



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Rosedurnate Hostel**

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

The Agency has decided that the period of accreditation of Rosedurnate Hostel is three years until 9 May 2014.

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.

| <b>Home and approved provider details</b> |        |   |                                |            |              |
|---|--------|---|--------------------------------|------------|--------------|
| <b>Details of the home</b>                |        |   |                                |            |              |
| Home's name:                              |        | Rosedurnate Hostel                      |                                |            |              |
| RACS ID:                                  |        | 0130                                    |                                |            |              |
| Number of beds:                           |        | 41                                      | Number of high care residents: |            | 18           |
| Special needs group catered for:          |        |   | Nil                            |            |              |
|   |        |   |                                |            |              |
| Street/PO Box:                            |        | 46 Orange Street                        |                                |            |              |
| City:                                     | PARKES | State:                                  | NSW                            | Postcode:  | 2870         |
| Phone:                                    |        | 02 6862 2300                            |                                | Facsimile: | 02 6862 3756 |
| Email address:                            |        | ken.harvey@ae.salvationarmy.org         |                                |            |              |
|   |        |   |                                |            |              |
| <b>Approved provider</b>                  |        |   |                                |            |              |
| Approved provider:                        |        | The Salvation Army (NSW) Property Trust |                                |            |              |
|   |        |   |                                |            |              |
| <b>Assessment team</b>                    |        |   |                                |            |              |
| Team leader:                              |        | Margaret McCartney                      |                                |            |              |
| Team member/s:                            |        | Hiltje Miller                           |                                |            |              |
| Date/s of audit:                          |        | 1 March 2011 to 2 March 2011            |                                |            |              |

| <b>Executive summary of assessment team's report</b>                           |  |
|--|--|
| <b>Standard 1: Management systems, staffing and organisational development</b> |  |
| <b>Expected outcome</b>  | <b>Assessment team recommendations</b> |
| 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                            |
| <b>Standard 2: Health and personal care</b>                                    |  |
| <b>Expected outcome</b>  | <b>Assessment team recommendations</b> |
| 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**

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

Assessment team's reasons for recommendations to the Agency

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



**Aged Care**

Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

|              |                    |
|--------------|--------------------|
| Name of home | Rosedurnate Hostel |
| RACS ID      | 0130               |

### **Executive summary**

This is the report of a site audit of Rosedurnate Hostel RACS ID 0130 46 Orange Street PARKES New South Wales from 1 March 2011 to 2 March 2011 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 Rosedurnate Hostel.

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 1 March 2011 to 2 March 2011

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/s: | Hiltje Miller      |

## Approved provider details

|                    |   |
|--------------------|---|
| Approved provider: | The Salvation Army (NSW) Property Trust |
|--------------------|---|

## Details of home

|               |                    |
|---------------|--------------------|
| Name of home: | Rosedurnate Hostel |
| RACS ID:      | 0130               |

|  |                |
|--|----------------|
| Total number of allocated places:                | 41             |
| Number of residents during site audit:           | 33             |
| Number of high care residents during site audit: | 18             |
| Special needs catered for:                       | Not applicable |

|                 |                                  |            |              |
|-----------------|----------------------------------|------------|--------------|
| Street/PO Box:  | 46 Orange Street                 | State:     | NSW          |
| City/Town:      | PARKES                           | Postcode:  | 2870         |
| Phone number:   | 02 6862 2300                     | Facsimile: | 02 6862 3756 |
| E-mail address: | ken.harvey@aue.salvationarmy.org |            |              |

### Assessment team's recommendation regarding accreditation

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

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

### Interviews

|   | Number |   | Number |
|---|--------|---|--------|
| Regional manager                                    | 1      | Residents                               | 13     |
| Centre manager                                      | 1      | Volunteer                               | 1      |
| Aged Care Plus care and clinical governance manager | 1      | Recreational activity officers          | 2      |
| Acting care manager                                 | 1      | Laundry staff                           | 1      |
| Team leader/endorsed enrolled nurse                 | 1      | Cook                                    | 1      |
| Care staff  | 7      | Cleaning contract manager               | 1      |
| Personal carer/infection control resource person    | 1      | Cleaning staff                          | 1      |
| Quality coordinator                                 | 1      | Maintenance officer/fire safety officer | 1      |
| Administration assistant                            | 1      | Gardener                                | 1      |

### Sampled documents

|                        | Number |                   | Number |
|------------------------|--------|-------------------|--------|
| Residents' care files  | 7      | Medication charts | 10     |
| Resident agreements    | 5      | Personnel files   | 4      |
| Staff incident reports | 5      |                   |        |

### Other documents reviewed

The team also reviewed:

- Activities program including: weekly calendars, and activities records
- Aged Care Plus newsletters
- Aged Care Plus re new obligations for nurses and midwives for registration
- Asset register (2011)



- Audit program
- Australian government letter in relation to Prudential and approved provider regulation: client service charter
- Australian government Prudential and approved provider regulation: client service charter
- Capital purchase list
- Capital review
- Catering services documentation including: temperature control records; calibration records; chlorination of foods records; delivery of food records; cleaning schedules; food safety program; menu; resident meal preference forms; tea menu and lists; breakfast lists; and food ordering forms
- Cleaning services documentation including: maintenance and cleaning specifications; cleaning frequency specifications; staff orientation checklist; toolbox training schedule; cleaning employee handbook; and other guidelines
- Communication books for medical officers, physiotherapist, care staff and kitchen staff
- Communication diary
- Complaint resolution process
- Compliments, complaints and suggestions folders including compliments, complaints and suggestions registers and forms
- Doctors' notes
- Education documentation including, but not limited to: staff orientation program; fire orientation checklists; education program (2011); education calendar (2010); education needs analysis report; compulsory education matrix; attendance records; competencies spreadsheet for care staff; manual handling review question; education resources; and competency folders including question sheets and competencies
- Electronic care documentation
- Entry to home checklists
- External services documentation including: contract service agreements register; combined contract information; and contractor service agreements
- Folders: general observation, weight records, urinalysis records, bowel charts, and blood glucose levels
- Foot care notes
- Goods and equipment ordering sheets and invoices
- Hazard report forms
- Human resource management including: job descriptions/duty lists; a job advertisement; letters of employment; performance review summary; and induction requirements checklist
- Infection control documentation: infection data; Legionella test results; infection control assessment on resident to do own laundry; infection control manual; government infection control resource folder; immunization registers (staff and residents); and pest control bait maps and documentation
- Information update, circulars and memorandum folder including memorandum
- Interim care plans and summary care plans
- Key performance indicators folders including: audits; incident logs; resident weight records; and key performance indicator data
- Laundry documentation including: laundry cleaning schedule; washing machine temperature records; and the laundry policy and procedure
- Lifestyle participation assessments and activity plans, resident activity records
- Maintenance documentation including: maintenance book; invoices; lift servicing repairs; preventative devices inspections records; electrical equipment tagging records; room condition report (blank); thermostatic mixing valve temperature checks; work requests; site inspection report (dishwasher); weekly maintenance schedule; call bell checks; refurbishments report; and chemical stock control sheet
- Medication management documentation including medication management information and medication refrigerator temperature records
- Meeting standing agendas

- Minutes of meetings including: quality meetings; resident meetings; management meetings; staff meetings; and clinical care review committee meetings
- New South Wales food authority audit
- Newsletters
- Occupational health and safety documentation including: occupational health and safety policy; occupational health and safety Aged Care Plus program; organisation's commitment to occupational health and safety; risk register; and audits
- Organisational chart
- Photograph permission forms
- Plan for continuous improvement
- Policies and procedures
- Professional registration matrixes including: registered nurse registration; allied health care workers' registrations; and general practitioners' registrations
- Property works enquiring list
- Purchase register
- Quality activity follow up and evaluation reports
- Quality improvement log
- Resident accident and incident summary register
- Resident consent forms for collection, use and disclosure of personal information for residents
- Resident information package
- Resident lists
- Resident annual satisfaction survey report (January 2011) and individual surveys
- Residents' handbook
- Shift handover sheets
- Staff handbook
- Visitors and contractors sign in and out register
- Wandering residents check list chart

## **Observations**

The team observed the following:

- Activities in progress including church service
- Air conditioning units
- Brochures on display including external complaints mechanism brochures
- Charter of Residents' Rights and Responsibilities on display
- Chemical storage areas
- Clinical waste bin
- Complaints boxes
- Complaints investigation scheme brochures and poster on display
- Compliments, complaints and suggestion forms on display
- Daily menu on display in dining rooms
- Day therapy centre
- Entry and exit of visitors and residents to the home
- Equipment and supply storage areas
- Fire safety equipment including, tagged fire fighting equipment, fire panel, detectors, exit signs, colour coded emergency flip charts on display, red telephone, and evacuation plans
- Hairdressing salon
- Hand washing facilities and signage
- Handover between staff members
- Handrails in corridors and grab rails in bathrooms
- Information resources and computer terminals
- Interactions between staff/staff and staff/residents and their representatives
- Kitchenette

- Laundry clothing labelling machine
- Living environment (internal and external)
- Manual handling equipment and instructions for use
- Material safety data sheets stored near chemicals
- Medication administration round
- Medication rounds and safely stored medications
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- Notice boards and signage (staff and resident areas)
- Nurse call system
- Outbreak kits with gastro information kit
- Pressure area care mattresses and pressure relieving equipment in use
- Public telephone and access to telephones
- Raised sensory garden
- Recreation activity room including: arts and crafts; photographs on display; photography albums; books; magazines; and activity resources
- Resident sign 'in and out' registers
- Resident mail box
- Residents participating in lunch
- Residents using mobilisation equipment
- Secure storage of resident files
- Serving of meals
- Sharps' containers
- Spills kit
- Staff clinical areas including: medication trolleys, wound management equipment, and clinical equipment
- Staff work areas including: offices, nurses office, kitchen, cleaners' room, staff rooms, and laundry
- Suggestion boxes
- Supplies of linen, clinical supplies, and continence aids
- Vision, value, and mission statement on display

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has systems in place to demonstrate that continuous improvement is actively pursued across the four Accreditation Standards. The organisation’s Aged Care Plus distributes audits for homes to complete, initiates various reviews, and implements new initiatives throughout the organisation. Opportunities for improvement within the home are identified through ways including: committee meetings, key performance indicators, audits, compliments, complaints and suggestion forms, and verbal requests. A resident satisfaction survey has also recently been completed. Management reported that key performance indicators are also monitored within the organisation. Issues that are identified in need of improvement are reviewed by management and through the relevant committee meetings. Feedback on improvement activities is provided to residents/representatives, staff and other stakeholders through meetings, notices, memoranda, and newsletters. Staff interviewed advised that they have opportunities to make suggestions for improvement.

Examples of improvements and results of continuous improvement in relation to Accreditation Standard One: Management systems, staffing and organisational development include:

- The system for the monitoring of professional registrations has been revised. The home now directly accesses the website for the regulation agency for health practitioners to monitor the expiry dates for the professional registrations for registered nurses and other health professionals working in the home. Management identified this to be a more efficient system.
- The home has installed containers with compliments, complaints and suggestions forms in additional locations throughout the home to make them more accessible to residents.
- Management advised that the staff education program has been ‘revamped’. A staff needs analysis has been completed and a new education program created for 2011. Additional resources from the aged care channel have been purchased. Management also reported that the system for staff orientation has been changed to allow staff a full day for orientation. The planned result is to provide staff with improved knowledge and skills for the residents’ care and services.
- The home has recently appointed a new quality coordinator to coordinate the quality activities and ensure there is a follow up of any issues identified. It is planned for this to result in a faster resolution to the issues identified and to improve the evaluation processes.
- The home is currently having a new server and cabling installed to improve the information technology systems within the home.

## 1.2 Regulatory compliance

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

### Team’s recommendation

Does comply

The organisation and the home have systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management advised that the corporate office sends the home information on legislative updates through emails, newsletters or revised policies and procedures. Management reported that the home also has access to the corporately maintained legislative data base. The corporate systems for accessing relevant information on regulatory requirements include, but are not limited to, memberships with a peak industry body and a legislative service, notices/circulars/letters from government departments and agencies, and the internet. Regulatory information is communicated to staff through memoranda, staff orientation programs, flowcharts on display, meetings, notices, and education sessions and resource materials. Other sources of regulatory information available include policies and procedures, brochures, and handbooks. Management advised that the organisation’s Aged Care Plus is currently developing a new suit of policies and procedures to be launched in the home during 2011. Processes for monitoring regulatory compliance include management’s observations, audits and Aged Care Plus reviews. Staff interviews indicated they are aware of regulatory requirements and/or professional guidelines relevant to their roles.

Examples of responsiveness to legislative and regulatory requirements in relation to Accreditation Standard One include:

- In response to the legislation regarding the requirement for criminal history record checks for those who work in aged care the organisation stipulates that no staff will be employed without police checks being completed. The organisation maintains lists of staff and volunteers’ criminal history checks and informs the home when they are due for renewal. Management advised of processes also in place to complete the criminal history checks for contractors working in the home.
- The home has recently introduced provision of the *Prudential and approved provider regulation: client services charter* (January 2011) to residents and/or representatives in accordance with Australian Government requirements.

## 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

Systems are in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Systems include: recruitment processes; staff orientation; the ‘buddying’ of new staff members; completion of competency assessments; and education programs. Education programs include the aged care channel’s programs. The home has recently developed a matrix to monitor staff attendance at mandatory training sessions including fire principles and fire protection, manual handling, elder abuse, chemicals, hand washing and food safety. Various resources are available for staff to guide them to perform their roles and/or to improve their knowledge and skills. Management and staff interviews demonstrated they are satisfied with the education available and are supported to attend training internally and externally, which is relevant to their roles and

responsibilities. Residents expressed satisfaction with the knowledge and skills of management and staff.

Examples of education sessions attended by management and staff in relation to Accreditation Standard One include:

- The Aged Care Plus's road show including information on strategic planning and mission project.
- Refresher training for the aged care funding instrument use.
- A communication workshop.
- Incident and investigation and reporting training.
- Management reported that the care manager and the acting care manager have completed the assessor training course provided by the Aged Care Standards and accreditation Agency Ltd. Management also advised that the care manager has attended aged care forums for managers.

#### **1.4 Comments and complaints**

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

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

Does comply

Residents and/or their representatives are informed of internal and external complaints' mechanisms through information provided on entry to the home. This includes, but is not limited to, the resident agreement, the resident handbook, and brochures for the aged care complaints' investigation scheme handed out and on display. Management advised that no residents currently require information on internal or external complaints mechanisms in languages other than English. Residents/representatives and other interested parties can make comments and complaints through ways including: use of the compliments, complaints and suggestion forms available throughout the home, resident meetings, and verbally to management and/or staff. Residents were also given the opportunity to provide the home with feedback through a recent resident satisfaction survey. Processes are in place for management to review the comments and complaints received and address the matters raised. This includes complaints being logged in a register and the number of complaints being monitored as part of the home's key performance indicator data. Residents advised they can express complaints to management or staff members and that generally the issues they have raised have been addressed.

#### **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's values, mission statements, objectives and philosophy are on display and documented in various documents available for staff and residents and/or their representatives throughout the home. For example, the values, mission, philosophy and objectives are documented in the resident handbook, and the staff handbook. The home's various policies and procedures also include documentation of a commitment to quality throughout the home. Staff are informed of the home's values, mission statement, philosophy and commitment to quality through the orientation program.

## **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 ensure there are appropriately skilled and qualified staff sufficient to ensure that services to residents are delivered in accordance with the Accreditation Standards and the organisation's values and objectives. This includes the staff recruitment processes and the availability of job descriptions outlining staff responsibilities and accountabilities. Interviews and documentation reviews demonstrated that the home employs staff with a variety of skills and has a rostering replacement system. Several additional care staff have recently been recruited to improve the availability of casual staff to fill vacant shifts. Management advised that the home does not require the use of agency care staff. Resident care is overseen by the acting care manager who is also responsible for the co-located high level care home. A team leader position is also in place for the home. Management advised of processes to monitor staffing levels and increase staffing when necessary. This includes discussions with staff in relation to their workloads. Residents interviewed praised the staff and expressed satisfaction with the timeliness of the care provided.

## **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

Systems are in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. This includes the allocation of responsibility for ordering various goods to the relevant personnel. An assets register is maintained. Processes are in place to ensure the freshness of the food deliveries and supplies. This includes holding minimal stock and monitoring the temperatures of refrigerators, freezers, and food deliveries to ensure they are within the required temperature ranges. Management interviews indicated that the appropriateness of equipment is assessed before purchase. Documentation reviews demonstrated that the thermostatic mixing valve temperatures and the working order of the nurse call bells are monitored. Testing and tagging of electrical equipment is completed by the maintenance staff when required. The team observed various goods and equipment available for residents' care and services in storage and in use. Resident and staff interviews indicated that the home provides adequate stocks of goods and equipment for staff to complete their work and for service delivery.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

The home has sufficient information management systems to provide management and staff with information to perform their roles and to keep residents/representatives informed. Residents/representatives are kept informed through ways including, but not limited to: the information provided prior to and on entry to the home; the resident agreement; the resident handbook; resident meetings; noticeboards; and newsletters. Information is disseminated to staff through various avenues such as meetings; education programs; noticeboards; staff handovers and care documentation; communication books; memoranda; and verbally. The

organisation also provides electronic information to the home and electronic information is password protected. The centre manager advised of systems in place for the archiving of resident information as well as processes for the destruction of confidential information. Staff are informed of the need to maintain the confidentiality of resident information. Staff and residents reported they are kept informed about matters relevant to them.

### **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

Systems are managed both corporately and within the home to ensure externally sourced services are provided in a way that meets the home's needs and quality goals. This includes service agreements for the major providers for the organisation being managed corporately while service agreements for local services are managed by the home. Several contractors' service agreements reviewed include information on public liability insurance and licenses. Contractors' agreements reviewed also record the range of services they commit to providing for the home. The quality of work provided by external services is monitored through management and staff observations and feedback. Management interviews demonstrated that actions are taken when services are identified to be unsatisfactory. Staff and residents expressed satisfaction with the quality of the services provided by external services which attend the home.



## **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 to expected outcome 1.1 Continuous improvement for details of the home's continuous improvement system. The home presented evidence to demonstrate that the organisation actively pursues continuous improvement in relation to Accreditation Standard Two.

Examples of improvements and results of continuous improvement in relation to Accreditation Standard Two: Health and personal care include:

- Management identified that the home's camera was not always readily available for staff to use for photographing residents' wounds. A new camera has been purchased and made more available for staff to use to photograph residents' wounds. The home now has more evidence of the residents' wounds' healing process through photographic imaging. Management identified this to have improved residents' wound care.
- Through accident and incident monitoring and management's reviews the need to improve the physiotherapy services in the home was identified. A contract has been developed with a physiotherapy service to provide regular visits by a physiotherapist to the home. This service began in late February 2011. The new physiotherapist is to complete assessments for residents, review residents for their risk of falls, and assist with residents' pain management. It is also planned for the physiotherapist to train staff in providing residents with exercise programs to improve the staffs' skills and knowledge.
- In response to staff suggestions a bariatric bed and hoist has been purchased to improve the equipment available to support larger residents should the need arise. Management reported that the hoist also has a mechanism through which residents can be weighed. This has resulted in staff being able to weigh residents who are unsuitable for the chair scales more accurately.

### **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

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The home has information on professional standards and guidelines available for staff in relation to Accreditation Standard Two.

Examples of responsiveness to legislative and regulatory requirements in relation to Accreditation Standard Two include:

- The home has processes to monitor the currency of authorities to practice for registered nurses working within the home as well as those working in the co-located high level care

home whom staff may access for advice. Documentation reviews demonstrated that these registered nurses authorities to practice are current.

- The home has processes to monitor the currency of the professional registration for the allied health staff and medical officers working in the home.
- Residents receiving high level care have registered nurse input into their initial and on-going assessment, planning and management as required in the *Quality of Care Principles 1997* (Cth).
- Management interviews demonstrated that the home supports registered nurses to achieve and monitor the continuing nurse education hours they require for re-registration.

### **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

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Care staff are required to complete medication management competency assessments prior to being permitted to give residents their medications. Care staff are encouraged to have certificate III in aged care. Staff are also encouraged to complete certificate IV in aged care and to gain other qualifications. Interviews and documentation reviews demonstrated that staff have knowledge and skills relating to residents' health and personal care.

Examples of education sessions attended by staff in relation to Accreditation Standard Two within the last 12 months include:

- Dementia care;
- depression in the elderly;
- person centred care;
- how to conduct a case conference;
- medication management;
- care for diabetes;
- oral health;
- falls prevention; and
- aged care skills for hearing aids, blood pressure, and respiratory devices.

### **2.4 Clinical care**

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

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

Does comply

The clinical needs of residents are identified on entry to the home. Individual care plans are developed from information collected from the assessments attended. Residents' assessments include 'know me' forms which include a wide range of care needs, likes and dislikes. The documentation reviewed by the team shows electronic systems are being used to record the residents' care needs. Depending of the level of care required the registered nurses/enrolled nurse/team leader review, evaluate and sign the plan of care every three months. Consultation with the residents' local medical officer of choice and other relevant health care professionals ensures that ongoing needs are met. The home ensures consultation with the resident and their representatives in the care planning process through conversations during their visits, telephone contacts and case conferences. Resident care needs are communicated to staff verbally and via written handover sheets. Staff interviewed

demonstrated knowledge of the resident care needs ensuring resident clinical care needs are met. All residents interviewed by the team expressed satisfaction with the assistance given to them by the care staff.

## **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 systems in place to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are documented on the resident electronic data base, assessment forms and the relevant information is transferred to the nursing care plan. Specialised nursing care provided in the home includes diabetic management, complex pain management, wound care, oxygen therapy, dialysis and palliative care. Consultations may be arranged with external nursing specialists such as the palliative care team, a continence consultant, or a clinical nurse consultant in dialysis. Insulin management for residents is completed with assistance from registered nurses in the co-located high level care home when required. Care plans include information in relation to residents’ specialised nursing care needs when appropriate. Management and staff interviews indicated 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. Residents expressed satisfaction with the specialised clinical care provided by the home.

## **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: a hairdresser, a physiotherapist, an occupational therapist, a dialysis nurse, a foot care nurse, pharmacy services, and pathology services. Management advised that a mental health service can be arranged to visit the home. Access to a psychogeriatrician is also available. The team reviewed evidence of one resident being seen by the speech pathologist. A continence supply company representative is also available to review residents. Residents can visit external health services of their choice with assistance provided for their transportation by taxi services or family members. Documentation reviews demonstrated that residents have visited specialists and/or attended diagnostic tests externally. Resident interviews indicated 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 demonstrated that the management of medication is safe and meets relevant legislative and regulatory requirements and professional standards and guidelines. A pre packed medication system whereby medications are packed by a pharmacist and

administered by appropriate staff is in place. This includes a multi dose medication administration system. Medication management audits are carried out in the home. The home provides the secure storage of medications and individual resident's medication monitoring reviews completed by an accredited pharmacist. The photographic identification of each resident with their date of birth, and clearly defined allergies are on each medication chart. The medication charts are signed in an appropriate manner and between medication rounds the medication trolley is locked. Diabetic residents have a form which records their blood glucose level parameters and management of hypoglycaemia. Residents who wish to self medicate undergo an assessment to ascertain their ability to self administer. Medication incidents are included in the reporting system. Staff are required to demonstrate competency with medication management. Residents confirmed they are satisfied with the home's management of their medications.

## **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. Provision is made for the assessment of residents' verbal and non-verbal pain. The home has a pain chart in use for monitoring residents' pain levels and the effectiveness of treatments. Interviews and documentation reviews demonstrated pain management strategies currently in use for residents include: the administration of pain relieving medications, rest, providing comfortable chairs, gentle exercises, massages and heat packs. The team leader reported that the home has access to palliative care nurses for advice on residents' pain management when required. Documentation reviewed by the team indicated that staff monitor the effectiveness of pain relieving strategies. Resident interviews indicated that the residents are comfortable and have treatments or medications provided for their pain relief.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Residents' end of life care wishes are discussed with residents/representatives during the initial assessment processes or as the needs of the resident indicate, with relevant information documented in residents' records. Preferences relating to spiritual, physical and cultural needs are specifically sought and documented. Care staff interviews indicated 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 the co-located high level care home. The team leader interviewed indicated the home has access to advice on residents' palliative care through local palliative care nurses. The home has a chaplain three days a week and access to visiting clergy is available to provide support for terminally ill residents and their representatives. All residents have single room accommodation to support their privacy and dignity. Care staff advised that the home would provide open visiting hours for the representatives of terminally ill residents who would be welcome to stay overnight if desired. The home has a room available for the residents' representatives to use if needed. Residents expressed 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 kitchen staff, care planning and evaluation processes. Meals are cooked freshly in the home. Processes are in place to provide residents with special diets, pureed meals and dietary assistive devices should these be required. The cook advised that no residents currently require thickened fluids. Residents’ weights are monitored monthly, with variations assessed, actioned and monitored. Strategies implemented to manage unplanned weight loss/gain include more frequent weight monitoring, and referral to the relevant medical officer. The home demonstrated consultation with relevant medical officers, and allied health professionals about nutrition and hydration needs and strategies to ensure these are effectively meet. Residents advised that they are satisfied with the home’s approach to meeting their nutrition and hydration needs.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

Residents’ skin care needs and strategies to maintain skin integrity are identified through consultation with the resident and their representative along with relevant discharge information from hospitals and attending doctors and staff members. Assessments are conducted which include the identification of the risk of skin integrity breakdown, nutritional status, levels of mobility and the falls risk. Care plans and progress notes reviewed by the team reflected the assessments and ongoing monitoring of residents’ skin integrity. Wound management information is written on the appropriate forms. Staff observe and report changes to the residents’ skin integrity to the team leader as required. The home’s reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in the key performance indicator system. Residents confirmed they are satisfied with the home’s approach to meeting their skin care needs.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure residents’ continence is managed effectively. A review of clinical documentation and discussions with staff show continence management strategies, including regular toileting and use of continence aids, are developed for each resident. The care plans are regularly reviewed and evaluated for effectiveness. The care staff assist residents with their continence and toileting programs and monitor residents’ skin integrity. Bowel charts are maintained and aperients given as required and prescribed. Staff confirmed there are adequate supplies of continence aids available for residents’ needs. Resident interviews indicated that they are satisfied with the continence management provided by the home.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Results of the team’s observations, interviews and documentation reviews indicated that the home has a system in place to ensure the needs of residents with challenging behaviours are managed effectively. Care plans reflect assessment data and are developed in consultation with the resident, family members, visiting medical officers and specialist consultants where required. Episodes of challenging behaviour are recorded, monitored on the behaviour assessment form and evaluated by the registered nurse from the co-located high care home or the acting care manager. The local medical officers assist with the evaluation and treatment of residents with behavioural management needs. Staff demonstrated knowledge of individual resident’s behaviours and appropriate management interventions. The recreational activity officer has a range of activities that promote both individualised and group programs to prevent, and assist with the management of residents with behavioural issues. Residents interviewed expressed satisfaction with the way staff manage residents’ challenging behaviours.

### **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 in their mobility and dexterity needs through the assessment and care planning processes completed by care staff. Interviews indicated that a mobility assessment is carried out by the occupational therapist. A physiotherapist has recently begun visiting the home. Care staff advised that it is planned for the physiotherapist to assess all residents. The physiotherapist’s role includes developing exercise programs for the residents. The recreational activity officer also provides exercises for residents including exercise groups and various ball games. The team observed a number of residents walking with the support of mobility aids. Strategies for residents’ falls’ prevention and management include: accident and incident reporting; the completion of falls’ risk assessments; and providing a clutter free environment. A care staff member advised that residents who experience falls can also be referred to the physiotherapist for review. Resident interviews demonstrated that residents are supported to maintain their mobility and dexterity levels. Residents also indicated that they enjoy the daily exercise groups provided.

### **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 assessments, care planning and evaluation processes. Management advised that residents are required to access dental services externally. The home provided examples of residents accessing external dental services. Care staff interviews indicated they provide residents with oral care including assistance with denture care or teeth cleaning when indicated. Interviews indicated that residents have access to supplies of equipment for their oral care. Interviews with residents and staff demonstrated that residents’ oral and dental care needs are identified and strategies are in place to manage these needs.

## **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, care planning and evaluation processes. The home’s recreational activity officer carries out a sensory assessment on entry to the home which includes the identification of residents’ smell, touch and taste needs. Management reported that residents who are required to access optometry and/or audiology services externally are supported by staff to make appointments and organise transport. Care staff interviews indicated they implement strategies to assist residents with vision and/or hearing losses. Large print books and audio books are provided for residents when required. Residents reported that staff are supportive of their sensory loss needs and promote independence and choice as part of their daily care.

## **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 the assessment of residents’ sleep patterns, residents’ choice of bed times, and staff support at night. The home provides call bells for residents to call for staff assistance, including at night when required. Interviews and documentation reviews demonstrated that strategies used to support residents to achieve natural sleep patterns include: warm drinks when resident wake at night, the availability of snacks at night, provision of pressure relieving equipment, and night sedation as per medical officers’ orders. Resident interviews indicated that residents sleep well at night and feel safe and secure.

### **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 to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system. The home presented evidence to demonstrate that the organisation actively pursues continuous improvement in relation to Accreditation Standard Three.

Examples of improvements and results of continuous improvement in relation to Accreditation Standard Three: Resident lifestyle include:

- The home has installed two computer terminals for resident use. Internet access to these computers is currently in the process of being installed. The team observed residents enjoying playing games on the computers. This has resulted in improving the equipment and recreational activities available for residents.
- Processes and practices to improve and increase the recreational activity officer’s involvement in resident care planning have recently been implemented.
- A men’s group has been implemented to improve the socialising for the male residents.
- New ornaments and garden furniture have been placed around the home to provide a more homely environment for residents.

#### **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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of the home’s responsiveness to legislative and regulatory requirements in relation to Accreditation Standard Three include:

- New residents and/or their representatives are offered a resident agreement for signing which includes information on fees and bonds, as well as other information in accordance with legislative requirements.
- The home demonstrated the management of residents’ personal information to meet the requirements of privacy legislation. Residents are required to sign a consent form for the collection, use and disclosure of personal information. Consent is also obtained for the use of residents’ photographs.
- The home has policies and procedures and a flowchart to guide staff on the steps to follow in the event of an allegation or suspicion of resident assault. The home maintains a compulsory reporting register in which to record incidents of resident assault. The home also has a flowchart to guide management on the steps to follow in the event of a missing resident.



### **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

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews, observations and documentation reviews demonstrate that staff have knowledge and skills in relation to resident lifestyle.

Examples of education sessions that staff have attended in relation to Accreditation Standard Three within the last 12 months include:

- Resident abuse;
- mandatory reporting for resident assault and missing residents;
- dementia: meaningful activities;
- dementia: respect; and
- management advised that one recreational activity officer has completed some modules for certificate IV in leisure and lifestyle.

### **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 a system in place to support residents to adjust to life in the home's environment and on an ongoing basis. The home's recreational activity officer and a recreational activity officer working in a co-located day care centre meet daily with residents. This includes providing one-to-one support and supporting new residents with additional visits as required. The emotional state and needs of residents are identified and reviewed on an ongoing basis, and strategies to support emotional needs are evaluated. Residents' records show that the social, cultural and spiritual, family history details and support needs of residents are documented on entry to the home. These are used to formulate individualised care plans that are regularly evaluated. The team observed staff providing interactions and support to residents and encouraging them to participate in the life of the home whilst also respecting their independence. Residents confirmed that they are satisfied with the home's management of the settling in period and are provided with appropriate ongoing emotional support.

### **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, and volunteers are welcome to visit. Management interviews indicated that an annual fete held for the home and co-located home allows for

community interactions. Residents can choose to go on family outings or attend external clubs and activities as they wish and their health allows. Residents' independence is also fostered through ways including: residents personalising their rooms, newspaper deliveries, laundries available for resident use, and the provision of equipment to support independent living. The activities program includes shopping trips and bus outings. The home has a kiosk through which residents can purchase various items. The recreational activity officer advised that residents are supported to participate in voting for elections. Resident interviews indicated satisfaction with the opportunities available 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. The resident handbook includes information on the organisation's privacy policy for the collection, use and disclosure of personal information. Staff interviews demonstrated 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 demonstrated that residents' care documentation is stored securely. Residents confirmed that their privacy, dignity and confidentiality is recognised and respected in accordance with individual needs and preferences.

### **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 has systems in place for the assessment of activities and interests preferred by each resident. Social profiles are completed on entry to the home and care plans are developed based on these assessments. Records are maintained on residents' participation in activities and the residents are encouraged to provide feedback on new and ongoing activities. The recreational activity officer briefly sees every resident Monday to Friday to provide a reminder of the activities on that day. A one-to-one interaction is provided to those residents who choose not to participate in group activities. The home keeps residents informed of activities via noticeboards, verbal prompts and the home's newsletter. Resident interviewed demonstrated that the home supports resident involvement in activities and interests appropriate to their needs and preferences.

### **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' religion and

culture. A range of cultural days and religious celebrations are acknowledged and celebrated. Examples include Christmas, Easter, and Melbourne Cup day. Church services from a range of denominations are held in the home. Staff advised that a birthday cake is provided for residents to enjoy during the monthly birthday celebrations held. Residents are satisfied with the home's level of support for their interests, customs and beliefs.

### **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/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 provided in the resident agreement, the resident handbook, as well as various brochures in the information pack. Examples of residents' choices for care and services include: choice of participation in activities, choice of bed times and a choice from a selection of meals in the evenings. Resident/representative input for care and services is facilitated through assessment processes, resident meetings, comments and complaints' mechanisms, and verbal comments. Management provides an 'open door' policy. Resident interviews demonstrated that residents are aware of their rights and responsibilities and have opportunities 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

Processes are in place to provide potential and new residents and/or their representatives with information on security of tenure and their rights and responsibilities. A resident agreement is offered to new residents and/or their representatives for signing. Management interviews indicated that residents are encouraged to seek legal and/or financial advice prior to signing the agreement. The resident agreement provides information including, but not limited to, rights upon being asked to leave the home, management of bonds, termination of the agreement, fees, and details of the care and services to which low level care residents are entitled. Attachments to the resident agreement include the Charter of Residents' Rights and Responsibilities which is also on display. The resident handbook provides further information on security of tenure for residents. Processes are in place for residents to be consulted about room changes. Resident interviews confirmed that residents have been consulted when they have needed to move to another room. Resident interviews indicated that residents feel secure in their tenure in the home and generally understand their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system. The home presented evidence to demonstrate that the organisation actively pursues continuous improvement in relation to Accreditation Standard Four.

Examples of improvements and results of continuous improvement in relation to Accreditation Standard Four: Physical environment and safe systems include:

- Additional staff hours have been allocated to the kitchen to assist with the kitchen processes including the cleaning. Management have identified this to have resulted in improving the cleaning and the appearance of the kitchen.
- The dining room has been painted to improve the appearance of the living environment for residents. Management advised that actions have also been taken to improve the lighting in the dining room.
- New equipment has been purchased including, but not limited to, a new food processor, and new weighing scales. This has improved the equipment available for the care and services for residents.
- A chair lift was installed in the home during a period when the lift was found to be unreliable. A new lift is currently being installed. Management advised that the new lift will go between four levels, an increase on the two levels previously serviced, to provide improved access between the floors for residents, staff and those living in the co-located self care units.

### **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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. Interviews, observations and documentation reviews demonstrated that the home has information available for staff on regulatory requirements, legislation and professional guidelines in relation to the physical environment and safe systems.

Examples of responsiveness to legislative and regulatory requirements in relation to Accreditation Standard Four include:

- The home demonstrated that it has met the legislative requirements in relation to the catering services. A New South Wales Food Authority audit has been completed for which a pass mark has been achieved. The home has a current New South Wales food authority license on display.

- Fire safety checking records are maintained by the fire service which visits the home and are stored in the fire panel.

#### **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

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. The staff orientation program includes fire safety, occupational health and safety (OHS), manual handling, and infection control. Recently reviewed processes are in place to monitor staff attendance at the mandatory training programs which include the fire safety training programs. Interviews, observations and documentation reviews demonstrated that staff have knowledge and skills in relation to the physical environment and safe systems.

Examples of education sessions that staff have attended in relation to Accreditation Standard Four within the last 12 months include:

- Fire training;
- occupational health and safety: safe handling; and
- chemical safety.

#### **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

Management is working to provide a safe and comfortable environment consistent with the residents' care needs. Resident accommodation is on two levels and residents have single rooms with ensuite bathrooms. Observations demonstrated that residents have opportunities to personalise their rooms. Nurse call bells are installed in residents' rooms and their ensuite bathrooms. Residents have access to recreational activities rooms, lounge areas, sitting areas, and a hairdressing salon. Residents also have access to a variety of outdoor areas including a courtyard which has a covered area. The home does not provide a secure living environment and management advised that potential residents are screened to ensure their suitability to be safely accommodated in the home. Alarms on the doors to residents' rooms can be activated when necessary to monitor the residents' movements at night. Observations demonstrated that the living environment is well lit and generally free of clutter. A number of reverse cycle air conditioning units have been installed in both communal areas and residents' rooms to assist with temperature control. Processes are in place to ensure that preventative, routine and reactive maintenance programs are completed. This includes employing a maintenance officer five days per week as well as a part time gardener to complete garden maintenance. Residents stated they are satisfied with the comfort and the maintenance of the living environment.

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

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

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

Does comply

Management is actively working to provide a safe working environment that meets regulatory requirements. Occupational health and safety (OHS) is a standing agenda item at several meetings. OHS audits and room safety audits are completed to monitor that a safe working environment is maintained. Other processes to ensure the home provides a safe working environment include: accident and incident reporting; hazard reporting; risk assessments; management's observations; maintenance programs; and staff feedback. Information on OHS is provided to staff through the orientation and education programs, meetings, policies and procedures, and various resource materials. Observations demonstrated that chemicals are stored securely and dispensers are installed for the decanting of chemicals. Material safety data sheets are available for the chemicals in use. Management advised that an external company is used to manage the return to work program. The home promotes a 'minimum lift' policy. Staff are provided with training and instructions on residents' manual handling needs and equipment is available to support safe work practices. Staff have access to the lifting machines shared with the co-located high level care home. Management reported that an employee assistance program is available. Staff interviews indicated they have access to adequate supplies of equipment and training to support them in safe work practices.

#### **4.6 Fire, security and other emergencies**

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

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

Does comply

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Systems to support this include: mandatory fire safety and evacuation training for all staff; audits; the installation of a fire warning system and fire fighting equipment. The home also has servicing and checking of fire equipment by an approved external provider, and emergency flip charts on fire and other emergency procedures accessible to staff. The home has a designated fire safety officer who has completed fire safety officer training. A tin box with resident lists and labels for identifying residents is prepared for use in the event of an evacuation. The resident handbook informs residents that smoking is not permitted in the building and the home has a designated external smoking area. Management advised of evening lock up procedures to maintain the security and safety of residents after hours. Staff interviewed demonstrated that they have completed fire safety training and are aware of the actions to take in the event of the fire alarm sounding. Contractors and visitors are required to sign in and out when attending the home. The home also monitors when residents go in and out of the home. Resident interviews indicated the residents feel safe and secure within the home.

#### **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. This includes the completion of audits; monitoring infection rates; pest control; and providing hand washing facilities and supplies of appropriate equipment for staff. A staff member with certificate IV in aged care is the

designated infection control officer. The home has outbreak kits for use in the event of influenza and gastroenteritis outbreaks. Outbreak guidelines and appropriate signage are stored in the kit for gastroenteritis outbreak management. The infection control officer advised that no outbreaks have occurred in recent times in the home. Catering, cleaning and laundry services demonstrated a range of practices in use to reduce the risk of cross contamination and to meet health and hygiene standards. This includes, but is not limited to: the use of colour coded equipment. The laundry is divided into areas to promote work flows to minimise cross contamination. The laundry person advised that chemical disinfection is used for wash loads. Observations demonstrated that the home has sharps containers and facilities for managing clinical and general waste. Observations also demonstrated that pest control baits have been put in strategic locations. The home provides immunisation programs for residents and staff. Staff interviews indicated that staff are aware of infection control practices relevant to their roles. Residents interviewed advised that they have observed staff washing their hands and using gloves.

#### **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

Hospitality services are provided in a way that enhances residents' quality of life and the staffs' working environment. Meals are cooked freshly in the home following a four-week rotating menu. Residents are provided with fresh fruit each day. A kitchen communication book is maintained to record changes to residents' dietary needs. Cleaning is completed by contract cleaning staff who have access to colour coded cleaning equipment and a range of chemicals to maintain a clean living environment. Cleaning schedules are in place for the cleaning, and catering services. Observations demonstrated the living environment is clean. The home provides an on site laundry service for linen and residents' personal clothing. Resident laundries are also available for residents wishing to attend to their own laundry. Residents are advised to have their clothing labelled with their names to assist with the sorting processes and labels can be applied by the home. The laundry officer has a process for the placement of residents' clothing to assist with the sorting processes. Mechanisms to monitor the quality of the hospitality services include: audits, and resident feedback at meetings or through their completion of compliment, complaints and suggestion forms. Residents interviewed are generally satisfied with the meals provided. Residents also expressed satisfaction the cleanliness of the home and the laundry services.