



Standards and Accreditation Agency Ltd

Decision to accredit Warrina Village Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Warrina Village Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Warrina Village Hostel is three years until 6 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.

[This home is a Better Practice in Aged Care Award winner. To find out more about this home's 'Better Practice', click here](#)

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:	Warrina Village Hostel				
RACS ID:	0040				
Number of beds:	98	Number of high care residents:	40		
Special needs group catered for:	• Nil				
Street/PO Box:	284 Castle Hill Rd				
City:	CASTLE HILL	State:	NSW	Postcode:	2154
Phone:	02 9421 5333		Facsimile:	02 9894 1201	
Email address:	shirley_mawhinney@arv.org.au				

Approved provider

Approved provider:	Anglican Retirement Villages
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Assessment team

Team leader:	Margaret McCartney
Team member/s:	Rodney Offner
Date/s of audit:	7 July 2009 to 9 July 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

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

Agency findings
Does comply
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Does comply

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

Accreditation decision

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

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

Assessment team's reasons for recommendations to the Agency

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



Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Warrina Village Hostel
RACS ID	0040

Executive summary

This is the report of a site audit of Warrina Village Hostel, RAC 0040, 284 Castle Hill Road CASTLE HILL NSW from 7 July 2009 to 9 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 Warrina Village Hostel.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 7 July 2009 to 9 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:	Margaret McCartney
Team member/s:	Rodney Offner

Approved provider details

Approved provider:	Anglican Retirement Villages
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Details of home

Name of home:	Warrina Village Hostel
RACS ID:	0040

Total number of allocated places:	98
Number of residents during site audit:	94
Number of high care residents during site audit:	40
Special needs catered for:	Nil

Street/PO Box:	284 Castle Hill Rd	State:	NSW
City/Town:	CASTLE HILL	Postcode:	2154
Phone number:	02 9421 5333	Facsimile:	02 9894 1201
E-mail address:	shirley_mawhinney@arv.org.au		

Assessment team's recommendation regarding accreditation

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

The assessment team spent 3 days on-site and gathered information from the following:

Interviews

	Number		Number
Manager	1	Residents/volunteers	15
Assistant manager	1	Representatives	5
Compliance manager	1	Village council members (group interview)	13
Senior workplace trainer	1	Diversional therapist	1
Workplace trainer	1	External volunteers	2
Registered nurse	1	Physiotherapist	1
Team leaders/Care staff	5	Occupational therapist	1
Infection control facilitator	1	Servery supervisor	1
Clinical nurse consultant – palliative care	1	Servery staff	2
Laundry supervisor	1	Cleaning manager	1
Administration assistant	1	Deputy cleaning manager	1
Maintenance officer	1	Cleaning staff	2

Sampled documents

	Number		Number
Residents' files (including assessments and care plans, significant episode care plans, medical officers notes, progress note reports, weight charts, resident consent forms and other care documentation)	9	Medication signing sheets	16
Bedside care plans	7	Medication management introduction sheets	16
Wound assessment and treatment plans	22	Medication charts	12
Speech pathology reports	2	Self administration of medication assessments	4
Dental assessments and reports	2	Residents' medication management reviews	10
Signing pages for resident agreements	9	Bowel monitoring charts	25
Wanderers identification sheets	3	Personnel files	3
Comments and complaints	19	Hazard incident and maintenance reports	10
Maintenance work request forms	12		

Other documents reviewed

The team also reviewed:

- 'So what's it all about? A guide to what's on at Warrina'
- Accident and incident graphs
- Accident and incident reports and collated data
- Activity attendance records
- Activity plans
- Advance care plan
- Air conditioning service reports
- Annual education survey analysis (2008 – 2009)
- Annual fire safety statement (2008)
- Anglican Retirement Villages (ARV) aged care resident handbook
- Anglican Retirement Villages training programs
- Bus outing plan
- Bus outing timetable
- Certificate (1999 Certification instrument scores)
- Certificates of plant item registration (lifts)
- Chaplaincy visitors program
- Cleaning audits
- Cleaning manual for home
- Comfort care plan (blank)
- Comments and complaints (2008 - 2009)

- Communication books
- Competency based performance appraisal system
- Continuous improvement documentation (2008 - 2009)
- Continuous improvement policy
- Continuous improvement register (October 2007 - May 2009)
- Continuous improvement work plans
- Contract agreements
- Control self assessment compliance audits (2008 - 2009)
- Daily maintenance work plan
- Doctor's communication book
- Education training calendar (2009)
- Education training records (2007 and 2008)
- Electrical specific inspections
- Emails
- Emergency evacuation procedures
- Emergency plan
- Employee incident/accident notification form
- End of life directives x 3
- End of life pathway
- Facility security checklist
- Fire alarm service record
- Fire control system test record
- Fire equipment testing records (2007 and 2008)
- Fire in-service training records for staff
- Fire kit documentation
- Food monitoring wastage records
- Food review
- Food temperature probe calibration checks
- Fruit and vegetable sanitisation checklist
- Incident injury reporting flowchart
- Incident reporting procedures and forms (2008 – 2009)
- Individual visits records
- Induction checklist
- Induction learning package
- Infection control and outbreak management folder
- Infection control audit forms
- Infection control information sheets
- Infection control procedure manual
- In-service training records
- Insulin therapy protocols
- Job descriptions
- Kitchen memorandum folder
- Learning and development training matrix
- Letter re family forum
- Letters offering a case conference
- Letters to resident representatives re non secure living environment
- List of improvements
- List of sub-contractors
- Living environment audit results (2009)
- Living will x 1
- Maintenance plan job parameters

- Maintenance program
- Maintenance requisitions and sign off
- Managers news newsletter
- Managing care and lifestyle manual
- Managing our people – polices, procedures and documentation
- Managing safely documentation manual
- Mandatory reporting folder
- Material safety data sheets
- Medication incident trends data
- Medication management training register
- Medication refrigerator temperature records
- Meeting minutes including: residents' village council, quality and occupational health and safety committee (2008-2009); satisfaction with food meeting (2009); family forums; and staff meetings (2008-2009)
- Menu
- Newsletters
- Nomination for better practice award
- NSW Department of Health directives: Gastroenteritis outbreak, infection control policy and prevention
- Nurse initiated medication lists
- Nursing care plan review calendar (2009)
- Occupational therapist referral book
- Oral and dental service list
- Performance and development review summary
- Pest control records
- Physiotherapy referral book
- Physiotherapy statistic sheets
- Plans for continuous improvement (2008 – 2009)
- Podiatry book
- Police check staff status report
- Policies and procedures
- Praise, comment and suggestion forms
- PRN (as necessary) medication signing sheets
- Psychotropic drug usage report
- Quality audits
- Registered nurse registrations
- Registered nurses folder
- Reheating guide for food
- Resiaction assessment
- Resiaction resident profiles/assessments for placement
- Resident activity feedback
- Resident agreement
- Resident blood glucose levels
- Resident dietary requirements
- Resident exercise programs
- Resident manual handling charts
- Resident outing procedure
- Resident sign in and out book
- Resident surveys (2005, 2006, 2007, 2008, 2009)
- Residents on nebulisers/concentrators oxygen list
- Residents' weight records

- Sensory loss referral book
- Special drink at breakfast list
- Special drink at lunch list
- Special event record and evaluation
- Spiritual and cultural register
- Staff handbook
- Staff handover reports
- Staff memorandum
- Staff roster
- Staff training calendar (2009)
- Table setting set up records
- Temperature checks for hot water
- Temperature records (refrigerators, freezer and dishwasher)
- Temperature records food regeneration
- Temperatures of food delivery
- The village council information
- Volunteers list
- Work order record book
- Workplace inspection checklist
- Wound management procedure
- 'What's on in July 2009'

Observations

The team observed the following:

- 'Mixed Nuts' performances
- Activities in progress
- Bird in cage
- Brochures and health information on display
- Charter of Residents' Rights and Responsibilities on display
- Chemical room
- Chemical storage and supplies
- Cleaning in progress
- Cleaning trolleys
- Coffee shop in progress
- Comments and complaints information on display
- Contaminated waste bin
- Continence aid supplies and containers
- Continence aid storage
- Daily menu on display
- Doctors' clinic room
- Emergency procedures flipcharts
- Equipment and supply storage areas
- Feedback forms on display
- Filming of 'Mixed Nuts' performance
- Fire evacuation kit
- Fire evacuation signage
- Fire panel
- Fire safety equipment, evacuation plans
- First aid kits
- Food storage room

- Gastro outbreak equipment
- Hair dressing salon in use
- Hand foam sanitiser dispenser at front entrance
- Hand gel sanitiser dispensers
- Hand washing facilities throughout the home
- Handrails in corridors and grab rails in bathrooms
- Infection control resources - hand washing facilities, sanitising gel, signage, sharps containers, spills kit, personal protective clothing, colour coded equipment
- Interactions between staff/staff and staff/residents and their representatives
- Internal lifts between floors
- Kiosk in operation
- Large print books and audio books
- Living environment – resident accommodation, coffee shop, dining room, lounge areas, chapel, community areas, resident library, dirty and clean laundry rooms, equipment storage rooms, hairdressing salon, outside patios, walkways, garden areas and driveways
- Maintenance shed
- Medical officers visiting the home
- Medication: rounds, administration instruction signage, storage
- Menu (on display)
- Mobility aids
- Noticeboards for residents and staff
- Nurse call bells in resident rooms and bathrooms
- Palliative care trolley including mouth swabs
- Personal protective equipment
- Pharmacy boxes
- Photographs with residents participating in activities
- Physiotherapy room
- Podiatry chair
- Post box
- Pull down screen for movies
- Recreational activity equipment
- Recreational activity programs on display
- Recreational activity room with resident photographs on display
- Resident laundries and sanitising chemical dispensers
- Residents attending to their work commitments
- Residents mobilising with mobility aids
- Residents' meal delivery
- Residents' morning tea delivery
- Sharps' containers
- Spill kits
- Staff education notice board
- Staff handover
- Staff practices – nursing care, cleaning, food preparation and serving residents, laundry and activities
- Staff work areas – kitchen, offices, laundries, education room, utility rooms, cleaners' rooms, staff room and amenities, continence product storage room and chemical room
- Storage of resident information
- Suggestion feedback box
- Village signage
- Vision, mission and values (on display)

- Whiteboards
- Wound dressing trolley

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues a continuous improvement system and adheres to the Anglican Retirement Village’s (ARV) continuous improvement policy. There are numerous systems and processes to monitor and ensure the home’s performance is monitored and measured against the Accreditation Standards. Audits and other quality activities are conducted as per the ARV quality activity program and results are collated and benchmarked with other homes including ARV homes. At the home’s level, opportunities for improvements are identified through a number of avenues including: resident village council meetings, staff meetings, audits, comments and complaints, staff and resident satisfaction results, accidents and incidents and staff performance appraisals. Audits are conducted which include a number of quality indicators covering outcomes in each of the Accreditation Standards. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Residents, representatives and staff reported that they have opportunities and are encouraged to participate in the home’s continuous improvement activities.

Examples of recent improvements in relation to Accreditation Standard One include:

- The home identified that respite residents did not have access to a telephone line in their room and telephones have been installed in three respite rooms to allow residents to maintain easy contact with their family and friends.
- The home identified the need to improve career pathways for care staff to facilitate their professional development and improve staff retention rates. As a result the home has now developed and established new positions for care staff giving them access to professional development and career progression.
- The home’s care files have new spine labels which allow for more easy identification.
- Due to registered nurse shortages the ARV has established affiliations with the two tertiary institutions and provides third year students with clinical placements at various facilities including Warrina Village Hostel.
- The home has undertaken a review of care documentation to ensure the aged care funding instrument (ACFI) requirements are met.
- The former kiosk area has been refurbished to provide a private area for staff to use for communication and documentation purposes. The resident kiosk has been relocated to a position easier for residents to access and use.

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 changes in relevant legislation, professional standards and guidelines. The organisation accesses relevant information through membership with a peak aged care industry organisation; subscription to legislative update services; from government departments; attendance of professional meetings and seminars; accessing the internet; and other sources. The information is reviewed by the organisation’s corporate office and changes are sent to the home in the form of information or policy/practice changes. The manager and other appropriate personnel communicate changes to staff by memoranda, staff meetings and staff education sessions. Policies and procedures are updated as appropriate. Compliance with regulatory requirements is monitored through audits, education attendance, competency assessments, staff appraisals and observations by management. ARV has a risk management team which monitors and helps maintain compliance with organisational standards and relevant regulatory and legislative requirements.

Specific examples of regulatory compliance relating to Accreditation Standard One include:

- The home conducts reviews of all policy and procedure manuals on a regular basis to ensure that all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for police checks for staff, volunteers and contractors are in place. Interviews and documentation reviews confirm that these have been completed.
- The home has policies and procedures in place in relation to missing residents in accordance with legislative requirements.
- A mandatory reporting folder is maintained for the recording of critical incidents, such as resident assault in accordance with legislative requirements.
- The home has a system to ensure registered nurses’ registrations are current.

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 enable staff to have appropriate knowledge and skills to perform their roles. An annual education and training program is developed for staff to attend mandatory training and sessions of interest. Various learning packages are provided which are competency based and staff can undertake if required. ARV has the status of being a registered training organisation and all care staff are provided with the opportunity to complete the certificate III in aged care qualification. The home encourages staff to gain this certificate. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. The home has an annual education calendar. Staff are supported by management to attend internal and external courses and conferences. Participation records are maintained and reviewed by management when planning future education program schedules. All training is evaluated, including courses provided by

external providers. Staff interviews indicate that they have been provided with training as part of the home's orientation process and have access to on-going education.

Specific examples of education and staff development relating to Accreditation Standard One include:

- A staff training matrix is developed from staff surveys, audits, resident needs and staff appraisals and competencies.
- The home regularly undertakes orientation sessions for new staff covering fire and safety, manual handling and infection control.
- The organisation's learning and development department is responsible for providing workplace trainers providing professional support and development opportunities as well as developing organisation training packages.
- The home has provided training on a range of topic areas including elder abuse and mandatory reporting, documentation and ACFI, team leadership bullying and harassment, dealing with difficult people, staff selection and recruitment.
- The ARV learning and development unit also provides 12 month training programs which are made available to personnel employed in the home. These programs include care supervision, manager training, graduate registered nurse program and coaching and mentoring program. One care staff member is currently being trained to become a care supervisor and a care staff member has been appointed to be the palliative care supervisor.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Information about internal and external complaints' mechanisms is provided to residents and representatives on entry to the home through the resident handbook, the resident agreement and their orientation to the home. Information is also communicated on a regular basis through resident village council meetings, and information displayed throughout the home. Staff are made aware of complaints' mechanisms through the staff handbook, training processes, policies and procedures and staff meetings. Forms for comments, complaints and compliments and a feedback box are available in the home. Brochures about the external complaints' mechanism are also available. There is an organisational complaint management procedure and flowchart. Staff interviews demonstrated that they have knowledge and understanding of the complaint handling process and of their role in assisting residents in raising issues if they need help. Review of the complaints' register and relevant documents indicated that issues raised are responded to in a timely manner. Residents stated they are aware of and have access to both internal and external compliant mechanisms. They expressed satisfaction with the way the home manages their complaints/concerns including their confidentiality.

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 organisation's vision, mission and values statements are well documented and on display in a variety of locations throughout the home. They are also available in a number of documents including the resident handbook, the staff handbook, policies and procedures manuals and other publications by the home. The home's vision, mission and values form a part of the staff orientation program and are discussed regularly at staff meetings. ARV has established a care development department, responsible for setting the strategic care direction of the organisation, and has governance processes in place to ensure that care and mission standards are maintained.

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 has a system in place that aims to ensure there are enough staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. Management review staffing levels to ensure the sufficiency of human resources. Management reported that factors considered to ensure the adequacy of the home's staffing levels and skill mix include, but are not limited to: residents' care and lifestyle needs; quality performance indicators; feedback from staff, residents and representatives; the layout of the home; and occupational health and safety requirements. The home has a flexible rostering system that is responsive to the changes in residents' needs. The organisation has a central 'job match pool' of suitably qualified casual staff who are on call to fill in for staff on leave or when additional staff are required. There are systems in place for staff orientation, education and performance management. Recruitment policies and procedures ensure that the best possible match between candidates and roles are achieved. Job descriptions, selection criteria and reference checks are used by management to increase the effectiveness of the process. Staff are provided with job descriptions and duty lists as necessary. Performance appraisals are conducted and results are fed into the home's human resource management system. Observations and documentation reviews suggest that there are sufficient staff with the appropriate knowledge and skills to perform their roles effectively. Residents/resident representatives expressed satisfaction with the staffs' skills and reported that staff respond to their needs in an acceptable and timely manner.

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 stocks of goods and equipment that support quality service delivery. Goods are ordered through the organisation's centralised computer purchasing system and

equipment is tested for suitability and 'risk assessed' prior to purchase. The home has a system for ensuring adequate levels of stock are maintained. Designated staff are also responsible for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home maintains an asset register and appropriate storage is provided to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacement and the acquisition program. The home has preventative and reactive maintenance programs. Maintenance request books are held in the home and are regularly reviewed by the maintenance officer and action is taken in an efficient and effective manner to deal with any requests. Emergency maintenance requirements are dealt with in a timely manner. Staff and residents confirmed their satisfaction with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

1.8 Information systems

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

Team's recommendation

Does comply

The home has an information management system in place to provide its stakeholders with information relevant to them. The home's communication system includes: meetings, resident and staff handbooks, newsletters, policies and procedures, communication books, noticeboards, orientation and training sessions, memoranda, a clinical documentation system and managements' open door policy. The home utilises these communication channels to disseminate information and to collect feedback. The home has an information management policy that governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The policy includes relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised personnel. There are monitoring and audit procedures in place to ensure information is managed appropriately. Observations demonstrated that residents and staff files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively. Residents/resident representatives reported they receive adequate information relevant to their needs and that they are satisfied with the way the information is communicated to them.

1.9 External services

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

Team's recommendation

Does comply

The home's externally sourced services are arranged through the organisation's corporate office by way of specified contract service agreements. Service agreements are established for a set period, monitored on an on-going basis and evaluated at the end of the set period. There is a designated tender process whereby quality criteria in relation to services to be supplied must be satisfied. For example, reference and criminal checks are made and practice certificates, insurance, business registration details are also checked. Contractor non performance is recorded and actioned immediately when urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor a list is maintained at the home and updated as required. All external contractors receive a copy of

the organisation's contractor's handbook which includes a code of conduct outlining the protocols for contractors to follow whilst on site.

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 a system in place to ensure that regular audits are undertaken to review clinical and personal care provision and to identify opportunities for improving the processes in place. Audit results are analysed and benchmarked against other homes both within the organisation and with industry standards. Data is also obtained from clinical indicators including accidents and incidents, medication incidents and infection rates. Opportunities for improvements are also identified through: resident village council meetings, staff meetings, audits, comments, complaints and compliments, accidents and incidents and staff performance appraisals. Staff awareness and training in regard to quality improvement is evident from minutes of staff meetings and staff suggestions related to clinical and personal care as detailed in the continuous improvement documentation.

Examples of recent improvements in relation to Accreditation Standard Two include:

- The home has introduced strategies whereby fluid intake by residents has improved. These strategies included educating residents on the need to improve their fluid intake and changing staff work practices whereby residents could be encouraged to drink more frequently and as a result the incidence of urinary tract infections has decreased.
- The home has introduced a new system whereby the dietary needs of residents who have been recently accommodated in the home can be readily identified.
- The home has introduced a process whereby residents' eating and nutritional requirements are more easily able to be monitored and evaluated.
- For those residents who need to be transferred to hospital the home has, with the assistance of residents' families, introduced a labeled bag which contains relevant personal and care items.
- The home has undertaken an evaluation of wound products so that the most appropriate and cost effective products are now used consistently by staff.
- The home makes use of the services of an ARV palliative care nurse consultant and as a result the home is now able to provide a more effective palliative care service to residents.
- To improve medication management the home has introduced a policy whereby medications delivered by the contracted pharmacy occur only during business hours.

2.2 Regulatory compliance

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

Team’s recommendation

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The team observed the home has information available for staff on legislation and guidelines relating to health and personal care.

Specific examples of regulatory compliance relating to Accreditation Standard Two include:

- The home provides information to staff on any changes to the Aged Care Act through staff meetings and documentation including updated policies and procedures.
- Work instructions are written to comply with all regulatory compliance.
- Compliance with best practice is measured through action plans, surveys and audits as well as through a commercial benchmarking group that has access to comparative data for a range of clinical indicators from homes across Australia and New Zealand.
- Best practice for medication management documentation is available to staff.

2.3 Education and staff development

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

Team’s recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. A staff training matrix is developed from staff surveys, audits, resident needs and staff appraisals and competencies.

Documentation reviews indicate that staff attended a variety of education sessions in relation to Accreditation Standard Two including:

- The home regularly undertakes education sessions on a range of topic areas including clinical care, diabetes, first aid heart disease, Parkinson’s disease, medication management and hydration.
- Some education sessions provided to staff are ongoing and these include foot care, wound care for carers, palliative care and practical pain management, insulin training and updates, medication updates, pain and analgesia, dietary needs, pressure area care, behaviour management and continence aid care.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home provides residents with appropriate clinical care through the provision of medical officers’ reviews, referrals to medical officers when residents are unwell, and the initial and ongoing assessment of residents’ care needs, and care planning. This includes the use of significant episode care plans as indicated. Residents have a choice from a number of medical officers who visit the home. Registered nurses complete all residents’ care planning. Verbal and written communication systems are in place to inform nursing staff, and medical officers of the care provided for residents or care issues in need of review. Care staff have access to handover sheets and bedside care plans recording residents’ care needs for quick reference. Case conferences are offered. However, management advise that because the home has constant communication with residents and their representatives that case conferences are rarely required. Residents’ weights are monitored three monthly or more frequently if indicated. Residents’ blood glucose levels are monitored according to medical officer’s orders. The home has a reporting system for resident accidents and incidents including: falls, skin tears, and behaviours. Accident and incident data is collated monthly and trends are monitored. Resident/resident representative interviews indicated they are satisfied with the care provided by the home and the medical treatment given. Interviews also confirmed residents/resident representatives have opportunities for input into the care provided.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officers or allied health services’ input when required. Registered nurses are on duty during the day and a roving registered nurse for the site is on call after hours. The organisation has a clinical nurse consultant for palliative care and a nurse specialising in dementia care to whom residents can be referred as required. Management advised that the home also has access to clinical nurse specialists through a local hospital for advice on residents’ specialised nursing care needs if needed. The home currently provides specialised nursing care for residents including: catheter care, wound care, colostomy care, oxygen therapy, and insulin management. Residents’ wound care is provided by registered nurses and interviews indicate that a registered nurse attended a wound training course in June 2009. The organisation has a managing care and lifestyle policy and procedure manual which includes guidelines on the provision of residents’ specialised nursing care. Staff interviews confirmed they have sufficient supplies of equipment for the provision of residents’ specialised nursing care. The home also maintains a hypoglycaemic kit. Residents/resident representative interviews indicated satisfaction with the nursing care provided.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The home has systems to identify residents’ needs and preferences in relation to other health and related services and for making appropriate referrals as required. Interviews and documentation reviews demonstrated examples of residents being seen by health services visiting the home including: physiotherapy, an occupational therapist, podiatry, speech pathology, an oral care service during 2008, optometry for two residents, mental health specialists, pharmacy, and pathology services. Interviews demonstrated that a clinic is available within the complex in which the home is located which provides a range of services for residents such as a dentist, medical officers, an audiology service, masseurs, and a psychiatrist. Management reported that the home also has access to a geriatrician through a local hospital if required. Residents can choose to visit external health services of their choice with assistance provided for their transportation by buses run by the organisation, or resident representatives. Resident/resident representative interviews indicated that they are satisfied with the access available to other health and related services.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has systems to ensure residents’ medications are managed safely and correctly through: policies and procedures; assessments and care planning; the secure storage of medications; daily checks of the medication refrigerators’ temperatures; medication management audits; and medication monitoring reviews completed by an accredited pharmacist. Care staff who have completed the required competency testing, give residents’ medications from seven day multi dose blister packs or directly from the medication containers when items cannot be pre packed. Registered nurses administer residents’ injections. Staff are provided with resident photographic identification when giving residents’ medications and complete medication signing sheets. Observations demonstrated that care staff follow safe practices when giving residents’ medications. Residents’ care files include medication charts recording medical officers’ orders and nurse initiated medication lists. Management advise that care staff can only give nurse initiated medications and PRN (as necessary) medications with the permission of the registered nurses. Residents who choose to self administer their medications are required to be assessed for their suitability by their medical officers. Eye drop containers are labelled with the dates of opening. Processes are in place to monitor trends in medication incidents identified through audits, and the use of psychotropic medications for residents. Residents/resident representatives interviewed are satisfied with the medication management the home provides.

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 ensures all residents are as free as possible from pain through initial and ongoing pain assessments, care planning, evaluations, and accessing advice on pain management

from medical officers and other health professionals when required. This includes referring residents to the organisation's palliative care clinical nurse consultant for the review of their pain management needs when indicated. Provision is made for the assessment of residents' verbal and non-verbal pain. Resident care file reviews demonstrated that the home's primary pain management strategy is to administer pain relieving medications including schedule eight medications regularly or as necessary. Management interviews indicated that the home also uses pressure relief and diversion for residents' pain management and care staff report they elevate residents' feet for pain relief when indicated. The physiotherapist advised that they apply heat packs and that a transcutaneous electrical nerve stimulation machine is available for residents' pain management when indicated. Resident/resident representative interviews demonstrated that residents are comfortable and treatment for residents' pain is provided regularly or when necessary.

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 a number of assessment and care planning tools to assist with maintaining the comfort and dignity of terminally ill residents. This includes the completion of end of life pathway plans and care plans for terminally ill residents to ensure their needs are being met. End of life directives have also been completed by some residents. The home has access to advice on residents' palliative care through the organisation's palliative care nurse consultant as well as from medical officers. Care staff interviews indicated they are aware of ways they can ensure the comfort of terminally ill residents through supporting the residents' physical care needs. A care staff member, appointed to oversee the home's palliative care processes, advised that they attend palliative care training each month. The home has a palliative care trolley with resources ready to use for residents requiring terminal care including items for oral hygiene. Management and staff advised that visiting chaplains are available to provide spiritual support for terminally ill residents and their representatives. The home provides open visiting hours for representatives of terminally ill residents who are welcome to stay overnight if desired. The representative of a former resident expressed satisfaction with the palliative care provided for the resident.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

The home has systems in place to provide residents with adequate nourishment and hydration through the assessment and documentation of residents' dietary needs and the communication of these needs to catering staff. Meals are provided through a cook chill system following a four week rotating menu. Provision is made for residents who require special diets, pureed meals, thickened fluids, assistance with meals, and dietary assistive devices. Residents are provided with fresh fruit each day. Residents are provided with fluids regularly and a water fountain is in the dining room. Staff advised that residents are offered extra fluids and ice blocks on hot days or as necessary. The home monitors residents for adequate nutrition and hydration through staff observations, and weighing residents three monthly or more often if required. Residents with weight loss identified are referred to their medical officers and commenced on dietary supplements when indicated. The team

reviewed evidence that two residents have had speech pathology assessments. Resident/resident representative interviews generally indicated satisfaction with the quantity and quality of the meals and drinks the home provides.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems for maintaining residents’ skin integrity consistent with their general health, through initial and ongoing assessments, care planning and care provision. Interviews and documentation reviews indicate that residents have podiatry, hairdressing, pressure area care, and skin care provided according to their identified needs. This includes the provision of a hair dressing salon and the hairdresser visiting the home five days a week. A system is in place for the sterilising of the nail clippers used for residents. Residents with skin integrity breakdown have wound assessment and treatment plans completed by registered nurses, recording descriptions of the wounds and the regular provision of treatments. Residents’ skin integrity is also maintained through assistance with showering and the application of emollient creams when required. Management advised that the home has equipment to minimise the risk of skin trauma for residents including an airflow mattress, special mattresses, and gel cushions. Management also advise that residents’ beds have recently been fitted with pressure mattresses which improve pressure relief. Resident/resident representative interviews indicated satisfaction with the care provided to maintain residents’ skin integrity including the wound care.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence is managed effectively through the initial and ongoing assessment of residents’ continence management needs, and care planning. Processes are in place to inform care staff of residents’ continence aid needs and for their distribution. This includes pictorial representation of residents’ continence aid needs in care files and the use of continence aid containers kept in residents’ rooms. Management advised that a representative from a continence aid supply company is available to provide staff with guidance on residents’ continence aid needs. Care staff interviews demonstrated they have access to adequate supplies of continence aids and they provide regular toileting programs for residents according to the residents’ identified needs. Care staffs’ daily handovers sheets record residents’ toileting programs. The home has strategies for residents’ bowel management including: the completion of bowel management charts twice a day, residents’ diets, provision of fluids, and the administration of medications regularly when ordered by medical officers. Resident/resident representative interviews did not identify any issues with residents’ continence management.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents’ behaviours are identified through the home’s assessment and care planning processes. Care strategies to manage the residents’ needs effectively are identified in consultation with residents/resident representatives, staff, medical officers and other health professionals as required. This includes access to a nurse with a specialty in dementia employed by the organisation. The home does not provide a secure living environment for residents with wandering/absconding behaviours and screens residents prior to entry to the home to ensure they can be safely accommodated and have their care needs met. Management interviews indicated that residents identified to no longer be able to be safely accommodated in the home because of wandering/absconding behaviours would be assisted to transfer to alternative accommodation. Management advise that no residents currently have physical or chemical restraint in use. Care staff interviews demonstrated that strategies are in place to effectively support residents with behaviours of concern. This includes a wide range of activities available to residents through the home’s activity programs. The home has access to mental health specialists for the review of residents’ care if required. Residents/resident representatives are satisfied that staff effectively interact and provide care for residents.

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 supported to achieve optimum levels of mobility and dexterity through assessments and care planning processes. A physiotherapist visits the home twice a week and records assessments for all residents and develops exercise programs. A physiotherapy aide works one day a week to complete exercises with residents in accordance with the physiotherapist’s instructions. The home provides exercise groups three times a week and the recreational activity programs include activities through which residents gain exercise. This includes the ‘Resiaction’ program which keeps many residents active. The home also has a physiotherapy room with exercise equipment for resident use. The team observed many residents mobilising with the assistance of mobility aids. Instructions on residents’ transfer and manual handling needs are accessible to staff in residents’ wardrobes. Strategies for residents’ falls prevention include: the completion of falls’ risk assessments by the physiotherapist; referring residents who experience falls to the physiotherapist; provision of call bell pendants and mobility aids; and the organisation’s occupational therapist’s reviews of residents’ rooms when indicated to ensure their safety. Management advised that the home has one bed which can be lowered to the floor when necessary to minimise resident falls. The home has grab rails in bathrooms. Resident interviews confirmed the home provides exercise groups they can attend as they wish.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral and dental health care needs are identified and recorded through assessments, and care planning. Residents’ ongoing oral and dental care needs are monitored through staff observations and resident/resident representative feedback. A dental and oral care service visited the home in 2008 to assess a number of residents’ dental care needs. The team reviewed evidence of the dental assessments and reports completed at that time. Care staff interviewed report they provide residents with oral care including assistance with denture care, teeth cleaning and mouth swabs when indicated. Observations demonstrate that the home has supplies of equipment for residents’ mouth care including a denture soaking agent and denture containers. Management advised that residents are provided with individual denture containers which are washed by care staff. Resident/resident representative interviews indicated satisfaction with access to services to support residents’ oral and dental health.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ vision and hearing sensory loss needs are identified and managed through initial and ongoing assessments, care planning and evaluation processes. Optometry or audiology services can be arranged to visit the home if required or residents can choose to access them externally. The clinic located on the site in which the home is located has a dentist with whom residents can make appointments to visit. Care staff interviews indicate they implement strategies to assist residents with vision impairment and/or hearing loss including: processes for the care of residents’ spectacles and hearing aids. The dining/lounge room is fitted with a hearing loop and the chapel has an amplifier system. The home has a library overseen by a resident with supplies of large print books and audio books which are replenished regularly. Residents’ taste, touch and smell sensory needs are supported through the various activities provided in the activity programs. Resident/resident representative interviews indicated satisfaction with the support provided for residents’ sensory loss needs.

2.17 Sleep

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

Team’s recommendation

Does comply

The home assists residents to achieve natural sleep patterns through assessments, care planning, choices of sleeping and waking times, and staff support at night. The home is staffed with two care staff at night. The home is fitted with call bells in residents’ rooms so they can call for assistance as required. Residents have single room accommodation to assist in providing a quiet living environment. Strategies are used to support residents to achieve natural sleeping patterns including: providing warm drinks and/or snacks at night if required; ensuring residents are comfortable and have adequate pressure relief; pain management; and night sedation as per medical officers’ orders if necessary. Residents

advised that they sleep well at night and resident representatives interviewed advised that residents have not informed them of any problems with achieving natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Performance in relation to residents’ lifestyle and leisure is monitored through audits, surveys, resident feedback by way of compliments and complaints and through resident and relative meetings. Residents and representatives are advised of outcomes as appropriate. Residents/resident representatives are aware of and satisfied with the various methods of feedback available to them.

Examples of recent improvements in relation to Accreditation Standard Three include:

- The home has expanded the coffee shop so that relatives and visitors can more easily join residents for midday meals. This has now become an important social networking activity as well as an additional means for residents to engage in the volunteer work program.
- The home has introduced a reminiscence program recording resident stories ‘a bit about me’. These stories are now a regular segment in the home’s newsletter ‘Warrina Whispers’ and resident feedback regarding this program has been very positive.
- The home has recognised the importance of providing adequate emotional support in respect to residents’ issues around grief and loss and as such a special church service is held every two months or more frequently if considered appropriate to remember deceased residents.
- Resident feedback indicated that the activity program timetable was not easy to read and as such the home has enlarged the program and print so residents can easily read what activities are available each week.
- Resident feedback indicated that music in the mornings was either too loud or sometimes not appropriate and as a result specific residents have been designated to select and play various compact discs which are more suitable to residents’ preferences.
- The home has introduced a staff booking system whereby more frail residents are now able to go on bus outings when accompanied by an appropriate staff member.
- The home has introduced a register which details the preferred title and/or name that staff are to use when addressing residents.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The home has information available on legislation and guidelines relating to resident lifestyle.

Specific examples of regulatory compliance relating to Accreditation Standard Three include:

- The Charter of Residents' Rights and Responsibilities is displayed in the home and is also contained the ARV aged care resident handbook.
- The manager monitors resident movements to ensure security of tenure obligations are maintained.
- Security of tenure arrangements are detailed in the resident agreement.

3.3 Education and staff development

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

Team's recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation reviews demonstrate that staff have knowledge and skills relating to resident lifestyle.

Documentation indicates that staff attended a variety of education sessions related to Accreditation Standard Three including:

- A staff training matrix is developed from staff surveys, audits, resident needs and staff appraisals and competencies.
- The home regularly undertakes education sessions on a range of topic areas including: mental health in older people, activities for baby boomers, diversional therapy and recreational activity documentation and reporting and health ageing.
- Specific education sessions provided to staff are: a workshop on depression management, delirium and depression.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has systems to ensure each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Systems include providing potential residents and their representatives with information to assist them to identify if the home will meet their needs. Management and staff interviews demonstrate that new residents are assisted to settle into the home through the identification and support for their physical and emotional needs. Emotional support is also provided through ways including: offering residents meaningful volunteer work to complete through the home's 'Resiaciton' program; management's 'open door' policy; orientating new residents to the home; and one-to-one support. The home has a resident 'buddy' system through which existing residents are appointed to new residents to assist them to settle and adjust to life in their new home. The organisation's volunteer chaplains and other volunteers are available to provide residents with emotional support. Residents and their representative advise that residents are happy living in the home and expressed their appreciation with the initial and ongoing support and care provided for

residents. Resident interviews also demonstrated that the home's 'Resiaction' program is emotionally fulfilling for them.

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 are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home according to their personal preferences and general health. The home provides an environment in which resident representatives, visitors, volunteers, community groups and school groups are welcome to visit. The team observed several volunteers visiting to assist with the various programs run in the home. Observations also demonstrated that families visit residents and a bus is available to take residents to appointments. A public bus stops near the entrance to the home. Residents are encouraged to choose jobs to do through the 'Resiaction' program which also provides avenues for participation in life within and outside the community. The home's male choir goes on regular tours accompanied by other residents who form a 'cheer squad'. An active village council formed by residents meets regularly to discuss issues within the home and implement improvements. Residents assist with collating the newsletter. Residents' independence is also fostered through ways including: residents having personal items in their rooms; newspaper and mail deliveries; provision of equipment to support independent living; encouragement to attend to activities of daily living; and residents can choose to have televisions, telephones and radios in their rooms. Laundries are available for resident use. The home also provides shopping trips and bus outings. Management advise that electoral representatives visit the home to support residents to vote. Resident/resident representative interviews confirmed that residents are very happy with the ways in which their independence is supported by the home.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home recognises and respects each resident's right to privacy and dignity through the identification of residents' care needs, care planning, and staff practices. New residents and/or their representatives are provided with a resident handbook which includes information on the organisation's policy for the protection of residents' personal information. Staff are informed of the need to maintain resident confidentiality through information provided in the staff handbook. Staff interviews demonstrate they understand the need to maintain the confidentiality of resident information and the importance of maintaining respect for residents' privacy and dignity. This includes closing doors when providing treatments in residents' rooms. Observations demonstrate that residents' care documentation is stored securely. The home has a secure archive room and management advise that the disposal of resident files occurs through head office. Computerised information is password protected. Care staff interviews demonstrated there are processes in place to recognise and respect the dignity of residents' receiving palliative care. Residents/resident representatives interviewed expressed satisfaction with the ways in which staff demonstrate respect for residents' privacy and dignity.

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 systems to encourage and support residents to participate in leisure interests and activities of interest to them. Systems include: assessments and care planning processes, and providing group and individual activity programs for residents. A diversional therapist oversees the home's recreational activity program with resident and volunteer input and support. An important component of the home's activity program is the home's 'Resiaction' program. Through this program residents are encouraged to identify 'jobs' of interest to them and are supported to complete these 'jobs'. This includes residents completing tasks such as newspaper deliveries, secretarial work, mail posting, library management, pet care, running activities, organising bingo prizes, setting tables, coffee shop duties, and many other important roles. All residents reported they enjoy the jobs that they complete. A range of leisure activities are also available including movies, bingo, cooking, word games and musical activities. This includes performances by the home's choirs the 'Mixed Nuts' and the 'Silver Bells'. Strategies are in place to support residents with cognitive impairment to attend activities. Photograph reviews show residents participating in special celebrations and activities. Residents maintain attendance records which demonstrate a good attendance at the various activities held in the home. Strategies are in place to capture resident satisfaction on the activities and the diversional therapist completes a range of evaluations on the activities provided. Residents/resident representatives are informed of the recreational activities available through activities programs on display, newsletters and verbally by staff. Residents/resident representatives reported they are kept busy through the activities they complete and get a great sense of satisfaction from the contributions they can make to life in the home through the 'Resiaction' program.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has systems in place through which residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, customs, religion and cultural backgrounds. Interviews and photograph reviews demonstrate that cultural days and religious celebrations are acknowledged and celebrated such as Christmas, Australia Day and ANZAC Day. Anglican church services are held in the home and in a chapel near to the home to which all residents are welcome to attend. The diversional therapist reports that Roman Catholic services are also held in the home. The organisation has a chaplaincy department which organises volunteer chaplains to visit residents as required. Residents from culturally and linguistically diverse backgrounds have community visitors from similar backgrounds arranged when desired. Staff interviews indicated that the home currently has no residents who cannot communicate in English. The diversional therapist advised that the home holds memorial services to remember deceased residents. Following a roster system residents are appointed to say the grace prior to meals. Resident/resident representative interviews indicated their satisfaction with the spiritual and cultural support the home provides.

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/or their representatives are enabled and encouraged to participate in decisions about the care and services provided through information they receive before and at the time of entry to the home as well as throughout their time in the home. This includes a resident handbook which includes information on complaints' mechanisms and the various services available from which residents can choose. Examples of residents' choices for care and services include: choice of participation in activities; choice of meals; choice of medical officer; choice of personal items in rooms; and choice of rising and waking times. Resident/resident representative input into care and services is also facilitated through surveys, positions of responsibility allocated to residents through the 'Resiaction' program, resident village council meetings which all residents are welcome to attend, comments and complaints' mechanisms, and management's 'open door' policy. The resident village council consists of elected members who are allocated resident groups from whom they field any problems or concerns in need of review. The resident village council plays an active role in driving activities and improvements within the home. The home has a coffee shop committee and a recently formed food committee run by residents. Two residents also belong to the home's quality and occupational health and safety committee. The home holds family forums to which guest speakers are invited. Resident/resident representative interviews demonstrated that residents are able to exercise choice and control over the care and services provided within the home. This includes residents formerly visiting the home for respite care choosing to return to take up permanent residency.

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

Management advise that the organisation's sales person provides potential and/or new residents and/or their representatives with a range of information as part of the process for their entry to the home. This includes information on fees, bonds, security of tenure and residents' rights. Residents/resident representatives are also informed of their rights and responsibilities through the resident agreement offered to each resident for signing, the resident handbook, and the charter of residents' rights and responsibilities in these documents and on display. Management said that residents are advised to seek legal advice prior to signing the resident agreement which includes information in keeping with legislative requirements. Examples of the resident agreement's content includes: residents rights to occupancy; conditions for transfer; ending the agreement; care and services; and an initial 14 day cooling off period. The resident handbook also includes a wide range of information including security of tenure and information on risk taking. Management and resident/resident representative interviews demonstrate that residents/resident representatives are consulted about the room changes. Resident/resident representative interviews indicated that residents feel secure in their residency in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a system in place that enables it to actively pursue continuous improvement. For further information relating to the home’s continuous improvement system, please see expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Accreditation Standard Four include:

- To improve resident safety electronic gate barriers have been installed at the top of the internal stairs leading from the ground floor to lower ground floor accommodation areas.
- To improve infection control a more effective foam hand sanitiser has been purchased by the home and dispensers have been placed at the entrance of the home as well as at strategic points throughout the home including the dining room entrance and in hallways. Instructions have also been given to staff, relatives and residents on the use of such foam hand sanitisers and instructional signage has also been erected.
- A resident food committee has been established to provide feedback and make suggestions regarding food preferences and other issues regarding dining requirements.
- The home has purchased new cushions for lounges in common areas which provide greater support and comfort for residents. A number of new chairs which are easier for residents to use have also been purchased and installed.
- The home has purchased a new updated quality television set for the lounge area.
- The home has installed chemical supply equipment for the washing machines used by residents, which provide a one shot sanitiser detergent improving infection control and laundry practices.
- The home is in the process of replacing all manual wind up beds with electric adjustable beds which provide improved comfort for residents as well as assisting to prevent workplace injuries.
- The home has replaced room numbers of all residents’ rooms so that individual rooms are more easily identified by staff and residents.
- The home has refurbished and updated the hairdressing salon to improve infection control and occupational health and safety practices.
- Documentation in the evacuation folder and evacuation back pack has been updated to ensure that residents’ identification and care needs can be effectively and efficiently addressed.
- The home has introduced a system whereby residents are required to sign an in and out book which includes details as to when residents are expected to return to the home. This has resulted in improving security arrangements.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The home has a wide range of information available to staff on legislation and guidelines relating to the physical environment and safe systems.

Specific examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has a number of staff trained as fire safety officers ensuring appropriate coverage at all times in the advent of a fire emergency.
- The home's fire safety score recorded in the certification assessment instrument (1999) is greater than the minimum score required.
- The home has an occupational health and safety committee that meets regularly to effectively and efficiently address any occupational health and safety issues raised by residents, management or staff.

4.3 Education and staff development

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

Team's recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation reviews demonstrate that staff have knowledge and skills relating to the physical environment and safe systems.

Education sessions and activities in relation to Accreditation Standard Four include, but are not limited to: manual handling, infection control, fire safety training, occupational health and safety training. This training is mandatory and staff attendance is monitored. The home also provides education sessions in relation to workplace injury management, risk assessments, managing stress in the carer, food safety training and stop flu.

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

Management of the home have in place mechanisms that demonstrate that they are actively working to provide a safe and comfortable environment consistent with residents' care needs. These mechanisms include regular occupational health and safety environmental audits, hazard reporting system, preventative and corrective maintenance program. Accident

and incident data is collected, collated and analysed for improvement purposes. There are also resident feedback mechanisms, such as resident village council meetings and direct discussions with management, in relation to the comfort and safety of the living environment. The home provides furniture and fittings that are attractive, well maintained and suitable for residents' needs. Residents are encouraged to bring their own personal items and furniture (where appropriate). The home's temperature is maintained at an appropriate range for the comfort of residents. Interviews and survey results indicate that residents/representatives feel that the home is safe and comfortable. This view was also supported by various safety monitoring and reporting data reviewed by the team including a living environment audit undertaken in 2009.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home is actively working to provide a safe environment. The team's observations, interviews and documentation reviews demonstrate that this is being achieved through a program of staff awareness, accident/incident and hazard reporting, and that an occupational health and safety committee is in place. Staff undergo a comprehensive orientation on commencement of employment in the home which includes occupational health and safety topics. This includes: manual handling, hand washing, recognising and reporting hazards and how to ensure that ongoing safe work practices occur in the home. The home has a risk register whereby risks and hazards are prioritized. Staff are required to undertake mandatory manual handling training. There are regular audits in regard to occupational health and safety and a return to work program for staff is in place should they incur an injury.

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

There is a range of systems, procedures and equipment in place to minimise fire, security and emergency risks. These include: ongoing compulsory education for staff in fire safety procedures and the regular testing of fire safety equipment. The annual fire safety statement reviewed by the team indicates that the home meets fire safety standards. Documentation and equipment relating to fire safety and other emergencies includes evacuation site maps, and emergency flip charts. Resident emergency evacuation information is also available within the home. Staff interviews demonstrate they have knowledge of emergency procedures and security systems. The home has appropriate security measures such as lock-up procedures, after hours visits by security officers occur and the home is well lit after dark. Residents advised that they 'feel safe and secure in the home'.

4.7 Infection control

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

Team's recommendation

Does comply

The home has systems for an effective infection control program. The systems include: policy and procedures relating to infection control, infection surveillance, staff education programs, infection control related signage, pest control, hand washing skills' assessments, environmental monitoring and auditing. The home has outbreak management procedures and outbreak management kits are in place. Staff interviewed advised they are aware of infection control practices such as using personal protective equipment, infection control surveillance, hand washing and safe food handling practices. Staff practices observed by the team promote an effective infection control program. These include the use of colour-coded laundry bags and catering equipment, hand washing and the use of personal protective equipment. There is a system for monitoring and recording temperatures for appropriate equipment and food service delivery to residents. The home has systems for the disposal of waste that includes contaminated waste and linen and the disposal of sharps.

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

Residents and representatives interviewed expressed satisfaction with the catering, cleaning and laundry services. Mechanisms for feedback on hospitality services include meetings, comments and complaints and feedback to the organisation's food production unit (ARV Food Services). The home's resident food committee also provides feedback and advice on food services. The home uses a cook-chill system following a seasonal four week rotating menu with meals supplied by the organisation's off-site catering services. Regular dietetic review of the menu is conducted. Procedures and schedules are in place to ensure hospitality services are provided in accordance with health food safety, environmental standards, resident care requirements and preferences. Systems ensure that residents' food preferences are met and effective communication between care and catering staff identify any changes in dietary requirements or resident preferences. Laundry services are provided by the organisation's commercial laundry at the Castle Hill site. However, the home also has individual laundries where residents can do their own personal laundry should they so choose. The home has a documented process in place that is used by staff to ensure compliance with laundry infection control standards. Care staff and the organisation's commercial laundry supervisor advised of systems used in the home for the collection, laundering and distribution of residents' laundry including personal items. Cleaning is undertaken by an external contracting company and schedules including routine and exceptional cleaning are in place and quality audits of cleaning services are undertaken on a regular basis. Cleaning staff interviewed demonstrated an understanding of their work requirements as did all other hospitality staff interviewed.