



Standards and Accreditation Agency Ltd

Decision to accredit Sir Joseph Banks Aged Care Facility

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

The Agency has decided that the period of accreditation of Sir Joseph Banks Aged Care Facility is three years until 30 September 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Sir Joseph Banks Aged Care Facility		
RACS ID:	0519		
Number of beds:	170	Number of high care residents:	159
Special needs group catered for:	<ul style="list-style-type: none"> • Nil 		
Street/PO Box:	31-33 Edgehill Avenue		
City:	BOTANY	State:	NSW
		Postcode:	2019
Phone:	02 9316 9544	Facsimile:	02 9316 9545
Email address:	sjbnh@bigpond.net.au		

Approved provider

Approved provider:	Bisaxa Pty Ltd
--------------------	----------------

Assessment team

Team leader:	Jane Satterford
Team member/s:	Glenda O'Halloran
	Hiltje Miller
Date/s of audit:	6 July 2009 to 8 July 2009

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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	Sir Joseph Banks Aged Care Facility
RACS ID	0519

Executive summary

This is the report of a site audit of Sir Joseph Banks Aged Care Facility 0519 31-33 Edgehill Avenue BOTANY NSW from 6 July 2009 to 8 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Sir Joseph Banks Aged Care Facility.

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 6 July 2009 to 8 July 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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:	Jane Satterford
Team member/s:	Glenda O'Halloran
	Hiltje Miller

Approved provider details

Approved provider:	Bisaxa Pty Ltd
--------------------	----------------

Details of home

Name of home:	Sir Joseph Banks Aged Care Facility
RACS ID:	0519

Total number of allocated places:	170
Number of residents during site audit:	159
Number of high care residents during site audit:	159
Special needs catered for:	Nil

Street/PO Box:	31-33 Edgehill Avenue	State:	NSW
City/Town:	BOTANY	Postcode:	2019
Phone number:	02 9316 9544	Facsimile:	02 9316 9545
E-mail address:	sjbnh@bigpond.net.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Sir Joseph Banks Aged Care Facility.

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 three days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing (DON)	1	Residents	8
Acting deputy director of nursing (ADDON)	1	Relatives	9
Assistant directors of nursing (ADON)	3	Laundry staff	3
Quality consultants	2	Cleaning staff	2
Medical officer	1	Maintenance staff	1
Registered nurses	2	Catering staff	4
Endorsed enrolled nurse	1	Educator	1
Physiotherapist	1	Volunteer	1
Recreational activities officers (RAOs)	7	Fire officers	2
Care staff	14	Occupational health and safety committee members	4

Sampled documents

	Number		Number
Residents' files including clinical notes, progress notes, clinical assessments, case conferences, care plans, observations, weight and blood sugar level monitoring charts, medication reviews, physiotherapy and manual handling assessments	16	Medication charts	19
Summary care plans	4	Personnel files	20
Wound assessment and management charts	4	Resident agreements	17
Recreational and lifestyle care plans	30	Physical restraints authorisations/application and release forms	30
External service providers' contracts	14		

Other documents reviewed

The team also reviewed:

- Agency staff manual
- Allied health manual including dental manual, medical officers manual, podiatry manual
- Approved supplier records
- Asset register
- Assistants in nursing (AIN) competencies folder
- Audit result action plans
- Bed cleaning schedules
- Birthday celebration folder ground floor
- Blood sugar levels folder
- Bowel books/shower lists/continence aids/repositioning charts
- Breach of policy and procedure folder
- "Chatter box" calendar of events
- Clinical procedures manual
- Committee meeting minutes 2009: CQI X 2, medical advisory X 1, falls prevention X 2, food services X 3, registered nurses X 3, general staff X 1, assistants in nursing X 1, resident/representatives X 3, relative/carers X 2
- Committee meeting minutes: residents January - June 2009
- Complaints register 2008 - 2009
- Continuous quality improvement (CQI) surveys residents and relatives 2009
- Contractors agreements
- Cool room/refrigerator/freezer temperature records
- Core roster 2009
- CQI audit schedule 2009
- CQI audits standard four 2009
- CQI audits standard one 2009
- CQI audits standard two 2009
- Dementia activity attendance tick sheets folder first floor
- Dementia group folder
- Dementia therapy daily record sheets
- Dementia therapy recreational activity planning records first floor
- Dental assessment and treatments forms folders
- Department of health policy directive and circulars
- Disciplinary notice folder
- Diversional therapy book
- Diversional therapy daily record sheets
- Diversional therapy folder ground floor
- Duties and activities folders
- Elder abuse and duty of care agreement
- Employee grievance, bullying and harassment policy
- Enteral feeding folder
- Environmental audit results
- Fire safety service agreement and compliance reports
- Food safety plan
- Food temperature records including; on delivery, during preparation, at service
- Forms register - master copies 2009
- Good news folder - letters and cards of appreciation
- Handover sheets
- Identified training needs report
- Incidents/accidents folder
- Infection control monitoring sheets
- Infection data
- Job descriptions
- Journals
- Kitchen cleaning schedules (daily and periodical)

- Legionella testing results
- Maintenance request forms
- Medical records manual
- Medication audits
- Medication chart audits summaries January - June 2009
- Medication management manual
- Memoranda to staff
- Menu folders
- New employee pack
- Nurses message books
- Observations charts folders
- Optometry folder
- Outbreak box audit
- Outbreak procedures for gastroenteritis and gastroenteritis PRN medication charts
- Outbreak register
- Oxygen and suction equipment checks and signage by staff
- Pest control reports
- Pharmacy order books
- Physiotherapy folders, progress notes and communication books
- Podiatry folders
- Police checks register staff and volunteers
- Policy and procedures manual
- Pre purchase assessment forms
- Pressure area and skin rash audit summary 2009
- Preventative maintenance schedule
- Quality activity sheet
- Rash register folders
- Recreational activities calendar of events
- Recreational activities evaluation folder dementia first floor
- Recreational activities folder special events
- Recreational activities monthly resident progress folders
- Registered nurse and allied health registration folder
- Registered nurses (RN) competencies
- Relative/representative improvement log
- Resident agreement
- Resident handbook
- Restraint policy
- Schedule 8 and stock expiry audits 2009
- Schedule 8 drug registers
- "Snippets" newsletters
- Staff handbook
- Staff survey on skin rashes March 2009
- Staff vaccination records
- Temperature monitoring logs for medication fridges
- Thermometer calibration records
- Thermostatic mixing valves test results
- Training database and attendance
- Training schedule
- Volunteer attendance book
- Wanderers' hourly monitoring folders

Observations

The team observed the following:

- Activities in progress
- Aged Care complaints brochures on display
- Annual fire safety statement 2009

- Archive rooms
- Charter of residents rights and responsibilities on display
- Cleaning cupboards
- Colour coded equipment for catering and cleaning staff
- Correctly orientated fire exit plans
- Daily activity program notice board
- Dining room during meal service
- Emergency procedures flipchart
- Equipment and supply storage areas
- Evacuation diagram
- Exercises in progress
- Fire detection and fire fighting equipment
- Fire egress routes (clear of obstructions)
- Fire panel
- First aid kits
- Hand washing facilities located appropriately throughout the home and safe hand washing signs, hand sanitising gels
- Holding room
- Infection control – clinical waste and sharps containers, blood and body substance spill kits, personal protective clothing and equipment
- Information posters regarding influenza outbreaks
- Interactions between staff, residents and visitors
- Karaoke unit
- Living environment including residents' rooms, communal internal and courtyard
- Manual handling aids and lifting equipment
- Material safety data sheets (MSDS) at point of use
- Menu displayed in main noticeboards and in dining rooms
- Noticeboards: staff and residents
- NSW food authority licence on display – expiry October 2009
- Occupational health and safety (OH&S) – wet floor safety signage in use
- Resident of the month display
- Residents using mobility aids
- Secure storage of resident and personnel files
- Staff areas including nurses stations, staff room and amenities
- Staff photo identification board
- Storage of medications in treatment rooms
- Suggestion boxes locked
- Vision, values philosophy and objectives 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 actively pursues continuous improvement across the four Accreditation Standards. Management provides a variety of formal and informal mechanisms for residents and their representatives and staff to provide feedback on all areas of service delivery. These include: comment/complaint forms, improvement logs, feedback surveys, internal audits and meetings. Improvement strategies identified are fed into the home’s continuous quality improvement (CQI) system and are actioned through the home’s monthly CQI committee meetings. Management plans CQI activities by developing an annual audit and feedback schedule. The ongoing plan for continuous improvement documents planned improvements and their outcomes. Management uses the audit system to monitor and evaluate compliance with continuous improvement activities and provides feedback to stakeholders through the meeting forum, newsletters, memoranda and noticeboards.

Recent improvements relevant to Accreditation Standard One include the following examples:

- A modification to the home’s Aged Care Funding Instrument (ACFI) management system was introduced to assist staff in submitting ACFI assessments for validation. Clinical staff report that the streamlined format is user friendly and simpler to administer. The outcome for this initiative is that funding for the home is achieved with greater efficiency and less additional administration is required for correction of submissions.
- In January 2009 the auditing schedule was amended to designate a senior staff member to each auditing task. This has resulted in an equal distribution of work load for staff and accountability and consistency for reporting purposes. The team noted that the audit schedule is current and has been completed each month.
- A “red form” has been introduced for staff to document breaches of policy and procedure adherence by other staff members. Staff have been educated to view this as an opportunity to take responsibility and to provide constructive criticism of staff at all levels. The intent of this reporting technique is to ensure that residents receive optimal care, and that staff work under best practice guidelines with uniformity relating to the home’s policy and procedure.
- Staff have been issued with identity badges and photographs of staff teams are displayed in the corridors of the home. This is to assist residents and visitors to address staff correctly and to identify staff members and their position in the home if they require their assistance.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to receive, identify and ensure compliance with all relevant legislation, regulatory requirements, standards and guidelines. This was confirmed by the team during a review of documentation that included medical officers’, registered nurses’ and allied health providers’ professional registrations are current, staff police checks are in place and the staff handbook is updated as required. The home is a member of an industry association, and the DON receives information through this avenue and through subscriptions to a variety of government and independent information services. Management monitors adherence to regulatory requirements and makes necessary changes to policies and procedures which are communicated to staff through a generation of emails, meetings, noticeboards and memoranda. Staff confirm that they are informed of changes to policies and procedures arising from changes to legislation, regulatory requirements,

standards or guidelines with associated education and training given as necessary. Journals and policy directives are also circulated to the homes' management. The home has access to an organisational human resources (HR) department that conducts police checks on new employees. These employees cannot commence work until the home has the results.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has a comprehensive education, training and orientation system in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Review of documentation and interviews with management and staff indicate that training needs are identified primarily through performance appraisals, competency assessments, audits and observation of work practices. From these sources an annual schedule of education is developed. Competency assessments are undertaken annually or as necessary as part of the performance appraisal process, this is collaborated through review of staff files. Compulsory training is provided in fire, manual handling, infection control, and use of equipment, with a record of attendance being maintained. The home has a close association with a local training organisation that provides on-site education. Staff interviewed indicate they have access to education on a regular basis. Observation of work practices confirm staff are competent in carrying out their roles effectively.

Education and staff development related to Standard One include:

- The complaints and comments mechanism and how to make suggestions to improve the care and safety of residents/representative and staff.
- Ongoing in services, both internal and external to ensure all staff have the necessary skills to undertake their duties and by annual competencies.
- Education given at orientation on how to access information.
- Workplace bullying and harassment regarding the home's revised policy.

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 their representatives state that they are aware of how to make a comment, complaint or give a compliment. Residents and their representatives are informed of the complaints mechanism when they move into the home and are encouraged and supported through resident/relative meetings, surveys, brochures and notices to provide feedback on the services provided. Suggestion boxes are accessible for residents. The resident handbook includes information about how to make suggestions, the availability of complaint forms and about the internal and external complaints mechanism. The quality consultants at the home manage complaints and maintain a complaints register to document comments/complaints including verbal complaints that include a complaint log number, the nature of the complaint, the date and the outcome. This ensures that actioning and feedback by the DON can be provided in a timely manner. Comments/complaints are a standing agenda item at CQI meetings. Improvement logs are available to make suggestions for improvement and if an item requires action it is entered on the CQI plan. Information concerning staff complaint avenues and grievance procedures is contained in the staff handbook. Staff grievances are dealt with according to the home's grievance policy and counselling and mediation sessions are documented in personnel files. The team noted that the home received 40 internal complaints in 2008 and 11 internal complaints to date in 2009 which have been appropriately actioned and resolved. Residents and their representatives and staff comment that they are able to talk to management, and that feedback regarding complaints is given in person or through meetings.

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 residential care services vision, values, philosophy and objectives are documented in the home's publications including the resident and staff handbooks and are on display in the home. The home's commitment to quality is evident through the management team's continuous quality improvement initiatives, through policies, procedures and strategic planning that guide the practices of management and staff. The home encourages and fosters team work and provides opportunities for staff to advance their skills.

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

Residents and their representative's report that there are sufficient staff to provide services to meet their needs and that the services are delivered by staff that are knowledgeable about their duties. Staff feedback confirms that they have sufficient time and support to undertake their tasks. Staff state that relevant education and guidance is provided to ensure that they have the necessary skills to undertake their duties. The home's overall approach to human resource management guides a program of staff recruitment, job description, orientation, a "buddy" system, current duty lists, competency assessment and annual performance appraisal. Appropriately skilled and qualified staff are employed and rostered to meet the needs of residents and legislated requirements. Regular review of the roster and staffing levels in terms of staff numbers and skills in relation to changing resident needs is maintained. This is assisted by maintaining separate staff rosters for the two floors at the home. For example staffing levels were increased recently to assist in successfully containing an outbreak of gastroenteritis at the home. The team was told that the level of staff retention at the home is good and there is a pool of available staff to cover shifts if required. Staff state that they enjoy working at the home and express a commitment to the residents. Residents and their representatives comment that the staff are "very good".

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

Observation of storage areas, interviews and documents reviewed by the team confirm that stocks of appropriate goods and equipment are available at the home. The DON has responsibility for ordering the goods and equipment from approved suppliers. There is a capital budget approval process and interviews with some staff indicated they can provide input regarding equipment required. Equipment is trialled prior to purchase and there is a corrective and preventative maintenance program in place. Sufficient stocks of goods and equipment were observed in storage areas throughout the home. Residents and their representatives and staff interviewed state they have adequate levels of goods and equipment for safe delivery of care and services.

1.8 Information systems

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

Team's recommendation

Does comply

The home has systems to disseminate information to staff and residents and their representatives relating to management, clinical care, residents' lifestyle and the physical environment. The resident and staff handbooks, the resident agreement, staff orientation program, information on noticeboards, newsletters, memoranda and meeting minutes are mechanisms to ensure that all stakeholders receive accurate and timely information. Staff use assessments, care planning tools, and communication at handover to ensure that residents' care and lifestyle needs and preferences are identified, interpreted and supported. Information to ensure that care and support is provided consistently to residents is contained in clinical files and communication books. Case conferences are conducted to gain feedback from the residents and their representatives on the plans of care and service provided. There are secure systems for the generation, storage, archiving and destruction of documentation to ensure that each resident's dignity, privacy and confidentiality are maintained. Policies and procedures relating to information systems are reviewed and updated as required. A master register of forms and schedules for meetings and audits are maintained. Electronic information is backed up daily, password protected and accessed by key personnel only. Staff sign a confidentiality agreement on commencement of their employment.

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

Discussion with management and staff indicates the homes' agreements/contacts are in place for external providers through the homes approved providers' list and the services of these providers are monitored through inspections, feedback from residents and their representatives and staff, and observation of work practices. Most providers have been carrying out services for the home for many years and the home has been satisfied with their work practices. Residents and their representatives and staff interviewed indicate satisfaction with external services. Observation by the team noted equipment to be in good condition with a regular maintenance program.

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

As a result of the home's continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team notes improvements have been made relating to Accreditation Standard Two: Health and personal care. Resident feedback indicates a high level of satisfaction with care provision.

Recent continuous improvement initiatives include the following examples:

- In consultation with the home's medical officers the decision was made to delay the vaccination of residents and staff for influenza until later in April 2009 allowing the peak three month effect to occur later in the flu season. As a result of this initiative there have been fewer upper respiratory chest infections and no influenza related deaths to date at the home compared to previous years.
- A review of the home's weight management policy has been made in consultation with the medical officers and a nutritionist. Through focus assessments and earlier intervention in cases of resident weight loss staff report that they have noted a resulting improvement in for example pressure areas of non-mobile residents. Staff comment that a change of dietary supplement introduced following the review may have contributed to this improvement.
- The home has sourced a new provider of continence aids. Management states that the new service is efficient and cost effective. The provider has given staff education, and staff report that they find the products of better quality. Outcomes for residents include; improvements in skin integrity and a reduction in urinary tract infections.
- As a new initiative in improved resident care, the home has introduced a resident rash register to record skin irritations categorised as scabies or non-scabies, the origin if known and the treatment implemented to manage the condition. A separate register is maintained for staff. The rash register is an alert for staff to assist in identifying any community skin problems at the home and the potential issues presented to unaffected residents.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

For details of the system for managing compliance with legislation refer to expected outcome 1.2 Regulatory compliance. Compliance with legislation relevant to Standard Two includes: The home maintains a register to monitor that registered nurses and other health professionals have current authorities to practice.

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 a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Education and competency assessments relevant to Standard Two include:

Education given in:

- Anatomy and physiology relating to continence management.
- Care of tube and catheters
- Pain management in the aged care setting
- Behaviour management/sexually challenging residents
- Nutrition and hydration
- Drugs in the elderly
- Accident and incident reporting
- Hydration and urinary tract infections

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 assessed on entry to the home and on an ongoing basis. Residents are admitted by registered nurses who coordinate and assess the results of comprehensive assessments that are undertaken including pre admission information that may be available from medical reports, discharge summaries, aged care assessment teams and the residents and their representatives. This information is used to assist in the development of the resident’s care plan to meet individual health and personal care needs. Case conferences are arranged and residents and their representatives are invited to attend to discuss and review the resident’s care needs. Case conferences are held annually or as required. The registered nurses document in the residents’ progress notes daily and exceptional reporting format at other times. The registered nurses ensure that care plans and summary care plans are reviewed every three months or are updated as changes in needs occur. The registered nurses supervise care staff ensuring that residents’ health and personal care needs are met appropriately and safely. The home has a system where all residents’ general observations and weights are attended and reviewed monthly. Residents have choice of medical officers and medical officers attend the home regularly to review residents’ clinical needs. There is an after hours medical service available. Information relating to residents’ care needs is communicated by verbal and written handover reports, in residents’ progress notes, communication diaries and nurses message books. Clinical incidents such as falls, skin tears, wounds, infections and aggression are documented, collated on a monthly basis and discussed at the relevant staff meetings. All staff interviewed by the team revealed current, consistent and up to date knowledge about meeting the residents’ care needs and this was confirmed during review of the residents’ clinical documentation. All residents and their representatives interviewed stated they are satisfied with the care provided by the home.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

The home has systems to assist staff in identifying, assessing and providing appropriate management of residents’ specialised nursing care needs. Registered nurses attend to all the specialised nursing care needs of residents and supervise all care staff. There is twenty four hour cover by registered nurses. Interviews with residents and their representatives and nursing staff indicated that residents’ specialised nursing care needs include wound care, supra pubic and indwelling catheters, weight monitoring, insulin dependent diabetes, palliative care, enteral feeding, colostomy care, medication and pain management. External nurse specialists are accessed when required and include wound care, palliative care and the post acute care service from the local hospital. This was reflected in the residents’ assessment charts, progress notes and care plans reviewed by the team.

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 and assist the registered nurses to ensure residents are assessed and referred to the appropriate health specialists when necessary. Residents and their representatives advised the team that they are satisfied with the access to other health specialists that include surgeons, geriatricians and dermatologists. The team observed a wide range of information documented in residents’ medical notes, progress notes, care plans, allied health folders and communication diaries relating to podiatry, physiotherapy, pathology, radiology, speech pathology, dietetics, dental and optometry. Many service providers attend the home regularly and as required. The registered nurses liaise with the resident and their representative to arrange external appointments when necessary.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has effective medication management systems to ensure that medication is managed safely and correctly. Registered nurses are responsible and administer all medications throughout the home. Medications are dispensed by a local pharmacy in individual medication packs. All registered nurses interviewed demonstrated appropriate knowledge and understanding of the home’s medication management system including schedule 8 medications. The medication system is audited monthly including the collation and follow-up of any medication incidents. This information is reported through the CQI meeting and to the medical/medication advisory committee meetings. Medications are reviewed and documented every three months by the residents’ medical officers and medication reviews are attended by a consultant pharmacist annually. Documentation reviewed by the team included individual resident identification charts with current photos of the resident, known allergies, diagnosis and special instructions to direct the registered nurses to manage and assist the residents with their medications. The team sighted authorised nurse initiated medications instructions, current medication orders and signing charts. Residents and their representatives interviewed by the team confirmed their satisfaction in the way their medications are managed by the home.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents are as free as possible from pain. On entry to the home the residents are assessed by the registered nurses using comprehensive pain assessments. These are reviewed regularly and when there is a change in the resident’s health status, sleep disturbances or when there are behaviour changes. Analgesia for pain management is followed up for effectiveness and referral to the resident’s medical officer and other specialised services are organised when required. Registered nurses supervise and assist care staff, the physiotherapy aides and recreational activity officers to reduce residents’ pain by encouraging residents’ participation in gentle exercise programs, individual physiotherapy programs, application of hot/cold packs, repositioning, comfortable mattresses and therapies that include massage. Interviews with staff and the team’s document reviews confirmed that all residents are as free as possible from pain. Residents and their representatives interviewed advised that residents are as free as possible from pain and staff respond in a timely manner to requests for pain control.

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 systems to ensure that all residents’ palliative care is managed effectively and sensitively in consultation with residents and their representatives and medical officer. All staff interviewed expressed sensitivity and understanding of meeting the physical, cultural, spiritual and psychological needs of frail residents. Registered nurses supervise care staff to ensure residents receive appropriate care in consultation with the resident’s medical officer and access the palliative care team from the local hospital when necessary. Residents and their representatives are encouraged to participate in case conferences and discussions relating to end of life decisions. Spiritual and pastoral care is arranged in consultation with the residents and their representatives. Interviews with residents and their representatives confirmed that staff are caring and sensitive in meeting residents’ care needs.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The nutrition and hydration status of residents are assessed on entry to the home and at regular intervals. Individual needs including identifying swallowing difficulties, sensory loss, special dietary requirements including enteral feeding and individual preferences are identified and included in the residents’ care plans and other clinical notes. Staff are aware of residents’ preferences and special requirements including differing levels of assistance and prompting required for meals, refreshments and extra fluids. Residents’ weights are monitored monthly and extra supplements and nutrients are offered to residents identified with poor or at risk of poor nutritional status. During documentation review the team sighted referrals and information relating to residents being referred and seen by other health specialists that includes speech pathologists, dieticians, and dentists. This was also confirmed by the team during staff interviews who advised of the home accessing other health professionals in consultation with the resident’s medical officer and resident/representative. The home has a rotational menu that has been reviewed by a dietician. Residents have choice of meals and residents and their representatives interviewed by the team stated they are satisfied with the meals provided by the home.

2.11 Skin care

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

Team’s recommendation

Does comply

The skin integrity of residents is assessed on entry to the home and on a regular basis. Changes in residents’ skin integrity is monitored and reported monthly as part of the home’s clinical indicators that includes skin tears, rashes, wounds, bruising, infections and pressure ulcers. Care staff report any alterations to an individual resident’s skin integrity to the registered nurses for follow up and monitor. Registered nurses are responsible for wound care that includes assessments, dressing plans and ongoing reviews for wounds and monitoring of rashes. The home utilises photographs to assist in the monitoring of skin integrity. The home has access to wound care specialists when required and residents have access to a dermatologist who visits the home regularly or some residents access other specialists in their rooms. The team observed that there are adequate stocks of skin care and dressing materials available. Staff interviewed by the team displayed a good understanding of the measures required to maintain and improve residents’ skin integrity. Measures include the application of hydrating emollients and skin treatments prescribed by the residents’ medical officers. The team also sighted residents’ documented information relating to staff attending

to regular personal hygiene, continence and skin care management including, regular repositioning and the use of pressure relieving mattresses. All residents and their representatives interviewed advised they are satisfied with the personal care and assistance with skin care provided by the staff.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has systems to identify residents’ continence needs on entry to the home and on an ongoing basis to ensure effective management of residents’ continence. Based on the findings of continence assessments residents’ care plans are initiated by the registered nurses to direct care staff to manage individual toileting programs and assistance with continence aids including the monitoring and prevention of urinary tract infections and constipation. Care plans are reviewed every three months or when changes in care occur. The home ensures that residents receive regular fluids, appropriate diets and medications as ordered. This was confirmed by the team during interviews with staff and while reviewing the residents’ clinical information. Residents and their representatives advised the team they are satisfied with the assistance provided by staff in managing continence.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has effective strategies to manage residents with challenging behaviours. Prior to entering the home management explore previous history from residents and their representatives, medical officers and other health professionals to ensure the home is able to meet the needs of residents. On entry to the home residents undergo assessments and monitoring to identify any challenging behaviour and to identify ‘triggers’ that may lead to challenging behaviours. Plans of care are implemented and reviewed regularly. Residents are referred to their medical officers and psycho geriatricians for clinical review, pain management and assessment when necessary. Physical restraint of residents is used when necessary and the team noted that this is discussed with the resident/representatives and medical officer prior to initiating the restraint. The team found all documentation of physical restraint including authorisation and monitoring to be current and reviewed regularly. Staff advised the team that physical restraint is not used continually and only at times when necessary. Staff also identified residents at risk of wandering and described the checking processes and documentation that is in place. The team observed and management and staff described how staff are flexible in addressing care needs and that a variety of activities is provided to residents both individually and in groups. All staff interviewed demonstrated understanding and knowledge of addressing the needs of residents with challenging behaviours. This was confirmed during interviews with residents and their representatives.

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

All residents are assessed on entry for mobility, dexterity and transfers. A physiotherapist attends the home weekly and following the resident’s assessment initiates an individualised physiotherapy care plan that is reviewed every three months or when changes occur. The physiotherapy program is carried out by two physiotherapy aides working on each floor, on a daily basis, seven days a week. While on site the team observed a number of residents’ physiotherapy being carried out by

the physiotherapy aides. The team observed a wide range of mobility aids, walking belts and support railings in surrounding hallways. The team reviewed physiotherapy assessments, care plans, reviews and regular documentation in the physiotherapy progress notes. The physiotherapist advised the team that all residents are seen regularly and reviewed including follow up of residents who have falls, are discharged from hospital or have changes in their mobility or manual handling needs. Residents' falls are monitored, investigated and reported through the home's falls prevention committee and occupational health and safety meetings system. This was confirmed by the team during review of the residents' clinical notes and residents and their representatives interviewed who advised that they are satisfied with the approach taken by the home to maintain mobility and safety.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home has systems in place to ensure residents' oral and dental health is maintained. A review of clinical documentation confirmed that residents' oral hygiene is assessed and documented in dental assessments, care plans and are regularly reviewed. Staff from the United Dental Hospital attend the home annually for resident referrals, treatment and ongoing care. Some residents attend private dentists and dental technicians in the community. Staff described their management of oral and dental care that includes prompting, reminding and assisting residents with their dental health and meeting the needs of frail residents who require full assistance. Residents and their representatives advised the team they are satisfied with the oral and dental care provide by staff.

2.16 Sensory loss

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

Team's recommendation

Does comply

The home has a system to identify and assist residents to manage sensory loss effectively and this was confirmed during review of clinical and diversional therapy documentation. Residents' sensory losses are identified on entry to the home and ongoing assessments identify issues relating to vision, hearing, speech, smell and taste. Residents are referred to appropriate services that include optometry, audiology and speech pathology. Residents are assisted and reminded by staff to use their spectacles and ensure that hearing aides are applied and are functioning appropriately. The recreational activity team also assist by providing a diversional therapy program that includes tactile activities, music therapy, singing, reminiscing and the provision of large print books.

2.17 Sleep

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

Team's recommendation

Does comply

The home has a system in place to assess, monitor and evaluate sleeping patterns to assist residents to achieve natural sleep. The team confirmed during a review of documentation that residents' sleeping patterns are assessed on moving to the home and residents' identified needs are documented in their care plans and reviewed regularly. Strategies are implemented to assist staff encourage normal sleeping patterns and the use of night sedation as ordered by the residents' medical officers. Staff described how residents who experience sleep disturbances are assessed for pain or discomfort, assisted with toileting and continence aids, repositioned and offered warm drinks and snacks if required. Residents and their representatives advised the team that they are satisfied with the way sleep is managed.

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

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team notes improvements have been made to Accreditation Standard Three: Resident lifestyle. Resident feedback indicates a high level of satisfaction with their lifestyle. Recent continuous improvement initiatives include the following examples:

- Following a recreational activity staff education session on programming and new techniques, small group therapy for residents with cognitive impairment has been introduced at the home. Staff report that the residents respond well to the smaller groups and that this provides variety to the existing program.
- “Quiet time” has been introduced in the home after lunch. The residents have the choice of remaining in the communal area during that time relaxing and listening to music or they may return to their room. Staff report that the residents appreciate this time and seem to enjoy the afternoon activities more following a rest. Signs are displayed to request visitors and staff to respect the resident quiet time.

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 of the system to ensure compliance with legislation. Compliance with legislation relating to Standard Three include:

- The charter of resident rights and responsibilities is on display prominently in the home, in the resident handbook and in the residents’ wardrobes.
- On entry to the home residents are given a copy of the homes’ resident agreement and handbook ensuring the resident and their representatives have a clear knowledge of the security with their accommodation arrangements and associated fees and charges.

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 a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Examples relevant to Standard Three include:

- Spiritual and cultural needs in aged care
- Activities planning – resident approach
- Sensory therapy
- Assessment and education for group – RAOs training
- Privacy, dignity and confidentiality

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 is able to demonstrate that each resident receives emotional support in adjusting to life in the home and on an ongoing basis. Relevant information regarding a resident is gathered prior to admission from relatives, social workers and health professionals if possible. Assessments are completed on entry to the home including social history, hobbies, interests and emotional needs. Residents and their representatives are orientated to the home and care and recreational staff spend one-to-one time with residents during their settling in period and thereafter according to need. A recreational care plan is developed following a settling in period that identifies individual strategies for emotional support and is regularly reviewed and evaluated. Emotional support is also offered to relatives by the staff. Feedback about residents' levels of satisfaction with the provision of emotional support is gained informally and through surveys. Residents and their representatives are satisfied with the emotional support offered by the home.

3.5 Independence

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

Team's recommendation

Does comply

Residents' preferences, abilities and capability for independence and lifestyle needs are assessed on entry to the home, and documented on care plans. The care plan is regularly reviewed to ensure resident's changing needs in relation to maximising their independence is met and that correct levels of assistance and encouragement are provided by staff with activities of daily living. Health care interventions to maintain as much independence as possible include exercise, physiotherapy and activity programs. The activity program helps facilitate community access by regular bus trips and community entertainers, volunteers and a library service visit the home. Residents' independence is also enhanced with access to television and newspapers and assistance is provided to vote in elections if they wish to do so. Staff can demonstrate that they encourage and assist residents to maintain their independence within their individual capability. Residents and representatives are satisfied with the home's approach in encouraging and assisting them 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

Residents and their representatives confirm that residents' privacy and dignity is respected at all times and that staff are particularly considerate when attending to personal care. The team's observation of staff and resident interaction showed that staff respect the privacy of residents in the use of curtains in shared rooms and entrances to bathrooms and referring to residents by their preferred name in a dignified manner. The team observed residents who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather. Information about residents is securely stored and only accessible to authorised personnel. On entry to the home residents or their representatives sign a form to give consent in relation to the use of information and photographs. Residents and their representatives are satisfied that residents' privacy, dignity and confidentiality are recognised and respected.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents and their representatives express satisfaction with the activity program that is held over seven days a week. The home has an assessment process that captures the leisure preferences of residents. All residents or representatives are interviewed about residents' previous recreation and leisure experiences and religious affiliation. There are separate recreational activities programs for residents with cognitive impairment and for residents who are cognitively alert. Residents are assessed following a settling in period as to which program would best meet their needs. Recreational activity calendars are on display in the home and take into account cultural and theme days each month and residents' preferred activities. Residents provide feedback on the program at resident meetings, through surveys and through informal discussion. A resident of the month is chosen at each resident meeting, and with written consent are showcased with photographs on display. The recreational activity team maintains participation records for each resident providing data for planning and assistance with matching activities to residents' needs. This information is regularly evaluated to ensure that the program continues to meet the lifestyle needs of the residents. The recreational activities officers state that residents who prefer not to participate in organised activities have extra one-to-one time if they prefer this. Residents and representatives report that they are satisfied with the range of activities on offer, are asked for their ideas and can choose whether or not to participate. Residents were observed participating in activities during the team's visit that included exercise, discussions, karaoke, relaxing to music, bingo, board games, massage and a birthday celebration. The team notes that the home has a variety of resources for resident activities.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home is able to demonstrate that individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The current resident population includes over twenty different nationalities and the home has access to an interpreter service and community organisations if required. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held within the home by ministers from different denominations. Provision is made for the celebration of special national, cultural and religious days, for example, birthdays, Christmas, Easter, Chinese New Year, Passover and Anzac day. There is an annual multicultural celebration for residents and relatives. Staff dress in their national costumes and perform traditional songs and dances for the residents. Residents and their representatives confirm that residents are encouraged and supported to continue with their own 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

The home's intent is to accommodate resident preferences and reconcile these with its values and duty of care in accordance with the charter of resident rights and responsibilities. Resident meetings, surveys, comments and complaint mechanisms, advocacy rights and input into care planning are avenues by which residents and their representatives can participate in decisions

regarding the services provided and are able to exercise choice and control in relation to their lifestyle. The initial assessment process on entry to the home and on an ongoing basis documents for example a residents preference for diet/meals, choice of medical officer and the level of involvement in activities. The team observed staff consulting with residents about their day-to-day wishes and preferences.

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

The home demonstrates that residents have secure tenure in the home and understand their rights and responsibilities. The resident handbook and the resident agreement address security of tenure and outline the care and services provided at the home. Associated costs are discussed verbally and in writing on admission. Residents and their representatives are advised to obtain independent legal or financial advice and are assisted to access the services of an interpreter service prior to signing the resident agreement if required.

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

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team notes improvements have been made to Accreditation Standard Four: Physical environment and safe systems. Resident feedback indicates a high level of satisfaction with their environment.

Recent continuous improvement initiatives include the following examples:

- New resident menu cards with photograph, preferred name and initial of surname have been introduced for ease of resident identification. The card clearly notes allergies and dislikes and feedback from residents and their representatives and staff indicates that this has reduced errors in correct food delivery.
- Staff identified that there was insufficient time to aid the number of residents requiring assistance with feeding at lunchtime and that meals were getting cold. Residents identified as being particularly slow to eat are assisted by staff earlier and resident meals are delivered at intervals. Staff take their lunch breaks later so that more staff are available to assist residents during lunch.
- Following a complaint from a relative regarding the quality of the sandwiches for the residents’ evening meal, kitchen staff have been provided with guidelines and a list of alternative nutritious sandwich fillings. Feedback from the residents is that they are satisfied with the changes and the relative has been notified.
- In response to advice from the infection control resource centre the home has increased infection control measures. Hand gel is placed in the entrance next to the sign in book, with signage to alert visitors and delivery staff regarding cleaning hands. Reminders are sent to relatives with accounts and in newsletters.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to Accreditation Standard Four, refer also in this report to expected outcome 1.2 Regulatory compliance. Examples of how the home complies with legislation include:

- Implementation of a food safety program and display of a NSW Food Authority Licence.
- Recording of catering temperatures according to hazard analysis critical control points (HACCP) requirements
- An annual fire safety statement and compliance records.

4.3 Education and staff development

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

Team’s recommendation

Does comply

The home has systems to help ensure management and staff have appropriate knowledge and skills to perform their roles effectively, in particular in relation to the physical environment and safe systems. Refer also in this report to Expected outcome 1.3 Education and staff development. Annual compulsory training includes:

- Infection control
- Fire safety – equipment and evaluation
- Manual handling – OH&S
- Safe food handling
- Stock control and evaluation of needs
- Material safety data sheets (MSDS) – safe chemical handling
- Hazard identification and prevention

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 can demonstrate that it provides a safe and comfortable environment consistent with meeting residents' care needs. Residents are accommodated in single, double, three bed and four bed rooms on two levels serviced by lifts and stairs. There are well appointed sitting and dining areas and smaller areas suitable for private family gatherings. There has been a recent refurbishment program including painting. There are regular environmental inspections, planned preventative maintenance schedules and corrective actions, and daily and periodic cleaning schedules. The home presents a clean, fresh appearance and residents and their representatives confirm that they feel safe and comfortable and enjoy the home's amenities.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home can demonstrate that it has systems and processes that actively support the provision of a safe working environment that meets regulatory requirements. Occupational health and safety (OH&S) is a standing agenda item on the continuous improvement meeting. The DON is a designated return to work coordinator and an external provider is consulted. All MSDS were current and personal protective equipment is available at point of use. The staff orientation program includes staff safety, manual handling, fire safety and infection control and ongoing education and regular updates are provided. The OH&S committee ensure equipment is safe and fit for purpose by providing education and a planned maintenance program. Staff demonstrate knowledge and understanding of OH&S issues and responsibilities, and the team observed safe practices in operation.

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 can demonstrate through systems and processes that management and staff are working actively to minimise fire, security and emergency risks. The team observed there are emergency procedure flipcharts, evacuation plans and identified emergency exits located throughout the home. Monitoring and maintenance of all fire equipment such as; fire panel, extinguishers and regulatory inspections for certification is undertaken and reports provided. Fire

equipment is located throughout the home and there is evidence that this is regularly serviced and tested. Fire safety training is included in the orientation program and there are mandatory annual updates. Environmental inspections are undertaken and there is a process of reporting hazards and maintenance requests in a hazard register. Interviews with staff confirm that they are aware of and understand their responsibilities in the case of fire and other emergencies. Staff were able to identify areas of the home's building on the fire panel.

4.7 Infection control

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

Team's recommendation

Does comply

The home has systems and processes to demonstrate that there is an effective infection control program in place. The infection control policies and procedures manual has recently been updated. The designated infection control officer oversees regular information updates and that appropriate staff education is provided. Staff receive training at orientation and on an ongoing basis including hand washing competency and the use of personal protective equipment. There are waste management and linen handling procedures and staff and resident vaccination programs. There are designated procedures in place to manage an infectious outbreak and regular environmental inspections are carried out. There is a food safety program with regular monitoring of food and equipment temperatures. Data on infections are collected and analysed. Staff demonstrate a good understanding of infection control practices including hand washing, outbreak and management of infectious diseases procedures and use of personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has in place policies, processes and safe work practices to ensure that hospitality services are provided to enhance residents' quality of life and staff working environments. The catering services provide a rotating menu summer and winter and all meals are freshly cooked in the two kitchens. Residents are consulted and provide input to the menu and their individual needs and preferences are identified and documented. There are daily, weekly and periodic cleaning schedules, and individual rooms and communal areas were observed to be clean and clutter free. Personal items and linen are laundered on site. All hospitality staff interviewed are knowledgeable about safe work practices including manual handling and infection control requirements.