited the home and that residents are taken to a local dentist when needed. Residents can choose to visit external health services of their choice outside the home, with assistance provided for their transportation by staff, or family members when available. Resident interviews confirm they are satisfied with their access to other health and related services.



## 2.7 Medication management

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

### Team’s recommendation

Does comply

The home has processes to ensure residents’ medication is managed safely and correctly through: regular medication chart audits; staff competency testing for medication administration; the secure storage of medications; reviews through the medication advisory committee; and individual resident’s medication reviews completed by a pharmacist. Care staff give residents’ medications from seven day multi-dose dose blister packs or directly from the medication containers for items which cannot be prepacked. The team observed a care staff member administering residents’ medications following safe procedures. Residents’ medication signing sheets record resident photographic identification, and staff initials for the regular administration of residents’ medication. Management advise that the home avoids the use of medications which require crushing by using alternatives when available. A process is in place to assess the suitability of residents to self medicate. Medications observed by the team are within their expiry dates including eye drop containers labelled with the dates of opening. The home has a system for medication incident reporting. The organisation is currently implementing a new medication administration system for the home to improve the processes. Resident/resident representative interviews indicate satisfaction with the medication management the home provides.

## 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 ensures all residents are as free as possible from pain through pain assessments, care planning, and accessing advice on pain management from medical officers and the visiting physiotherapist when required. Provision is made for the assessment of residents’ verbal and non-verbal pain. The home has a pain monitoring form for monitoring pain levels and the effectiveness of treatments. However, no residents are identified by the home to require the completion of this form at present. Interviews and documentation reviews demonstrate pain management strategies currently in use for residents include: pain clinics held by the physiotherapist through which hot packs, therapeutic massage, tubular bandage applications, and the TENS machine are provided or offered; the administration of pain relieving medications; the application of pain relieving creams; repositioning; gentle exercises; and emotional support. The care manager reports that the home has access to a palliative care team through a hospital a short distance away for advice on residents’ pain management when required. Resident/resident representative interviews indicate that residents are comfortable and treatments are provided for residents’ pain management.

## 2.9 Palliative care

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

### Team’s recommendation

Does comply

Management and staff interviews indicate that the home has not provided palliative care for terminally ill residents in recent times and that residents requiring more care than the home can provide have been transferred to hospital. However, the care manager who commenced in the home in late 2008 reports that they have had palliative care experience and plan to implement more support for terminally ill residents in the home as the need arises. Management advise that the home uses family conferences to discuss residents’ end of life wishes. Documentation reviews demonstrate that the home has an assessment for the identification of residents’ palliative care needs for completion at a time identified by the home to be suitable. Management interviews indicate the home has access to advice on residents’ palliative care through a palliative care team. Interviews also indicate visiting clergy and the organisation’s chaplain are available to provide

support for terminally ill residents and their representatives. All residents have single room accommodation and staff advise that the home would provide open visiting hours for the representatives of terminally ill residents. Residents express confidence with the staffs' skills to care for them when they are unwell.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

The home has systems in place to provide residents with adequate nourishment and hydration through the assessment and documentation of residents' dietary needs and the communication of these needs to catering staff, care planning and evaluation processes. The home uses a cook chill meal preparation system following a four week rotating menu with dietitian input. Provision is made for residents who require special diets, pureed meals, a dietary supplement, and assistance with meals. Management and residents report that fresh fruit is provided each evening. Residents are provided with fluids regularly including a warm chocolate flavoured milk drink for supper. The home monitors residents for adequate nutrition and hydration through staff observations, and by weighing residents each month or more frequently if required. Residents are placed on fluid balance charts and/or food charts when indicated. Interviews and documentation reviews demonstrate that several residents identified to have weight loss have been seen by a dietitian for review. The dietitian has provided the home with information on when to refer residents to them. Management advise that a speech pathologist can be arranged for residents. However, management report that no residents have recently required this service. Resident/resident representative interviews demonstrate they are happy with the quality and quantity of the food and drink the home provides.

## **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 for maintaining residents' skin integrity consistent with their general health, through initial and ongoing assessments, care planning and care provision. Residents have podiatry, hairdressing, and nail care provided according to their identified needs. A hairdresser visits the home each week. The monthly resident focus days include nail care for residents. Management advise that the home provides individual nail clippers for residents and the team observed a sample of these. Residents with skin integrity breakdown have wound care provided by care staff. Documentation reviews demonstrate that wound assessment forms are completed by the care staff, recording descriptions of the wounds and the treatments provided. The majority of wounds currently being treated are skin tears. Interviews with care staff indicate they maintain residents' skin integrity through the application of emollient creams and monitor for when the residents' skin is dry. Residents interviewed express satisfaction with the skin care and wound care provided.

## **2.12 Continence management**

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

### **Team's recommendation**

Does comply

Residents' continence is managed through the initial assessment of residents' continence management needs, and care planning processes. Management advise that a representative from a continence aid supply company is available to provide staff with guidance and education on the best products to meet residents' continence aid needs. Care staff interviews confirm they have access to adequate supplies of continence aids for residents. All residents' rooms have en-suites to enable ready access to toileting facilities. The home has strategies for residents' bowel

management including: the completion of bowel charts, fibre in residents' diets, the availability of prunes with breakfast, provision of fluids, and the administration of medications regularly or when necessary. Resident interviews do not identify any issues with residents' 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

The needs of residents with behaviours of concern are managed effectively through the home's initial and ongoing assessments, care planning and evaluation processes. Care strategies are identified in consultation with residents/resident representatives, medical officers and/or other health professionals as required. The home has strategies in place for the safety of residents with wandering/absconding behaviours including a key pad lock on the front gate; bracelets which set off an alarm when residents wearing them approach the front gate; and maintaining identification records for absconding residents. Sighting charts are also implemented to monitor the whereabouts of residents at risk of absconding. The organisation has policies and procedures for physical and chemical restraint use. However, no residents are currently identified to require physical or chemical restraint. Management and staff implement a range of strategies to effectively manage residents with behaviours of concern including group activities and one-to-one support. Interviews and documentation reviews demonstrate that the home has access to a range of mental health care specialists for the review of residents' care need when required. Resident/resident representative interviews demonstrate they are satisfied with the way staff effectively interact with and provide care for all residents.

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

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

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

Does comply

Residents are supported to achieve optimum levels of mobility and dexterity through the assessment and care planning processes and the provision of exercise programs. A physiotherapist from a physiotherapy service, visiting the home each week, completes assessments and care plans for all residents. The physiotherapist also develops individual exercise programs for residents to complete with care staff support when required. Recreational activity programs include activities in which residents gain exercise such as exercise groups using an exercise video on week days and through an electronic sports program. The team observed a number of residents walking independently and/or with mobility aids. The home provides handrails in corridors and along external footpaths to support residents' mobility. Strategies for residents' falls' prevention include: the completion of falls' risk assessments for residents; minimising the clutter in the living environment; providing exercises; and provision of call bell alarm pendants. Instructions on residents' transfer and manual handling needs are completed by the physiotherapist and are readily accessible to staff. A lifting machine is available should this be required. Resident/resident representative interviews indicate residents are supported to exercise and maintain their mobility and dexterity levels.

### **2.15 Oral and dental care**

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

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

Does comply

Residents' oral and dental health care is maintained through the home's initial and ongoing assessment, care planning and evaluation processes. Resident focus day sheets record the monthly monitoring of residents' mouth and teeth care and condition. Management advise that a

dental service is also available to visit the home to review residents' dental needs after which further treatments are arranged according to the residents'/resident representatives' choices and needs. Care staff interviews indicate they provide residents with oral care including assistance with and/or encouragement to complete denture care or teeth cleaning when indicated. Management advise that residents are provided with individual denture containers which staff wash each day. Resident interviews do not identify any issues with the oral and dental care the home provides and confirm that residents can request to see a dental service which visits the home.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

Residents' sensory loss needs are identified and managed through assessments, and care planning processes. The organisation has recently introduced a new assessment which includes the identification of residents' smell, touch and taste sensory needs. Optometry and/or audiology services are arranged to visit residents in the home if required or residents can choose to access them externally with staff support for transport to the appointments. Care staff interviews indicate they implement strategies to assist residents with vision loss and the team observed a staff member providing support for a resident with vision impairment. The home's library includes a selection of large print books for residents. Management advise that no resident currently require the use of talking books. Care staff interviews indicate they support residents with hearing loss through assisting residents to replace their hearing aid batteries when necessary. Provision is made for residents' taste, touch and smell sensory needs through the recreational activity programs. This includes a program with tactile activities for residents with dementia. Resident interviews do not identify any issues with the support provided by the home for residents' sensory loss needs and that they are satisfied with the availability of optometry and audiology services which visit the home.

## **2.17 Sleep**

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

### **Team's recommendation**

Does comply

The home assists residents to achieve natural sleep patterns through assessments, care planning, choice of bed times and staff support at night. The home is staffed with one care staff member at night. Management advise that a person is also on call at night to assist with residents' care if needed. Residents have single room accommodation to assist in providing a quiet living environment conducive to sleeping at night. Care staff advise the strategies used to support residents to achieve natural sleep patterns include: warm milk drinks for supper, toileting and continence care, and night sedation as per medical officers' orders if necessary. A range of strategies to support residents to sleep at night are also recorded in the care plans for residents with sleep disturbance identified. Resident/resident representative interviews do not identify any problems with residents achieving natural sleep patterns. Residents advise that the home is quiet at night and they can lock their doors if desired.

### **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

For further information relating to the home’s continuous improvement system, please see expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Accreditation Standard Three include:

- The front garden area has been re-landscaped to include areas for residents to garden, residents to sit and residents to walk safely. There are plans in place to erect sunshades to further enhance the front garden area. The residents’ recreational activities program includes a gardening program utilising the new front garden area.
- The hairdressing salon in the home has been improved with a new basin for the specific role of hair-washing. The refurbishing has resulted in improving the equipment for the hairdresser as well as for the residents’ lifestyle support.
- A new physiotherapy room has been built inside the home. This is to ensure that residents’ privacy is maintained whilst receiving treatments.

#### **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

For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance issues relevant to Accreditation Standard Three include:

- The charter of resident rights and responsibilities is displayed in the home and is presented in the resident handbook and resident agreement.
- New residents are provided with the organisation’s privacy and confidentiality of personal information – disclosure and consent form for signing. This provides information in accordance with privacy legislation on the collection, use and disclosure of personal information.

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

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

##### **Team’s recommendation**

Does comply

For further information relating to the home’s education and staff development, please see expected outcome 1.3 Education and staff development.

Examples of education sessions attended by staff in relation to Accreditation Standard Three include:

- Lifestyle programs for dementia residents
- Mandatory reporting
- Understanding hearing

### **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

The home has systems to ensure that each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Management report that the organisation's care business services provide potential residents and their representatives with an explanation on fees and other relevant information to assist them to identify that the home will meet their needs. Potential residents also have an opportunity to have respite care prior to deciding to become a permanent resident in the home. Processes are in place to assist new residents to settle into the home through the identification of their physical and emotional needs and the staff support available. Management, recreational activity officer and care staff interviews demonstrate ways they provide emotional support for residents including: management's 'open door' policy; introducing themselves to new residents; orientating new residents to the home; and one-to-one support. The organisation's chaplains are also available to provide residents with emotional support and one chaplain visits the home regularly. Interviews indicate that the chaplain also provides memorial services to remember deceased residents as required. Resident/resident representative interviews demonstrate they are satisfied with the way the home assists residents to adjust to life in their new home and with the ongoing care and support provided. Residents report that they are happy living in the home.

### **3.5 Independence**

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

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

Does comply

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home according to their personal preferences and general health. The home provides an environment in which resident representatives, visitors, volunteers and school groups are welcome to visit. A list reviewed shows that nine volunteers currently visit the home. A letter reviewed demonstrates that a school group has visited the home. Residents can choose to go on independent outings, unless identified to not be safe when leaving the home alone, and several residents attend external clubs or go on outings with families or friends. Observations and interviews demonstrate that the home supports residents to follow their foot ball club interests. Residents' independence is also fostered through ways including: residents personalising their rooms; newspaper deliveries and/or discussion groups; a public telephone in the home; grab rails in the bathrooms; encouragement to attend to activities of daily living; facilities to have telephones, televisions and radios in resident rooms; mail deliveries; and the provision of equipment to support independent living. The activities program includes bus outings and shopping trips. This includes regular outings in which residents visit another aged care home. Management advise that a polling booth is organised to assist residents to vote. Resident interviews indicate satisfaction with the support provided for residents to maintain their independence.

### **3.6 Privacy and dignity**

*This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".*

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

Does comply

The home recognises and respects each resident's right to privacy and dignity through the identification of residents' care needs, care planning, and staff practices. The home's assessment processes include the identification of residents' preferred names. New residents and/or their

representatives are provided with the organisation's privacy policy on the collection, use and disclosure of personal information along with a related privacy consent form for signing. Staff interviews demonstrate they understand the need to maintain the confidentiality of resident information and apply strategies for maintaining respect for residents' privacy and dignity. This includes closing doors when providing treatments in residents' rooms. Observations demonstrate residents' care documentation is stored securely. Residents have single rooms which they can lock to support their privacy. Residents' financial information is stored at the organisation's head office. Management advise that processes are in place for the secure storage of residents' archived files and for file destruction off site. Computerised information is password protected. Resident/resident representative interviews confirm their satisfaction with the way staff demonstrate respect and maintain residents' privacy and dignity. Resident comments include that 'all the staff are good'.

### **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

The home has systems to encourage and support residents to participate in leisure interests and activities of interest to them. The home identifies residents' interests through assessments, care planning and evaluation processes; verbal feedback; and surveys. A recreational activity officer is employed to provide activity programs five days a week. A number of volunteers also assist to run the activities in the home. The recreational activity officer advises that residents have movies, paid television programs, a church service, and access to board games on week ends. The home provides a social room, a short walk from the main communal areas, in which various activities are held for residents. The activity programs cater for residents' various levels of physical and cognitive capabilities. Examples of activities provided include: bingo, discussion groups, craft, 'dream games', reading, coffee in the social room, men's group, and exercise groups. The home also provides birthday celebrations, bus outings, and the celebration of special events. The recreational activity officer advises that they organise two entertainments each month. Group and individual residents' attendance records are completed to monitor residents' levels of participation in activity programs. Residents/resident representatives are informed of the recreational activities available through activities programs on display, flyers on display for special events, newsletters and verbally by staff. Resident/resident representative interviews indicate they are satisfied with the range of activities available. All residents interviewed advise that they have enough to keep them busy and occupied.

### **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 through which residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, customs, religion and culturally diverse backgrounds. Cultural days and Christian religious celebrations are acknowledged and celebrated. Flyers and activity programs reviewed include celebrations such as Christmas, Easter and Australia Day. Church services are held in the home each Sunday to which all residents are invited to attend. A chaplain holds weekly Bible studies. The recreational activity officer reports that a Roman Catholic church representative attends the home and supports residents with a Rosary group. Recreational activity officer interviews also indicate that the home would support residents to access representatives from other faiths if needed. Management and staff interviews demonstrate that staff and resident representatives are available to interpret for residents with culturally and linguistically diverse backgrounds when required. The team observed a sample of newspapers in several languages reported to be delivered regularly to residents for whom English is not their first language. An interpreter service has been used when required. The home has multicultural folders and resources for a range of cultures and languages. Residents express satisfaction with the spiritual and cultural support the home provides.

### **3.9 Choice and decision-making**

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

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

Does comply

Residents and/or their representatives are enabled and encouraged to participate in decisions about the care and services provided through information they receive before and at the time of entry to the home. This includes information on residents' choices and their rights available provided in the resident agreement, the residents' personal handbook, brochures on advocacy services, and brochures on complaints' mechanisms. Examples of residents' choices for care and services include: choice of participation in activities; choice of medical officer; choice of personal items in rooms; input into care delivery; choice of bed times; a choice of meals; and choice of clothing worn. Resident/resident representative input for care and services is also facilitated through family conferences, surveys, resident and relative meetings, comments and complaints' mechanisms, and management's 'open door' policy. A resident chairs the resident and relative meetings and four residents currently attend the home's continuous improvement committee meetings. Resident/resident representative interviews indicate that residents are able to exercise choice and control over the care and services provided within the home.

### **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

Management report that the organisation's care business services discuss fees, bonds, security of tenure and services available with potential residents and their representatives, when appropriate, prior to entry to the home. A resident agreement is offered to each resident and/or their representative for signing when moving into the home. The resident agreement provides information on residents' rights and responsibilities including: ending the agreement; the complaints resolution process; the care and services provided; accommodation bonds; fees and subsidies; an initial 14 day cooling off period; and the charter of residents' rights and responsibilities. The residents' personal handbook also provides information on security of tenure, risk taking and the charter of residents' rights and responsibilities, which is also on display in the home. Management interviews demonstrate that residents are not transferred to alternative rooms unless consulted about the room change. Resident interviews indicate they feel secure in their residency in the home.



## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

For further information relating to the home’s continuous improvement system, please see expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Accreditation Standard Four include:

- The dining room area has recently been painted, tablecloths and vases have been added to tables and fly eradication equipment has been installed. Feedback from residents suggests the upgrades have been received positively. Management indicate that the upgrades were part of the home’s strategy to provide a fine dining experience for residents.
- A large menu board has been installed in the dining room. This has provided the capability for residents to read what is on the menu board, compared to the small board previously in use.
- New flooring has been installed in the kitchen area. The kitchen staff and management say that this has not only improved infection control standards, but has also improved staff morale. Interview with catering staff suggest that the new flooring is a positive improvement.
- Two new cleaning trolleys have recently been purchased. When interviewed cleaning staff say they are happy with the new trolleys and are pleased that the trolleys include a locked area for the safe storage of chemicals.
- Common areas have been re-painted. Interviews with residents suggest that this is a positive improvement to the home.
- A replacement hot water unit has recently been installed to replace the old boiler unit. This new system now ensures that residents will have a consistent supply of hot water.

### **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

For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance issues relevant to Accreditation Standard Four include:

- Maintaining a current fire safety statement and providing staff with fire safety training.
- Obtaining a food service licence in accordance with the legislative requirements.

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

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

#### **Team’s recommendation**

Does comply

For further information relating to the home’s education and staff development, please see expected outcome 1.3 Education and staff development.

Examples of education sessions attended by staff in relation to Accreditation Standard Four include:

- Using and storing chemicals
- Food handler refresher course

- Training on the use of specialised 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

R. E. Tebbutt Lodge provides a living environment that is safe, comfortable and meets residents' care needs. The home is divided into three wings, each with their own name – Acacia, Waratah, and Bluebell. Heating panels are installed on the ceiling in hallways to provide year round warmth to the home. The home provides accommodation for 68 residents, accommodated in single bed rooms, each with their own en-suite. The front garden area has recently been upgraded for the leisure of residents. Residents are encouraged where possible to personalise their rooms. The home conducts environmental audits and accident and incident data is analysed to monitor the safety of residents. The environment is maintained through a preventative and routine maintenance program. Residents interviewed express satisfaction with the living environment and the maintenance provided.

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

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

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

Does comply

The home has systems in place that aim to provide a safe working environment consistent with regulatory requirements. The home has an occupational health and safety (OHS) committee incorporating a number of representatives from different sections of the home. Incidents and other OHS issues are discussed at the committee meetings. Staff and management have access to specialists in OHS at the organisation's head office. The team observed that all accidents/incidents raised are actioned through the OHS committee. Interviews with staff show that staff are kept well informed about resolutions through the OHS committee meeting minutes.

#### **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 in place to minimise fire, security and emergency risks. These include regular checks of equipment and emergency and fire evacuation procedures. The home has three trained fire safety officers. The home is equipped with fire warning and fire fighting equipment which are regularly checked and maintained. Staff confirm that compulsory education is held for fire training and that their attendance is monitored. The team observed certification documentation, fire safety statements and contractor logs that evidenced safe systems.

#### **4.7 Infection control**

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

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

Does comply

The home has an effective infection control program consisting of policies and procedures, staff education, staff competencies, equipment and goods' temperature monitoring, collection of infection rates, staff and resident vaccination, personal protective equipment and outbreak management. The team observed hand-gel dispensers on the walls in corridors of the home. There are formal

cleaning and maintenance schedules to ensure the cleanliness of the building. Laundry chemicals in use are certified to meet Australian Standards for sanitisation by the supplying company. Equipment is available to manage a contaminated spill or an outbreak. Staff interviews confirm education is provided on infection control and hand-washing competencies are completed for all staff. Perishables are checked on receipt and the temperatures of refrigerators and freezers are monitored regularly. A food stock rotation system is in place.

#### **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

R. E. Tebbut Lodge provides hospitality services that enhance the residents' quality of life and the staff's working environment. A services coordinator oversees the hospitality areas for the home. Processes in place to monitor systems include: food rotation, food temperature monitoring, identification and provision for residents' food preferences, and monitoring of equipment temperatures. Food is supplied by an external company through a cook chill system and re-heated in the home. A cleaning schedule is in place and regular cleaning staff are employed by the home. External contractors are engaged for high cleaning. Laundering of linen is managed off site by an external contractor. Residents' personal clothing is washed by the afternoon care staff in the laundries provided in the home. Resident/resident representative interviews demonstrate satisfaction with hospitality services provided at the home.