



Aged Care
Standards and Accreditation Agency Ltd

Uniting Care Hawkesbury Village
Approved provider: The Uniting Church in Australia
Property Trust (NSW)

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 31 December 2014. We made the decision on 18 November 2011.

The audit was conducted on 25 October 2011 to 27 October 2011. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Home and approved provider details

Details of the home

Home's name:	Uniting Care Hawkesbury Village				
RACS ID:	0222				
Number of beds:	134	Number of high care residents:	105		
Special needs group catered for:	<ul style="list-style-type: none"> • 12 bed secure dementia unit 				
Street/PO Box:	23 Chapel Street				
City:	RICHMOND	State:	NSW	Postcode:	2753
Phone:	02 4588 2700		Facsimile:	02 4588 2750	
Email address:	admin@hawkesburyvillage.org.au				

Approved provider

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
--------------------	--

Assessment team

Team leader:	Elizabeth Roberts
Team member/s:	Denise Dwyer
Date/s of audit:	25 October 2011 to 27 October 2011

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.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

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.

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

Principle:

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Principle:

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Uniting Care Hawkesbury Village 0222
23 Chapel Street
RICHMOND NSW

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Executive summary

This is the report of a site audit of Uniting Care Hawkesbury Village 0222 from 25 October 2011 to 27 October 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 25 October 2011 to 27 October 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Elizabeth Roberts
Team member/s:	Denise Dwyer

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
--------------------	--

Details of home

Name of home:	Uniting Care Hawkesbury Village
RACS ID:	0222

Total number of allocated places:	134
Number of residents during site audit:	129
Number of high care residents during site audit:	105
Special needs catered for:	12 bed secure dementia unit

Street/PO Box:	23 Chapel Street	State:	NSW
City/Town:	RICHMOND	Postcode:	2753
Phone number:	02 4588 2700	Facsimile:	02 4588 2750
E-mail address:	admin@hawkesburyvillage.org.au		

Audit trail

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

Interviews

	Number		Number
Care Services Manager	1	Residents/representatives	14
Executive Manager Care Services	1	Registered nurses	5
Health Safety & Wellbeing Manager	1	Care staff	13
Regional Clinical Governance Manager	1	Activities staff	3
Metro West Area Manager	1	Speech pathologist	1
Acting Care Services Manager	1	Physiotherapist	1
Area Manager	1	Podiatrist	1
Learning & Development Manager	1	Chaplain	1
Learning & Development Facilitator	2	Catering staff	2
Clinical Care Manager	1	Volunteer coordinator	1
Hostel Services Manager	1	Laundry staff	2
Property & Asset Manager	1	Cleaning staff	4
Contract Maintenance Service Manager	1	Maintenance contractor	3
Human Resource Business Partner	1	Procurement and Hotel Services Manager	1

Sampled documents

	Number		Number
Residents' files including assessments, progress notes and care plans	13	Medication charts	18
Summary/quick reference care plans	13	Pain assessments and result of treatment charts	9
Learning and development staff attendance records	18	Personnel files	6
Education and training staff evaluation forms	39	Hazard / incident and feedback forms (comments and complaints)	23
Residents' agreements	5		

Other documents reviewed

The team also reviewed:

- 35 day admission guidelines pack
- Activities program, activity record resource folder, activity reports containing description, preparation, procedure and evaluation information
- Advanced care directives
- Annual fire safety statement, July 2011
- Audits, surveys and benchmarking results
- Bowel record charts
- Brief resident survey results, July 2011
- Business continuity plans
- Capital expenditure and acquisition records
- Care practice development program
- Certification report, December 2004
- Clinical governance committee terms of reference and program charter
- Code of ethical behaviour
- Communication books – staff and doctors
- Complaints register
- Continuous quality improvement logs
- Contractor orientation program and documentation
- Disaster exercise reports and disaster tabletop code yellow exercise documents
- Falls prevention charts
- Family conference documentation
- Feedback and complaints policy statement
- Fire evacuation procedures, fire system management reports, emergency flip charts
- Fluid balance charts
- Four week menu
- Guidelines for safe handling skills assessments
- Handbooks - residents and staff
- Hawkesbury Herald (internal newsletter)
- INSPIRED care principles
- INSPIRED movers program
- Learning and development - matrix, attendance records, education and training needs analysis, calendars, virtual campus and related resources, evaluation reports on in-service, self directed learning packages, staff orientation program
- Manual handling assessment and instructions
- Memoranda including one dated 20 October 2011 containing information regarding the storage of a range of medications in the hostel
- Minutes of meetings; residents, staff, management
- Missing persons and incident management policy
- Monthly performance reports
- Nutritional care plan
- Observation records including those for blood pressures, blood sugar levels, weights and wound management
- Occupational health and safety checklists and management statistics
- Pest prevention service records
- Policies and procedure manuals
- Pressure ulcer risk assessment forms
- Professional nursing staff registration register
- Provision of maintenance services, UnitingCare Ageing
- Registered nurses' directives folder
- Regulatory compliance reports
- Reportable incidents records and reports, including missing persons
- Repositioning records

- Residents' admission kit including a number of aged care contact and website details
- Residents' complaints and advocacy brochures
- Residents' package
- Residents' social history "My Story"
- Safe handling skills assessment passports
- Staff memoranda folder
- UnitingCare INSPIRED management development program
- Volunteer program at Hawkesbury Village

Observations

The team observed the following:

- Activities in progress and activities resources in activities office
- Anaphylaxis and hypoglycaemia kits in treatment room
- Brochures regarding complaints mechanisms and advocacy services.
- Charter of residents' rights and responsibilities displayed.
- Electrically operated beds, pressure relieving mattresses and other devices
- Equipment and supply storage areas
- Fire fighting, safety and alert equipment
- Hand sanitising stations throughout the building
- Infection control signage throughout the building
- Interaction between staff and residents
- Internal and external living environment
- Kiosk, coffee machine, drinks vending machine and water coolers
- Meals and drinks being prepared by staff
- Medication administration round
- Notice boards containing information for residents and staff
- Outbreak management kits
- Pharmacy box
- Resident being served and assisted with midday meal in dining rooms
- Resident mobility, transfer and lifting equipment
- Secure storage of resident and staff personal information
- Sharps containers
- Shower trolley
- Staff call/alert system in use
- Storage of medications
- Suggestion box

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 findings

The home meets this expected outcome

The home’s continuous improvement system incorporates a range of activities that enables it to seek information and feedback from residents, their representatives, staff and key stakeholders for the purpose of improvement as well as allowing it to assess, monitor and evaluate its performance in all areas that relate to Accreditation Standard one. This is achieved through a program of quality activities that incorporates the use of continuous improvement forms, results of inspections, surveys, system and process audits, collection of performance indicators, targeted reviews and the comments and complaints system. Formal review of the results of these activities occurs, trends are identified and improvement strategies are planned and implemented as required. This was confirmed in discussions and interviews with residents, their representatives, staff and others. The home is under the auspice of UnitingCare Ageing and as such operates its continuous improvement program and activities within the organisational terms of reference and governance framework provided by the organisation. Improvements undertaken at the home in relation to Accreditation Standard one, Management systems, staffing and organisational development include the following:

- In July 2011 the home identified that the current document utilised for the handover of information between staff at shift changes did not meet the home’s needs and that there needed to be changes made to its format for the purpose of providing more resident detail on these handover reports. The home explored the options available to it in the current electronic clinical care management system and in consultation with staff developed a new layout that better suited their needs. Staff confirmed that the new layout and template document now being utilised for the communication of resident information between shifts is significantly enhanced and has lead to improved outcomes for residents.
- The home introduced their INSPIRED Movers Program in late 2010. This program was initiated to reduce the incidents of staff injuries and resident skin tears. Four staff within the home were nominated to champion the program and they have received training to assist them in providing support and knowledge to other staff in the actions they can take to prevent manual handling injuries to themselves in the workplace, as well as minimising the injuries that residents receive whilst being manually handled. The information provided by staff and the data available at the time of the site audit indicates that this is a successful program that will continue to provide benefits to both groups over time.
- The home has introduced very recently a program with staff that looks at their individual personal strengths, identifies two or three of them as areas for further development, with both the staff member and their manager then seeking ways to enhance them in the next twelve months. This program is viewed by management as an opportunity for staff to develop themselves as individuals and for the home to assist them in the process. Staff interviewed by the team are enthusiastic about the program and what it might achieve for them personally.
- The home has placed renewed emphasis and focus on the skill set of its managers. The care service manager confirmed that managers at that level within the organisation and then those at the next level under this on the organisational chart are being offered a

number of skill building modules. The objective of this initiative is to ensure that the skills and knowledge base required of managers is realised in the home.

- UnitingCare Ageing undertook a review of its comments, feedback and complaints management in late 2009 and as a result sought to improve the process for residents, the resident representative and staff. As a result a consultant was engaged and a series of five workshops were developed and delivered over a six months period. The resulting surveys, audits and general feedback received by the home since this time, are that there are improved satisfaction levels in relation to how comments, feedback and complaints are handled by the home.
- The home appointed a procurement and hotel services manager in July 2010. This manager has made a number of significant improvements to the manner in which goods and services are sourced and supplied and the quality measurement now utilised for those goods and services. Recent areas reviewed include the supply of medical dressings and treatments with a contract being entered into that ensures the supply of consistent fit for intended purpose dressings that are supported on site by a consultant who provides education, training and consultancy services.

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 findings

The home meets this expected outcome

The home has a system in place to identify changes in legislation, regulatory matters, professional standards and guidelines. The home is guided in many aspects of its obligations to regulatory compliance by the information and support provided by UnitingCare Ageing headquarters and regional office. The home is able to access the relevant information through legislation websites, internet and intranet facilities, industry journals and their association with a peak industry body. This information is then reviewed against current policies, practices and procedures and where necessary changes are made. Compliance is monitored and communicated through the home’s continuous improvement plan and its meeting structure and reporting mechanisms. The staff interviewed are aware of the system for reporting legislative changes to all relevant parties. Examples of the homes monitoring and compliance with regulatory matters for Accreditation standard one include:

- Mandatory reporting requirements, with a system being in place for notification, investigation and review of actions taken.
- Recent changes in the *Aged Care Act 1997* in relation to Prudential Requirements and the Aged Care Complaints Scheme have been communicated within the home.
- Changes that impact on the manner in which the home deals with resident and staff information was reviewed and changes to policy implement in accord with the *Health Records & Information Privacy Act 2002* and the *Privacy and Personal Information Protection Act 1998*.

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 findings

The home meets this expected outcome

The home has systems in place to ensure that management and staff have the knowledge and skills to perform their roles effectively. The results of the team’s observations, interviews and document review revealed that maintenance of staff knowledge and skills is underpinned

by a staff orientation program that familiarises new staff with the home's policies and procedures as well as an education program that provides all staff disciplines with education on a range of issues relevant to aged care. The internal education programs, together with the external education available, support staff to provide care and services in accordance with the requirements of the Accreditation standards. The effectiveness of the training provided is being measured through audit results, observation, staff appraisal and various competency skills tests. Examples of education sessions, training and activities relevant to Accreditation standard one include: documentation requirements, INSPIRED movers program, organisational orientation, time management, communication and customer service and legal responsibilities in aged care.

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 findings

The home meets this expected outcome

The home provides a well-publicised comments and complaint mechanism that can be used by residents, resident representatives, staff, contractors and others. Information on the various avenues to use is included in the resident handbook. This handbook is provided to residents and their representatives as part of their orientation to the new home. It includes how to make a comment or complaint, information on advocacy services and the fact that confidentiality will be respected if so desired. Detailed information on the Department of Health and Ageing Complaint Investigation Scheme is located throughout the building with access to take away information being freely displayed. The care manager advised that all complaints received by the home are properly investigated and that feedback is provided to the complainant within the timeframes prescribed by UnitingCare Ageing policy directives. A review of the complaints register indicated that the home had addressed all issues raised in a timely and effective manner and that feedback was provided as required. A review of the minutes of meetings also confirmed that residents and staff can raise matters of concern at these meetings and that subsequently the issues raised are addressed and in most instances fully resolved. Interviews with the residents, resident representative and staff confirm that the care services manager is willing to speak with them and resolve issues as they occur. All those interviewed expressed a good degree of confidence in the care services managers' ability to resolve issues as they arise.

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 findings

The home meets this expected outcome

The home has a documented the vision, mission and values statement and a commitment to quality. These overarching principles are clearly communicated to all relevant parties including residents, the resident representatives and staff. The results of the team's observations, interviews and document review revealed that these statements are on display throughout the home and included in the home's key documentation including the policy and procedure manuals, resident handbook and the staff handbook. In addition the home has effective mechanisms for communication, planning and review, and the integration of services. For example, there are high levels of consultation at all levels, robust committee and reporting systems, as well as strategic planning and budget processes that underpin the provision of services. In addition, UnitingCare Ageing supports the care services manager role in building effective, constructive workplaces through the provision of centralised services such as payroll management, policy and procedure development, human

resources/industrial relations, occupational health and safety, learning and development, maintenance service, contracting and goods and supply procurement.

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 findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. The results of the team's observations, documentation review and interviews revealed that this is underpinned by the implementation of effective human resource policies and procedures. These include staff recruitment, orientation, performance review through an appraisal process and a competency assessment program, and the maintenance of staff records (that include employment conditions, qualification requirements, registration details and probity checks). The staffing budget has been formulated to meet the specific needs of the home, and staffing levels are monitored and adjusted in accordance with the residents' needs. For example, resident and resident representative feedback, staff input and the results from the performance monitoring system are also considered. The staff resident ratios were provided and examples of staff adjustments as a result of resident identified need were also provided. These include current consideration of training additional staff to administer medication and the provision of additional care staff hours on the afternoon shift. Reward and recognition strategies are in place and these assist the home in both maintaining and attracting sufficient numbers of appropriately skilled and qualified staff. For example, salary packaging, an enterprise agreement, an employee awards scheme (values awards), accessibility to training for career path progression purposes and to an employee assistance program (EAP) that provides support and counselling services to staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems in place that ensure that appropriate stocks of goods and equipment are available at all times. The results of the team's observations, interviews and document review revealed that the maintenance of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved through the implementation of effective policies and procedures for budgeting, purchasing, inventory control, assets management and the maintenance of equipment through both corrective and annual planned preventative maintenance programs. The home utilises the services of its regional offices' property and assets manager and their procurement and hotel services manager to ensure that the purchase of goods and equipment is undertaken only after appropriate review and assessment and that it is suitable for its intended use and purpose. Staff and residents interviewed by the team confirm the home provides quality goods and equipment in sufficient quantities to ensure that all care and service is provided at a high level.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems in place that effectively manage the creation, usage, storage and destruction of all records, including electronic records. The results of the team's observations, interviews and document review revealed that the home effectively disseminates information to management, staff, potential staff and residents and resident representatives. This includes information on the home and its management, legislation, resident care, careers, organisational information and other matters that are of interest. The home uses a computerised care management system which maintains resident clinical information, care plans, assessments, etc. This data is routinely backed up and a number of security measures are in place to protect both the integrity and security of that information. Passwords are utilised to manage access to the information and staff have been trained in all the aspects of the systems relevant to their level of access and use. The home has installed a significant number of computers throughout the home, and this allows staff to freely access and input information as required. The dissemination of other information throughout the home is achieved through a large number of means including internet and intranet sites, e-mail, the home's newsletter, memos, noticeboards, meetings, information packages, resident and staff handbooks, education sessions, meeting minutes and the policy and procedure manuals. Information is managed in accordance with the home's privacy and security policy.

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 findings

The home meets this expected outcome

The team met with the property and assets manager and the procurement and hotel services manager, both of whom advised that they manage specific aspects of the home's contracts and service agreements with contractors and suppliers. The home has onsite information on each of these suppliers and contractors and dependant on the level of service or supply required the care services manager will place orders and arrange contractor visits. A system is in place to provide feedback on any issue or problems to the supplier or contractor and where necessary the regional office managers will take appropriate action if required. The results of the team's interviews, observations and document review revealed that the home has an effective system in place to identify preferred and major suppliers of goods, equipment and services and to review major suppliers' performance against agreed objectives contained in documented external service agreements or contracts. Contracts or service agreements are in place with suppliers of services such as pest control, general maintenance, kitchen and laundry equipment maintenance, fire system maintenance, pharmaceutical and continence supplies. Staff members interviewed by the team state that the goods, services and equipment provided is of a high quality and more than adequately meets the needs of residents and staff.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in Standard two include:

- Several staff have undertaken training as part of the Department of Health and Ageing oral and dental training program. These staff have provided assistance and guidance to other staff in implementing the practices and procedures applicable to good oral care and hygiene. The August 2011 the home entered into an agreement with a mobile dental service that is currently in the process of distributing resident information and issuing resident consent forms for treatment. The care services manager and staff are positive about the potential this service has in improving resident's ease of access to dental care and services with the subsequent improvement in resident oral and dental health.
- In August this year the home sought to improve and update the photographic data that it utilised in the administration of resident's medication. New resident photos were taken and these have now been included on the resident's medication packs from the pharmacy and on the resident's medication identification charts. Staff interviewed by the team confirm that this improvement in the quality of the photos and their inclusion on the medication packs has assisted them in the task of physically checking the resident's identity prior to the administration of their medication, leading to improved practice in this area of care delivery.
- During July 2011 the home undertook a review of its wound management policy, practice and procedure. As a result of that review the home introduced a wound directive folder that allows for the precise identification of each wound being treated, the dressing type, dressing frequency, and the documentation of changes in the wound as it heals or otherwise. The outcome of this review is improved management of wounds across the home, the completion of wound assessments that are now regularly reviewed and updated and the development of guidelines and procedures that are assistive to staff in maintaining a standardised and consistent approach to wound care for all residents.
- In response to resident and resident representative feedback the home introduced a "resident of the day" in September 2011. The purpose of this initiative was to ensure that each resident had a day of focused review that included skin, nails, hair and vital signs. The resident of the day is indicated to staff through a notation in the communication book and a procedure on the process and care to be provided to that resident on that day was developed. Staff interviewed by the team state that this practice has improved compliance across the home with each resident having these specific aspects of care formally reviewed and followed up on in a scheduled manner.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the homes’ system to ensure that it complies with legislation and regulations relevant to residents’ health and personal care. The care services manager confirmed that the regional office of human resource management for UnitingCare Ageing manages the qualification requirements for registered nurses and enrolled nurses. The home does have access to the information held by the regional office of current registrations, as well as the ability to access the Australian Health Practitioners Regulatory Agency (AHPRA) website to view and verify registrations.

The team’s interview with the regional clinical governance manager confirmed these recent examples of responsiveness to changes in regulations, legislation and guidelines. *The Health Practitioners Regulation Amendment Act 2011 and the Poisons and Therapeutic Goods Regulation 2011.*

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 findings

The home meets this expected outcome

For details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions and courses that relate to Accreditation standard two that have been attended by staff include: wound management, continence, behaviours, medication management, oral and dental care, person centered care, pain management and clinical documentation. The effectiveness of this education and staff development is measured through observation, audits, survey and resident and resident representative feedback. In addition, staff competency is assessed in various areas including medication administration.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Staff described the ‘inspired care model’ used to ensure that residents’ physical, psychological and cultural needs are identified and care plans developed to provide optimum care for all residents. The needs of new residents are assessed on or before entry to the home. A short summary care plan is developed in consultation with staff before a more comprehensive plan is compiled using entry data, assessments of a number of aspects of clinical care and feedback from staff members and health care providers. Care plans are evaluated regularly and updated when a resident’s needs change. Care management of residents classified as requiring a high level of care is supervised by a registered nurse. Case conferences are held with the resident and/or their families when there is a change in care needs. A review by the team of residents’ clinical notes and care plans confirmed this process. Information relating to residents’ care needs is communicated: between shifts during a verbal handover report, in the communication book and in the progress notes.

Clinical care incidents such as falls, skin tears and infections are documented, collated on a monthly basis and discussed at relevant meetings. Most residents/representatives interviewed stated that they are very satisfied with the care provided by the home.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has documented policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents’ specialised nursing care needs. Documentation reviews and interviews with residents, resident representatives and staff indicated that residents’ specialised nursing care needs including pain management, palliative care, oxygen therapy, enteral feeding, catheter care, oral hygiene and wound care are met and that residents are referred to appropriate specialists and health professionals as necessary. There are also systems in place to ensure that appropriate stock is available, equipment is checked regularly, is accessible and maintained to ensure that the home is equipped to manage 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 findings

The home meets this expected outcome

Residents’ clinical notes reviewed by the team indicated that they have been referred to other health professionals of their choice when necessary. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with residents/representatives. Assistance may also be provided in arranging transport for appointments. The team noted in the clinical records reviewed that residents have accessed a wide range of allied health professionals including physiotherapy, palliative care, mental health, audiology, optometry, speech pathology, dietetic, surgical, oral and dental, podiatry, radiology and pathology services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The team’s observations and interviews with staff members and residents indicate that systems are in place to ensure medication orders are current, residents’ medications are reviewed, the medication management system is monitored and medications are administered safely. Medical officers have authorised for each of their residents a short list of ‘nurse initiated medications’ which registered nurses (RNs) may give under certain circumstances. There is a system in place to ensure safe administration and accountability of schedule eight (S8) medications and the disposal of eye drops and ointments according to manufacturer’s instructions. Medications are administered by RNs or care staff who have been trained and deemed competent in medication management. Medications are supplied in single dose blister packs by the pharmacy of residents’ choice and the home is currently working towards improving the ordering and delivery processes relating to multiple pharmacies. Medications in use are stored in and administered from medication trolleys which are secured when not in use. The team found that medication packs matched the medication orders and medication charts have been completed appropriately and signed by

staff when medication is given. Medication administration practices are monitored regularly and reviewed by the organisation's medication advisory committee. One resident who has been assessed manages some of their own medications.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure that residents are as free as possible from pain. Assessment of verbal and non-verbal indicators of pain and strategies for its relief are recorded on entry to the home and reviewed if indicated. The team noted that staff regularly commence a pain assessment on any resident who shows the slightest possibility of having pain. If pain is indicated after a three day assessment their doctor is notified and requested to review the resident. The effectiveness of any form of pain relief is monitored and the home consults with other allied health services as necessary to manage residents' complex pain needs. Documentation reviewed by the team revealed the use of a range of interventions to address residents' pain including physical therapy, gentle exercises, re-positioning, comfortable mattresses, massage, music and analgesia. Interviews with residents, resident representatives, staff and document review confirmed that all residents are as free as possible from pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

There are systems in place to ensure that the end of life wishes of residents are documented and the comfort and dignity of terminally ill residents is maintained. Family members are supported to remain with their relative for as long as they wish. The home accesses the local palliative care team (which visited during the site audit) and other allied health services as necessary to manage terminally ill residents' physical, psychological and spiritual needs. Document review and interviews with resident representatives revealed that the care team, including general practitioners, specialists, care and pastoral support staff are committed to supporting residents at the end of their lives. The chaplain is available at all times to provide emotional and spiritual support for residents and their representatives when necessary and memorial services are held at the home twice a year to support families and staff and celebrate the lives of residents who have passed away.

Also refer to expected outcome 3.8 Cultural and spiritual life.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

A review of clinical documentation and discussion with staff members, residents and resident representatives identified that systems are in place for ensuring adequate levels of nourishment. There is an initial and ongoing assessment of each resident's swallowing ability, likes and dislikes, dietary, nutritional and hydration needs and eating and drinking requirements. There is also a process for the monitoring of each resident's nutritional status through regular measurement of weights with the provision of nutritional supplements as

necessary to address weight loss. The menu which has been developed in consultation with a dietician, and is tested by residents, provides for meal choices. Meals of varying consistency including thickened fluids as well as special diets are supplied. A booklet on food consistencies had been developed and staff have had increased education regarding nutrition and hydration. Residents' swallowing ability is assessed by a speech pathologist if indicated. Care staff promote adequate fluid intake and arrangements are made for residents to be seen by a dentist if necessary. Adapted crockery and cutlery is available and staff supervise and assist residents with their meals when required. All residents and representatives interviewed stated residents have choices and there has been an improvement in the meals since changes were made to the catering system.

For further information please refer to expected outcome 4.8 Catering, cleaning and laundry services.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

The home has a system of assessment, interventions and reporting requirements to ensure that residents' skin integrity is consistent with their general health status. Documentation review and interviews with residents, resident representatives and staff confirmed that residents' skin is assessed on entry to the home and as necessary in order to maintain skin integrity. Tools used include risk assessments, regular care plan reviews, documentation of care and providing for residents' specific skin, hygiene, continence, hair and nail care needs. A staff member, who has had training in wound care, supervises wound management at the home. Treatments required are documented and referrals to appropriate specialists and allied health professionals are undertaken when indicated. The team was informed that one resident who requires intensive skin integrity management has been provided with a 'king' single bed to facilitate extra support and protection measures which have been implemented. An extender section has also been ordered to increase the length of the bed and improve the comfort of this resident. Special mattresses and limb protectors may be used and residents are given special dietary supplements to promote wound healing when necessary. Skin integrity statistics are collated, benchmarked against other facilities, and presented at appropriate meetings. The team observed that there are adequate stocks of skin care and dressing materials available to assist in improving or maintaining residents' skin integrity.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

Residents' continence, urinary flow patterns, bowel management and toileting needs are assessed on entry to the home and the effectiveness of continence management programs is monitored and evaluated. There is a system in place to help residents with their toileting needs and to assist in accessing disposable continence aids of appropriate size and type for residents if required. A review of care plans by the team indicated residents' continence needs are identified and staff take residents to the toilet according to identified voiding patterns. Bowel movements are monitored and residents with a history of constipation and/or those receiving opiate medications have bowel management strategies aimed at reducing the risk of constipation. These include the use of fruit, high fibre diets, adequate fluid intake and a regimen of aperients as necessary. When indicated, residents' urine is tested for the presence of infection and action is taken to verify any infection and obtain antibiotic

sensitivities before treatment is commenced. Residents interviewed expressed satisfaction with continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Review of documents, observation and resident/representative interviews indicated that the needs of residents with challenging behaviours are identified and met. Entry information obtained from residents/representatives and medical officers, together with staff observations and assessments of individual needs and triggers, are used to develop a care plan documenting strategies for staff to implement. The care plan is monitored and reviewed regularly to assess its effectiveness, and changes are made if indicated. The home accesses a dementia support clinical nurse consultant and the psychogeriatric team as necessary. Residents in the dementia specific area of the home live in a secure environment with access to outdoor areas. The team noted that a variety of strategies have been put in place to reduce episodes of challenging behaviour including pain management, doll therapy, pet therapy, the provision of a typewriter and a number of sensory activities and interactive wall panels which have proved to be very effective for some residents. A review of clinical notes confirmed the above processes to reduce or eliminate episodes of challenging behaviour and a memoranda dated 18 October 2011 contains a guide for documenting behaviour together with a policy and flow chart. The team was informed that chemical or physical restraint is not used in 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 findings

The home meets this expected outcome

A physiotherapist visits two days a week and uses a range of tests to assess the mobility, dexterity and balance of residents on entry to the home and on a regular basis. An ‘inspired movers program’ is used to enhance the above process. Treatment is carried out by a physiotherapy aide and registered care staff. Group exercises, ball games, and encouraging residents to walk also contribute in maintaining or improving residents’ mobility, strength and balance. The team was informed that the home plans to train another physiotherapy aide in the near future. Changes in mobility are identified and documented as part of the care planning process. Falls risk and residents’ manual handling needs are assessed, and displayed in residents’ bathrooms to inform staff of manual handling requirements. Falls mats and out of bed monitors are in place for some residents to reduce the risk of falls and ceiling hoists have been installed over a large number of beds to assist in transferring residents. Hip protectors and a range of walking aids are available. Staff have been provided with education on manual handling and maintaining mobility and dexterity. Falls statistics are collated and presented at appropriate meetings. Residents/resident representatives interviewed informed the team that they are satisfied with the efforts made to maintain mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home’s systems for the initial and ongoing assessment, maintenance and evaluation of

residents' oral and dental health include the use of appropriate dental products, arranging for the provision of dental services such as denture care and visits to, or by, a dentist as necessary. A review of clinical documentation showed that residents' oral hygiene is assessed and documented in care plans that are regularly reviewed and all residents/representatives interviewed stated that residents' oral and dental care needs are effectively managed.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has a system in place to assess, monitor and evaluate residents' sensory losses to ensure that they are managed effectively. A review of clinical documentation and care plans confirmed that the home liaises with providers of ophthalmic, audiometry, and speech therapy services if necessary to ensure that residents' sensory needs are identified and addressed. Staff monitor that residents are wearing their spectacles and that hearing aids are functioning correctly. Adequate lighting and a large screen television assist residents with sensory impairment to maintain enjoyment, independence and safety. The team was informed that a new sensory assessment tool is to be introduced and residents interviewed expressed satisfaction with the management of their sensory loss/s.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Information regarding residents' natural sleep patterns is obtained on entry to the home and individual needs are documented on care plans. These include retiring and rising times, the number of pillows and blankets desired, a warm drink or listening to music before settling, and whether a resident likes the bathroom light on or the door of the room open or closed. Some residents also have regular afternoon naps. Review of progress notes and care plans showed that staff assess residents who are unable to sleep by investigating causes such as pain or agitation and described management, such as medication, repositioning, offering a warm drink or toileting. Residents interviewed say that generally the environment is quiet at night, and staff are available to provide care and support.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard three include:

- The learning and development manager advised that three care staff have commenced a certificate IV, leisure and health training course with the view of enhancing their current role within the care area. The care services manager confirmed that the additional skills and training that these care staff will process at the completion of their training should positively impact on resident lifestyle outcomes.
- The home has recently reintroduced its internal newsletter, The Hawkesbury Herald. Two residents interviewed by the team stated that they enjoyed reading the newsletter and looked forward to the next edition. One resident stated that she was pleased to read the article about the newly appointed care services manager.
- During September 2011 the home held a spring dance. Residents and staff enjoyed an evening of music, dance and fine food and all those interviewed by the team were positive in their comments about the friendship and fun shared on the evening. The event was judged a great success and the home’s management confirm that this is now scheduled as a regular event.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance regarding the home’s management systems relevant to Standard three, resident lifestyle. The care services manager confirmed that resident agreements are offered and that these are maintained at the regional office of UnitingCare Ageing. The resident handbook provides information to residents and resident representatives on matters relating to requirements such as confidentiality of information, security of tenure, comments and complaints, maintaining citizen rights such as voting, etc.

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 findings

The home meets this expected outcome

For details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Examples of education and training sessions attended by

staff that relate to this standard include: mandatory reporting and missing persons, ethical behaviour and pastoral care information.

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 findings

The home meets this expected outcome

All residents and representatives interviewed are very satisfied with the ways in which staff provided information prior to entry and assisted them to adjust to life within the home. Systems are in place to ensure each resident receives initial and ongoing emotional support through the entry processes, assessments, care planning, case conferences and the evaluation of the care provided. Visiting families and friends are welcomed and encouraged to have meals with their residents. Residents are welcome to bring in personal items and photos to help create a homelike atmosphere. New residents are introduced to staff and other residents. The home has pleasant outdoor areas and the team observed staff providing support to residents and encouraging them to participate in the life of the home whilst also respecting their independence. Residents are encouraged to go on outings if able. Staff interviewed informed the team of ways they provide residents with emotional support, such as the provision of one to one attention, and visits from family pets, volunteers and the chaplain.

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 findings

The home meets this expected outcome

Strategies to enable residents' independence to be maximised are identified and added to the resident's record. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon. The home welcomes visits from resident representatives, and volunteers, and residents are free to participate in life outside the home when possible. A review of documentation revealed that residents are encouraged to achieve independence in health care choices, participation in decision-making, and personal care. Residents' decision to continue behaviour which contains an element of personal risk is respected. There are physiotherapy and exercise programs to assist residents maintain or improve independence through individual and group interventions, the use of mobility and other aids and encouraging them to do as much as they can for themselves. Residents were observed to have personal belongings such as televisions, furniture, photographs and other items of memorabilia in their rooms and many residents have phones connected. The home also facilitates voting at election time and encourages residents to maintain control of their finances where possible. Some residents regularly go out with family and friends. Residents/representatives interviewed by the team stated that residents' independence is actively encouraged and supported.

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 findings

The home meets this expected outcome

Residents reside in single rooms with en suite bathrooms. The home recognises and

respects each resident's privacy, dignity and confidentiality and this was confirmed by information contained in the residents' and staff handbooks, by resident/representative feedback and observation during the site audit. Permission is sought from residents for the display of photographs, disclosure of personal or clinical information and residents understand that their consent is required before treatments are carried out. Staff and management interviewed and observed demonstrated an awareness of privacy and dignity issues in their daily practices, such as appropriate door signage, addressing residents by their preferred names and knocking prior to entering rooms. Confidential resident records and belongings are stored securely. There are lounge areas within the home and gardens and walkways containing outdoor furniture where residents can be with their friends and relatives in private. Staff sign a confidentiality agreement before commencing employment. Staff interviewed by the team are able to demonstrate an understanding of privacy, dignity and confidentiality issues and residents/representatives interviewed confirmed that staff consider residents' privacy and treat them with respect.

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 findings

The home meets this expected outcome

Document review, resident and staff interviews and observation confirm that the home has systems to encourage and support residents to participate in a wide range of activities of interest to them. On entry to the home, residents' interests are documented and contribute to the development of an individual activities plan. A copy of the home's activities program is displayed. The home has a small bus and more bus trips for residents are planned as the result of an activity officer obtaining their bus driver's license. The activities officers provide a program of group and individual activities five days a week and there are regular concerts and visiting entertainers at the home at weekends. A number of volunteers also visit the home and provide many residents with regular one to one support. Activities include music, bingo, card and board games, visiting entertainers, celebration of special days, including birthdays, quizzes, craft, and group exercises. A review of documentation demonstrates that residents have individual recreation programs, participation is recorded and the programs evaluated regularly and changed as necessary. Large print books and videos and digital video discs (DVDs) are available for residents. Some residents have their own computers and other residents are being taught computer skills on two new computers obtained by the home. Residents/representatives are informed of recreational activities available through the recreational activity programs on display, newsletters, and verbal prompts about the activities of the day. Most residents/representatives interviewed were happy with the activities provided.

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 findings

The home meets this expected outcome

The home has systems in place to foster residents' cultural and spiritual needs through the identification and communication of residents' individual interests, customs, cultures, dietary preferences and religions. If required, residents would be provided with support for participation in culturally diverse celebrations and meals. Provision is made for the celebration of special national, cultural and religious days. Information obtained on entry to the home is documented and communicated to relevant staff. Regular non-denominational and specific religious services are held in the home. The chaplain spends three days a week, at the home and visits residents in hospital. The chaplain provides support for residents,

families and, where necessary, staff members. If required, the chaplain also assists helping families organise funerals. Regular spiritual reflection and evensong sessions are held in the chapel and one to one spiritual support is provided to residents.

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 findings

The home meets this expected outcome

The home has systems and processes in place to acquire and record resident preferences in relation to their care, activities, routines and meals. The processes also identify authorised representatives who can make decisions where residents are no longer able to make decisions for themselves. End of life directives are offered to the residents or representatives to enhance residents' choice and decision making ability. Residents/representatives are able to provide input into decisions about the care, services and environment through case conferences, resident meetings, complaints mechanisms, directly to staff and management and through resident surveys. Residents' choice of medical practitioner, allied health professionals and pharmacy are respected. Resident rooms are personalised with memorabilia and many of their own possessions. Participation in activities is the choice of the individual resident. Staff interviews demonstrate that they are aware of the residents' rights to exercise choice. Residents and representatives interviewed said they usually make their own choices and decisions regarding their day to day activities in the home and that staff are generally aware of those choices.

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 findings

The home meets this expected outcome

There are processes in place to ensure that residents have secure tenure within the home and understand their rights and responsibilities. The residents' handbook and agreement contain relevant information about security of tenure, fees, care, services, complaints mechanisms and residents' rights. These are discussed with prospective residents and/or their representative prior to, or on entry to the home. Ongoing communication with residents/representatives is encouraged through scheduled meetings, individual meetings and notices. Residents interviewed said they felt confident that they would be consulted before any changes were made in their accommodation or treatment.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard four include:

- The home has recently contracted with a new catering service company that provides all meals and catering within the home. The meals and drinks are made on site within the home’s own kitchen and there has been a noted improvement in the residents’ level of satisfaction since this new contract has been negotiated.
- Recent changes have been made to the living environment for residents. These changes and improvements include; The creation of a comfortable, private lounge room where resident representative can access a quiet area as required. The internal painting of the home making it fresh, bright and clean. The installation of new dishwashers in two areas of the home. A significant ‘spring clean’ of the entire home, the care manager confirmed that this will now be a planned routine activity to ensure the home’s living environment is maintained at a high level. Roof anchor points have been reviewed and upgraded, ensuring improved safety for both staff and contractors who need work on the areas. The installation of ceiling mounted resident lifting and transfer hoists in a number of residents’ rooms, this initiative has improved staff manual handling risks and resident safety during these transfers.
- The home’s procurement and hotel services manager is active in the monitoring of contract services, goods and equipment supplied within the living environment. This manager has set up a number of review and monitoring systems that measure the effectiveness of the initiatives implemented to ensure that the home is receiving good value in all these areas. This manager provided a number of examples including the regular and ongoing review of the catering services as an area where real improvement has been realised on a number of levels with resident satisfaction levels also enhanced.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance regarding the home’s systems relevant to the physical environment and safe systems. A part of this system is the routine checking, tagging and testing of the fire fighting equipment, fire alarm system and egress and emergency lighting. The home’s catering services are also audited as part of the food safety program as required by the NSW Food Authority and this licence was sighted.

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 findings

The home meets this expected outcome

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Examples of education sessions and activities that relate to this standard and have been offered to staff include: manual handling, infection control, fire safety training, emergency response training and first aid, occupational health and safety, the use of equipment, chemical safety and food safety training.

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 findings

The home meets this expected outcome

The results of the team's observations, interviews and document review revealed that the home provides a safe and comfortable environment consistent with residents' care needs and expectations. Residents reside in single rooms with ensuite bathrooms. Communal areas are aesthetically pleasing and comfortably furnished. They include spacious resident dining and lounge areas, a newly created private area for resident and resident representative use, a beauty therapy and hairdressing salon, several activity and recreational rooms, and a chapel. A comfortable climate is maintained via a number of mechanisms including central heating and air conditioning in communal areas and hallways, in resident rooms reverse cycle air conditioners and/or ceiling fans. The home is located in an area adjacent to a river within a pastoral setting, large windows enable natural light to enter many areas of the building and provide residents with views of the external environs. All residents have access to safe garden courtyards and/or the extensive grounds, all of which are serviced by walking paths. The safety of the environment is underpinned by the identification of the residents' care needs on admission as well as monitoring of their environmental needs on an ongoing basis. Environmental audits and the planned preventative and corrective maintenance systems ensure that the living environment is well maintained. Resident interviews undertaken by the team confirm that they are happy with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The results of the team's observations, interviews and document review revealed that this is achieved through a program of staff awareness, incident/accident/hazard reporting via the homes' MIRA system, risk rating of incidents/accidents/hazards and complaints, a functional safety (OH&S) committee and a workers' compensation program, which includes an injury management and a staff return to work program. In addition, the home employs a number of preventative strategies including compulsory education and competency testing, hazard management, the design of the building which provides for a safe work environment and the provision of suitable equipment to assist with lifting and minimise bending. For example, trolleys to transport goods, a number of ceiling mounted

resident lifting and transfer hoists in resident's individual rooms. Staff report they have access to adequate supplies of equipment and training to support them in safe work practices. Workplace safety inspections/ environmental audits are undertaken and remedial action has been taken to rectify hazards or risks 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 findings

The home meets this expected outcome

The environment and safe work systems are minimising fire, security and emergency risks. The results of the team's observations, interviews and document review revealed that the safety and security of residents and staff is being protected by well publicised and clearly understood emergency and fire evacuation procedures plus fire warning and fire fighting equipment whose performance is regularly assessed against the relevant Australian standard. The building has been assessed under the 1999 certification assessment instrument and received a fire safety score which well exceeds the mandatory minimum score. Emergency exits were clearly marked and free from obstruction. Fire prevention measures in place include education, competency assessment, environmental safety inspections, safe storage of chemicals, a program of electrical equipment checking and a no smoking policy with designated outdoor areas provided for staff and residents. The security system includes staff lock up procedures, door alarms, outdoor security lighting and onsite monitoring of the external living environment at night by a security company. Staff wear identification badges which indicate that they are authorised to be on site and a sign in/sign out book is maintained for visitors and contractors. Emergency numbers are available and staff have access to phones that will operate in the case of electrical failure. All residents have staff call/alert units in their room as well as these units also being located in the common areas throughout the building.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program in place. The results of the team's observations, interviews and document review revealed that the program incorporates an organisation-wide approach. This involves an infection control surveillance and reporting system, a hazard risk management system, a waste management system, a food safety program in the kitchen (including sanitisation of high risk foods), and appropriate disinfection methods in the home's on site laundry. Effective procedures for the management of outbreaks are in place, with the home providing evidence during this site audit of their recent appropriate response to an outbreak of gastroenteritis. Preventative measures include education for all staff disciplines, an effective cleaning program and a staff and resident vaccination/immunisation program. In addition, appropriate equipment, staff practices and workflows are minimising the risk of cross infection. Staff associated with the provision of care, catering, cleaning and laundry services demonstrated an awareness of infection control as it pertains to their work area.

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 findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life and the staff working environment. The results of the team's observations, interviews and document review revealed that residents choose from a variety of home style meals prepared in the onsite kitchen using the fresh cook method. Meals are prepared in accordance with a four week rotating menu which provides excellent choice and has been approved by a dietician. Each day residents are offered scheduled morning and afternoon tea and a supper, these include an appropriate beverage and the offer of cakes and biscuits. The dining rooms are comfortable, spacious and attractive residential style areas in which residents were observed to be enjoying their meals. Residents' likes and dislikes are identified and recorded on admission and monitored on an ongoing basis through resident interviews, the resident committee, the comments and complaints system and resident satisfaction surveys. All residents and the majority of resident representatives interviewed were happy with the quality of the meals and confirmed that the resident's likes and dislikes and special dietary needs are identified and met.

Planned cleaning programs, which are carried out by the home's staff, are ensuring that cleaning standards are maintained. The home also undertakes a large scale contract clean on a regular basis to enhance and maintain the living environment at a high standard. All residents, resident representatives and staff interviewed confirmed that a clean, attractive and hygienic environment is maintained throughout the home.

The laundry service employs effective systems for the storage, identification, laundering and delivery of linen and residents' personal clothing. All items including linen, towels and residents' personal items are laundered on site. All residents and the majority of resident representatives interviewed stated that they are satisfied with the laundry services provided. They confirm that the residents' personal clothing is returned to them promptly and in good condition.