



Standards and Accreditation Agency Ltd

Decision to accredit Villa Maria Berwick Aged Care Residence

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Villa Maria Berwick Aged Care Residence in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Villa Maria Berwick Aged Care Residence is three years until 10 October 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Villa Maria Berwick Aged Care Residence		
RACS ID:	3506		
Number of beds:	60	Number of high care residents:	58
Special needs group catered for:	• Dementia		

Street/PO Box:	89-93 Avebury Drive				
City:	BERWICK	State:	VIC	Postcode:	3806
Phone:	03 9796 2944		Facsimile:	03 9796 2164	
Email address:	tania.surgeoner@villamaria.com.au				

Approved provider

Approved provider:	Villa Maria Society
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Assessment team

Team leader:	Ann De Pellegrin
Team member/s:	Michelle Benson
Date/s of audit:	1 July 2009 to 2 July 2009

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

Accreditation decision

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

Accreditation decision

Agency findings
Does comply
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Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Villa Maria Berwick Aged Care Residence
RACS ID	3506

Executive summary

This is the report of a site audit of Villa Maria Berwick Aged Care Residence 3506 89-93 Avebury Drive BERWICK VIC from 1 July 2009 to 2 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Villa Maria Berwick Aged Care Residence.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 1 July 2009 to 2 July 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:	Ann De Pellegrin
Team member:	Michelle Benson

Approved provider details

Approved provider:	Villa Maria Society
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Details of home

Name of home:	Villa Maria Berwick Aged Care Residence
RACS ID:	3506

Total number of allocated places:	60
Number of residents during site audit:	58
Number of high care residents during site audit:	58
Special needs catered for:	Dementia

Street/PO Box:	89-93 Avebury Drive	State:	Victoria
City/Town:	BERWICK	Postcode:	3806
Phone number:	03 9796 2944	Facsimile:	03 9796 2164
E-mail address:	tania.surgeoner@villamaria.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
General manager	1	Residents/representatives	14
Facility manager	1	Volunteers	3
Manager human resources and learning privacy officer	1	Lifestyle Staff	2
Quality co coordinator	1	Pastoral care	1
Lifestyle co coordinator	1	Social worker	1
Registered nurses	2	Catering staff	3
Care staff	4	Cleaning staff	1
Administration staff	2	Maintenance contractor	2

Sampled documents

	Number		Number
Residents' files	8	Personnel files electronic	9
Medication charts	15	Supplier HACCP certification	5
Resident financial files	6	Service agreements	6

Other documents reviewed

The team also reviewed:

- Activity attendance records
- Activity program schedule for each house
- Assessments: generic and validated
- Audit results and analysis
- Audit schedule 2009
- Award for fair and flexible recognition employment 2009 - 2010
- Building certificate assessment report
- Catering service and menu survey
- Charter of residents rights and responsibilities
- Chemicals in storage
- City of Casey – certificate of registration of food premises
- City of Casey – food premises inspection reports
- Cleaning schedule
- Clinical folders

- Comments complaints concerns folder 2009
- Communication form (comments complaints and concern forms)
- Confidentiality agreements
- Consent forms
- Continuous improvement information
- Cultural event (menu) folder
- Cultural events calendar
- Diabetic management charts
- Draft pandemic management plan
- Education and training reports
- Education calendar 2008
- Education evaluation folder
- Emergency code charts
- Essential safety maintenance manual
- Essential services information
- Exercise regimes
- Fire and emergency – phone tree staff contact list
- Fire and evacuation procedure manual
- Fire safety score 19.63 / 25
- Food safety plan
- Food safety plan
- Hazard report 2009
- Improvement logs and action plans
- Induction program
- Infection control manuals
- Infection control reports
- Information brochures on display
- Information system procedure
- Job descriptions
- Leisure and lifestyle information
- Letter of change of care and services
- Lifestyle assessments
- Maintenance weekly log sheets / records
- Manual handling risk assessments
- Material safety data sheets
- Medication dangerous drug register
- Medication management procedures
- Memoranda
- Menu – winter 2009
- Minutes of meetings – cleaning, catering workshop
- Missing resident procedure
- Newsletter
- Nursing registrations
- Occupational health and safety information
- Oxygen checking documentation
- Pest control register
- Pest sight register
- Planned maintenance schedule – kitchen 2008
- Planning cycle 2009
- Police check assessments
- Police check summary
- Policies and procedures
- Policies and procedures
- Pre admission checklist and brochures
- Privacy statements
- Quality activity assessments

- Recruitment policies and procedures
- Regulatory compliance information
- Reportable assault procedure
- Resident appointment and sign out book
- Resident newsletter
- Resident workplace orientation folder
- Residents dietary information folder
- Residents eating and drinking assessments
- Residents' information handbook
- Residents' information handbook
- Residents' information package and surveys
- Risk assessments
- Service agreements for external contractors
- Staff information handbook
- Staff memoranda
- Staff performance review
- Strategic plan 2008-2011
- Surveys – resident, staff
- Temperature control records
- Training attendance records
- Vision mission and values statement
- Visitors sign in book
- Volunteer handbook
- Weight charts
- Wound management folders
- Yearly meeting calendar

Observations

The team observed the following:

- Activities in progress
- Archive storage area
- Blood skills kit
- Care staff handling soiled linen
- Cleaning in progress
- Cultural care kit
- Document shredding procedures
- Electrical equipment with tagged dates
- Fire board, fire and emergency equipment
- Emergency exit areas
- Gastroenteritis outbreak kit
- Resident external living environment
- First aid kits
- Kitchen food preparation, cooking and storage areas
- Employee of the month nominations board
- Equipment and supply storage areas
- Hand washing procedures
- Hair dressing salon
- Interactions between staff and residents
- Laundry operations
- Living environment
- Medication trolleys and storage
- Medical equipment stores
- Notice boards - staff and resident
- Nursing stations/studies
- Oxygen equipment
- Resident bedrooms and bathrooms

- Staff washing hands correctly
- Staff work environment
- Staff room
- Staff dispensing morning and afternoon tea
- Storage of medications
- Suggestion boxes
- Treatment rooms
- Utility rooms
- Wound care products

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

Villa Maria Berwick is part of larger organisational group and as such has an established and comprehensive quality management system in place that has been successfully deployed throughout the home. Information is captured from all stakeholders; and sourced from an internal and external assessment program to assist in identifying areas for improvement. Improvement initiatives are then logged as an improvement or project on the continuous improvement plan, with significant projects recorded on the action plan register. The manager drives and evaluates the system in an ongoing manner and monitoring occurs through a series of internal and external audits, a comments and complaints system, clinical indicators, education and safety records. The system incorporates a consultative approach and regular reports of results are made available to all parties through regular meetings, satisfaction surveys, newsletters, memoranda and when required direct to the person who instigated the initiative. Resident and staff feedback indicate that management continually encourages all stakeholders to be active participants in the home’s pursuit of continuous improvement and provides responses within reasonable time frames.

Some recent examples of completed improvements relating to Standard one include:

- The staff orientation program now includes a resident’s outlook on what it is like to be a resident at Villa Maria. New staff are now more aware and demonstrated more patience and understanding in how they interact with residents and associated concerns.
- New staff uniform and guidelines enables residents now to easily identify who are staff and not be confused with who are visitors or volunteers. Guidelines support the occupational health and safety focus when caring for residents.
- Following increased focus on professional development, there has been an overall increase in skilled care staff. Two staff completed a certificate three in aged care, three registered nurses division two have completed medication endorsement and three kitchen staff completed a food safety supervisor’s course.
- A new performance review procedure has been introduced. A training matrix now records the 12 month goals targeted by staff and is in line with staff undertaking responsibility for portfolios and undertaking traineeship. The new forms are easily identified by a specific colour for ease of use.
- Implemented ‘staff member of the month’ which is an acknowledgement of the outstanding performance of individual staff with a recognition award. Residents also contribute to nominations.
- New procedure manuals have been introduced in line with the accreditation standards, and procedures and forms are available on the organisations intranet. This reinforcing the outcome’s and helps staff identify gaps in procedures more frequently. For example: the identification of risk and increased safety of the resident and the medication they require when they are off site.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory compliance, professional standards and guidelines. Management receive updates and amendments through their membership with a legislative update service and information from peak industry bodies. Policies and procedures are in place that addresses regulatory compliance regarding police check information for staff, volunteers and contractors'. The home has a system to monitor current registrations for registered nurses and the team reviewed these. Changes are conveyed to staff through meetings, newsletters, memoranda and education sessions. Staff confirm that information regarding regulatory compliance and legislative change is available to them.

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 systems in place to ensure that staff have the knowledge and skills required for effective performance in relation to the Accreditation Standards, and in relation to management systems, staffing and organisational development. An education calendar is developed annually from various sources such as performance appraisals, quality system results, staff surveys and requests, residents' needs and any legislative changes. Mandatory training and other education opportunities are offered throughout the year with staff attendances monitored. Internal and external education sessions are assessed as appropriate and competencies and audits are used to ensure staff maintain their skill levels for effectiveness and opportunities for improvement. Suitably qualified staff are orientated into the home following recruitment. Management encourages staff to continue in their professional development by offering traineeships, time off for study and attend external education and or industry seminars relevant to the aged care industry. Staff commented that they were well supported by management to improve their skills and satisfied with the education and training provided and that management encourages professional development.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The Villa Maria Berwick home ensures that internal and external complaints mechanisms are accessible to all stakeholders. During the entry phase to the home, information regarding the internal and external complaints mechanisms is provided and included in the residents' information handbooks and resident agreements. Staff and volunteers receive information on the comments and complaints process in induction packages, orientation, ongoing reinforcing and discussions at meetings. There are suggestion boxes located at all entry areas to the home which provides the ability to post confidential complaints. Regular resident meetings are held and any issues raised impacting on residents is discussed and input sought. A register of complaints, compliments and corrective action maintained to assist with tracking and referencing. Residents and representatives interviewed by the team stated they knew of the system, had used it and were pleased with the actions taken and feedback provided to them by management. Staff are clear about their responsibilities when responding to complaints and confirmed the home keeps them informed of comments made.

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 its philosophy in the vision, values and mission statements in resident, volunteer and staff information packages; and displays it throughout the houses within the home. The home is committed to providing high quality standards of resident care through components of the organisation's quality management system. These include the provision of resources, the support of innovative projects and programs that support both residents and staff, and conducts annual strategic planning exercise with all stakeholders. Staff interviewed confirmed they are informed of the home's mission statement and gave their commitment to providing quality care for residents.

1.6 Human resource management

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

Team's recommendation

Does comply

The home's has established processes to ensure they recruit appropriately skilled and qualified staff, and this enables the services to be delivered that meet the changing needs of the residents and the home. There are current position descriptions, duty statements, policy and procedure manuals and charts available to define individual responsibilities and other requirements. The home monitors staff allocations within the home to ensure an appropriate mix of skills and attributes to deliver service requirements. Staff are selected according to organisational needs; and new staff participate in an orientation program that includes a buddy shift. An appraisal is completed after a three-month probationary period followed by annual reviews. There are current position descriptions, duty statements and procedures manuals available to define individual responsibilities and other requirements. Staff appraisals, audits, staff competencies and management observations ensure staff practices and knowledge is maintained and enhanced. A focus on professional development is encouraged with benefits including traineeships in clinical and non clinical service areas. Both these assist the home in staff retention and the minimal use of agency staff. Staff interviewed confirmed that management is responsive to staffing level changes and needs. Residents interviewed said that staff provide "individual" and "attentive" care. All residents interviewed were satisfied with staff response times to their call bells.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems and processes to ensure stocks of appropriate goods and equipment to meet residents' needs are available. Staff are allocated the responsibility to ensure adequate stocks are available and equipment maintained and refer to the organisations preferred suppliers. Systems are in place to monitor quantities, rotation and replacement of stock such as medications and clinical supplies, chemicals and food delivered to the home. Audits, staff requests, changes in resident needs and satisfaction surveys monitor the adequacy and appropriateness of the home's goods and equipment. When a need for equipment or product is identified, or no longer appropriate; potential items are reviewed and trialled to ensure they are suitable. Preventative and reactive maintenance schedules are in place to ensure the safety and working order of equipment. Staff stated that equipment and stock are sufficient for resident care; and that they do receive training in the use of equipment or instructions on new produced introduced. Residents and representatives confirm satisfaction that the home supplies goods and equipment to attend to their needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information systems in place that ensures residents, their representatives and staff have access to information appropriate to their needs. There is a document and data control system of regular updates to procedures and guidelines for staff. Information storage systems provide management and staff with access to current information as required. Obsolete information and documents are archived and disposed of appropriately. Information of a confidential nature is securely stored with access only available to authorised personnel. Information related to resident care is routinely collected with input from the residents and their relatives, ensures that care is provided appropriate to the residents' needs. Files are stored in the locked nurse stations and staff can access various resident information in hardcopy files and electronically. Computer access is password protected, controlled and all data is backed up daily. The organisation intranet server provides staff with access to current policies, procedures, associated forms and information. The home uses memoranda, newsletters noticeboards, communication books, and scheduled meetings and minutes to communicate with all stakeholders. Residents have access to information that assists them to make decisions about their care and lifestyle. Staff commented that information is provided to them and residents and their representatives commented they are kept informed by the home. Residents and representatives report they are kept up to date through meetings, the monthly resident newsletter and regular interaction with staff.

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

Service agreements and contracts stipulating the home's expectations of external suppliers are developed and managed at an organisational level. Agreements contain relevant clauses to protect the home from the provision of unsatisfactory goods or services, and ensure that they comply with relevant Australian standards, have adequate insurance, personnel observe infection control and occupational health and safety precautions and respect the privacy and dignity of residents. Police check declarations of suppliers are recorded centrally and currency is maintained. Reviews are conducted to ensure the supplier continually meets the home's service quality standards. Dissatisfaction, non compliance and deficits are addressed and contracts terminated if expectations are not met. The home externally sources property maintenance, allied health, pharmacy, laundering of linen, chemicals and food delivery services. Staff, residents and their representatives expressed satisfaction with the quality of external services provided to the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has processes for regularly monitoring and identifying opportunities for improvement in relation to residents' health and personal care. Clinical care and service staff are involved in a collaborative and participative manner in all aspects of this continuous improvement system; and feedback is provided in diverse ways appropriate to the quality activity that enhances residents' clinical outcomes. All aspects of clinical care are regularly audited; resident care information is reviewed according to a schedule and monitoring and assessing occurs until satisfactory outcomes are achieved. Any identified deficits are documented and corrective actions are developed. Data analysis for 'adverse events', which includes falls, medication incidents, infections and skin tears is monitored, and actions evaluated for their effectiveness. Staff state they contribute to the continuous improvement system. Residents confirmed that they were very satisfied with the level of care provided and felt encouraged in providing feedback on aspects of care and service deliver.

Some recent examples of completed improvements relating to Standard two include:

- Revised and implementation of a new falls management program. New tools look at the different impact and environmental issues of each fall and each resident. This has resulted in a reduction of falls particularly some individual residents.
- Improved resident weight outcomes with the trial of a new supplement that increases resident calorie intake.
- Medication competencies and observational assessments are now undertaken by an independent external auditor. This has improved the skill level of staff and minimized the risk of medication errors to residents. Further, medication management system has been reviewed and in line with APAC guidelines and audits updated to include issues identified through ongoing review.
- Electronic care plans now include updated evaluation documentation which identify issues through ongoing review. The evaluation enables up to six shifts and all care staff to be captured in a day and provides a true reflection of each residents' changes in those times. This electronic process alerts questions when entries are made and prompts further consultation if required.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place to identify legislative requirements and changes that occur within standard two. The home's monitoring systems for all registered nurses are effective and these are routinely monitored by the home and corporate office. Staff have access to updated policies and procedures and other information relative to their role. Staff are informed of legislative changes through meetings, memoranda, handover and information posted on staff notice boards. Medication management is in line with current 'Drugs, Poisons and Controlled Substances Regulations' and the Nurse's Board guidelines. Systems are in place to ensure residents receive the appropriate specified care and services and the team noted adequate supplies of goods and equipment to support this. A registered nurse division one is

available on all shifts to manage clinical care issues. Nursing staff interviewed are able to demonstrate a clear understanding of regulatory requirements and guidelines relative to their roles.

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

A clinical education program is offered both as essential and important training according to job descriptions and up skilling opportunities. Learning objectives are identified from yearly appraisals, staff surveys or requests and reflected in the yearly education schedule. The education program offered within Standard Two includes both external and internal sessions, varied time sessions and includes self paced learning programs. All sessions offered are evaluated for effectiveness and opportunity for improvement. Staff attendances are monitored and some deficits in staff knowledge are identified through competency testing or observations by various internal and external managers. Clinical care staff said that they are satisfied with the education and training opportunities provided. Some commented that they had recently attended additional training in dementia care, skin care and wound, palliative and pain management, nutrition and hydration, oral care and catheter training.

2.4 Clinical care

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

Team’s recommendation

Does comply

All residents undergo detailed assessments of their clinical needs soon after admission. Following these assessments a detailed care plan is developed that is based on these assessed needs and individual preferences. All residents have their clinical care needs assessed and monitored by appropriately skilled and competent staff. A number of other allied health services are available for residents on a regular basis including medical reviews and referrals to other specialist health practitioners. Residents and their representatives said that they feel confident in the clinical care they receive, and that staff always keep them informed of any changes that are occurring.

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 detailed processes and systems in place to ensure that all residents requiring specialised nursing care are managed by appropriately qualified staff. Residents and their representatives said that they were confident in the skills that staff had to manage their specialised care needs. Some of the needs of residents at the home include diabetes management, complex pain management, indwelling urinary catheters, oxygen therapy and sleep apnoea treatment. The home accesses external specialist health practitioners as required and any suggestions made by them are incorporated into residents’ care plans. Staff are able to describe their individual roles and responsibilities in managing specialised nursing care. Some staff have had specific training in specialised nursing procedures to avoid residents accessing acute hospitals for treatments.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team's recommendation

Does comply

Residents are provided with information both before and after admission about what health services will be provided to them and the associated costs. The home has a number of other health services that are utilised regularly; this includes podiatry, physiotherapy, hairdressing, massage therapy, ophthalmology, dentistry and aged psychiatry services. Residents, staff and documentation confirm that specialist referrals are made as required and that any resulting changes to residents' care are acted upon. Residents said they are confident in the care provided by other health providers and that they are assisted to access these services as required. The volunteers often accompany residents to external appointments to offer support and reassurance while they are away from the home.

2.7 Medication management

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

Team's recommendation

Does comply

The home has processes in place to provide safe medication management for its residents. The home's medication management is underpinned by comprehensive medication policies which are readily available to staff. Auditing processes are in place to monitor performance, and results are discussed at the medication advisory committee meetings and registered nurse meetings. Registered nurses division one have overall responsibility for delivery of medications at the home and the home uses endorsed division two registered nurses to administer medications. Medication management is reviewed and evaluated by a pharmacist quarterly and any suggestions for alterations are forwarded to the residents' doctors for their consideration. Competency checking for all registered nurses is almost completed and will be conducted annually. Residents said that they are very happy with medication management at the home, and staff are always on time to give them their medications.

2.8 Pain management

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

Team's recommendation

Does comply

The home has comprehensive systems in place to ensure that all residents are as pain free as possible. Many staff have had training in pain management and are able to discuss the systems to assess and manage resident's pain. All residents are assessed on entry for pain and pain related conditions, and a management plan developed. A range of contemporary and alternative treatments are used including, analgesia, massage, heat packs, exercise programs, physiotherapy and pastoral care. Complex pain management strategies can be managed at the home including the use of subcutaneous analgesics for residents in palliation. External assistance is utilised when necessary for pain management including palliative care services and pain management clinics. Residents and their representatives said that the staff attend to their pain needs promptly.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has specialised in the management of residents in their end stages of life. All residents and their families are provided with the opportunity to discuss their end of life wishes, and these wishes are documented. The majority of residents are able to spend their last days of life at the home and receive all the care and services they require. External

specialist services are accessed if required such as palliative care, wound management, pastoral care and medical practitioners. Some volunteer staff have received specialist training in palliative care and are involved in providing emotional support for some residents' and their families. The home provides pastoral care and a social worker for those families who may require this support. When a resident passes away families are provided with a book of messages prepared by the staff who write their memories of the resident. Some representatives of residents who had passed away at the home said that the care that their loved ones received was the best and most caring that they could hope for.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

All residents' dietary needs and preferences are assessed on entry. Formal communication processes are in place with the kitchen to ensure those residents' allergies, preferences, meal size, texture and special requirements are catered for. Residents said that the meals are always well presented and of good quality. Residents' feedback on the meals is regularly sought from the lifestyle staff and regular workshops are conducted with catering staff. Residents' weights are regularly monitored, and residents who require review are referred to their doctor, a speech pathologist or a dietician, as indicated. A range of nutritional supplements are provided to those residents who require them.

2.11 Skin care

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

Team's recommendation

Does comply

All residents undergo an assessment of their skin on admission to the home to identify if the resident is at risk of skin breakdown, or has an existing skin condition. A management plan is developed by registered nursing staff and incorporated onto the residents care plan; these care plans are reviewed regularly. Any resident who has a wound is monitored more frequently by trained and competent staff. Wound consultants are contacted as required to provide expert opinion on treatments, and there is a large range of products available to dress wounds. Hairdressing and podiatry services are regularly available and specialist equipment is utilised and maintained such as pressure relieving devices. Staff said they monitor the condition of residents' skin while they are undertaking personal care tasks such as showering, and residents said they are very satisfied with the care that staff provide them in relation to their skin.

2.12 Continence management

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

Team's recommendation

Does comply

Residents' continence management needs are assessed on entry and care plans are developed to promote continence or maintain social continence. Continence programs are trialled and regularly reviewed to identify the most suitable strategies or aid for each individual resident. Assistive devices used include continence pads, raised toilet seats, commode chairs and indwelling urinary catheters. Residents are assisted to ensure that they have enough fibre and fluids to aid with bowel management, and a range of interventions both pharmacologically and nutritionally are used to promote regularity and prevent constipation. Residents said that staff are always helpful with their continence needs and attend to them in a dignified and private manner.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Any resident identified as having challenging behaviours undergoes a comprehensive assessment process to assist the staff to identify triggers to behaviours and determine the best management plan for their needs. The home has a secure 13-bed dementia unit and staff rotate through this area of the home. The majority of staff have had training in behaviour management. A broad range of interventions are used, and assistance is readily sought as required from aged psychiatry services and training organisations. A number of programs developed by the lifestyle staff are in place to assist residents to be involved in a variety of activities suitable to their abilities. Residents said that the home is usually very quiet, and confirm that staff attend to residents with challenging behaviours very attentively and respectfully.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Residents are assisted to maintain optimum levels of mobility and dexterity via an initial assessment undertaken by the nursing staff and/or the physiotherapist. All residents have an individualised exercise program developed to assist them achieve optimum levels of mobility. Some residents keep their exercise programs with them, and attend to them independently. Falls are monitored and reported and falls risk assessments are implemented at the home. Residents are advised about appropriate footwear and environmental audits monitor risks. Residents confirm that they have a wide variety of exercise options available to them, including specialised exercise equipment. Residents walking aids and wheelchairs are maintained and assistive eating devices are available as required.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral health needs and preferences are assessed on entry, and individual care needs and preferences are recorded on residents’ care plans. These care plans are reviewed regularly to ensure that the documented care remains the same. Any residents identified with painful teeth or ill-fitting dentures are referred to appropriate services for review. The home accesses a visiting dental service as needed, and residents commented that staff manage their teeth or dentures well, and in accordance with their preferences.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ cognition, communication, and sense of touch, smell, vision and hearing are assessed on entry to the home. The level of assistance and any special aides required by residents is determined. Care plans reflect the assessments and are regularly reviewed. Optometry services visit the home, and have provided detailed information on individual care

requirements. Audiology services can be contacted as required. The lifestyle program incorporates a range of activities to stimulate residents' senses and residents can access a sensory garden of one of the houses. Residents say that staff assist them in maintaining their sensory aids in accordance with their preferences.

2.17 Sleep

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

Team's recommendation

Does comply

On entry to the home, residents' sleep, settling and rising times and preferences are charted and sleep assessments completed to identify residents' individual patterns. Sleep care plans are developed and reviewed, indicating triggers that disturb sleep and identifying specific strategies to assist in achieving natural sleep patterns, including the room environment and toileting habits. Some residents said that they use medications to help them sleep, and that staff are always on time to give them this medication when they request it. Residents state that the home is quiet, and that the staff respond quickly to their needs during the night.

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 demonstrates that it actively pursues continuous improvement and seeks input from and provides feedback to all relevant stakeholders in relation to resident lifestyle. This is achieved through regular consultations and all stakeholders who are kept informed of improvement activities through meetings, newsletters, noticeboards and informal discussions. There is an evaluation and review of improvement initiatives during scheduled meetings and an analysis of resident attendance and participation records at lifestyle events. Lifestyle staff are involved in a collaborative and participative manner that ultimately enhances residents’ lifestyle outcomes. Residents confirmed that they enjoyed the lifestyle program and that they were offered every opportunity to be involved and provide feedback.

Some recent examples of completed improvements relating to Standard three include:

- The home supports the committed group of volunteers by introducing education sessions to better equip them to assist residents in one on one and group activities There are now specifically trained palliative volunteers who support those families and residents in this difficult emotional time. A returning relative volunteers time as the ‘welcome ambassador’ for new residents and their families to provide support and follow up to the new resident.
- Strong focus and improved community links with many local schools, service and mothers groups has resulted increased satisfaction by residents. Resident satisfaction survey results highlight 96 percent for external interactive activities.
- Implementation of the music therapy, relaxation and Mandala program which has demonstrated marked improvements in residents’ general mental and physical wellbeing. Evaluation and data results highlighted positive changes in residents including a decrease in mood changes and depression and reduction in the use of as required antipsychotic drugs. Further, it has promoted more conversation from residents who previously did not talk much and increased a friendly but strong bonding between residents.
- A new resident memorial garden and fountain area adjacent to the chapel and front entry of the home. Residents, returning relatives and friends can reflect and celebrate the life of past residents or in their own time.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place to identify legislative requirements and changes that occur. Policy and procedures are available to all and reflect relevant acts and regulations relevant to resident lifestyle and address mandatory reporting requirements in relation to suspected or actual elder abuse or missing residents. Staff are kept aware of legislative changes through meetings, information sessions, memoranda and notices. Privacy and confidentiality statements are signed by all new staff. Residents have a residential agreement and these contain a section on the home’s prudential arrangement. Resident information packages also provide additional understanding on residents’ rights and responsibilities, privacy statements and the internal and external complaints mechanisms including advocacy services. Management also utilise the resident handbook to highlight specific regulatory compliance

issues. Residents have a residential agreement and are informed regularly of changes to fees and charges.

3.3 Education and staff development

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

Team's recommendation

Does comply

An education and training program is offered and staff attendances are monitored. Staff knowledge relating to residents lifestyle such as privacy and dignity, choice and decision-making and cultural needs are assessed through resident and relative feedback and surveys. The program includes both external and internal education sessions that are evaluated for effectiveness and opportunities for improvement. Education is provided in relation to Standard Three and includes person centred approaches to dementia, grief counselling. The home also provides education to residents with conducted topics including mobility, nutrition and oral care. Lifestyle staff are encouraged to attend both external network focus groups and the organisations lifestyle forums in providing training, education and information exchange. Staff said that they are satisfied with the education and training opportunities provided by the home.

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

All residents admitted to the home receive emotional support both initially and on an ongoing basis. New residents are referred to the social worker to assist with the transition process for residents and their families. The majority of residents and their families are able to access pastoral care to assist with their emotional and spiritual needs; and in a number of case feelings of grief and loss. 'A welcome ambassador' role has been created and a volunteer meets and greets all new residents and assists them to adjust to communal living and meet new friends. Representatives said that the support offered to residents and themselves by all staff is exceptionally caring; many commenting that it is like a big happy family. Specific resident's needs are discussed at regular meetings and residents requiring additional support are identified and referred as necessary. Significant events in residents' lives, including the passing away of another resident, are acknowledged and responded to in a sensitive manner.

3.5 Independence

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

Team's recommendation

Does comply

Residents at the home are supported to be independent and to maintain community links wherever possible. Lifestyle staff undertake an initial assessment of resident's intellectual and social needs, and this forms an integral part of the residents care plan. The home assists residents with transport to appointments or events outside the home as required, and the many volunteers can assist with transport as well as support and company. The physiotherapist and lifestyle staff are also involved in assessing and implementing exercise programs to assist residents to maximise their mobility and subsequently their independence. The home provides equipment to promote independence such as mobility aids and specifically designed furniture. A bus is available for residents use to attend activities external to the home, and many external community programs visit the home. Residents said they

enjoy life at the home, have many meaningful activities to participate in, and are supported to be independent.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents and relatives are informed of the home's commitment to privacy, dignity and confidentiality during the entry process and this is also documented in the resident handbook. Systems are in place to ensure residents' right to privacy and dignity is maintained and confidentiality respected. The team observed the home monitors staff practices relating to storing private information and ensuring confidentiality. Staff were observed to be interacting with residents in a caring and considerate manner. Residents were noted as being well groomed and commented staff are always kind and respectful, many relatives said that they were treated like family by many of the staff.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home has a well developed and holistic lifestyle program that has been developed based on the needs of all residents living at the home. The program incorporates a large group of dedicated volunteers who have undergone a detailed recruitment and induction process to ensure they are suitable for the residents at the home. A diversional therapist manages the program and a lifestyle assistant supports her. Details of residents' leisure and lifestyle interests and any barriers to participation are documented on assessments and individualised care plans following entry to the home. Residents also have input into the activity program through regular meetings surveys and one on one discussion. The home provides leisure interests and activities suitable for residents with dementia, sensory loss, cultural and spiritual needs and one on one activity. The program is diverse and includes many outings, entertainers and celebrations. All residents interviewed said that they enjoyed all the activities at the home and that there was always something to look forward to.

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

All residents' individual cultural and spiritual needs are identified on admission, and where possible their needs are met. The home has a pastoral care worker who visits the home regularly and she provides spiritual comfort and companionship to all residents as required. There is a weekly church service provided for all residents wishing to attend in the chapel and volunteers assist with communion. A visiting priest holds masses and anointing every three months. Room visits to more isolated residents unable to attend chapel services are conducted regularly by local clergy and ministers. The home has a well-developed palliative care program and a ritual is held for all residents who have passed away. Funerals can be held at the home for those families who wish to do so. Days of significance to the present resident group are celebrated and staff, families and volunteers are very involved.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents and their representatives confirm that they are free to make safe and informed choices about their care and lifestyle, including the right to say no. Prior to and on entry, residents and their representatives receive publications with extensive information including both internal and external complaints mechanisms and advocacy services. The home identifies authorised representatives to make decisions on behalf of those residents who cannot, based on assessment of cognitive ability. Residents meetings and surveys are held, the home has a culture of open communication between residents, representatives, staff and management. Residents and representatives confirm that they can state their opinion about services and make complaints knowing issues will be dealt with promptly and satisfactorily.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents and relatives confirm that they are given sufficient information about the fees and services of the home and understand their rights and responsibilities. Residents are shown around the home; the resident agreement is explained to them, and efforts are made to ensure their thorough understanding. There is a designated representative from corporate office available to answer any questions residents or their representatives may have. A social worker meets with all new residents and can assist residents or their representatives with and other issues facing them with their tenure at the home and/or financial issues. The resident agreements are signed and contain the legislated requirements. Residents and their representatives state that they feel comfortable to approach management with any questions they may have.

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

There are systems and processes in place to identify improvement opportunities across the physical environmental and safe systems at the home. Staff at the home regularly perform internal and environmental audits, complete risk assessments, report hazards and maintenance issues; these are supported by the home’s preventative and reactive maintenance program. Audit results and adverse event reports are reviewed at quality, occupational health and safety meetings with action plans developed where needed. Planned improvement projects are monitored through activity progress reports and focus groups. Surveys and meetings provide opportunities for residents and representatives to participate in improving the home’s living environment. Staff interviewed outlined procedures for hazard and adverse event reporting and stated that issues are dealt with in an appropriate manner.

Some recent examples of completed improvements relating to Standard four include:

- New timber look flooring has improved aesthetics, cleanliness and odour of the nursing home. Noted improvements include the reduction of strain in pushing trolleys by staff, and residents now find the smooth flooring easier and better to walk on. Resident were involved in the choice of floor colouring.
- Improved changes in the dementia wing with stimulating internal and external features including walking bridge over a garden area, farmyard structures, interesting touchable wall objects and a large display cabinet with changed features and associated music or sounds
- New maintenance system in line with appointment of an external contractor. This 48 hours service ensures that residents and staff are safe and secure with urgent requests being carried out promptly and effectively.
- Following a trial, the purchase of an overhead hoist for a particular resident to support choice and care needs. This has reduced manual handling and other occupational safety issues. The home is planning to purchase an additional six hoists for the proposed new wing.
- An infection disease manual has been developed which provides quick access to processes when infectious diseases outbreak. It also highlights the type of kit required for the specific outbreak. A self directed learning package also complements the manual for staff education.

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

Systems are in place to enable the home to meet all regulatory and legislative requirements relating to the physical environment and safe systems. Corporate management reviews any impact that changes may have on policies and procedures, and the facility manager reviews work practices and makes updates as required. Audits, staff training and questionnaires are undertaken to ensure compliance with occupational health and safety, infection control and fire and safety issues. All current fire and building certificates are held; and all electrical, fire and safety equipment is tested, tagged and maintained. Occupational health and safety representatives from all areas of the home have been appointed, and regular meetings occur.

The kitchen is registered, a food safety program is in place and annual independent food audits are conducted. Staff commented that relevant information is passed onto them in a timely manner and follow-up measures are undertaken to ensure understanding.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes in place to ensure that staff have appropriate knowledge and skills in relation to the home's physical environment and safe systems. The 2009 education calendar has a wide variety of training relevant to staff. Training needs in relation to the physical environment and safe systems are identified through mandatory training requirements, audits and surveys, incident reports, identified personal learning needs, staff appraisals, complaints and feedback and resident needs. Staff are encouraged and supported to develop and improve their skills and knowledge through participation in internal and external training opportunities. Annual mandatory training is provided on fire and emergencies, infection control, manual and chemical handling and food handling. The home evaluates the effectiveness of its training through competency assessments, participant feedback, observation and performance appraisals. Staff are satisfied with the training opportunities provided by the home in relation to physical environment and safe systems.

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

Residents at the home live in a secure, clean and well furnished environment and are accommodated in either single bedrooms with ensuite or double bedrooms with shared ensuite. Some rooms have interconnecting doors which support resident couples to continue their life together in the home. Residents are encouraged to personalise their rooms with mementos and small pieces of furniture. The home has a warm and homely atmosphere with each of the four 'houses' interconnecting with the main community and administration area. Each house is self sufficient with a main lounge room, dining room, kitchenette, laundry and a secure outdoor garden and leisure area. However, meals are still prepared and despatched from the main kitchen in the facility. Within each house a small sitting area is available for residents who enjoy watching the coming and goings, seek quiet space or to entertaining visitors. The main administration area includes a large chapel which can be divided for smaller events, celebrations and is available for private functions. The larger activities room is used for community-based program for older adults in the area, and residents are welcomed to participate if they choose. Other facilities provided include a hairdressing salon and library shelved areas. Residents and visitors can enjoy short walks in outdoor garden areas and shaded outdoor seating areas were observed. Pathways are wide and even which supports residents to walk or manoeuvre wheel chairs easily outside. The home carries out routine inspections of the internal and external living environment and a cleaning schedule has been developed for staff to follow. Residents and representatives are satisfied with the safety and comfort of the living environment; including their rooms, communal areas and the outdoor areas. Staff report maintenance is done proactively and if required repairs are promptly completed.

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 is actively working to provide a safe working environment that meets regulatory requirements. The staff orientation program includes mandatory training on fire and evacuation, equipment and manual handling and infection control and incorporates the completing of adverse event and hazard reports. The occupational health and safety committee who are representatives of all services within the home, meets regularly to discuss safety issues and to review collated information from adverse events and hazards. Residents are kept updated on information via verbal interaction with staff, residents meetings and the home's monthly newsletter. Hazardous chemicals and oxygen cylinders are appropriately stored and information about their use clearly displayed. Sharps containers were observed including a new razor collection container in use in all laundry areas. Where possible, equipment used by staff is trialled prior to purchase to assess if it is suitable for use. All electrical equipment is tested and tagged and a service is provided for any equipment that is brought into the home. Relevant certification documents and employee safety information is displayed at various noticeboards throughout the building. Residents confirm the environment is kept safe and the team observed appropriate use of hazard indicators by cleaning staff. Staff confirm the home provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems to minimise the risk of fire and other emergencies. All fire and safety equipment is regularly serviced and tested under an external contract and fire, evacuation and emergency drills are conducted regularly. Fire plans and emergency exit signs are displayed throughout the building with all egress areas clear and free of obstacles. Key pads secure external doors and these release automatically in the event of a fire. The home maintains an emergency evacuation kit and a residents' list of each house is updated regularly and available at each entry area. Chemicals were observed to be stored safely and recorded appropriately on a hazard register. Staff confirmed they participate in annual mandatory training on fire, emergencies and evacuation and that fire warden training is also provided. Staff are satisfied with the home's management of fire, security and emergency risks and demonstrated appropriate knowledge of emergency procedures.

4.7 Infection control

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

Team's recommendation

Does comply

Data on infections is collected, analysed and acted on when necessary. Information is reported and discussed at relevant meetings. Infection control training is mandatory for all staff working at the home, and must be completed annually. Competencies are assessed regularly, including hand washing; and staff demonstrate awareness and knowledge of appropriate procedures. An immunisation program is offered to residents; management reported that the majority of residents have annual flu vaccinations. A gastroenteritis outbreak kit and blood skills kits are accessible to staff. Cleaning, catering and laundry infection controls are implemented including such items as colour coded cloths and mops, personal protective equipment and temperature records are kept. External food safety audits are complete, and contaminated waste is appropriately handled.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home provides hospitality services in a way that enhances the residents' quality of life and the staffs' working environment. Resident dietary requirements and meal preferences are recorded on entry to the home with future assessments providing updates as changes occur. All food is prepared daily on site in line with the home's food safety program, menu rotation and residents' needs. A dietician reviews all seasonal menu's to ensure they meet residents' needs; and regular audits are conducted both internally and from external auditors. Satisfaction with the food provided is monitored by resident daily feedback and annual resident surveys. Menu adjustments in line with residents preferences do occur and additional preferences are offered to residents. Morning and afternoon tea is available in kitchenettes and a variety of fresh fruit is available. Residents report satisfaction in the food provided.

Cleaning staff perform their duties guided by documented schedules and wear protective equipment when required. There is a room of the day system to ensure thorough cleaning of all of the rooms and communal areas. Chemicals are stored and used according to safety guidelines with staff completing training about their handling and use. Residents and staff confirm the home is clean and tidy.

All resident clothing is laundered on site in each of the houses laundry facilities with linen and towelling outsourced to an external contractor. The home provides a labelling service to residents. Lost property is available for residents or relatives to review. Clothes are distributed to residents' rooms and put away according to residents' preferred choice. Residents commented that their clothes are clean and cared for by the laundry. Residents and relatives expressed an overall satisfaction in relation to the hospitality services at the home.