



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Sir James Terrace

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

The Agency has decided that the period of accreditation of Sir James Terrace is two years until 8 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 accreditation period will provide the home with the opportunity to demonstrate that its continuous improvement systems are sustainable over a longer period of time.

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: | | Sir James Terrace | | | |
| RACS ID: | | 5344 | | | |
| Number of beds: | | 77 | Number of high care residents: | | 52 |
| Special needs group catered for: | | | <ul style="list-style-type: none"> Dementia and related conditions | | |
| Street/PO Box: | | 11 Stamp Street | | | |
| City: | DECEPTION BAY | State: | QLD | Postcode: | 4508 |
| Phone: | | 07 3204 7911 | | Facsimile: | 07 3204 7200 |
| Email address: | | kthompson@sirjamesterrace.com.au | | | |
| Approved provider | | | | | |
| Approved provider: | | SJT Aged Care Services Pty Limited | | | |
| Assessment team | | | | | |
| Team leader: | | Mark Rankin | | | |
| Team member/s: | | Mariza De Feudis | | | |
| Date/s of audit: | | 15 June 2010 to 16 June 2010 | | | |

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

Accreditation decision

| Agency findings |
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| Does comply |
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| Agency findings |
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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 | Sir James Terrace |
| RACS ID | 5344 |

Executive summary

This is the report of a site audit of Sir James Terrace 5344 11 Stamp Street DECEPTION BAY QLD from 15 June 2010 to 16 June 2010 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 Sir James Terrace.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 15 June 2010 to 16 June 2010.

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: | Mark Rankin |
| Team member/s: | Mariza De Feudis |

Approved provider details

| | |
|--------------------|------------------------------------|
| Approved provider: | SJT Aged Care Services Pty Limited |
|--------------------|------------------------------------|

Details of home

| | |
|---------------|-------------------|
| Name of home: | Sir James Terrace |
| RACS ID: | 5344 |

| | |
|--|---------------------------------------|
| Total number of allocated places: | 77 |
| Number of residents during site audit: | 71 |
| Number of high care residents during site audit: | 52 |
| Special needs catered for: | Dementia and other related conditions |

| | | | |
|-----------------|----------------------------------|------------|--------------|
| Street/PO Box: | 11 Stamp Street | State: | QLD |
| City/Town: | DECEPTION BAY | Postcode: | 4508 |
| Phone number: | 07 3204 7911 | Facsimile: | 07 3204 7200 |
| E-mail address: | kthompson@sirjamesterrace.com.au | | |

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Sir James Terrace.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

| | Number | | Number |
|---------------------------|--------|---------------------------|--------|
| Administration manager | 1 | Residents/representatives | 10 |
| Clinical services manager | 1 | Director | 1 |
| Care staff | 5 | Laundry staff | 1 |
| Administration | 1 | Cleaning staff | 2 |
| Chef | 1 | Maintenance staff | 1 |
| Endorsed nurse | 1 | Registered nurses | 2 |
| Acting clinical nurse | 1 | Lifestyle co-ordinators | 2 |
| Physiotherapy aid | 1 | | |

Sampled documents

| | Number | | Number |
|---|--------|-------------------|--------|
| Residents' files | 5 | Medication charts | 11 |
| Resident agreements | 5 | Personnel files | 6 |
| Nursing care plans and interim summary care plans | 5 | | |

Other documents reviewed

The team also reviewed:

- Accident/incident review
- Activity attendance and evaluation records
- Activity trackers
- Admission checklists
- Aggression data register
- Annual training planner
- Asset register
- Audit summary reports

- Audit tools and audit schedule
- Authorisation for administration of nurse initiated medications list
- Behaviour management guidelines
- Blood glucose monitoring charts
- Building certification certificate instrument 1999
- Care plan review schedule
- Case conference records
- Chapel roster
- Clinical indicators data
- Clinical pathways for wound care
- Comments and complaints information sheet
- Comprehensive medical assessments
- Consent forms
- Continuous improvement log/have your say form
- Controlled drug register
- Diabetic management crisis guidelines
- Dietary preference forms
- Dietitian referral forms
- Duties lists/rosters
- Education calendar and attendance records
- End of life wishes assessments and directions forms
- Enteral feeding protocol
- Falls and skin tears prevention folder
- Falls data
- Fire systems service records
- Focus assessments
- Food, fluid and bladder charts
- General refrigeration temperature record
- Handover sheets
- Homes mission statement and philosophy of care
- Imprest medication register
- Incident notification forms
- Infection data/trending
- Job descriptions
- Leisure activity program and evaluations
- Maintenance request sheet
- Malnutrition screening tool
- Mandatory training log 2010
- Meal order form
- Medication incident/error records
- Medication matrix
- Meeting minutes
- Meeting minutes
- Mobility guides and exercise programs
- Monthly activity calendars
- Monthly fire safety check sheet
- Multipurpose charts
- Nurse initiated medications flowchart
- Palliative care management plans
- Pharmacy notification forms
- Physical restraint forms
- Physiotherapy exercise and falls management records
- Position descriptions duties lists

- Protocols, flowcharts and policies
- Prudential compliance statements
- Quality review report
- Questionnaires matrix 2010
- Record of daily care provided forms
- Referral logs
- Registered staff register
- Regulatory compliance folder
- Resident assessment profiles
- Resident data bases
- Resident handbook
- Resident incident forms
- Resident newsletter
- Resident of the day schedule
- Resident orientation checklists
- Resident social profiles
- Resident weight matrix
- Residents handbook
- Risk assessments
- Risk management for emergency events
- Service agreements
- Shower lists
- Skill assessment matrix 2009-2010
- Skin tear and wound tracker
- Staff fire training records
- Staff police check requirements matrix
- Staff police checks register
- Staff registrations
- Staff rosters
- Surveys
- Temperature recording records
- Working action plan
- Wound tracking log
- Yearly audit summary
- Yearly infection control graph

Observations

The team observed the following:

- Activities in progress
- Activity notice boards and notices
- Archive room
- Care plan folders
- Carer's folders
- Chemical storage room
- Clinical and educational resources
- Clinical inventory and supplies
- Colour coded equipment
- Communication diaries
- Contractors sign in book
- Dietitian referral folder
- Doctors books
- Equipment and supply storage areas
- Grounds and building maintenance

- Hand washing facilities
- Interactions between staff and residents
- Internal and external complaints mechanisms on display
- Kitchen/laundry cleaning schedule
- Kitchen/maintenance information white boards
- Living environment
- Maintenance shed
- Meal assistive devices in use
- Meal preparation and catering services
- Medication administration practices
- Medication alert system
- Memorial board
- Menu and communication board
- Mobility and transfer aids in use
- Outbreak management kits
- Palliative care kit
- Pathology reports
- Personal protective equipment in use
- Pressure relieving and skin protective devices
- Resident library
- Resident/visitor sign in books
- Residents dining areas/meal service
- Sharps containers
- Spill kit
- Staff handover
- Staff room
- Staff work practices
- Staff/resident smoking area
- Storage areas
- Storage of medications
- Storage of resident care and administration records
- Suggestion boxes
- Supplement white board
- Transfer and discharge records
- Visitor and contractors sign in and out books
- Wellness room
- Wound management folders and trolleys

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

Input into the homes’ quality system is managed by the Administration and Clinical Services Manager with input coming from annual and monthly audits, staff and resident meetings and clinical data. Staff, relatives and residents contribute through the use of comments/complaints and suggestions forms, these forms are collected and reviewed by the Administration Manager, logged in the improvement register and discussed at the monthly Continuous Quality Improvement meetings. Residents complete improvement (have your say) forms and are assisted by staff to document and submit their suggestions and encouraged to raise concerns at residents’ meetings with confidential suggestions catered for. Action plans are developed at regular management meetings in combination with Organisational Senior Management meetings with the Administration Manager overseeing the homes’ action plans. An audit schedule identifies deficiencies along with such monitoring tools as surveys, audits, incident/accident trending, hazard forms and preventative maintenance programmes. Feedback is provided verbally and/or in writing with residents and staff being familiar with the home’s various forums to initiate a suggestion and reported that management is responsive to their requests in a timely manner.

Improvements reported by management, staff and residents in relation to Standard One include:

- The home identified difficulty in securing and keeping registered staff at the home. The home has developed a program supporting personal care staff to further their education enabling them to attain registered status with the intention of these staff remaining at the home. Staff commented to the team that they feel with this education and encouragement they can make a career at the home in nursing.
- The home has created a new staff training room, converting an existing area on the second level of the home into a permanent area for staff education and training. This now enables the home to conduct longer duration training over a number of days as it has eliminated the problem of setting up and breaking down the previous areas of the home used in training. Management reported positive feedback from staff, education and training facilitators.
- Staff identified that residents who frequented the smoking area had difficulty in gaining staff attention when they wished to return back into the home. The home has now installed a call bell buzzer at this location with residents commenting to the team that this now enables them to gain staff assistance when required.

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place through its management team, the internet, professional bodies and membership to industry based organisations which identify current legislation, regulatory requirements, professional standards and guidelines applicable to the Accreditation Standards. Policies are reviewed by the Administration Manager and Clinical Services Manager and are referenced to relevant legislation or professional guidelines which are kept in the regulatory compliance folder with relevant information distributed to staff at the home via memos, meetings and staff training. Staff meetings are held to keep staff informed and staff also has access to hard copy of policies, procedures, legislation and professional guidelines on site with deficiencies being addressed by a formal letter and further education if required. Regulatory compliance is monitored via staff observation, attendance at mandatory training, internal audits and competency assessments. All staff at the home has current criminal record checks. Staff reported they receive information on changes to work practices or requirements through meetings, memos and staff notice boards.

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 strategies which identify the knowledge and skills required for the roles performed at the home including key selection criteria, position descriptions, training needs analysis surveys and duty lists. The education and training program is managed by the Administration Manager and reviewed regularly and developed in response to meetings, staff surveys and the clinical needs of residents. Education is displayed on staff notice boards, the memo folder and announced at meetings in advance to ensure all staff receives education in regard to mandatory responsibilities with Standard One education including discrimination and harassment. The home has self learning education and a permanent training and education room that provides a flexible education program to staff. Training records are maintained and staff attendance is monitored by key personnel. Staff demonstrated skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

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's comments and complaints processes are discussed upon entry to the home, at resident meetings, and are documented in the residents' handbook and the resident agreement. Information and brochures are on display at the entrances of the home regarding internal/external complaints processes. Staff are aware of the complaints mechanisms

available for residents and confirm their role should a complaint be raised directly with them. Management maintains an 'open door' policy to both residents and representatives to discuss issues of concern with locked boxes and envelopes available should a concern be required to be made anonymously. The Administration Manager investigates all complaints and ensures a response is made either verbally or in writing; ongoing monitoring of resident satisfaction is conducted through audits, surveys and meetings. Residents/representatives confirm knowledge of the complaints mechanisms available to them and are satisfied that management address issues of concern when raised.

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

Management incorporates documented values, philosophy and commitment to quality care and lifestyle for residents into the home's daily activities. These quality statements are available to residents/representatives, staff and other interested parties via a variety of information documents. The home's mission statements are provided to resident/representatives in the resident information handbook and to staff during orientation in their handbooks. The home's mission is displayed in the main reception area the home.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's recommendation

Does comply

The home utilises a structured recruitment and selection process. Staff positions are advertised on internet sites, in local and national newspapers as well as applications that are hand delivered to reception. The Administration Manager along with the Clinical Services Manager monitors the entire home's staffing requirements. Staff are provided with a three month orientation program, buddy shifts as required, a staff handbook, position description, work instructions, emergency information and educational directives. After a probationary period staff are appraised at three months and then annually or as needed thereafter. The home has a registered nurse on site at all times with the home utilising a casual bank of staff to address planned and unplanned absences. Senior staff members supervise staff practices and education is provided in response to staff needs and residents' changing care needs. Residents/representatives are satisfied that their needs are met by appropriately skilled staff.

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 systems and processes to ensure that a stock of appropriate goods and equipment is available. These processes include input from staff, allied health professionals,

risk assessments, clinical audits and trials on new equipment and resident and staff meetings. Storage for equipment and goods is available within the premises of the home and staff have access to these storage areas. Stock is ordered and stock levels monitored by identified personnel and the homes designated purchasing officer with rotation and monitoring of stock for expiry dates. Equipment is monitored as per a preventative maintenance schedule and through a daily maintenance log by the maintenance officer. Faulty equipment is identified, removed from service and replaced or returned to suppliers for replacement. Staff/ Residents/representatives are satisfied with the stocks of appropriate goods and equipment.

1.8 Information systems

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

Team's recommendation

Does comply

The home manages information in a secure and confidential manner with processes and procedures in place including restricted access to information, resident and personnel files and secure storage areas with password protected computers. The home collects and uses information in relation to clinical indicators, incidents, hazards and infections related to residents and staff. Clinical documentation is generally in line with the homes reporting requirements with computerised data backed-up by relevant staff and resident clinical information is maintained in computerised and hardcopy formats that are stored securely. Management has access to current information via external providers, peak bodies and key personnel at the home. Information is communicated to residents/representatives verbally and in writing; information is communicated to staff verbally, meetings, staff notice boards at sign in and in the staff room and through memos. The home has procedures in place for archiving and destroying documents as per the home's policies. Resident/representatives and staff are satisfied with information management at the home.

1.9 External services

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

Team's recommendation

Does comply

External service agreements are in place and reviewed as required by management and the Director if required. The home has contracts with external services including, but not limited to, allied health professionals, continence products suppliers, air-conditioning, medical and chemical supplies and catering supplies. Feedback from identified key personnel is provided to management to ensure quality services are maintained; feedback on external services is also provided via resident and staff meetings. Service providers are supervised by relevant personnel when conducting services at the home with current police checks valid as required by legislation. Allied health professionals are consulted as required to ensure residents' needs are reviewed regularly. Staff and management are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Input into the homes' quality system is managed by the Administration and Clinical Services Manager with input coming from annual and monthly audits, staff and resident meetings and clinical data. Staff, relatives and residents contribute through the use of comments/complaints and suggestions forms, these forms are collected and reviewed by the Administration Manager, logged in the improvement register and discussed at the monthly Continuous Quality Improvement meetings. Residents complete improvement (have your say) forms and are assisted by staff to document and submit their suggestions and encouraged to raise concerns at residents' meetings with confidential suggestions catered for. Action plans are developed at regular management meetings in combination with organisational senior management meetings with the Administration Manager overseeing the homes' action plans. An audit schedule identifies deficiencies along with such monitoring tools as surveys, audits, incident/accident trending, hazard forms and preventative maintenance programmes. Feedback is provided verbally and/or in writing with residents and staff being familiar with the home's various forums to initiate a suggestion and reported that management is responsive to their requests in a timely manner.

Improvements reported by management, staff and residents in relation to Standard Two include:

- As a result of data trending and collation of resident falls in the secure unit of the home, the home has introduced sensor mats for those residents of two falls or more with the result being that falls have dropped in this area. Sensor mats are linked to the call bell system with staff indicating to the team that this allows them to respond to those residents quickly with the result being less falls for these residents.
- As a result of an employee suggestion the home has introduced new rimmed food plates for those residents with difficulty using regular plates and utensils. As a result of the new plates these residents have experienced increased independence at meal times.
- It was identified that there were different levels of care ability delivered from care staff within the home. The home has instigated new general care competencies for all staff with the result being all care staff now has the same level of baseline care knowledge in line with the homes policies and procedures in the delivery of care.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place through its management team, the internet, professional bodies and membership to industry based organisations which identify current legislation,

regulatory requirements, professional standards and guidelines applicable to the Accreditation Standards. Policies are reviewed by the Administration Manager and Clinical Services Manager and are referenced to relevant legislation or professional guidelines which are kept in the regulatory compliance folder with relevant information distributed to staff at the home via memos, meetings and staff training. Staff meetings are held to keep staff informed and staff also has access to hard copy of policies, procedures, legislation and professional guidelines on site with deficiencies being addressed by a formal letter and further education if required. Regulatory compliance is monitored via staff observation, attendance at mandatory training, internal audits and competency assessments. There is a system to ensure all nurse registration is current and nursing services are provided as per the *Quality of Care Principles 1997*. Staff reported they receive information on changes to work practices or requirements through meetings, memos and staff notice boards.

2.3 Education and staff development

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

Team’s recommendation

Does comply

The home has strategies which identify the knowledge and skills required for the roles performed at the home including key selection criteria, position descriptions, training needs analysis surveys and duty lists. The education and training program is managed by the Administration Manager and reviewed regularly and developed in response to meetings, staff surveys and the clinical needs of residents. Education is displayed on staff notice boards, the memo folder and announced at meetings in advance to ensure all staff receive education in regard to mandatory responsibilities with Standard Two education including medication management, continence management, wound care, urinary track infections and oral care. The home has self learning education and a permanent training and education room that provides a flexible education program to staff. Training records are maintained and staff attendance is monitored by key personnel. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems and processes in place to enable residents to receive appropriate clinical care. Residents receive an initial assessment and an interim summary care plan is developed to guide staff practice. A comprehensive assessment process occurs adopting a multidisciplinary approach where care plans are developed using an assessment database and a suite of focus assessment tools in consultation with the physiotherapist, lifestyle staff and residents/representatives. Care plans are formulated and reviewed regularly by registered nurses and changes in care needs and preferences are reflected in progress notes and the resident’s care plan. The Clinical Services Manager oversees the clinical system and staff receive education and are guided by policy, protocols and flowchart. Staff remain informed of care requirements through hand over processes, communication diaries/folders, one to one discussion and case conferences. Monitoring of the clinical system occurs through observation of staff practices, scheduled audits, surveys and review of monthly clinical indicators. Residents/representatives are satisfied with the care that is provided and their involvement in care decisions.

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

Residents with specialised nursing care needs are identified through assessment and reassessment processes in consultation with residents/representatives and other members of the health care team. Registered nurses develop and review care plans regularly or as residents’ needs change and specialised care is generally delivered in line with each resident’s prescribed needs and preferences. Specialised nursing care treatments such as diabetes management, complex wound care, pain management and enteral feeding is delivered by registered staff who demonstrate appropriate skills and qualifications to effectively identify and manage residents’ specialised nursing care. Referrals to allied health professionals occur as necessary and changes are documented and communicated to relevant staff in a timely manner. Staff receive education and have access to resources and equipment to enable residents’ specialised nursing care needs to be met. Residents/representatives are satisfied with the specialised 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

Residents have access to a range of health and other related services both on and off-site including but not limited to doctors, dentists, dietitians, physiotherapists, speech pathologists, mental health specialists, optometrists, podiatrists, audiologists and palliative care. Referral to appropriate health specialists occurs in a timely manner and is initiated by registered nurses in consultation with residents/representatives and the treating medical officer. Residents are assisted to attend external appointments when necessary, appointments are diarised for future reference and feedback from health specialists is documented in progress notes to ensure resident’s needs are met. Care staff inform registered staff of changes to residents needs to enable timely review and referral. Residents/representatives indicate satisfaction with the assistance and choices given to access medical specialists and other health 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 utilises a sachet system to safely and correctly manage residents’ medications. Registered nurses and endorsed enrolled nurses administer medications and selected care staff assist residents with their medications following annual competency assessment and education to ensure knowledge remains current. Medication charts are reviewed by medical officers and the pharmacist and include information such as photographic identification, special instructions and resident allergies. ‘As required’ (PRN) medications and variances are documented using a sticker system to ensure effectiveness is monitored. Processes are

in place for the safe storage of medication, including controlled drugs with access to after hour's emergency supplies if required. The medication management system is monitored by the Clinical Services Manager through observation of staff practices, scheduled audits and review of monthly clinical indicators data and relevant issues and plans for corrective action are discussed at clinical care meetings, medication management meetings and individually with staff where indicated. Residents/representatives are satisfied with the management of medications and the assistance provided by staff.

2.8 Pain management

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

Team's recommendation

Does comply

On entry, each resident's history of pain is assessed by registered nurses and resident's experiencing acute or new episodes of pain are commenced on pain monitoring charts to identify the need for further medical review. Verbal and non-verbal pain assessments are completed and care plans are developed in consultation with residents/representatives to guide staff practice. The physiotherapist and nursing staff offer a range of pain management strategies such as massage, gentle exercise, heat packs, repositioning and analgesia. Registered staff manage residents' complex pain requirements, including the frequency and effectiveness of the use of analgesia and pain relieving strategies. Amendments to pain management strategies are communicated to staff and staff are aware of indicators of pain and of the reporting requirements should residents display these. Residents/representatives are satisfied that pain is managed effectively and staff are responsive to residents changing needs.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has processes to enable residents' palliative care needs and preferences to be identified, assessed and managed in consultation with residents/representatives and the treating medical officer. The terminal care needs and wishes of residents are identified on entry or as residents' needs change and these wishes are recorded on a palliative care management plan for staff reference. Specialised equipment and access to palliative care advice is available to enable residents to be supported to remain in the home wherever possible; nursing and lifestyle staff, volunteers and religious representatives provide emotional, cultural and spiritual support when required. Staff receive education and use organisational and external resources such as the palliative care team to ensure the comfort and dignity of terminally ill residents. Review of documentation indicates terminally ill residents' comfort and dignity is maintained and representative satisfaction with approaches to resident care.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ nutrition and hydration requirements are identified through the initial and ongoing assessment and review processes and dietary preference form and care plans are developed to reflect residents’ dietary needs and preferences. Residents’ body weight is regularly monitored by the Clinical Services Manager and unplanned weight loss or gain is recorded with referrals made to the medical officer, speech pathologist and/or dietician. Strategies recommended are implemented and include assistance with meals, provision of specialty and texture modified diets, dietary supplements and increased monitoring of weights and food/fluid intake. The rotational menu utilised at the home receives dietician review, provides choice and variety and accommodates residents’ needs and preferences. Staff receive information to ensure residents are provided with adequate nourishment and hydration, demonstrate an awareness of individual resident’s needs and special preferences and provide appropriate diets, fluid consistencies, dietary aids and assistance. Residents/representatives are satisfied with the quantity and quality of food and fluid received.

2.11 Skin care

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

Team’s recommendation

Does comply

The skin care needs of residents are identified during assessment and reassessment processes and interventions used to maintain skin integrity are recorded in the care plan. Consultation occurs with residents/representatives and other health professionals, skin tears and wounds are reported, monitored and trended and healing progress is evaluated and documented on minor or complex wound pathway forms. Wound and skin care products are utilised and equipment such as mattresses, cushions and limb protective devices are available to maintain, protect or improve residents’ skin. Manual handling equipment is provided to support the safe transfer and mobility of residents and staff receive education in relation to wound management, the maintenance of skin integrity and manual handling to ensure effective care deliverance. Residents/representatives are satisfied with the care received in relation to skin integrity.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents’ urinary and bowel management needs are assessed on entry to the home and are monitored on an ongoing basis. Strategies such as programmed toileting, bowel management programs, dietary modification, hygiene assistance and use of medications and continence aids are recorded, implemented and evaluated for effectiveness. Urinary tract infections are monitored and data is analysed for causative factors and improvement opportunities. Audits are conducted regularly and action plans are developed when required. A team of dedicated staff oversee the continence management system, monitor the use of

continence aids, provide education to promote residents' optimum level of continence and demonstrate an awareness of individual resident's specified requirements. Residents/representatives informed the team that staff respect privacy and dignity when providing continence care and confirm continence needs are met.

2.13 Behavioural management

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

Team's recommendation

Does comply

Residents identified with challenging behaviours are assessed on entry or when needs change and a plan of care is developed using a multidisciplinary approach to effectively manage and care for these residents. Focused assessment tools are used to identify contributing factors relating to residents' behaviour patterns, techniques used to manage behaviours are documented in care plans and interventions are evaluated regularly for effectiveness. Incidents of significance are reported, documented and discussed to enable analysis, proactive action and if necessary referral. Staff are educated on appropriate methods for managing residents with challenging behaviour and demonstrated knowledge of resident's individual routines, preferences and strategies to promote positive care outcomes. The team observed care staff interacting calmly and respectfully with residents exhibiting challenging behaviours and residents/representatives confirmed that residents with challenging behaviours are managed effectively.

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' needs in relation to mobility and dexterity are identified during the initial and ongoing assessment process and residents with mobility and/or falls risk are reviewed and assessed by a visiting physiotherapist. Mobility care plans and guides, mobility guides, summary care plans and resident care plans guide staff practices and are reviewed by registered nurses and/or the physiotherapist regularly. Exercise and falls management programs are implemented to encourage residents' ongoing mobility and dexterity and equipment and aids are available to support resident's mobility and dexterity requirements. Incidents of falls are tracked by the Clinical Services Manager and are reviewed and discussed at a variety of meetings. Staff receive ongoing information in relation to residents' mobility and dexterity needs and education in manual handling to guide residents in the appropriate and optimal use of mobility and dexterity aids. Residents are assisted to mobilise within their individual capacity and preference and are satisfied that optimum levels of mobility and dexterity is achieved.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The oral and dental needs of residents are assessed on entry to the home and includes assessment of residents’ preferences relating to their oral health care. Care plans and summary care plans guide staff practice and effectiveness of care is reviewed regularly and as care needs change by registered staff. Resources such as mouth care products and storage equipment is available to meet residents’ oral hygiene needs. Changes to care are communicated through nursing handover, progress notes and case conferences. Referrals to dental services are facilitated by the home where indicated and a dental clinic makes scheduled visits to the home. Staff demonstrates knowledge of individual residents’ oral care needs and residents/representatives confirm they are satisfied with the assistance provided in relation to oral and dental health.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory needs are assessed on entry to the home and when there are indicators of change. Hearing and optical services are accessed and/or visit residents at the home in response to identified needs. Care plans and care plan summaries guide staff practice in relation to residents identified sensory needs, including strategies to address changes and recommendations for the maintenance of sensory aids. Strategies are reviewed in line with a three monthly review schedule or as needs change and care plans and care plan summaries record the use of hearing aids and glasses and interventions to address communication deficits. Staff assist residents to manage their sensory deficits where needed and ensure effective management of sensory aids. Residents/representatives are satisfied with the support provided to manage sensory loss and maintain sensory aids.

2.17 Sleep

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

Team’s recommendation

Does comply

Information about residents’ usual sleep patterns, settling routines and personal preferences are collected through initial and ongoing assessment and review processes. Strategies to promote adequate sleep and rest are developed in consultation with residents/representatives and consider identified natural sleep patterns. Care plans define a range of specific interventions based on individual needs and include pharmacological and non-pharmacological interventions such as the use of one to one time to reduce anxiety, positional changes, toileting assistance and environmental modification. Sleep monitoring charts are used for residents identified as having disturbed sleep patterns and referral to medical officers occurs for residents identified with prolonged sleep disturbances. Staff facilitates individual resting routines and flexible settling/rising times and minimise environmental factors impacting on residents’ ability to sleep. Residents/representatives are satisfied with the home’s approach to maintaining natural sleep and rest patterns and with the assistance received from staff during times of sleep disturbances.

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

Input into the homes’ quality system is managed by the Administration and Clinical Services Manager with input coming from annual and monthly audits, staff and resident meetings and clinical data. Staff, relatives and residents contribute through the use of comments/complaints and suggestions forms, these forms are collected and reviewed by the Administration Manager, logged in the improvement register and discussed at the monthly Continuous Quality Improvement meetings. Residents complete improvement (have your say) forms and are assisted by staff to document and submit their suggestions and encouraged to raise concerns at residents’ meetings with confidential suggestions catered for. Action plans are developed at regular management meetings in combination with organisational senior management meetings with the Administration Manager overseeing the homes’ action plans. An audit schedule identifies deficiencies along with such monitoring tools as surveys, audits, incident/accident trending, hazard forms and preventative maintenance programmes. Feedback is provided verbally and/or in writing with residents and staff being familiar with the home’s various forums to initiate a suggestion and reported that management is responsive to their requests in a timely manner.

Improvements reported by management, staff and residents in relation to Standard Three include:

- The home identified a need for increased access for residents’ spiritual needs with the result being the creation of a designated chapel at the home. This has allowed for many different denominational church services to be conducted on a rostered basis at the home with residents commenting positively on this new service.
- As a result of resident requests the home has created a mobile shopping trolley that enables residents to purchase some basic purchases similar to a local store. Residents responded positively to this as it promotes and increased their level of independence.
- To increase the floor presence of the lifestyle staff at the home, a new lifestyle desk has been established on the floor with this enabling staff to be visible to residents and has increased the ability of residents to interact with the lifestyle team.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place through its management team, the internet, professional bodies and membership to industry based organisations which identify current legislation, regulatory requirements, professional standards and guidelines applicable to the Accreditation Standards. Policies are reviewed by the Administration Manager and Clinical

Services Manager and are referenced to relevant legislation or professional guidelines which are kept in the regulatory compliance folder with relevant information distributed to staff at the home via memos, meetings and staff training. Staff meetings are held to keep staff informed and staff also has access to hard copy of policies, procedures, legislation and professional guidelines on site with deficiencies being addressed by a formal letter and further education if required. Regulatory compliance is monitored via staff observation, attendance at mandatory training, internal audits and competency assessments. There is a system in place to manage the reporting of assaults and absconding residents in accordance with regulatory requirements. Staff report they receive information on changes to work practices or requirements through meetings, memos and staff notice boards

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has strategies which identify the knowledge and skills required for the roles performed at the home including key selection criteria, position descriptions, training needs analysis surveys and duty lists. The education and training program is managed by the Administration Manager and reviewed regularly and developed in response to meetings, staff surveys and the clinical needs of residents. Education is displayed on staff notice boards, the memo folder and announced at meetings in advance to ensure all staff receives education in regard to mandatory responsibilities with Standard Three education including mandatory reporting of abuse and behaviour management. The home has self learning education and a permanent training and education room that provides a flexible education program to staff. Training records are maintained and staff attendance is monitored by key personnel. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

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

Processes are in place to identify residents' emotional support needs on entry to the home and on an ongoing basis. Prior to entry, prospective residents and their families are greeted and interviewed by the Clinical Services Manager and Administration Manager, receive a tour of the home and are given opportunity to discuss concerns and have their enquiries addressed. Residents are provided with a resident handbook and receive orientation to the environment, services, staff and other residents. Regular review processes identify emotional changes or concerns experienced by residents and strategies used to support residents are discussed during handover and case conferences and are documented in care plans and progress notes. Initial and ongoing social and emotional support is provided by the lifestyle team, management, nursing staff, volunteers and spiritual groups and residents are encouraged to personalise their environment to increase comfort levels. Residents/representatives expressed satisfaction with the emotional support provided on entry and on an ongoing basis to enable them to adjust to their altered lifestyle within 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

The home has systems in place to support and assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Residents' preferences and abilities are assessed on entry by the resident's medical officer, registered nurses, the lifestyle team and other allied health professionals. Risks are identified and staff assist residents to achieve maximal independence, pursue activities of preference and maintain friendships and connections and demonstrate an awareness of individual resident's preferences and limitations. Residents with special needs are provided with appropriate equipment and support with provision made to access the community for services, appointments, events, shopping and social visitation. Residents/representatives are satisfied with the assistance received in maintaining personal independence and friendships within and outside the home.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has processes in place to recognise and respect each resident's right to privacy, dignity and confidentiality. Residents/representatives are provided with information about their rights on entry and on an ongoing basis, with strategies implemented to ensure that residents' privacy and dignity are maintained during care routines. Staff and volunteers receive information relating to confidentiality on employment and have access to policy and protocols relating to privacy and dignity. Residents' personal information is stored securely; and processes are in place to ensure archiving and destruction of confidential information. Residents reside in single rooms with en-suited bathrooms and the home has a number of internal and external private dining, entertainment and sitting areas to maximise privacy. Staff demonstrate strategies to maintain residents' privacy and dignity and interact with residents respectfully, sensitively and discreetly. Residents/representatives are satisfied that staff are courteous, respectful of privacy and treat them with dignity when care and services are being provided.

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 in place that encourage and support residents' participation in a range of activities of interest to them. Residents' past and current interests are identified on entry through the resident profile and information is transferred to the lifestyle component of the resident care plan. The activities program is developed in consultation with residents/representatives, is provided five days a week and consists of a variety of one to one and group activities including special events provided by the lifestyle team and dedicated

volunteers. The program receives regular evaluation from review of participation rates, observation and resident feedback. Monthly activity programs are provided to residents/representatives and are displayed on noticeboards throughout the home and a dementia specific activity program is offered to residents in the secure unit. Staff have access to a range of resources and materials to enable them to assist residents with the program on weekends if requested. Residents/representatives indicate that they are satisfied with the leisure activity program offered by the home.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents are encouraged and supported to participate in community, spiritual and cultural events and residents informed the team they are satisfied their cultural and spiritual needs are met. Information regarding residents' interests, beliefs, language and cultural background, spiritual and end of life wishes is collected during the entry process and is used to develop care plans and guide staff in attending to residents' individual needs. Religious, cultural days of significance are celebrated and residents' family are encouraged to attend the home and join in celebrations. Visiting ministers of religion conduct church services weekly on site, as well as offering one to one spiritual guidance if required. The home has access to resources, interpreters and cultural specific materials to assist in meeting residents' needs and preferences. Residents/representatives are satisfied with the home's approach in fostering and valuing their individual interests, beliefs and backgrounds.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home has processes to support residents' choice and decision making in relation to the care and services they receive, while providing consideration to the rights of others. Individual care and lifestyle preferences are identified through assessment and review processes and information regarding residents' alternative decision-makers and advanced health directives is documented and accessible to staff if required. Each resident/representative receives information about internal and external complaints mechanisms, advocacy services and their rights and responsibilities on entry and on an ongoing basis. Residents are enabled to participate in decisions and exercise choice through one to one consultation with staff and management, satisfaction surveys, resident meetings and the comments/complaints process. Staff support residents' choice and decision making in the planning and provision of care, and encourage active involvement regarding aspects of care and services received. Residents/representatives confirm they are enabled to exercise choice and are satisfied with their involvement in decision making.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation

Does comply

Residents/representatives are supplied with written and verbal information regarding service provision prior to entering the home. The documents provided at the pre-admission interview and tour contain information about the terms and conditions of their tenure, fees and charges, dispute resolution and residents' rights and corresponding responsibilities. Key personnel ensure there is a shared understanding of the terms of the agreement and ongoing information regarding changes to fees and charges is provided. Networks with aged care industry groups ensure there is current information about specified care and service obligations, accommodation fees and charges. Residents/representatives are aware of their rights and responsibilities and are satisfied that their tenure at the home is secure.

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

Input into the homes’ quality system is managed by the Administration and Clinical Services Manager with input coming from annual and monthly audits, staff and resident meetings and clinical data. Staff, relatives and residents contribute through the use of comments/complaints and suggestions forms, these forms are collected and reviewed by the Administration Manager, logged in the improvement register and discussed at the monthly Continuous Quality Improvement meetings. Residents complete improvement (have your say) forms and are assisted by staff to document and submit their suggestions and encouraged to raise concerns at residents’ meetings with confidential suggestions catered for. Action plans are developed at regular management meetings in combination with organisational senior management meetings with the Administration Manager overseeing the homes’ action plans. An audit schedule identifies deficiencies along with such monitoring tools as surveys, audits, incident/accident trending, hazard forms and preventative maintenance programmes. Feedback is provided verbally and/or in writing with residents and staff being familiar with the home’s various forums to initiate a suggestion and reported that management is responsive to their requests in a timely manner.

Improvements reported by management, staff and residents in relation to Standard Four include:

- A new food comments book has been created enabling residents and interested parties to comment on the food services at the home. The book is located in the dining room with catering staff commenting to the team that this enables them to react quickly to suggestions and therefore improve the level of service to residents.
- As a result of a Management meeting, the home has created a “Wellness Centre”. This now designated area enables residents in private or groups to receive physiotherapy, group interactive video games events and exercise programs with residents commenting positively on the benefits of the room (The team observed many activities in the room during the site visit).
- As a result of continued negative comments and as an infection control improvement the home has replaced corridor carpet in the secure unit with vinyl, with the result being a decrease in the occurrence of odour and a more comfortable living environment for residents.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place through its management team, the internet, professional bodies and membership to industry based organisations which identify current legislation,

regulatory requirements, professional standards and guidelines applicable to the Accreditation Standards. Policies are reviewed by the Administration Manager and Clinical Services Manager and are referenced to relevant legislation or professional guidelines which are kept in the regulatory compliance folder with relevant information distributed to staff at the home via memos, meetings and staff training. Staff meetings are held to keep staff informed and staff also has access to hard copy of policies, procedures, legislation and professional guidelines on site with deficiencies being addressed by a formal letter and further education if required. Regulatory compliance is monitored via staff observation, attendance at mandatory training, internal audits and competency assessments. There is a system in place to ensure certifications for the home are met in accordance with regulatory requirements. The home has a food safety program in place with staff reporting they receive information on changes to work practices or requirements through meetings, memos and staff notice boards.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has strategies which identify the knowledge and skills required for the roles performed at the home including key selection criteria, position descriptions, training needs analysis surveys and duty lists. The education and training program is managed by the Administration Manager and reviewed regularly and developed in response to meetings, staff surveys and the clinical needs of residents. Education is displayed on staff notice boards, the memo folder and announced at meetings in advance to ensure all staff receives education in regard to mandatory responsibilities with Standard Four education including fire safety and evacuation, manual handling, infection control, food safety and safe systems. The home has self learning education and a permanent training and education room that provides a flexible education program to staff. Training records are maintained and staff attendance is monitored by key personnel. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

4.4 Living environment

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

Team's recommendation

Does comply

The home has processes in place to provide a safe and comfortable environment both internally and externally with residents encouraged to maintain their independence and have access to appropriate equipment. Cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Work instructions detail the frequency of cleaning programs and cover all areas of the home with services monitored by key personnel and audits with deficiencies addressed as needed. Identified hazards are risk assessed and actions taken through the action plan. Preventative and routine building and equipment maintenance is conducted by the Maintenance Officer or by external contractors. Residents are individually assessed for risk in relation to their safety and appropriate preventive and/or corrective actions are taken. Staff are aware of and

demonstrate practices that ensure the safety and comfort of residents.
Residents/representatives are satisfied with the living environment of the home.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Workplace health and safety policies and procedures, risk assessments and audit tools are used to guide improvements to the home's safety system. The home has a designated workplace health and safety officer who manages this safety role at the home. The system includes hazard/incident reporting, risk assessments, staff training and maintenance activities; residents are informed about improvements to the home at resident meetings. Risk assessments are conducted and control measures are implemented by relevant staff. Incidents are documented and reviewed by the Administration Manager, Clinical Services Manager and workplace health and safety officer and discussed at relevant staff meetings. Chemicals are stored in a safe, cool and ventilated area with restricted access ensured. Staff have access to hazard/incident reporting forms; safety training is provided to staff during orientation and annually or as needed thereafter; workplace health and safety is part of the home's mandatory training program. Staff are satisfied that management provides a safe working environment.

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 actively works to provide an environment and safe systems of work that minimise fire, security and emergency risks through the use of an external provider monitoring all fire and safety processes. Emergency exits are clearly marked and pathways are free of obstructions. The home maintains a smoking policy that applies to both staff and residents with designated areas clearly marked. Staff are provided with fire safety education at orientation, annually and is part of the home's mandatory training programs with fire drills conducted regularly. Staff have access to resident emergency and mobility lists, emergency plans/procedures and fire fighting equipment. Evacuation diagrams are displayed throughout the home. There is a lock down procedure in place in the evenings with visitors/contractors required to sign a register when arriving on-site. Staff and residents demonstrate knowledge of the home's fire and emergency procedures and their role in the event of an alarm or evacuation.

4.7 Infection control

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

Team's recommendation

Does comply

The home's infection control program is managed by the Clinical Services Manager and the Work Place Health and Safety Officer. Information about infection control is on display to staff in the sign in area. The home has processes for the identification of suspected and

actual infections, for the referral of residents for medical assessment and for the delivery of prescribed treatments. Management and staff are provided with infection control training and have access to procedures for the management of an outbreak. Infection data is collected and reviewed by the Clinical Services Manager and discussed at staff meetings to identify trends; appropriate action is taken in response to an increase in a particular type of infection. The home has systems to minimise the risk of cross infection, including use of colour-coded, single use and personal protective equipment; staff demonstrated knowledge of these procedures.

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

Meals are prepared on site with residents' needs/preferences identified through assessment processes and used in the delivery and planning of meals. Changes in residents' dietary needs are communicated to the kitchen in writing and records are updated accordingly. Meals are served in kitchenettes with information systems to guide and monitor residents' dietary requirements. Residents have a choice of meals with a four week rotating menu in use which is reviewed annually by a dietician. Resident feedback regarding meal satisfaction is sought at meal times and through meetings and surveys. Food safety program is in effect and is monitored by key staff and through audits.

Cleaning staff are on an established roster with cleaning programs used to guide staff. Colour-coded cleaning equipment is used and work practices are designed to minimise infection control risks. Chemical safety is followed by staff with scheduled audits in place to monitor cleaning activities.

Residents' laundry is done on site and residents were satisfied with the service. The laundry has separate clean and dirty areas and duties and equipment. Monitoring of resident's name tags ensures that lost items are kept to a minimum with lost clothing for residents easily accessible to residents to locate missing items. Laundry is delivered on a trolley in individual baskets promoting privacy and dignity to each resident with the quality of the laundry service monitored through the auditing process. Residents/representatives expressed satisfaction with catering, cleaning and laundry services.