



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to Accredit The Ritz Nursing Home**

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

The Agency has decided that the period of accreditation of The Ritz Nursing Home is 3 years until 15 June 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 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:	The Ritz Nursing Home				
RACS ID:	2539				
Number of beds:	148	Number of high care residents:	146		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• Challenging behaviours/psychiatric disorders</li> </ul>				
Street/PO Box:	The Mall				
City:	LEURA	State:	NSW	Postcode:	2780
Phone:	02 4784 1201		Facsimile:	02 4784 1282	
Email address:	don@ritz.milstern.com.au				

### Approved provider

Approved provider:	Milstern Health Care Ltd
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### Assessment team

Team leader:	Kathleen McDonagh
Team member/s:	Nuala Duignan
Date/s of audit:	10 March 2009 to 12 March 2009

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

## Accreditation decision

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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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
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<b>Agency findings</b>
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## **Assessment team's reasons for recommendations to the Agency**

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	The Ritz Nursing Home
RACS ID	2539

### **Executive summary**

This is the report of a site audit of The Ritz Nursing Home 2539 The Mall LEURA NSW from 10 March 2009 to 12 March 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 The Ritz 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 10 March 2009 to 12 March 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Kathleen McDonagh
Team member/s:	Nuala Duignan

## Approved provider details

Approved provider:	Milstern Health Care Ltd
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## Details of home

Name of home:	The Ritz Nursing Home
RACS ID:	2539

Total number of allocated places:	148
Number of residents during site audit:	146
Number of high care residents during site audit:	146
Special need catered for:	Challenging behaviours/psychiatric disorders

Street/PO Box:	The Mall	State:	NSW
City/Town:	LEURA	Postcode:	2780
Phone number:	02 4784 1201	Facsimile:	02 4784 1282
E-mail address:	don@ritz.milstern.com.au		

**Assessment team's recommendation regarding accreditation**

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

The assessment team recommends there should be 2 support contacts during the period of accreditation and the first should be within 6 months.

**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 3 days on-site and gathered information from the following:

**Interviews**

	Number		Number
Director of nursing	1	Residents	15
Deputy director of nursing	1	Representatives	11
Systems manager	1	Documentation nurse	1
Registered nurses	7	Volunteers	1
Educator	1	Pharmacist	1
Infection control officer	1	Physiotherapist	1
Administration assistant	1	Pastoral carer	1
Music therapist	1	Art therapist	1
Fire safety officers	4	Mobility nurse	1
Occupational health and safety officers	3	Housekeeper	1
Care staff	8	Laundry staff	1
Recreational activities officers	4	Cleaning staff	1
Catering staff	2	Maintenance staff	2



### Sampled documents

	Number		Number
Residents' files ( including assessments, care and lifestyle plans, progress notes and associated documentation)	15	Medication charts	25
Summary/quick reference care plans	15	Personnel files	12
Resident agreements	10		

### Other documents reviewed

The team also reviewed:

- Accident and incident data and reports
- Audit schedule and monthly trend data and external benchmarking results
- Care plan evaluation schedule
- Catering reports – food temperature records, cool room and freezer temperature charts, incoming goods/food temperature records, stock sheets, communication book, diet lists
- Cleaning programs, audits and records
- Clinical observation records
- Comments, complaints, suggestions – logs and report data
- Complaints investigation scheme posters and brochures
- Continuous improvement plan, logs and report data
- Education attendance, training, evaluation records
- Education plan and training calendar 2008/2009
- Education: Clinical skill assessments
- Environmental records and audits
- External service provider list
- Fire equipment service records
- Fire safety declaration certificate current
- Flu and gastro information for family and visitors
- Four week rotational menu - seasonal
- Freedom of the gate and absconders lists
- Fruit and vegetable sanitiser chlorine test kit and records
- Human resource management documentation including rosters, duty lists and job descriptions, staff appraisals, police checks and register
- Immunisation records – residents & staff
- Infection control data, trends/graphs and reports
- Inventory/asset registers
- Maintenance request reports, schedule and environmental hazard/risk records
- Mandatory reporting register – elder abuse
- Material Safety Data Sheets
- Medication incidents
- Meeting schedule 2009 and minutes (various)
- Missing resident immediate action flow chart
- Monthly resident grooming and hygiene schedule
- NSW Food Authority Licence current
- Organisational chart

- Policy and procedure manual
- Professional signatures register
- Recreational activities program
- Recruitment policies and procedures
- Resident newsletters
- Resident aggression incident monitoring records
- Residents' information handbook
- Residents' information package and surveys
- Restraint authorisations
- Restraint monitoring records
- Restricted drug register
- Staff Handbook
- Staff newsletters
- Survey results residents/representatives and staff

### **Observations**

The team observed the following:

- Activities in progress (individual and group, including residents enjoying entertainment and food and drink, reading, concerts, watching television)
- Adequate supplies of linen and other stock
- Archives
- Charter of resident rights displayed
- Computers (password protected)
- Contaminated waste bins (securely stored)
- Designated activities cottage
- Dining environment during the midday meal including staff assistance and the management of challenging behaviours
- Documentation control system
- Electrical tagging of equipment
- Emergency flip charts including missing persons protocol
- Equipment and supply storage areas including oxygen storage
- Fire evacuation signage and kit
- Fire exit doors
- Fire safety equipment
- Hairdressing room
- Infection control resources including hand washing facilities, wall mounted hand sanitising gel, appropriate signage, sharps containers, spills kits, outbreak management kits, personal protective and colour code equipment
- Influenza and gastro outbreak kits
- Interactions between residents and staff
- Interactions between staff and residents
- Internal and external living environment ( including resident accommodation, bathrooms, lounge areas, resident dining rooms ,activities cottage, external smoking gazebo and attractive secure garden and walking areas)
- Landscaped garden courtyard areas and gazebo area
- Living environment including ingress and egress points
- Maintenance and hazard logs
- Manual handling equipment
- Medication administration rounds
- Mobility equipment including hand rails throughout the home, mechanical lifters, pelican belts, wheel chairs, walkers and walking sticks.
- Nurse call system (wireless)

- Nurse duress alarms
- Nurses' stations and treatment rooms
- Philosophy of "One Community", mission vision and values statement
- Philosophy of care
- Photographic list of residents at risk of choking
- Photographic list of residents on thickened fluids
- Resident/relative notice boards
- Residents paintings and pottery displayed
- Safe storage of chemicals
- Secure storage of residents' medications and clinical files
- Signage promoting a safe working environment
- Smoking gazebo
- Staff room and noticeboards
- Suggestion box (locked)

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has a quality system to identify and pursue continuous improvement. The team confirmed through interviews with management, staff, residents/representatives, documentation review and observation that the continuous improvement system monitors areas of service delivery and identifies areas for improvement within the home. The home provides a variety of mechanisms for residents, their representatives and staff to provide feedback on all areas of service delivery. These include continuous improvement forms/confidential improvement forms, comment and complaint system, surveys, providing feedback fact sheet, meetings and ready access to management. Monitoring systems include planned audits and surveys, accident and incident data, performance appraisals and education. Feedback to stakeholders on continuous improvement activities is provided through the meetings and minutes, newsletters, verbally and information on notice boards. Management also identifies opportunities for improvement through their networking and benchmarking activities within the organisation, networks with allied professional groups, and attendance at seminars and conferences.

The home has used these processes to identify and implement continuous improvement measures relevant to Standard One Management systems and organisational development. Recent examples include the following:

- The home has purchased an electrical equipment testing and tagging machine. The new machine has a computer program that keeps track of items tagged and records when the next tagging and testing process is next due.
- The home collaborates with a local TAFE college that provides certificate three training in aged care. Students from the course spend two weeks at the home to undertake the practical component of the certification course. During the training the home identifies potential future employees for their service.
- A priority criterion for complaints management was developed to improve the management of complaints. A flow chart was developed in September 2008 to illustrate the preferred directions to follow when a complaint is lodged. The new system will be reviewed on an ongoing basis and formally annually.
- All staff files and details were updated to include their availability outside their rostered shifts and other relevant details to be included in their personal information files. The home does not employ agency staff and uses staff who are familiar with residents to fill sick leave and other vacancies as they occur.

## 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

There is an effective system in place for identifying, monitoring and managing all relevant legislation, regulatory requirements, professional standards and guidelines. Changes in regulatory requirements and professional standards are monitored through circulars from the Department of Health and Ageing and subscription to aged care specific legislation services. Changes are communicated through meetings and memoranda; changes to relevant flow charts, policies and procedures are made to include all the changes. Management ensure that staff practices are reviewed to reflect any changes to legislation or regulations and staff are made aware of relevant changes to regulatory requirements through education sessions memoranda, meetings, policy and procedure updates.

The home is able to demonstrate compliance with legislation and regulations in relation to the four Accreditation Standards. The home has used these processes to identify and implement compliance measures relevant to Standard One. These include the following examples:

- Policies, procedures and/or emergency flipcharts have been updated to reflect amendments to the Aged Care Act 1997 that came into effect in January 2009. This includes the reform governing improved formal notification by the Approved provider to the Department of Health and Ageing where residents are reported missing.
- Policies and other documents including handbooks have been updated to show information on the Office of Aged Care Quality and Compliance as per Commonwealth Government requirements introduced in May 2007.
- There is a system in place to ensure all new staff, volunteers and external service providers undergo criminal history record checks as per the Commonwealth government legislation introduced in March 2007.
- Policies and procedures have been updated to reflect the compulsory reporting legislation introduced by the Commonwealth Government in July 2007. There are documented reporting mechanisms in place for mandatory reporting of elder abuse including a register for all reportable incidents.

## 1.3 Education and staff development

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

### **Team’s recommendation**

Does comply

The home has a system in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively through a program including using an established selection criterion recruitment processes, orientation, job descriptions, education, training and a feed back and development system. The program is revised and updated annually and as

needed to reflect management and staff needs that are identified and evaluated through performance appraisals, staff surveys, competency assessments, resident feedback, monitoring of staff practices and the regular evaluation of education sessions. There is a comprehensive orientation program for all new staff on commencement of their work at the home. Regulatory required education is mandatory for staff, and management have a system for monitoring staff compliance with this requirement. Staff express satisfaction with the home's training and education program and the support and opportunity given to them to ensure professional development. Residents/representatives report that staff are very knowledgeable and that they perform their roles professionally and in a caring and effective manner.

Examples of education sessions undertaken during 2008 in relation to Standard One include the accreditation process, continuous improvement; ACFI and documentation; comments and complaints; privacy act, elder abuse and missing persons reporting.

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

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

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

Does comply

Management at the home ensures that all residents/representatives have access to internal and external complaints' mechanisms. Residents/representatives are aware of formal avenues of complaint but prefer to speak directly to staff and management. Internal mechanisms include meetings, care conferences, improvement logs, letters and discussions with management. Residents/representatives and staff receive feedback through meetings, memoranda or personally. Interviews and review of documentation demonstrate that the home links its comments and complaints system with its accident and incident reporting mechanisms, continuous improvement and education programs and residents' care planning processes. Information on the complaints' mechanism is displayed and described in the admission handbook and resident agreements. A register of complaints is kept including the investigations and actions taken and date completed. Complaints are actioned and followed up with the complainants in a timely manner. Residents/representatives confirm they feel comfortable to raise any issue with management and staff; and confirm management is responsive to their suggestions.

#### **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 documented the home's philosophy of "One Community", mission, vision and values objectives and commitment to quality throughout the service. The home provides for people with psychogeriatric and psychiatric illness and ensures that those in their care are diagnosed accurately, treated appropriately and allowed to function to their maximum capacity. Documentary evidence of the

home' commitment to quality is found in the resident and staff handbooks and the quality management system; and is clearly displayed within 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

Human resource policies and procedures are underpinned by the home's program of staff recruitment, orientation, performance review, skills assessment and training. Staff performance appraisals are conducted annually and as needed to determine future training needs and ensure staff are appropriately skilled to undertake their responsibilities. Staff report relevant education is provided and professional development opportunities are offered and encouraged to ensure they have the necessary skills to undertake their duties. The management team provides support and advice to care staff about residents' clinical and other care needs and preferences. Staff report they have sufficient time and support to undertake their duties. Staffing and rostering levels meet the demands of the home through consideration of occupancy levels; resident care needs and the safety and welfare of residents and staff. Residents/representatives and staff confirm that staffing levels are sufficient throughout the seven-day roster. Staff report that they enjoy working at the home and express a commitment to the residents and the community. Residents/representatives are highly complimentary about the care, lifestyle and hospitality services that the home provides for them.

## **1.7 Inventory and equipment**

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

### **Team's recommendation**

Does comply

Systems are in place to ensure the availability stocks of appropriate goods and equipment for quality service delivery. An asset list is maintained and includes a tagging system. There is an approved list of local service and equipment providers and management monitors their performance; and any identified issues are dealt with initially at local level. Observations and feedback from residents/representatives and staff confirm that there are appropriate stocks of goods and equipment available. Annual replacement planning takes into account the need for new equipment and purchases. Staff report management is responsive to requests for additional equipment or stock if required. A planned preventative and corrective maintenance program is in place to ensure plant and equipment is serviced and maintained. Monitoring of equipment and the maintenance program is conducted through review of repair and maintenance logs, results of audits, checklists and surveys, and hazard reporting. A review of maintenance records, observations and feedback from residents/representatives and staff confirm that the home is well maintained.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

Systems are in place for the receipt, dissemination, storage, review and destruction of all documentation in the home. The team's review of policy and procedure demonstrates that the home effectively manages the access and use of computers by designated personnel. All computers are password protected and information is backed up each day. Confidential resident and staff information is securely stored. The residents' files are safely stored in secure cabinets that are locked when staff are not in attendance. Resident files and care planning documentation show that care plans are reviewed regularly and there is a system to consult with residents' families or their representatives through case conferences. Information is disseminated through shift handover reports, meetings, the home's computer system, notice boards, newsletters and informal lines of communication. The home has a scheduled surveillance system including surveys and audits that provides information on resident and staff needs and the quality of care and services provided. Feedback from residents/representatives and staff is positive about the quality of their communication with staff and the management.

## 1.9 External services

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

### **Team's recommendation**

Does comply

Systems and procedures are in place to assist the management in the selection of locally based external services that meet the home's needs and quality goals. Contracts with the local external suppliers are largely monitored and managed by the residential manager in liaison with the approved provider, who maintains an external services contract register. Contracts are reviewed at the time of renewal or as required. Services of these providers are monitored via a variety of means including feedback from residents/representatives, management and staff and observation of work practices. Residents/representatives and staff have opportunities to provide feedback and indicate overall satisfaction with the quality of external services.



## **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 actively pursues continuous improvement through a collaborative system described under expected outcome 1.1 Continuous improvement. The home has made improvements in Standard two Health and personal care that include:

- A new medication management system was commenced in mid 2008 and includes individual blister packs with the resident's photo attached. The new system is working well and is being reviewed on an ongoing basis with feedback to the pharmacy. Staff are supported in adjusting to the new system including ongoing education and competency assessments.
- A new wound care management committee has been formed to better assess, improve, exchange information and standardise treatment of wounds. The infection control nurse is involved and checks all wounds. Nutritional needs of residents with wounds are taken into considered and dietary supplements are provided when there is an identified need.

### **2.2 Regulatory compliance**

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

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

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details of the home's system for ensuring regulatory compliance. The home has mechanisms in place to receive, implement and ensure relevant legislation, regulatory requirements, professional standards and guidelines in relation to Accreditation Standard Two which include:

- Medication incidents are monitored, recorded, acted-on, followed-up and evaluated to ensure medication is managed safely and correctly. The home's medication advisory committee examines and reviews all information related to medication incidents.
- The home monitors professional registrations of trained staff, medical and other health related personnel. Management maintains a register that includes copies of professional certification/licences of registered nurses and other health and related services personnel.
- The home meets their requirements in relation to the Quality of care principles 1997 for the provision of care and specified services for high care residents residing in the home.

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

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively. Examples of education sessions undertaken during 2007-2008-2009 in relation to Standard two Health and personal care include, competencies in safe management and administration of pre-packed medications; falls prevention and incident reporting; nutrition and hydration, skin integrity, wound care and continence care; dementia and behavioural management

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The home has systems in place to ensure residents receive appropriate clinical care. A pre admission assessment is attended to ensure the suitability of the resident to the home; at the time of the Site Audit 139 residents had a diagnosis of a psychiatric illness. Documentation review of resident files show a comprehensive program of assessments are completed for each resident, individualised person centred care plans are developed and progress notes clearly record care provided. Care plans are reviewed three monthly or when resident care needs change. Care is planned in consultation with the resident and/or representative, the resident’s medical practitioner and allied health professionals. Staff demonstrate a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources to meet the ongoing and changing needs of residents. Residents/representatives are satisfied with the clinical care provided and representatives are informed of changes in the resident’s condition and care needs.

### **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

There are systems in place to identify and meet residents’ specialised care needs; this includes educating staff to the appropriate level to deliver specialised care and ensuring that appropriately trained staff are delivering the care. Registered nurses are on duty 24 hours and coordinate the assessments on the residents’ specialised care needs. The home has access to specialised nurse consultants for referral; such as diabetic clinics, the Huntington’s association, wound management, palliative care, enteral feeding and the area health service psycho-geriatric unit; a psychiatrist visits the home every two weeks. Specialised care is provided as per medical and clinical orders. Staff interviewed demonstrate knowledge and understanding of specific residents’ specialised nursing care

needs for example palliative care, catheter care, behaviour management, and wound management.

## **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

Documentation including resident files shows the home refers residents to external health professionals in consultation with the resident’s medical practitioner. Any changes to resident care following specialist visits are clearly documented and implemented in a timely manner. External health professionals such as the physiotherapist, podiatrist, dietician, speech pathologist regularly visit the home and transport and an escort nurse are provided by the home to enable residents to attend external appointments. Residents/representatives advised that management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents/representatives are satisfied with the way referrals are made and the way changes to resident care are implemented.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Management demonstrates that resident medication is managed safely and correctly. Delivery of medication is via a blister packaging system, a current pharmacy contract and locked storage of medication promotes safe and correct management of medication to residents. Pharmacy and medical officer protocols have been established in the home and staff practices are consistent with policy and procedures evidenced through audits and training. Staff advise they complete an annual medication competency and receive ongoing education relevant to medication management. Internal audits are in place to ensure medication management is safe and correct and inappropriate administration of medication is addressed in a timely manner. The medication advisory group meet on a three monthly basis to review legislation changes, medication and pharmacy issues. Residents/representatives are satisfied that their medications are managed in a safe and correct manner.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

There are systems in place to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and a care plan is developed based on the individual needs of the resident. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management

strategies. Documentation shows strategies to prevent and manage residents' pain include attendance to clinical and emotional needs, pain relief, massage and alternative methods. Pain management measures are followed up for effectiveness and referral to the resident's medical practitioner and other services is organised as needed. Residents/representatives report residents are as free as possible from pain and staff respond in a timely manner to their 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

There are systems in place to ensure the comfort and dignity of terminally ill residents and support for their families and those involved in their care. Documentation and staff discussions show the spiritual, cultural, psychological, physical and emotional needs of residents receiving palliative care are assessed and considered in care planning. The home accesses the local area health palliative care services as necessary. Pastoral care is offered and provided as requested. Representatives are informed of the palliative care process and the home is in regular communication with representatives, medical practitioners and specialists throughout the palliative care process.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

The home has systems and processes in place to ensure residents receive adequate nourishment and hydration. Resident nutrition and hydration needs are recorded on moving into the home and fully assessed through the initial assessment process. Care plans show updates as nutrition and hydration needs change. Appropriate referrals to the speech pathologist, dietician and dentist are made in consultation with the resident and/or representative and others involved in their care. Residents are weighed and weight loss/gain monitored with referral to medical practitioners or allied health for investigation as necessary. The home provides modified cutlery, assistive devices, nutritional supplements and assistance for residents as required. The home has a high number of residents on thickened fluids and texture modified food; the team observed a choking management protocol well displayed and staff demonstrate an awareness of this heightened risk. Resident dietary preferences and allergies are identified and communicated to kitchen staff. Food is cooked on site and a four week cyclical menu has been implemented, additional fluid rounds ensure adequate hydration. Residents/representatives are happy with the frequency and variety of food and drinks supplied for residents.

### **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 moving into the home through the initial assessment process. Staff monitor residents’ skin care as part of daily care and report any changes in skin integrity to the registered nurse for assessment, review and referral to their medical practitioner as needed. The home has a wound management committee who review and monitor the progress of all wounds. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of residents. Documentation reveals that staff receive ongoing training and supervision in skin care and the use of specialist equipment such as lifting devices used to maintain residents’ skin integrity. The homes’ reporting system for accidents and incidents includes skin integrity and is monitored monthly. Residents have access to a physiotherapist, podiatrist, hairdresser and other external health professionals as necessary. Residents/representatives report staff pay careful attention to residents’ individual needs and preferences for skin care. The team observed the use of soft helmets, limb protecting and pressure relieving devices.

### **2.12 Contenance management**

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

#### **Team’s recommendation**

Does comply

There are systems in place to ensure residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff assist residents with their continence programs and monitor residents’ skin integrity. The home has a continence advisor and staff are trained in continence management including the use of continence aids and toileting programs. The home can access external professionals including the stoma nurse when required. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are appropriate supplies of continence aids to meet the individual needs of residents. Residents/representatives state they are satisfied with the continence care provided to residents.

### **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 systems to effectively manage residents’ with challenging behaviours. Documentation and discussions with management and staff show residents’ behavioural management needs are identified by initial assessments and individualised behaviour care plans formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed

in consultation with the resident /representatives, the psychiatrist and other specialist services to ensure the appropriate care and safety for all residents and staff at the home. Staff receive ongoing education in managing challenging behaviours and work as a team to provide care. Staff were observed to use a variety of management strategies and resources to effectively manage residents' with challenging behaviours and to ensure the residents' dignity and individual needs were respected at all times. The home uses restraint only as a last resort to ensure resident safety; a senior registered nurse audits and evaluates the restraint monitoring records monthly. Resident/representatives are satisfied with how the needs of residents with challenging behaviours are managed at the home.

#### **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

The home has systems in place for ensuring that optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments by the physiotherapist, the development of mobility and dexterity plans and mobility programs. Individual programs are implemented by the mobility nurse and designed to promote optimum levels of mobility and dexterity for all residents. Falls prevention measures includes daily exercise classes, hip protectors, monitoring of foot wear , the provision of hand rails and a well lit and clutter free environment. All falls incidents are documented and analysed. Residents and representatives report appropriate referrals to the physiotherapist and podiatrist are made in a timely manner. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames, pelican belts, mechanical lifters and wheelchairs are available. Access to sunshine is effortless via the secure garden areas and pleasant surrounds thereby contributing to the resident's potential intake of vitamin D. Residents /representatives are satisfied with the homes approach to mobility and dexterity.

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

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

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

Does comply

There are systems in place to ensure residents' oral and dental health is maintained. Oral and dental health is assessed when a resident moves into the home and documented on resident care plans. Residents are referred to specialist oral and dental services or the local hospital dental service. Staff receive education in oral and dental care and assist residents to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Residents/representatives state residents are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

The Ritz has a system in place to identify and address sensory loss of individual residents. Hearing aids and glasses are cleaned regularly and residents are prompted and assisted to wear them as necessary. Consultation with appropriate health professionals occurs as required and as requested by residents and/or representatives. The activity officers have implemented programs and resources to assist residents’ with sensory loss including smell, touch and a sensory garden. Residents/representatives state that the staff facilitate resident’s participation in the living environment.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents’ sleep patterns are assessed on moving into the home including history of sleep difficulties and use of night sedation. Lighting and noise is subdued at night. Residents’ ongoing sleep patterns are reviewed and sleep disturbances monitored and appropriate interventions put in place to assist residents to achieve natural sleep. Pain assessments are carried out and residents are encouraged to attend the daily exercise routine. Staff report residents who experience sleep disturbances are assisted with toileting and repositioning as required. Residents are offered snacks and fluids as requested or assessed as needed. Residents/representatives are satisfied with the way residents’ 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

- The home has installed safety deposit boxes in some resident’s rooms in response to feedback from residents/representatives. The new safety deposit boxes maximises the residents independence and choice of looking after their own valuables in a private and dignified manner.
- Some residents requested that an additional pastoral carer from a particular religious organisation visit the home on a regular basis. The home contacted the organisation and acquired the services of a pastoral carer on a regular basis.
- An exercise program of Tai chi is being trialled. The program, which is designed for body and mind, is offered for those residents who are interested in improving their mobility and relaxation. An external provider is running the program and is assisted by one of the residents who has practiced Tai chi prior to being admitted to the home.
- Notice boards were provided and put in place for a number of residents who wished to display their personal photos and other important information in their rooms.

### **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

Management can demonstrate that there are effective systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle. The home has made improvements in Standard Three Resident lifestyle that include:

- All residents were notified of the home’s accreditation site audit and dates in accordance with the Aged care act 1997.
- The home meets their requirements in relation to the User rights principles 1997 in the provision of residency contracts that clearly and transparently set out information regarding security of tenure and payment structures including accommodation bonds and charges and resident care fees. The charter of resident’s rights and responsibilities is displayed in the home and can also be found in the residents’ handbook.
- In line with the Privacy act 1988 resident consent for the use of photos and other personal information is located in residents’ care files.



### 3.3 Education and staff development

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

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

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively. Examples of education sessions undertaken during in relation to Standard Three Resident lifestyle include staff appraisal, competency assessment, resident advocacy, complaints handling and reporting, residents' rights and dementia.

### 3.4 Emotional support

*This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".*

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

Does comply

The home has a system of identifying emotional and social support needs of new and continuing residents that offers choices and facilitates independence. Open access to the home for friends, relatives and community groups as well as interaction outside the home within the local community occurs on an ongoing basis. Resident orientation and a handbook is provided to residents on entry to the home and two residents have formed a welcoming committee; new residents are introduced to existing residents in the dining and lounge rooms, at activities and outings. Resident meetings and newsletters occur regularly with feedback provided to residents and representatives in communal areas. Residents/representatives expressed a high degree of satisfaction with the emotional support provided by the home to residents as they adjust to ongoing living in a communal environment.

### 3.5 Independence

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

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

Does comply

The home ensures residents are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. There is a range of individual and general strategies implemented to promote independence that includes a comprehensive mobility and activities program and mobility equipment for resident use. The home provides a secure environment and several residents have 'the freedom of the gate'. Individual residents attend external community groups including 'working' at the Salvation Army shop. Community visitors and supervised outings in small groups are encouraged and arranged. The environment encourages residents, their representatives and their friends to participate in activities. Documentation, staff practice and resident/representative feedback confirms residents are actively encouraged to maintain independence

### **3.6 Privacy and dignity**

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

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

Does comply

The home has systems in place to ensure privacy and dignity is respected in accordance with residents' individual needs. The assessment process identifies each resident's personal, cultural and spiritual needs, including the resident's preferred name. Information pertaining to privacy and confidentiality is contained in the resident handbook. Staff sign a confidentiality agreement, staff handovers and confidential resident information is discussed in private and resident files securely stored. Staff practices respect privacy and dignity of residents. Residents/representatives are satisfied with how privacy and dignity is managed at the home.

### **3.7 Leisure interests and activities**

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

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

Does comply

The home demonstrates that residents are encouraged and supported to participate in a wide range of interests and activities. Residents' activity needs, interests and preferences are assessed on moving into the home and on an ongoing basis. There are five activity officers at the home who ensure that the group and individual programs provided to residents are appropriate and reflect any change in residents' conditions. The activities program covers seven days a week and activities offered within the home include but are not limited to art classes, group and individual music therapy, weekly dancing and Tai Chi classes, daily exercise classes, bingo, karaoke and daily movies. External activities include bush walking, local walks and café outings, bus trips, pottery classes and weekly evening outings to the local club. The home has a small horse, guinea pigs and birds and several residents have assumed responsibility for the ongoing care of the pets. Representatives are informed of programs through display of the activities program on noticeboards throughout the home. Residents are given the choice of whether or not to take part in activities. The results of interviews, document review and observations confirm that residents are very satisfied with the activities provided 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

Residents' cultural and spiritual needs at the Ritz are fostered through the identification and communication of residents' individual interests, customs, religions and ethnic backgrounds during the assessment processes. Residents' individual needs are documented in a social profile and leisure activity files, with

specific dietary or religious needs recorded and catered for. Provision is made for the celebration of religious and culturally significant days, and the staff are aware of any upcoming events which may be of interest to an individual or a group of residents. Birthdays are celebrated monthly and each resident is given a gift on their birthday. The residents, representatives and staff are supported by a retired religious sister, a trained counsellor who visits on a weekly basis but is on call for any situation where her skills may be useful to the home. Various religious dominations including Catholic, Anglican, Salvation Army and Baha'i attend the home. For residents from a culturally and linguistically diverse background, the activities officers ensure communication cards and appropriate activities are available for them. Multicultural resources are available to assist staff in understanding different cultures and ethno specific pictorial cue cards facilitate effective communication. Residents/representatives acknowledge that their individual interests including their cultural and spiritual requests are respected and encouraged.

### **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 can demonstrate that each resident and/or representative participates in decisions about the services of the home and is able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. Many of the residents at The Ritz are under the protection of the Office of the Protective Commissioner or the Office of the Public Guardian. The management have an open door policy that results in continuous and timely interaction between the management team, resident and/or representatives. Resident meetings and surveys occur regularly to enable residents to discuss and provide feedback about the services provided by the home. Information about resident rights and responsibilities is included in the resident handbook and is displayed in the home. Observation of staff practice and staff interviews reveal that residents have choices available to them including waking and sleeping times, shower times, meals and activities. Residents/representatives state that they are satisfied with the support of the home relative to their choice and decision making processes.

### **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 has in place policies and procedures to ensure that residents have secure tenure within the residential care service, and understand their rights and responsibilities. New residents and/or their representatives are provided with comprehensive information about their rights and responsibilities prior to the resident moving into the home. This information is explained and a resident agreement is offered to each resident and/or their representative to formalise occupancy arrangements. The agreement includes information for residents

about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. Residents/representatives indicate that they are satisfied with the information the home provides regarding their security of tenure and 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

Management actively pursues continuous improvement through a collaborative system described under expected outcome 1.1 Continuous improvement. The home has made improvements in Standard Four Physical environment and safe systems that include:

- The home purchased air conditioners for some individual rooms and activities and dining rooms to be used both heating and cooling when the weather requires. Some of the units are portable to allow their placement throughout the building as needed.
- A new nurse call system was installed and integrates with the existing system. Extra emergency call buttons were also installed in the director of nursing office and in the medical officer’s clinic. Staff wear emergency duress call bracelets for their protection so that they call for immediate assistance when required.
- The security of the home has been improved with the installation of continuously recording security cameras and enhanced external lighting. A security service is also contracted that provides night patrols and physical backup if necessary.
- A strict smoking policy has been developed and implemented. The policy is conducted in a designated outdoor area with staff in attendance to supervise the residents at scheduled times throughout the day.
- The home has a number of trained fire safety and occupational health and safety officers. Management endeavour to have at least one trained fire safety officer and occupational health and safety officer on each rostered shift to provide supervision and oversee the safety needs of residents/representatives and staff.
- Electric beds have replaced the majority of the beds at the home with a program in place to complete the bed replacement incrementally over the next few months.

### **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

Management demonstrate that there are effective systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements,

professional standards and guidelines, about physical environment and safe systems. The home has made improvements in Standard Four which include:

- The home has revised their policy, protocol and practice in line with emergency flipcharts to address the changes in relation to 2008 legislation on notification requirements for missing persons.
- The home meets certification requirements and has a current fire safety statement.
- The home has external services attending for testing and calibration of equipment including fire-fighting equipment and electrical equipment testing and tagging.
- Catering staff have information on hazard analysis and critical control points and have attended food safety training. The cook participates in the home's quality improvement program. There is a comprehensive food safety policy and range of food safety measures ensure then home is compliant to new regulations of the NSW Food Authority. The organisation is compliant with current requirements governing the NSW Food Authority law covering businesses that serve food to vulnerable persons.
- The emergency evacuation plan was reviewed and implemented with resident names in room and bed order and individual resident information summarised for quicker identification.

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

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

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

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively. Examples of education sessions undertaken during 2007-2008 in relation to Standard Four include: infection control; manual handling; fire safety; missing persons' notification; food safety and compliance in service provision for catering, cleaning, laundry and safe handling of chemicals.

#### **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 systems in place to ensure management is actively working to provide a safe and comfortable environment consistent with residents' care needs and preferences. This is evidenced through a review of the planned preventative and corrective maintenance program, relevant policies and meeting minutes of the quality improvement forum. The home is clean, tidy, of a comfortable temperature, odour free and it has a relatively calm environment. The home and the surrounding grounds, garden and pathway areas are well maintained. The team observed electrical tagging of all equipment in the home to be in accordance with current guidelines. Residents/representatives and staff indicate management and maintenance staff deal promptly with maintenance

issues and potential hazards. Representatives spoke of “wonderful management and staff”, and the only place in which their relative “feels safe, valued, protected and well cared for”. Residents are happy with the home and feel that it is their own community.

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

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

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

Does comply

Management identifies hazards in the working environment and manage issues identified through the OH&S committee, environmental audits, accident and incident reporting systems, repair and maintenance logs and staff discussion at meetings. Documentary records provide evidence of a well established and planned preventative and corrective maintenance program that includes the carrying out of regular work place inspections. Review of the home's accident and incident data is regularly carried out and the results are analysed for trends and reported at the continuous improvement meetings. Regular staff training in occupational health and safety is undertaken by the home. Staff confirm they receive regular training in hazard identification, risk management and manual handling and that their skills are assessed annually. The team observed staff using various safety precautions such as manual transferring aids and personal protective equipment. The home can demonstrate that management monitor the safety of the environment and take preventative and/or corrective action where improvements, risks or hazards are identified.

#### **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 management and staff actively work toward providing an environment and safe systems of work that minimise fire, security and emergency risks to residents and staff. The home's systems include policies, procedures, emergency equipment, evacuation plans, emergency flipcharts, safety signage throughout the home, safe storage of chemicals, a hazard reporting system and compulsory fire safety and evacuation training for all staff. The home complies with the fire certification requirements of the Department of health and ageing. External fire contractors carry out monitoring of all equipment and checks of fire fighting and early warning systems and a random check of various fire-fighting equipment confirms inspection has been carried out. Emergency exits are clearly marked and free from obstruction. Floor plans, fire evacuation and egress charts are correctly orientated. Safe systems include a notification and surveillance protocol for wanderers and missing persons, door alarms, security surveillance system and a security protocol at night, electrical tagging of all equipment and emergency flip charts at telephones and other key areas throughout the home. Resident/representatives and staff express satisfaction with the safety of the home and an understanding of their role in the event of 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's infection control program consists of ongoing education and infection prevention strategies, which is overseen by the infection control officer. There is provision for resident and staff vaccinations and policy and protocol for the disposal of contaminated waste and the handling of soiled linen. Management review infection surveillance data regularly and develop actions to address trends, minimise recurrence and ensure proper management. Results are reported through at regularly held meetings. Staff are familiar with infection control practices and state personal protective equipment is readily available. The home follows state and federal guidelines for the management of influenza and staff describe practices and procedures they would carry out when dealing with an outbreak of gastroenteritis or influenza. There is a program for appropriate stock rotation of food in the kitchen and temperature checks, both core and air, are in accordance with regulatory guidelines and conducted daily on fridges, freezers, dishwashers and food. Staff use various infection control strategies such as the regular washing of hands and the colour-coded system is used during all aspects of cleaning. Management can demonstrate that there is a system in place for the management of soiled linen.

#### **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

##### **Catering**

There are policies, procedures and appropriate arrangements in place that ensure the hospitality services are provided in respect to the home's infection control policy and in a way that enhances residents' quality of life and the staff's working environment. The hospitality services are subject to regular audits and surveys to ensure that they are operating at desired levels. The home's catering service ensures that residents' preferences are taken into account in menu planning and that appropriate meal choices and alternatives are offered. The home carries out an annual review of the menu in consultation with a nutritionist/dietician and in consultation with the residents' medical officers, relatives and residents in relation to the alteration in a resident's nutritional and hydration status. Residents' food preferences and nutritional needs are communicated between care and catering staff ensuring any changes to clinical nutritional requirements are met. The menu is reviewed on a regular basis and as required and residents have input into the menu through feedback directly to staff, satisfaction surveys and at residents' meetings. Catering staff have attended safe food handling training and implement these principles in the kitchen. The team observed a comfortable dining areas and residents/representatives are very complimentary about the meals provided at the home.



**Cleaning**

The cleaning system is well organised and effective with schedules covering daily, weekly and monthly duties, ensuring a high standard of regular cleaning throughout all areas of the home. Resident rooms and bathroom areas are clean and tidy. There is an active high cleaning program in operation. The team observed that resident lounges and dining areas, the kitchen, laundry and corridors were very clean, tidy and clutter free. Cleaning staff demonstrate a good knowledge of their role and responsibilities in respect to all aspects of cleaning and the home's infection control policy. Residents/ representatives report the home is clean and tidy and that they are very satisfied with the cleaning.

**Laundry**

Laundry services are provided in such a way as to ensure a reasonable turn around time and at desired standards. A housekeeper is employed five days each week to oversee the laundering and labelling for all resident's clothing. The laundry services were observed to be operating in accordance with the home's infection control guidelines and care staff demonstrate appropriate knowledge of their role and responsibilities in respect to all aspects of personal laundry services and in relation to the handling of soiled linen. Adequate stocks of linen were observed. Residents/representatives state all clothes are cleanly laundered and returned to residents in a timely manner and express satisfaction with the laundering services provided.