



Standards and Accreditation Agency Ltd

## **Decision to accredit Spiritus St Martin's Nursing Home**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Spiritus St Martin's Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Spiritus St Martin's Nursing Home is three years until 19 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:	Spiritus St Martin's Nursing Home		
RACS ID:	5999		
Number of beds:	102	Number of high care residents:	Nil
Special needs group catered for:	Nil		
Street/PO Box:	304 Roghan Road		
City:	TAIGUM	State:	QLD
		Postcode:	4018
Phone:	07 3623 6900	Facsimile:	07 3216 2380
Email address:	stmartins@spiritus.org.au		

### Approved provider

Approved provider: c/- The Corporation of the Synod of the Diocese of Brisbane

### Assessment team

Team leader:	Gwen Brown
Team member/s:	Valmae Dunlea
	Francoise Smith
Date/s of audit:	15 June 2009 to 16 June 2009

## Executive summary of assessment team's report

### Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

### Standard 2: Health and personal care

Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

## Accreditation decision

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

## Accreditation decision

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

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

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

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Spiritus St Martin's Nursing Home
RACS ID	5999

### **Executive summary**

This is the report of a site audit of Spiritus St Martin's Nursing Home 5999 304 Roghan Road Taigum QLD from 15 June 2009 to 16 June 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 Spiritus St Martin's Nursing Home.

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 15 June 2009 to 16 June 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:	Gwen Brown
Team member/s:	Valmae Dunlea
	Francoise Smith

## Approved provider details

Approved provider:	c/- The Corporation of the Synod of the Diocese of Brisbane
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## Details of home

Name of home:	Spiritus St Martin's Nursing Home
RACS ID:	5999

Total number of allocated places:	102
Number of residents during site audit:	102
Number of high care residents during site audit:	102
Special need catered for:	Residents with dementia and other related disorders

Street/PO Box:	304 Roghan Road	State:	QLD
City/Town:	Taigum	Postcode:	4018
Phone number:	07 3623 6900	Facsimile:	07 3216 2380
E-mail address:	stmartins@spiryus.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Spiritus St Martin's Nursing Home.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

### Interviews

	Number		Number
Facility Managers (St Martins & Symes Grove)	2	Residents	8
Care Coordinator	1	Representatives	9
Residential Quality Coordinator	1	Infection control coordinator	1
Clinical nurse-Level 2 registered nurse	1	Divertional therapist	1
Registered nurses	7	Office coordinator	1
Endorsed Enrolled Nurse	1	Systems support officer	1
Physiotherapist	1	Work place health & safety officer	1
Care staff	4	Laundry staff	1
Chef	1	Cleaning staff	3
Kitchen hands	4	Maintenance staff/Fire safety advisor	1
Wardsperson	1	Systems and quality manager (St Martins & Symes Grove)	2

### Sampled documents

	Number		Number
Residents' files	17	Medication charts	20
Summary/quick reference care plans	5	Personnel files	16
Resident administration	6	Wound management charts	14

### Other documents reviewed

The team also reviewed:

- 2009 Residents activity survey
- Action plan
- Allied health referrals
- Application of patch history
- Audits and surveys folder
- Bus certification records
- Checklist for food from Symes Grove for each wing
- Communication books
- Communication folder for memorandums
- Communication form between chef and St Martins
- Community resources list
- Compliments and complaints folder
- Consent forms
- Continuous improvement folder
- Credentialed register – staff registrations
- Criminal check records
- Dangerous drug register
- Diabetic management guidelines
- Dispensary stock requirements
- Diversional therapy records
- Duty lists
- Education attendance records
- Education schedule
- Email regarding road base
- External contract service agreements including pest control
- Fax of order form for three new bain maries
- Fire certification folder
- Fire records (emergency lighting)
- Food and kitchen incident log
- Food business licence
- Food safety program
- Food temperature logs
- Handover sheet
- Incident folder
- Incident/Hazard register
- Infection control manual and records
- Information of causes of glycaemia
- Injury management pack
- Job descriptions
- Kitchen action plan May 2009
- List of medication that should be crushed
- List of residents have supplements
- Maintenance request folder
- Mandatory training schedule
- Material chemical data safety sheets
- Material safety data forms
- Meal options form
- Meal service protocol
- Meals & drinks assessment
- Medication change notice
- Medication change protocol
- Medication incidents
- Meeting minutes folder
- Meeting schedule



- Minutes of meetings
- Mission, Vision statements
- New Temperature check form
- Newsletter
- Order books
- Outbreak management plan
- Outbreak management policy
- Pain management chart
- Pastoral care records
- Policies and procedures
- Position descriptions and duty lists
- Proposal for upgrade of clinical filing system
- RCD records for all circuits in use
- Reactive and preventive maintenance records
- Recruitment policies and procedures
- Resident admission pack
- Resident pre-admission pack
- Resident's newsletters
- Residents pre-admission and admission packs
- Residents satisfaction survey
- Residents' information handbook
- Residents' information package and surveys
- Response to the assessment teams concerns in relation to evidence provided under expected outcome 4.8
- Roster review 2008
- Service reports
- Spreadsheet for dietary needs
- St Martins checklist for food from Symes Grove
- Staff handbook including agency staff.
- Staff incident / hazard forms
- Staff registration
- Staff roster
- Staff satisfaction survey 2008
- Temperature charts
- Test and tag records for extinguishers
- Volunteer records
- Weight management flow chart
- Wound management guidelines
- Winter menu 2009-06-16

## Observations

The team observed the following:

- Numerous antibacterial gel dispensers
- Activities in progress
- Activity program, events displayed
- Advocacy information displayed
- Canteen/kiosk
- Chemical shed
- Church service
- Cleaners room
- Cleaning service
- Cleaning trolleys and storage areas
- Daily menu displayed
- Dangerous drug cupboard register
- Delivery area with stock of pads
- Diesel water pump
- Education board
- Electric beds
- Equipment and supply storage areas
- Fire evacuation points / assembly area
- Fire management signage
- Hairdressing salon
- Hand washing facilities
- Information displayed in public areas
- Interactions between staff and residents
- Internal and external living environment
- Irrigation pump and sprinkler room
- Kitchen (food storage and preparations areas)
- Kitchen at Symes Grove (external kitchen)
- Kitchenettes
- Laundry (clean / dirty areas, equipment and processes)
- Laundry service
- Meal services
- Meeting/education room
- Medication rounds
- New pergola
- Palliative care box
- Pan rooms
- Personal protective equipment in use
- Quiet rooms
- Recording temperatures of food
- Residents and staff files storage
- Residents' rights and responsibility charter on display
- Sails in secure unit
- Sharps disposal
- Sign on books
- Soiled linen trolleys
- Spill kits and outbreak management kits
- Sprinkler system
- Staff rooms
- Storage room
- Storage of medications
- Swine flu information posters
- Use of heating equipment transporting food

## Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

### 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

Spiritus St Martins has an established continuous improvement system that is comprised of processes to identify, action, monitor and evaluate improvement opportunities. This occurs through surveys, suggestions provided at resident and staff meetings, comments and complaints processes, monitoring of clinical indicators and generally through the internal and external audit program. Feedback is provided either verbally, via meetings or written response. All ideas for improvement are registered and referred to the continuous improvement team meetings where strategies and timeframes for improvement are assigned, monitored and evaluated. Residents and/or their representatives and staff indicated satisfaction with being able to raise any improvements/suggestions to management or key personnel.

Examples of improvements relevant to Standard One include, but are not limited to:

- A facility manager with clinical expertise has been appointed solely for the home which has resulted in improved clinical care systems and processes benefiting residents.
- There has been a review of Catering Services resulting in amalgamation with Symes Grove with kitchen services being relocated there. This has resulted in reduced food costs, less wastage and better management of food stocks and resources.
- A level 2 Clinical Nurse position was filled to improve clinical outcomes for residents with increased supervision on the floor and additional opportunities for education. Case conferencing and communication in relation to client care has improved resulting in positive outcomes for residents.
- Introduction of new quality systems for collection and storage of data has improved accessibility of information for staff resulting in improved time management and security of information for residents and staff.
- Aged Care Channel along with the purchase of digital video devices has been introduced for use in staff education and has improved education outcomes for staff by increasing flexibility of the training schedule.
- Two staff have undertaken culture champion education as part of the organisation’s initiative to engender culture change within the organisation. This has been a recent initiative but has already had an impact on staff morale.
- New computers have been purchased and made available throughout the home which has improved accessibility to information and improved documentation. Care planning and human resource functions will be available in electronic formats.

#### 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 a system to identify current legislation, regulatory requirements, professional standards through subscriptions to aged care peak bodies, legislative update services and the

internet. Policies are reviewed regularly by management and dated to ensure currency. Updates are communicated to the home through emails, memos and meetings. Staff have access to hard copies of policy/procedure manuals and are informed of relevant changes through verbal feedback, memos and meetings. Compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals, and observation of staff practice. Processes are in place to manage any deficiencies or non-compliance identified.

### **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 employs an education co-ordinator who ensures that all staff possess the skills and knowledge required for their area of service delivery. Staff members state that they receive orientation, ongoing training and competency checks, and records confirm this. Qualifications are checked at the recruitment stage, and a system is in place to ensure that staff undertake mandatory training in their area of work. Management conducts training needs analysis and provides venue, flexible times, and materials necessary for effective education within the facility and external education and sponsorships are available to staff members. Residents and/or their representatives confirm that the staff perform their duties competently.

### **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

Information regarding internal and external complaint processes is provided in the resident handbook, residential care agreement, resident meetings, and newsletters. "Are we doing it right" forms and suggestion boxes are placed in accessible locations within the home. Comments and complaints are registered and improvement log forms reflect management investigation, corrective action and feedback. Residents and/or their representatives can make verbal complaints to management and staff on a one-to-one basis or through resident meetings. Residents and/or their representatives indicated awareness of comments/complaints processes and expressed confidence that any issues raised would be responded to in a timely manner and addressed to their satisfaction.

### **1.5 Planning and leadership**

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

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

Does comply

The home has a mission statement, including vision, values and goals. The home's mission, vision, values and goals are published in a number of documents inclusive of the resident and staff handbooks. The information is also displayed in 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

Feedback from staff, residents and/or representatives indicates that the home employs sufficient staff to provide a quality service to residents, including on week-ends. Roster and staff surveys undertaken in 2008 have led to changes in the roster structure, including the creation of the position of a Facility Manager for the facility. Management is responsive to the changing needs of residents; those are identified through verbal and written feedback, observation and trend analysis. The home has recently completed a recruitment drive and has been able to decrease its dependence on agency staff, thus providing improved continuity of care for residents. The home's recruitment policy includes qualification, registration, references and criminal checks, all staff receive orientation, position descriptions and duty lists, and their performance is monitored via competency checks and yearly performance appraisals. The home contracts the services of Allied Health and other care specialists in response to the needs of residents.

### **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

Staff and residents confirm that the home has an appropriate and sufficient supply of goods and equipment to ensure quality service delivery. An ordering system is in use to assist the support services co-ordinator and maintenance officer with maintaining an adequate supply of goods and equipment. All goods, chemicals, medications and equipment are safely stored and are rotated as required. Staff members are trained in the use of new equipment and products when they are put in use. Preventive and reactive maintenance programs are in place to ensure that all equipment is kept in good operating order, and staff and residents confirm that they have access to sufficient equipment and supplies in all areas of the home's service delivery.

### **1.8 Information systems**

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

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

Does comply

The home has processes and procedures to ensure information is managed in a secure and confidential way, including restricting access to service information, staff and resident files, locking of storage areas and restricted access to computers. The home collects and uses information in relation to incidents, hazards, infections, satisfaction levels and resident/staff data. Information regarding changes to residents' care needs is communicated to staff through staff meetings, handover processes, verbal feedback, communications books and resident files. Current legislative information, service policy, administrative and educational information is provided to staff through verbal discussions, meetings, meeting minutes, noticeboards, and relevant policy and procedure manuals. Newsletters, resident meetings, one to one interviews and case conferencing are used to inform residents/representatives of relevant matters. The home has processes in place for archival and document destruction. Staff and residents indicated information transfer is confidential, accurate and timely.

### **1.9 External services**

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

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

Does comply

The home's management has written contract agreements in place with a range of external services to ensure that all areas of residential care needs are met. Records show that these agreements are reviewed yearly and give details of the type and frequency of service to be provided by the contractors. New contractors receive emergency orientation, and all are required to sign in and out of the home when they visit.

## 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

The home has an established continuous improvement system that is comprised of processes to identify, action, monitor and evaluate improvement opportunities. This occurs through surveys, suggestions provided at resident and staff meetings, comments and complaints processes, monitoring of clinical indicators and generally through the internal and external audit program. Feedback is provided either verbally, via meetings or written response. All ideas for improvement are registered and referred to the continuous improvement team meetings where strategies and timeframes for improvement are assigned, monitored and evaluated. Residents and or their representatives and staff indicated satisfaction with being able to raise any improvements/suggestions to management or key personnel.

Examples of improvements relevant to Standard Two include, but are not limited to:

- Equipment has been purchased which has had a positive impact on residents personal and clinical care. The equipment includes 20 electric beds, 29 pressure relieving mattresses, two shower chairs, 42 bedside lockers and over bed tables.
- A new podiatry service has been introduced along with a “nail care” nurse position and has improved nail care in the facility.
- New hygiene products have been introduced following a trial with improved outcomes for residents with compromised skin integrity.
- The weight management system has been reviewed and under / over target weight residents are now monitored on clinical indicators and appropriate care initiatives implemented and evaluated which has resulted in improved outcomes for these residents.
- An audit and review of restraint management has reduced the use of restraint used for residents.
- Clinical review meetings have been implemented weekly to identify clinical issues and formulate actions in a timely manner resulting in improved clinical care.
- A mobile dentistry service has been introduced. All residents and/or their representatives stated that this has improved the dental service and 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 a system to identify current legislation, regulatory requirements, professional standards through subscriptions to aged care peak bodies, legislative update services and the internet. Policies are reviewed at a management and board level and dated to ensure currency. Updates are communicated to *the home* through emails, memos and monthly quality and board meetings. Staff have access to electronic and hard copies of policy/procedure manuals and are informed of relevant changes through memos and weekly clinical review meetings. Compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals, and observation of staff practice. Processes are in place to manage any deficiencies or non-compliance identified.

### **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's management ensures that the staff possess the required skills and knowledge to deliver quality care to the residents by providing education from the orientation stage, which include 'buddy' shifts. Subsequent education and monitoring include monthly mandatory and non mandatory training, competency checks and performance appraisals. Records, staff practices and residents and/or representatives' feedback confirm that care and registered staff members obtain and maintain the required competencies for performing their duties effectively. New Agency staff receive an induction booklet and extra time is allowed at hand-over on their first shift.

### **2.4 Clinical care**

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

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

Does comply

There are systems and processes in place to assess resident's initial and ongoing clinical care needs and preferences. Information is obtained from the aged care assessment team document and the resident and/or their representative prior to the resident's entry to the home and again on entry to the home which is incorporated into the interim care plan to guide staff practice. Referrals are made to appropriate allied health staff and counsellor for assessment. Further information is provided by the resident and/or their representative, the hospital discharge information or medical referral notes and the formal assessment process; this forms the basis for the resident's individualised care plan. Care plans are reviewed and evaluated every three months through a resident of the day process; a case conference is conducted as a need arises or annually with the resident, the resident's representative and the resident's medical officer and the care plan is updated with any changes. Information on clinical care assessments, care plans, monitoring of care, incidents of falls and skin tears is recorded in resident clinical care records and monitored by the clinical care coordinator. Staff demonstrate an understanding of individual resident care needs and preferences, with staff indicating satisfaction with the communication processes utilised to inform them of resident's clinical changes. Residents and/or their representatives confirmed that they are satisfied that the clinical care they receive is appropriate to their needs and preferences.

### **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' care needs are identified prior to resident's entry and on entry, including specialised nursing care needs and this information is included in the residents' care plan to guide staff practice. Care plans are reviewed and evaluated every three months or as needs change. Specialised care services provided are administration of oxygen, care of catheters, stomas and complex wounds and monitoring of diabetes blood sugar levels, blood pressure; subcutaneous therapy, peg feeds and suctioning; appropriate equipment is provided to enable resident's specialised nursing care needs to be met. The home maintains policies, clinical guidelines and competencies covering specialised care needs to guide staff practice; staff attend education on specialised nursing care. Registered nurses are available on site and oversee and assess specific care requirements and have access to refer residents to appropriate local health professionals to support care delivery and/or provide training in specific specialised areas. Residents and/or their representatives report they are satisfied with the quality of care provided at the home and the support received with specialised nursing care needs.

## **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' health care needs are identified by registered nurses on resident's entry to the home and on an ongoing basis. Residents have access to a range of health specialists who provide services such as physiotherapy, speech pathology, podiatry, aromatherapy, optometry, audiologist, dentistry, pathology and mental health services; where residents' health needs require the attention of allied health specialists, the home maintains processes to ensure that referral is timely and followed up accordingly. The outcome of referrals, including instruction for ongoing care, are documented and retained in the residents' records with changes incorporated into the resident's care plan to guide staff practice. Residents and/or their representatives report they are satisfied with the provision of care and the timely referral to health specialists.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

Residents are assessed for their medication management needs on entry to the home and ongoing as needs change. Residents wishing to self medicate are assessed for their competence on arrival, yearly thereafter or as their needs change, medical officer authorisation is obtained. Residents who are prescribed medications have a medication chart with identifying information such as their name, date of birth and photograph, as well as specific instructions for administration of medications. The home utilises a pre-packed multi-dose sachet system, which is delivered weekly and checked by the registered nurse on afternoon shift; medications are administered by registered and/or endorsed enrolled nurses who undergo a medication competency test during orientation and annually thereafter. Medication errors are reported on incident forms, investigated and action taken; audits evaluate the management of medications for safety and where deficiencies are identified, action is implemented to prevent re-occurrence. Residents' medication is reviewed by the residents' medical officer every three months or when care needs change; residents' medication regimes are reviewed by an external accredited pharmacist annually and the results are discussed at the medication advisory committee meeting which meets every three months. There are systems, processes, policies and procedures and/or protocols in place to ensure that drugs are managed correctly and out of date medications are discarded. Drugs in the sachets are generally stored correctly; controlled drugs are stored in a locked safe and accessed by appropriately qualified clinical staff and discarded appropriately. Residents and/or their representatives are satisfied with the provision of their medication.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Each resident's pain management needs are identified and assessed on admission and on an ongoing basis to ensure they are as free as possible from pain. Verbal and non verbal pain assessment occurs and interventions are recorded on the resident's care plan. Strategies to manage pain include massage, ultra sound, electric therapy, heat packs, repositioning, pressure relieving mattresses and analgesia as required. Pain intervention strategies are assessed, monitored, evaluated, recorded and changed when necessary. Staff liaise with the resident's medical officer where further intervention is required. Residents reported they were satisfied their pain is managed effectively and that staff respond promptly to requests for assistance if they experience pain.



## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Residents’ wishes and preferences regarding palliative care are identified on admission or when residents and/or their representatives are prepared to discuss this information. The home maintains on site resources to assist in the support of palliation, such as syringe drivers, pressure relieving mattresses and external allied health specialists in the provision of palliative care. The home’s clinical policies and procedures provide flexibility in the provision of care, to accommodate the resident’s and families’ changing needs. A multidisciplinary approach is adopted, including a palliation group to ensure the needs of the resident are met 24 hours a day. Staff manage the care needs in consultation with the residents and/or their representatives and their medical officer.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Residents’ dietary requirements and preferences are identified and assessed when the resident enters the home, including their allergies, swallowing ability and medical dietary needs. Strategies to manage residents’ dietary needs may include assistance with meals, provision of texture modified diets, dietary supplements and referral to speech pathologist; these strategies are incorporated into residents’ care plans and processes are in place to communicate these strategies and any changes in needs and preferences to all staff, including kitchen staff. Care plans are reviewed and evaluated every three months or as needs change. The offsite kitchen provides specialised diets including texture modified and specific nutritional supplements; the staff member administering the medications provides further nutritional supplements as required. Policies and procedures regarding weight loss are available to guide clinical staff in the response to unplanned weight loss. Residents are routinely weighed on entry and then monthly or more frequently if needed; Staff monitor residents’ weight loss and refer residents to the dietician, speech pathologist and/or medical practitioner as required. Residents are encouraged to increase their fluid intake especially during the warmer months. Resident and/or their representative are satisfied adequate nutrition and hydration is provided.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

Residents’ skin integrity is assessed on entry to the home and planned interventions are included in the resident’s care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate including the use of emollient creams, protective bandages, limb protectors, hip protectors, pressure reducing and/or relieving devices, pressure area care with personal hygiene and effective continence management. Care plans are reviewed and evaluated three monthly or as care needs change to monitor skin integrity. The incidence of injury and/or skin tears is captured on incident reports and analysed for trends and/or triggers and interventions implemented; wounds are monitored via wound treatment charts and outcomes are evaluated on an ongoing basis. Staff participate in training for wound management and education on manual handling and prevention of injury to skin; specialists in wound management from the local hospital in the nursing home programs are available to assist in monitoring wound management. Residents and/or their representatives are satisfied with the support provided to maintain their skin integrity consistent with their general health.

## **2.12 Contenance management**

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

### **Team’s recommendation**

Does comply

Residents’ continence status is assessed when residents enter the home and continence charting is commenced to identify patterns and trends. Residents’ individual continence programs are assessed by a registered nurse and detailed on care plans and handover sheets for care staff reference. Personal care staff receive training in continence management and the selection of appropriate continence aids and demonstrate an understanding of resident’s individual toileting schedules and continence needs. Bowel management programs are monitored by registered nurses who respond by giving ‘when required’ medications to residents who exhibit difficulties as per the clinical practice guidelines. Residents and/or their representatives are satisfied with the level of assistance and aids provided to manage the residents’ 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

Residents are assessed from entry to the home and on an ongoing basis, to identify any behaviours exhibited and triggers to assist in the development of effective management strategies. Behaviour monitoring tools are commenced to aid in the identification of triggers and alleviating factors; this is incorporated into the individualized care plan and care staff, resident representative, diversional therapist and chaplain play a role by identifying behaviours of concern and strategies to minimise episodes. Care plans with specific activities programs are developed, reviewed and evaluated every three months or more frequently if needs change. Non-pharmacological strategies are implemented including environmental and routine modification, diversion, counselling and if required pharmacological strategies are used including a medication review; referral to local older persons mental health unit is obtained when required. A secure unit is offered for confused residents who wander to provide them with a safe environment and freedom of movement and restraint authorisation is obtained. Staff were observed to interact with residents using strategies to assist in the management of any behaviours. Representative feedback indicated satisfaction with the strategies used by the home to assist in the management of behaviours.

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

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

### **Team’s recommendation**

Does comply

Residents’ level of mobility and dexterity is assessed on entry to the home and after seven days and on an ongoing bases. An initial risk assessment is conducted by the physiotherapist on the day of entry which includes input from the resident and/or their representative, discharge summaries and observation; an interim mobility plan is developed and a further assessment and follow up is scheduled. Care plans are developed and provide care staff with information regarding how best to support residents’ mobility; care plans are reviewed three monthly or on referral as needed. Interventions to promote mobility include environmental modification, the provision of aids, active and passive exercises, specialist referral and medication review. Falls incident trends are identified and analysed and preventive strategies such as purchase of hi low beds are implemented where indicated. Residents and/or their representative are satisfied with the level of support and assistance provided to maintain optimum levels of mobility.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

Residents’ oral and dental needs are assessed on entry to the home and on an ongoing basis, identifying individual care needs and the level of assistance required to maintain the resident’s oral and dental hygiene and to identify the presence of dentures. Care plans include strategies to assist residents to maintain their oral and dental health and to guide care staff on the assistance required by the resident. Dental care, including extractions, X-rays, fixing ill fitting dentures and dental hygiene, is provided upon referral, by a dentist visiting the home on a weekly/fortnightly basis. A referral to a speech pathologist is made when required and textured modified food and fluids is instigated in incidences where indicated by compromised oral and dental health. Residents and/or their representatives are satisfied with the level of support provided to assist them with the maintenance or oral hygiene and their access to dental health services.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents’ care needs, in relation to sensory loss are assessed through the initial and ongoing assessment process. Information to support residents with sensory loss is then included in the resident’s individualised care plan and includes reference to the use of assistive devices as appropriate; care plans are developed and reviewed on a three monthly basis or as care needs change. An optometrist provides services to the home on a regular basis to all residents and the audiologist from the local area health service visits the home on referral or on request from the resident’s representative. Care staff are provided with education on the care of residents’ equipment to enable them to assist residents; care staff implement various strategies that may include modification of the resident’s environment, modification of the routine and/or activities and assistance with activities of daily living. Residents and/or their representative are satisfied that staff are sensitive to their sensory losses and with the assistance provided by staff to identify and manage their sensory needs.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents are assessed on entry to the home to determine their usual sleep patterns, settling routines and personal preferences. Information is based on past habits and routines and includes identifying any aids/rituals that have been helpful previously in assisting residents to sleep. This information is included in the resident’s individualised care plan to guide staff in the provision of care. Care plans are reviewed and evaluated every three months or as needs change. Night routines maintain an environment that is conducive to sleep and factors that compromise sleep such as confusion, incontinence, pain, excessive light, temperature and noise are identified and addressed to promote sleep. Pharmacological intervention is available as prescribed by the resident’s medical officer. Residents are satisfied with the support received to establish natural sleep patterns.

## 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

The home has an established continuous improvement system that is comprised of processes to identify, action, monitor and evaluate improvement opportunities. This occurs through surveys, suggestions provided at resident and staff meetings, comments and complaints processes, monitoring of clinical indicators and generally through the internal and external audit program. Feedback is provided either verbally, via meetings or written response. All ideas for improvement are registered and referred to the continuous improvement team meetings where strategies and timeframes for improvement are assigned, monitored and evaluated. Residents and or their representatives and staff indicated satisfaction with being able to raise any improvements/suggestions to management or key personnel.

Examples of improvements relevant to Standard Three include, but are not limited to:

- Activity program has been reviewed to better reflect needs of residents especially residents in the secure unit where the diversional therapist is able to provide activities to the residents in the secure unit in the late afternoon.
- Outside areas have been enhanced for residents with the installation of shade sails, extra power points and extra outdoor settings. Residents now enjoy spending time in the grounds.
- New dining room chairs have been purchased which has improved the aesthetics and provided greater comfort for the resident.
- Murals have been installed in one of the walkways which has enhanced the atmosphere for residents.
- A digital photo screen has been installed in the front entry with photographs of residents with their permission. The pictures show residents involved in activities or with family members.
- Compact disk and digital video data equipment cupboards have been purchased and have resulted in greater choices and safer and easier access for residents and their representatives.
- Bus driver’s hours have been increased and now residents have increased opportunities for outings.

### 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 a system to identify current legislation, regulatory requirements, professional standards through subscriptions to aged care peak bodies, legislative update services and the internet. Policies are reviewed at a management and board level and dated to ensure currency. Updates are communicated to *the home* through emails, memos and monthly quality and board meetings. Staff have access to electronic and hard copies of policy/procedure manuals and are informed of relevant changes through memos and meetings. Compliance with legislative requirements is monitored through audits, staff competencies, performance appraisals, and observation of staff practice. Processes are in place to manage any deficiencies or non-compliance identified.

### 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's leisure and lifestyle team possesses the required skills and knowledge to provide support to residents in maintaining lifestyle preferences. The home encourages the ongoing education of the recreational officers, the diversional therapist, and the residents and family support counsellor by providing or sponsoring education sessions relevant to their field of work. All staff and volunteers receive education on residents' rights as well as on abuse reporting, dignity, privacy and confidentiality. Residents and/or their representatives confirm that staff practices reflect their knowledge of residents' rights.

### **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

Management runs weekly tours of the facility to provide information to potential clients, and pre-admission and admission packs are given to residents and/or their representatives. Upon entering the home, a resident's emotional needs are assessed, and support is provided to him/her and his/her family as required to adjust to the new situation. Family members are encouraged to visit at any time and spend time with their loved ones in the facility, and strategies are in place to provide a suitable environment for palliating residents and their families. Residents' emotional needs are reviewed as part of the ongoing care planning process and extra individual time is spent with residents as required. The support counsellor, the activity team and other staff members use an effective communication system to inform each other and medical officers of changes to residents' emotional needs. Residents and/or their representatives express satisfaction with the emotional support provided by staff and volunteers.

### **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

While all residents in the facility have high care needs, they are encouraged and assisted to maintain maximum independence and links with family and community. Residents have a legal representative involved in consultation relating to their health and care. Residents' independence needs are assessed and reviewed as part of the care planning process, the occupational therapist and the physiotherapy team assist residents to maintain independence by devising strategies to support independent and safe activities of daily living. The activity team, with the help of volunteers, organises social events and weekly bus outings. Family members confirmed that they are encouraged to participating in their relative's life within the home and to take them out on social leave.

### **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 effective strategies in place to ensure that residents have adequate personal space and that they have access to private indoor and outdoor areas when receiving visitors. Residents and/or their representatives confirm that their privacy and dignity are respected, and spoke highly of

the staff's attitude in the performing of their duties. Staff members receive ongoing education consistent with the home's policy on privacy and dignity, and care staff use partition curtains and modesty robes to provide privacy during care activities. Residents' records are stored in locked filing systems in administration office and nurse's stations

### **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

A 'Key to Me' social profile is given to residents and/or their representatives as part of the admission package, the diversional therapist assesses the residents' leisure interests and activities upon their admission to the home and devises a care plan which is reviewed quarterly or as residents' needs change. Programs are designed based on the residents' needs and preferences and include individual, small and large group activities and outings, seven days a week. Residents and visitors participation is encouraged, and the activity team and a large pool of volunteers assist residents to overcome barriers to participation. Specific activities are designed for the secure area, including late afternoon activities to assist with 'sundowning' behaviours. Residents and/or their representatives have the opportunity to express their lifestyle needs individually or in residents' meetings and report they are satisfied with the wide range of activities of interest to them.

### **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 resident's spiritual and cultural needs are assessed upon admission to the home as part of the care planning process, and are reviewed on a quarterly basis. Where necessary, the home draws on family members, international staff and community resources to cater for the individual cultural and spiritual needs of residents. Residents are assisted where required to attend the church services held in the home, and church volunteers visit residents regularly. Pastoral care is also provided by the residents and family support counsellor, and residents and/or their representatives are complimentary of this area of the home's service delivery. Residents and/or their representatives are satisfied their spiritual beliefs, food and cultural preferences are respected and fostered.

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

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

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

Does comply

Residents are encouraged and supported to make decisions about their care, routines and leisure activity participation; residents' ability to make decisions for themselves is part of the ongoing care planning process, and their representatives are generally encouraged to have input whenever the resident is not able to do so. All staff receive training to recognize, respect and foster the residents and/or their representatives' right to exercise choice according to their needs, culture, preferences and habits. The home maintains a referral system to enable residents to access external services of their choice, and residents may elect to use their own services within the home. Advocacy information is on display throughout the home and information sessions are held in the home to inform residents and staff of residents rights. Residents and/or their representatives are invited to monthly meetings where they are encouraged to express their views, needs and preferences and

they are generally consulted about their preferences regarding their meals. Charters of Rights and Responsibilities are included in the admission package, the residential agreement, displayed on project boards, discussed at residents meetings, and regularly published in the newsletter. Residents and/or their representatives are satisfied that they are able to exercise choice in all aspects of care.

### **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 and/or their representatives receive information prior to and upon entering the facility, and enter into a residential agreement upon admission. This agreement details the residents' rights and responsibilities, entitlements, security of tenure, financial details and other relevant information. The home practices ageing in place, and residents are able to remain in the facility as their care needs change. Where residents' behaviours have adverse effect on other residents, the home successfully devises and implements strategies to minimize any negative impact. Management has access to interpreters within the home and in the community should the need arise. Residents and/or their representatives are satisfied they have security tenure within the home and are aware of their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has an established continuous improvement system that is comprised of processes to identify, action, monitor and evaluate improvement opportunities. This occurs through surveys, suggestions provided at resident and staff meetings, comments and complaints processes, monitoring of clinical indicators and generally through the internal and external audit program. Feedback is provided either verbally, via meetings or written response. All ideas for improvement are registered and referred to the continuous improvement team meetings where strategies and timeframes for improvement are assigned, monitored and evaluated. Residents and or their representatives and staff indicated satisfaction with being able to raise any improvements/suggestions to management or key personnel.

Examples of improvements relevant to Standard Four include, but are not limited to:

- The fire sprinkler system has been upgraded including installation of a water tank and diesel pump to meet aged care standards and has reduced the risk of damage from fire to residents, staff and buildings.
- The fire maintenance and documentation folder has been provided to the home which has improve efficiency of documentation and review.
- A fire safety adviser has been identified and the training given to improve fire safety standards and to comply with aged care standards.
- Fluvax is now offered annually to staff free of charge. 30% of staff received vaccination in 2009. This is being monitored for reduction in staff absenteeism.
- Scissor lift trolley was purchased to promote staff safety in transfer of meals between kitchen and transit vehicles. This has significantly reduced the risk of injury to staff in transferring food to and from the transport vehicle.
- A food safety program has been developed and implemented. All catering service staff have been given education in food safety to manage the hazards associated with serving of food to the residents.
- New vitamised food products have been introduced to improve nutritional content and aesthetic pleasure for frail residents. Training has been provided for staff including use of standardised serving implements to improve portion control. Representatives of residents requiring vitamised food commented on the improvement in the quality of the food.
- The maintenance position has been increased to full time position from half time. 85% of maintenance requests are processed within 24 hours now with positive outcomes for the 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 a system to identify current legislation, regulatory requirements, professional standards through subscriptions to aged care peak bodies, legislative update services and the internet. Policies are reviewed at a management and board level and dated to ensure currency. Updates are communicated to the home through emails, memos and monthly quality and board meetings. Staff have access to electronic and hard copies of policy/procedure manuals and are informed of relevant changes through memos and meetings. Compliance with legislative



requirements is monitored through audits, staff competencies, performance appraisals, and observation of staff practice. Processes are in place to manage any deficiencies or non-compliance identified.

#### **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's ensures that the staff possess the required skills and knowledge to perform their tasks effectively. Staff members state that they receive orientation, ongoing education and competency checks pertaining to accreditation standard four. Staff practices demonstrate knowledge relating to the home's physical environment, emergency procedures and safe systems. All staff receive fire, emergency and infection control education, and catering staff are trained in food safety as required by legislation. Yearly mandatory and regular training sessions assist the staff to maintain and update their knowledge and skills in their area of work.

#### **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 to ensure that the environment is safe and comfortable for the residents by the provision of hand rails, walkways free of trip hazards, even surfaces, plants and flowers in courtyards and personalising of residents' rooms. Residents are accommodated in four bed rooms or single rooms with shared bathrooms but all rooms have a view of the courtyards and grounds. Quiet rooms are available for relatives and residents to meet in privacy and garden areas and courtyards are accessible to residents and/or their representatives. Common areas are appropriately furnished for residents to gather for activities or meet guests. Building and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests and the environment is monitored through observations, reporting and actioning of hazards, review and completion of audits and investigation of incidents. Residents all expressed satisfaction with the living environment and indicated that they felt safe and comfortable living at 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

The home has procedures, processes and practices in place to assist in the identification, actioning and review of safety issues. Workplace health and safety information is provided during orientation and staff meetings and annual mandatory training contribute to a safe working environment. An education spreadsheet identifies the attendance of staff at mandatory training. Safety performance is monitored through audits/inspections, competency assessments, hazard reporting, risk assessments and incidents. A workplace health & safety officer identifies issues, assesses the risk and action is taken as required. Equipment is maintained and safety issues are discussed at staff meetings and through memos to staff; chemical storage areas are secured. Staff incidents are recorded identifying frequency and location and from this information trends are identified and strategies and improvements implemented. Staff interviewed are aware of the home's workplace health and safety system.

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

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

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

Does comply

The home has installed and upgraded systems and equipment for the identification, early detection and actioning of risks associated with fire, security and other emergencies including an upgrade of the sprinkler system and installation of a diesel pump and water tank to meet aged care certification standards. Emergency and evacuation procedures are documented and available to staff along with resident mobility lists that are regularly reviewed and updated. Fire systems, equipment and signage are maintained by an external provider. Evacuation plans are located across the site and exits are clearly marked and free of obstructions. Building security is maintained with external security patrols at night. Staff receive instruction on fire/emergency requirements at orientation and yearly. Staff demonstrated knowledge of the evacuation processes and procedures to be followed in an emergency.

#### **4.7 Infection control**

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

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

Does comply

The home has an infection control co-ordinator who implements an infection program in line with legislation and its own policies and procedures, ensuring that residents' infections are identified and contained by maintaining records, analysing trends, and developing effective prevention and control strategies. Education, audits, and weekly clinical meetings form part of the process to prevent, identify, and contain infections. Staff and visitors have access to antibacterial gel and handwashing facilities throughout the facility. Chemicals are stored securely and all staff report having sufficient supply of protective equipment and cleaning agents to accomplish their tasks safely. Sharps are stored in special containers, equipment is washed and/or sterilised as required and spill kits and outbreak kits are available. The home has an outbreak management policy and offers staff and residents influenza vaccination.

#### **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 processes to provide hospitality services that generally reflect residents' needs and preferences. Residents' dietary needs and/or preferences are assessed on admission and details regarding likes and dislikes including special requirements are documented and provided to the kitchen. A food safety program has been developed and training provided to catering staff. The food is provided from an external kitchen and transferred by buggy to the home. Cleaning services are provided using practices that minimise the risk of cross infection. Processes are generally in place in the laundry for the laundering of contaminated linen and personal clothing. Catering, cleaning and laundry staff receive training at orientation and annually and practice infection control protocols inclusive of using colour-coding systems. Regular resident satisfaction surveys and environmental audits identify any issues and are actioned through the appropriate system.