Aged Care
Standards and Accreditation Agency Ltd

Weeroona Village Aged Care Centre
RACS ID 0014
14 Trebartha Street
BASS HILL NSW 2197
Approved provider: The Salvation Army (NSW) Property Trust

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 20 October 2015.

We made our decision on 21 September 2012.

The audit was conducted on 14 August 2012 to 15 August 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development
Principle:
Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

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.

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

Standard 3:   Resident lifestyle
Principle:

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

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

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.

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

Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Weeroona Village Aged Care Centre 0014

Approved provider: The Salvation Army (NSW) Property Trust

Introduction

This is the report of a re-accreditation audit from 14 August 2012 to 15 August 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 14 August 2012 to 15 August 2012.

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

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

Assessment team

Team leader:	Patricia Hermens
Team member/s:	Hiltje Miller

Approved provider details

Approved provider:	The Salvation Army (NSW) Property Trust

Details of home

Name of home:	Weeroona Village Aged Care Centre
RACS ID:	0014

Total number of allocated places:	104
Number of residents during audit:	103
Number of high care residents during audit:	79
Special needs catered for:	Nil

Street/PO Box:	14 Trebartha Street	State:	NSW
City/Town:	BASS HILL	Postcode:	2197
Phone number:	02 9645 3220	Facsimile:	02 9645 1390
E-mail address:	lyall.reese@aue.salvationarmy.org		

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

Interviews

	Number		Number
The Salvation Army (TSA) Aged Care Plus – area manager	1	Residents/representatives	15
Weerona Village general manager (GM)	1	Physiotherapist	1
Care manager	1	Physiotherapist aide	1
Deputy care manager	1	Chaplin	1
Registered nurses	4	Laundry staff	1
Care staff	16	Contract cleaning company area representative and staff	3
Administration assistant	1	Maintenance staff (GM)	1
Quality officer	1	Contract catering company representative, chef and servery staff	4
External Pharmacist	1	Fire officer	1
Recreational Activities Officer	3		

Sampled documents

	Number		Number
Residents' files	14	Medication charts	12
Summary/quick reference care plans	10	Wound charts	16
Residents agreements	6		

Other documents reviewed
The team also reviewed:

- Care conference records, clinical records and assessments including pain (verbal and non-verbal), skin integrity, vital signs (weight, meals and drinks, blood pressure), observations, weight records, bowel charts, wound assessments/treatments and dressing charts, weekly blood glucose register/calendar, pain charts, physiotherapy assessments, therapy care plans and treatment 'sign off' sheets, podiatry schedule, progress notes and care plan review documentation,

- Certification instrument 1999 status report, annual fire safety statement of compliance dated 29 June 2012, fire safety maintenance contractor records, emergency evacuation site plans, emergency procedures colour coded flip charts, building security protocols (including staff lock up procedures)

- Cleaning programs

- Comments and complaints 2011-12 (including register, complaint forms and associated documentation). Aged Care Complaints Investigation Scheme and Advocacy brochures

- Communication diaries, nurses handover sheets

- Compulsory reporting register and forms

- Continuous improvement (CI) documentation 2011-2012 (including CI plan, quality activity/audit schedule, audit/survey and benchmarking results, organisational self assessment)

- Controlled drugs register

- Education records – program/calendar, notices, attendance records, competency records, training certificates

- Electronic communication systems (including e-mail, Internet, Intranet, and various purpose specific computer programs for clinical records, medication and maintenance systems

- Human resource records - including staff handbook, recruitment information, job descriptions, duty statements, performance appraisals, police probity check registers staff/volunteers/contractors, professional registration records, staff rosters and staffing report. Code of conduct

- Incident and accident/hazard reports, summaries and trend data, WH&S environmental safety inspections, chemical information, material safety data sheets (MSDS), manual handling instructions, risk assessments, return to work records

- Infection control material (including manual, monthly summary and trend data, temperature records for food (delivery, cooking and serving, fridge/freezers/cool rooms and medication fridges, food safety plan, NSW Food Authority license 21 October 2012 and audit report 15 May 2012, outbreak management program, resident and staff influenza vaccination records)

- Legislation alert service material

- Leisure and lifestyle documentation including diversional therapist assessment/care plans, lifestyle planners and evaluations, welcome newsletter

- Maintenance records (preventative and corrective) including maintenance program 2012, maintenance request logs and work records

- Medication management and administration policy, tablet crushing information kit and medication audits

- Newsletters

- Planning documentation (including mission, vision and values). Organisation charts

- Policy and procedural manuals (electronic and hardcopy)

- Preferred suppliers/contractors information, suppliers contracts, and agreements

- Resident four week cyclic seasonal menu, initial assessment data, residents likes and dislikes, and special dietary needs information

- Resident information kit (incorporating resident handbook and agreements)

- Various committee meeting minutes and agendas 2011/12 (including CI, management, WH&S, and resident)

- Wandering resident register, resident list

Observations

The team observed the following:

- Activities in progress and activity resources

- Cleaning and laundry room environments, equipment, staff practices, linen stocks

- Cleaning in progress (including use of equipment, trolleys and wet floor signage boards)

- Computer terminals at the main office, nurses' stations and wall mounted in hallways

- Dining rooms at meal times x 3 (the serving and transport of meals, staff assisting residents with meals and beverages, assistive devices for meals)

- Equipment, archive, supply, storage and delivery areas

- Fire safety system equipment (including fireboard, extinguishers, hose reels, fire blankets, sprinkler system, emergency exits, fire egresses and emergency evacuation areas)

- Handover between shifts

- Kitchen/servery staff practices, environment, selection of foods, food storage areas and practices

- Lifting equipment and manual handling aids in use

- Living environment (internal and external) including newly refurbished hostel, dining room and gardens

- Medication management, storage, administration, nurse initiated medications

- Notice boards (containing resident activity programs and notices, menus, memos, staff and resident information including the charter of residents rights and responsibilities, comments and complaints information)

- Notices informing residents, representatives and staff of the re-accreditation audit.

- Personal protective clothing and equipment in use in all areas, first aid kits, spills kit, hand washing facilities – signs, sinks and hand sanitiser dispensers, infection control resource information, waste disposal systems (including sharps containers, contaminated waste bins and general recycling waste bins/skips)

- Residents suggestion boxes

- Secure storage of resident and staff files including archives.

- Security systems (including phones, resident call bells, key card security door access system closed circuit television (CCTV) system, external lighting, visitors sign in and sign out book and identification badges)

- Staff practices and courteous interactions with residents, visitors and other staff

- Staff work areas (including clinic/treatment rooms, staff room, reception and offices)

Assessment information
This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1   Continuous improvement

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

Team's findings
The home meets this expected outcome

The home's continuous improvement (CI) system incorporates a range of activities used to seek stakeholders' opinion for the purpose of improvement. They also allow it to assess, monitor and evaluate performance in areas that relate to the four Accreditation Standards. This is achieved through a quality program that incorporates the use of CI forms, surveys, audits, reviews, collection and benchmarking of performance indicators, and the comments and complaints system. Formal review of the results of these activities occurs, trends can be identified and improvement strategies are planned and implemented as required.

All residents/representatives interviewed indicated that the home is responsive to the issues they raise on feedback forms, at resident and relative forums, in person and through the comments and complaints system. All staff interviewed indicated that the home is open to suggestions for improvement and is responsive to issues they raise through the consultation processes available to them.

A review of the results of quality activities undertaken pertaining to Standard One reveals that actions are taken that have resulted in improvement. These improvements include:

- Staff skills and knowledge were improved to ensure that they remain commensurate with the changing resident acuity and/or changing service delivery requirements. For example, education programs were provided on the use of information technology systems implemented by the home. Management and staff have been trained to use the Salvation Army (TSA) Aged Care Plus Intranet site. Management and staff stated that this training had been beneficial and effective.

- Improvements in the area of information management and communication include the introduction of the TSA Aged Care Plus "Lets Connect" Intranet web site in late 2011. Management and staff stated that they now have improved access to the latest policies and procedures, approved forms and flow charts, relevant clinical educational resources and aged care websites.

- A number of human resource (HR) related initiatives implemented throughout 2011/2012 have provided benefits for residents and staff. For example, as a result of increasing resident acuity and greater needs, staffing was reviewed and increased in various areas including care, lifestyle, physiotherapy and laundry. In addition, the creation of a new Deputy Director of Care position in March 2012 has strengthened the management team and is enabling the home to more rigorously overview the clinical care provided to residents. This has resulted in improved clinical outcomes for residents, which has increased resident satisfaction levels and reduced complaints.

- Management reviewed and changed committee memberships with the result that representatives from all areas and disciplines now attend relevant meetings. This has improved the home's ability to identify issues and implement timely interventions. It has also improved the home ability to provide feedback to all service areas.

- On 1 February 2012 the two homes at Weeroona Village merged as one under the same Residential Aged Care (RAC) number. There is now a central management team and standardised systems throughout the home. This has resulted in improved use of resources including programs and staffing. It has facilitated residents ageing in place and streamlined the management of security of tenure.

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

Team's findings
The home meets this expected outcome

The organisation has adopted an effective system to manage regulatory compliance. The results of our observations, interviews and document review revealed that policies and procedures have been developed by the organisation to ensure that they embrace regulatory compliance. The home is notified of change through legislation alert services that it subscribes to and action is taken as required to ensure that the home remains compliant with legislation. Monitoring of quality indicators, audits of compliance, education and competency assessments are assisting management and staff to ensure that required standards are maintained and enhanced.

An example of responsiveness to a change in legislation is that the organisation has considered the implications of the *Aged Care Amendment (Security and Protection) Bill 2007* and implemented the necessary changes. For example, the introduction of Federal criminal record checks for staff/volunteers and contractors. In addition, the home's policies and procedures have been reviewed in light of the new *Accreditation Grant Principles 2011*.

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

Team's findings
The home meets this expected outcome

Systems in place are ensuring that management and staff have the knowledge and skills to perform their roles effectively. The results of our observations, interviews, and document review revealed that maintenance of staff knowledge and skills is underpinned by a staff orientation program and an education program. These programs familiarise new staff with the home's policy and procedures and provide all staff disciplines with education on a range of issues relevant to aged care. The internal education programs, together with the external education available, support staff to provide care and services in accordance with the requirements of the four Accreditation Standards. The effectiveness of the training provided is being measured through audit results, observation, staff appraisal and various competency skills tests.

Education sessions and courses that relate to this Accreditation Standard and have been attended by management and/or staff include policies and procedures, elder abuse/mandatory reporting, bullying and harassment and information technology systems.

Numerous other topics have been provided through seminars and workshops such as industry association conferences, TSA Aged Care Plus professional development programs and the 2012 Aged Care Standards and Accreditation Agency's Better Practise two day workshop.

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

Team's findings
The home meets this expected outcome

The home provides a choice of well-publicised complaint mechanisms that can be used by stakeholders including residents, relatives and staff. The results of our observations, interviews and document review revealed that stakeholders are aware of and feel comfortable to use these mechanisms, which include both internal and external complaint mechanisms. For example, the residents meeting, staff meetings, use of the staff grievance procedure, use of the home's comments complaints and suggestions forms, and external complaints bodies including the Aged Care Complaints Scheme. Complaints received are documented together with details of the investigations conducted and action is taken to resolve concerns and complaints in a timely manner.

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

Team's findings
The home meets this expected outcome

The organisation has documented the home's mission, vision, philosophy, aims, objectives and commitment to quality. These statements are clearly communicated to all stakeholders. The results of the team's observations, interviews and document review revealed that these statements are posted on the walls of the home and included in the home's key documentation. This includes the policy and procedure manuals and the resident and staff handbooks. In addition, the home has effective mechanisms for communication, planning and review, and integration of services. For example, there are stakeholder consultation processes, committee and reporting systems, as well as planning and budget processes that underpin the provision of services. In addition, TSA Aged Care Plus supports facility managers to build effective, constructive workplaces through the provision of centralised services and internal consultancy services encompassing a range of areas. These include policy and procedure development, human resources/industrial relations, regulatory compliance, clinical leadership, and contracts management.

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

Team's findings
The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. The results of our observations, documentation review and interviews revealed that this is achieved through the effective implementation of human resource policies and procedures. These cover staff recruitment, orientation and a performance review system incorporating an annual appraisal process and a competency assessment program. Maintained staff records include; job descriptions, duty lists, registration details and current police certificates. The staffing budget is formulated to meet the specific needs of the site, but staffing levels are monitored and adjusted on an ongoing basis to ensure that they meet current needs. The staff resident ratios were provided and examples of staff adjustments as a result of resident identified need were noted in areas including care, laundry and leisure activities. Reward and recognition strategies exist to ensure the home continues to maintain sufficient numbers of appropriately skilled and qualified staff. For example, salary packaging, a collective agreement, accessibility to training for career path progression purposes and access to an employee assistance program (EAP) that provides support and counselling services to staff.

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

Team's findings
The home meets this expected outcome

The home has systems that are ensuring that appropriate stocks of goods and equipment are available at all times. The results of our observations, interviews and document review revealed that the maintenance of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved. This is achieved through the implementation of effective policies and procedures for budgeting, purchasing, inventory control, assets management and maintenance.

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

Team's findings
The home meets this expected outcome

There are systems in place that effectively manage the creation, usage, storage and destruction of all records, including electronic records. The results of our observations, interviews and document review revealed that the home effectively disseminates information to management, staff and residents/resident representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through the intranet site, e-mail, and electronic data management and reporting applications (including residents clinical records, medication and maintenance systems). In addition, the home utilises memos, noticeboards, meetings, information packages (including

resident and staff handbooks), education sessions and policy and procedure manuals. Information is managed in accordance with TSA Aged Care Plus privacy policy.

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

Team's findings
The home meets this expected outcome

All externally sourced services are provided in a way that meets the home's needs and quality goals. The results of our observations, interviews and document review revealed that the home has an effective system in place to identify preferred and major suppliers of goods, equipment and services. In addition, the performance of major or regular suppliers' is monitored and measured against agreed objectives contained in documented external service agreements or contracts. Contracts and/or simple service agreements are in place with suppliers of services such as fire system maintenance, catering, cleaning, pharmaceutical and continence supplies. There are mechanisms to track and resolve ongoing problems with suppliers.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1   Continuous improvement
This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings
The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments relating to resident and staff feedback and details regarding the system see expected outcome 1.1 Continuous improvement.

A range of quality activities including numerous stakeholder surveys, reviews, audits and quality indicators measure performance in relation to all expected outcomes in Standard Two. Improvements are implemented based on the information obtained. Examples of improvements include:

- Staff skills and knowledge were improved to ensure that they remain commensurate with the changing resident acuity and/or changing service delivery requirements. For example, education programs conducted focused on the use of information technology implemented by the home. For example, management and staff were trained to use the TSA Aged Care Plus clinical record and medication management systems. Management and staff interviewed stated that this training had been beneficial and effective.

- The introduction of an electronic medication management system (EMMS) in August 2011 has improved the home's ability to manage medication safely. The system has built in features that support safe staff practise. For example, the system requires that staff sign for medications as given, or record a documented reason why medications have not been administered. The home's audit results show a reduction in the number of missing signatures. Staff interviewed provided positive feedback regarding the new system.

- The home's physical dexterity and mobility program has been strengthened with positive results for residents, namely increased dexterity and enjoyment. For example, the new physiotherapy service attends three days per week and a trained physiotherapy aide now works alongside the contracted service to provide a more comprehensive program for residents. Resident interviews stated that their mobility and dexterity had improved as a result of the additional physiotherapy services provided to them.

- The home's pain management program has been reviewed and improved with positive results for residents. The new program incorporates the use of new verbal and non-verbal pain assessment forms and new pain monitoring processes. In addition, the new physiotherapy service is actively offering a variety of non-pharmacologic pain management strategies based on individual resident need. For example, strategies include exercise, massage, heat therapy and transcutaneous electrical nerve stimulator (TENS) treatments. Resident interviews revealed that residents feel they are benefitting from their participation in the pain management program.

- Effective strategies have been implemented to improve the management of residents' clinical care reviews. This includes staff education, the introduction of a clinical care review schedule to direct staff and closer monitoring through the home's audit program. Audit results reveal that reviews are now carried out in accordance with TSA Aged Care Plus policy and that this is benefitting residents.

2.2 Regulatory compliance

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

Team's findings
The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Health and Personal Care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to a change in legislation is the action taken by the home to review its practices in accordance with the Department of Health and Ageing requirements. For example, the home has implemented the requirements of the Aged Care (Residential Care Subsidy – basic subsidy amount) Determination 2008 (No 1), i.e. the home has implemented changes associated with the introduction of the Aged Care Funding Instrument (ACFI).

2.3 Education and staff development

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

Team's findings
The home meets this expected outcome

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions and courses that relate to this Accreditation Standard that have been attended by staff include nutrition and hydration, medication, pain, wound and behaviour management, diabetes, use of equipment and ACFI. The effectiveness of education is measured through observation, audits, staff competencies, survey and resident feedback. For example, staff members complete medication administration competencies.

2.4 Clinical care

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

Team's findings
The home meets this expected outcome

The home provides residents with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. The home has processes that enable residents/representatives to exercise control regarding the care they receive and to provide input into residents' care planning. Registered nurses review and evaluate residents' individual care plans every three months or when required. Resident care needs are communicated to staff verbally and via handover sheets. Residents' weights, vital signs and urinalysis results are recorded monthly or as ordered by the medical officer. An accident and incident reporting system is in place for the reporting of resident incidents, such as falls, skin tears and behaviours of concern. Staff demonstrated knowledge of residents' care needs

ensuring that residents' clinical care are met. All residents/representatives are satisfied with the timely and appropriate assistance provided to them by care staff.

2.5   Specialised nursing care needs
This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings
The home meets this expected outcome

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officer input when required. This includes registered nurse input into assessment, management and care planning for residents. The home currently provides specialised nursing care for residents requiring: diabetic management, wound care, pain management and oxygen therapy. Staff are provided with education in specialised nursing procedures and competency/skills assessments are carried out. Staff confirmed they have access to adequate supplies of equipment for the provision of residents' specialised nursing care needs. Residents/representatives are generally satisfied with the level of specialised nursing care offered to residents by nursing, medical and/or other health professionals and related service teams.

2.6   Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings
The home meets this expected outcome

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrates that timely referrals for residents are arranged with appropriate health specialists as required. The Care Management Team regularly refer residents to psycho geriatricians, wound and continence clinical nurse consultants, optometrists and palliative care specialists when required. Regular review and evaluation of residents' health and well-being and referrals are carried out by the registered nurses and care manager team in collaboration with care staff and doctors. Effective monitoring is achieved through handover of key resident information between relevant staff. When required, residents' doctors are alerted and consulted after evaluation for authorisation. Residents/representatives stated that residents are referred to the appropriate health specialists in accordance with resident's needs and preferences.

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

Team's findings
The home meets this expected outcome

The home has processes to ensure residents' medication is managed safely and correctly through policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal/external audits. The home uses an electronic medication management system and qualified staff administer medication from a packaging system, packed by the pharmacist. The care manager oversees the home's medication management system and processes. Medication charts contain resident identification photographs and are signed, dated and reviewed by the residents' doctor. Staff administer controlled drugs

according to legislated guidelines and regulations. All staff who administer medication are assessed according to the home's medication policy through competency based assessments on an annual basis or as required. Residents/representatives said they are satisfied with the home's management of the residents' medication.

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

Team's findings
The home meets this expected outcome

The home ensures all residents are as free as possible from pain through the initial assessment of residents, care planning, evaluation processes, and through medical advice and intervention. Interventions are detailed in residents' care plans and on-going assessments documented. There are various pain control methods used in the home. The individual resident's needs are considered to ensure the most appropriate method of pain relief is used for each resident. Effective pain control methods used are pharmacologic, physical therapies (massage, heat packs, repositioning and gentle exercise) and emotional support. Pain relief measures are followed up for effectiveness and referral to the resident's doctor and other services organised as needed. Residents/representatives said residents are as free as possible from pain and that staff respond in a timely manner to residents' requests for pain control.

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

Team's findings
The home meets this expected outcome

The home has a suitable environment and culture to ensure the comfort and dignity of terminally ill residents is maintained. Where possible, residents' end of life wishes (advance care plans) are identified and documented on entry to the home in consultation with residents/representatives. The home has access to an external palliative care community team which provide specialised care planning when required to ensure resident comfort. The home has specialised clinical and comfort devices to ensure and maintain resident palliation needs and preferences. Staff receive ongoing education and described practices appropriate to the effective provision of palliative care. Residents/representatives confirm the home's practices maintain the comfort of terminally-ill residents.

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

Team's findings
The home meets this expected outcome

The home has processes to provide residents with adequate nourishment and hydration. Residents are assessed for swallowing deficits and other medical disorders, allergies, intolerance, like and dislikes, cultural or religious aspects relating to diet. Provision is made for residents who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. The information is recorded on a resident's dietary needs form and sent to the kitchen. Residents are provided with assistance at meal

times and dietary assistive devices are available when required. When changing needs of a resident's dietary requirements are identified, the resident is re-assessed with care plans being updated and information forwarded to the catering staff. The home monitors nutrition and hydration status through staff observations, and recording residents' weights with variations assessed, actioned and monitored. Residents are referred to a dietician and/or speech pathologist when problems arise with residents' nutrition. Residents/representatives stated that residents are satisfied with the meals, have an alternative choice and are able to have input into menus.

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

Team's findings
The home meets this expected outcome

The home has a system to ensure residents' skin integrity is consistent with their general health. Initial assessment of the resident's skin condition is carried out along with other assessments which relate to and influence skin integrity. Residents have nutritional support, podiatry, hairdressing, and nail care provided according to their individual needs and choices. Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts. The home's reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in the audit system. The home has a variety of equipment in use to maintain residents' skin integrity. Care staff help to maintain the residents' skin integrity by providing regular pressure care, the application of skin guards and correct manual handling practices. Residents/representatives are satisfied with the skin care provided to residents and report that staff are careful when assisting residents with their personal care activities.

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

Team's findings
The home meets this expected outcome

The home has a system for identifying; assessing, monitoring and evaluating residents' continence needs to ensure their continence is managed effectively. Processes are in place for the distribution of residents' continence aids and informing staff of residents' continence aid needs. Residents are assisted and encouraged to maintain or improve their continence level in a dignified and supportive manner. Care staff have access to adequate supplies of continence aids to meet resident's needs and they provide residents with regular toileting programs as indicated. Bowel management programs include daily monitoring and various bowel management strategies. For example: regular drinks, aperients, medication if necessary, and a menu that contains high fibre foods such as fresh fruit and vegetables, and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home's continence supplier provides ongoing advice and education for staff and residents. Feedback from residents/representatives confirmed general satisfaction with the continence care provided to residents.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's findings
The home meets this expected outcome

Staff and resident interviews, documentation and records relating to behavioural incidents demonstrate the home's approach to behavioural management is effective in meeting residents' needs. Clinical assessment tools and behavioural charts are utilised to support the overall management of difficult and challenging behaviours. Key staff explained how they employ various interventions, and under what circumstances, to manage residents' behaviours. Management explained how residents are referred to the registered nurse and care manager or other health professionals for specialist intervention where circumstances fall beyond their normal scope of practice. Residents/representatives stated that based on their observations, staff are able to manage the needs of residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation
This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings
The home meets this expected outcome

Residents are supported to achieve optimum levels of mobility and dexterity through assessments completed on entry to the home, care planning and exercise programs provided. Trained staff carry out programs, or interventions, as prescribed by a specialist health professional such as the physiotherapist and physiotherapist aides. Based on the assessment a plan of care is developed and evaluated for effectiveness. Individual and group exercise programs are recorded in the residents' care plans and staff are informed verbally and visually. Re-assessment of residents occurs following falls; when there is a change in their condition and on return from hospital. Strategies for residents' falls prevention include: physiotherapy; provision of mobility aids; medication reviews and exercises. Residents/representatives stated they are satisfied with the way residents' mobility, dexterity and rehabilitation needs are provided.

2.15 Oral and dental care
This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings
The home meets this expected outcome

The home has systems to ensure residents' oral and dental health is maintained. Residents' dental needs are identified through assessment and consultation with the resident/representative on a resident's entry to the home and as their needs change. Appropriate dental health is planned and staff are informed of the residents' needs. Dental consultations are arranged as required either to the resident's dentist of choice, or by referral to a dental clinic. Ongoing care needs are identified through resident feedback, staff observation of any discomfort, or reluctance to eat and weight variances. Residents are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. Residents/representatives stated they are satisfied with the oral and dental care provided to residents.

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

Team's findings
The home meets this expected outcome

The home assesses residents' eyesight and hearing initially on entry and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken when assessing residents' nutrition, activities and dexterity. These are documented on residents' care plans to prompt and instruct staff on how to care and engage residents appropriately. The home's activity program features activities to stimulate residents' sensory functions. Staff described types of group, as well as individual activities which encourage active participation from residents with sensory deficits. Staff said they employ various strategies to assist residents with sensory deficits. These include positioning, utilising and adapting materials and equipment to enhance resident participation, adapting the environment to suit to ensure it is conducive to maximising residents' enjoyment and participation in the chosen activity as well as leadership and motivation. Residents/representatives state they are satisfied with the home's approach to sensory loss.

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

Team's findings
The home meets this expected outcome

The home assists residents to achieve natural sleep patterns through a sleep assessment, care planning, choice of time for going to bed and rising, and staff support at night. Staff are able to explain the various strategies used to support residents' sleep. For example: offering warm drinks or snacks, appropriate pain and continence management, comfortable bed, positioning and night sedation if ordered by the doctor. Residents use the nurse call system to alert the night staff if they have difficulties sleeping. Most residents state they sleep well at night. Residents/representatives interviewed were satisfied with the home's approach to sleep management.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement
This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings
The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities including numerous stakeholder surveys, reviews and audits to measure its performance in relation to all expected outcomes in Standard Three of the Accreditation Standards. A review of the results of these activities indicates that actions are carried out that result in improvement. Some examples of improvements made through the CI system include:

- Staff skills and knowledge were improved to ensure that they remain commensurate with the changing resident acuity and/or changing service delivery requirements. For example, staff members attended elder abuse training as part of the home's mandatory education program.

- The resident activity and lifestyle program is reviewed and changed on an ongoing basis in accordance with residents' needs and desires. For example, activities staff were increased from two to three to enable the activity program to provide for residents needs. A Leisure and Lifestyle Coordinator was appointed to oversee and review the home's approach to resident lifestyle. The program itself has been expanded to incorporate new and additional activities such as the Men's Group, Men's Shed and movie nights. The activity program has also benefitted from the provision of new resources including a pool table and a new 21 seater bus with wheelchair access. More residents, including those in wheelchairs, now enjoy bus outings. Resident and relative interviews revealed that these initiatives were popular with residents.

- The new extended physiotherapy service and the exercise program run by the physiotherapist and physiotherapy aide is assisting residents to maintain their independence. These programs are popular with residents and attendance levels are high. Residents stated that these programs had improved their mobility and dexterity and hence their ability to carry out daily activities.

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

Team's findings
The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Residents'

Lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to a change in legislation is the action taken by the home to implement policy and procedures to manage mandatory reporting and investigation of resident abuse in line with changes to the *Aged Care Act 1997.*

3.3 Education and staff development

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

Team's findings
The home meets this expected outcome

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions attended by staff that relate to this standard include but are not limited to elder abuse and elder abuse reporting, grief and loss, residents rights, leisure and lifestyle, stress management and privacy and dignity.

3.4 Emotional support

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

Team's findings
The home meets this expected outcome

The home has a system to ensure residents receive support in adjusting to life in their new home environment and on an-ongoing basis. Residents' records show residents' individual social, emotional, cultural and spiritual history details are recorded shortly after their entry to the home. The information is used to formulate the residents' personalised care plans that are reviewed three monthly. Management, the Chaplain, care staff and the recreational activity staff demonstrated ways they provide new and ongoing residents with emotional support. Examples include: welcoming new residents, providing new residents with an orientation to the home, introducing new residents to other residents, reassurance by staff, and one-to-one support. Residents are able to have familiar and treasured items in their rooms that contribute to their overall health and wellbeing. We observed staff showing respect to and interacting with residents in an understanding and caring manner. Residents/representative expressed satisfaction with the way emotional support is provided to residents.

3.5 Independence

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

Team's findings
The home meets this expected outcome

Residents are assisted to achieve and maintain maximum independence and friendships for as long as possible and to participate in community life within and outside the home. The home welcomes visitors and residents are encouraged to participate in activities outside the

home whenever possible. Contact with the local community is maintained through outings, entertainers, volunteering at the local hospital and access to newspapers. Residents' independence is enhanced through various activities and areas of decision-making. These include personal hygiene, attendance at activities, community visitors group (some of whom speak various languages), the use of specialised equipment and assistive devices. We observed staff encouraging residents to maintain their independence in eating, drinking and mobilising Residents/representatives said they are supported to be as independent as possible.

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

Team's findings
The home meets this expected outcome

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/representatives are provided with the home's privacy policy and are requested to sign a privacy agreement and a form giving consent for the use and display of resident photographs. Care staff demonstrate how they maintain the confidentiality of resident information and are aware of strategies for maintaining respect for residents' privacy and dignity. Residents have several areas to enable them to talk to visitors in private if they do not wish to utilise their rooms. Resident's records and personal information are securely stored. Observations confirmed that residents' personal care is provided in a manner that protects their dignity and privacy. Residents/representative expressed satisfaction with the way residents' privacy and dignity is recognised and respected by staff in the home.

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

Team's findings
The home meets this expected outcome

The home has systems to encourage and support residents to participate in leisure interest and activities of interest to them. An activities care plan is developed for each resident on entry to the home which outlines the resident's previous and current interests and preferences. The residents' involvement in activities is recorded and changes are made to their individualised care plans when needed. Volunteers, friends and family attend activities such as card games, board games, music, movies, quiz, bingo and cultural and birthday celebrations. Recognition of residents' individual limitations is taken into consideration and assistance is provided to enable them to participate in activities. The homes' monthly calendar has been converted into a weekly program with larger writing and pictures for residents to easily identify the activity schedules for that day. Residents with short term memory loss and sensory losses are regularly informed/reminded of current activities to enable them to attend if they so desire. Residents/representatives are satisfied with the activities offered to residents and appreciate opportunities to provide suggestions for inclusion.

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

Team's findings
The home meets this expected outcome

The home has systems through which residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, cultural needs, and religions. The menu is flexible and when required can accommodate the preferences of residents from culturally and linguistically diverse backgrounds. Specific cultural days such as Australia Day, St Patricks Day, Anzac Day and Christmas are celebrated. The home celebrates individual birthdays or personally-significant anniversaries. Families utilize areas of the home to have individual celebrations and reunions with residents. Freedom of choice with religious and cultural beliefs is respected. Pastoral care is delivered by various religious denominations providing services, personalised through one to one visits and weekly services. Residents/representatives interviewed were satisfied with the home's approach to the cultural and spiritual program and the support provided.

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

Team's findings
The home meets this expected outcome

Residents/representatives are enabled and encouraged to participate in choice and decision making about residents' care needs and services, and to exercise control over residents' lifestyle. The home informs residents/representatives of choices available to residents and the Charter of Residents' Rights and Responsibilities is discussed with residents/representatives during their admission process. This includes information in the resident agreement and the resident handbook. Examples of residents' choices for care and services include: choice of participation in activities, choice of personal items in rooms, input into care delivery, choice of rising and bed times, and a choice from a selection of meals. Residents/representatives can also express the residents' choices and preferences through: access to comments and complaints mechanisms, surveys, residents' meetings and directly to staff or management. The management team provides an 'open door' policy. Residents/representatives said residents are able to exercise choice and control over the care and services provided to them within the home.

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

Team's findings
The home meets this expected outcome

The home has processes to ensure information about services, fees and charges is provided to residents and/or representatives. Residents are offered a written resident agreement on entry to the home that outlines information in relation to security of tenure. Management clarify any issues and ensure that the agreement is understood. The resident and relative handbook also provides information on resident rights and responsibilities and accommodation information. The Charter of Residents' Rights and Responsibilities is

displayed in the home. Residents and resident representatives interviewed state they are satisfied with the information the home provides regarding their security of tenure, fees and charges and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1   Continuous improvement

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

Team's findings

The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities to measure its performance in relation to all expected outcomes in Standard Four of the Accreditation Standards. These include but are not limited to reviews and audits in areas covering resident satisfaction (includes hospitality services such as catering, cleaning and laundry), the environment, occupational health and safety and infection control. A review of the results of these activities indicates that actions are carried out that result in improvement. Some examples of improvements made through the CI system include:

- Staff skills and knowledge were improved to ensure that they remain commensurate with the changing resident acuity and/or changing service delivery requirements. For example, two staff trained as fire officers and staff who handle food have completed food safety training.

- A number of initiatives have improved the safety and comfort of the living and working environment for residents and staff. For example, new oxygen regulators have been installed. These were changed in accordance with legislative requirements to meet the Australian Standards (AS2473.3).

- A number of strategies have been implemented to improve the safety and comfort of the residents' living environment. This includes a program of major upgrade works currently under way to improve the building, furniture and fittings. To date new light fittings, artwork, resident room doors and resident photograph name frames have been installed. The home was repainted and new floor coverings and curtains were fitted. New furniture has been installed in the main lounge, satellite lounge areas and the dining room. In addition, sets of 10 electric beds, over bed tables, bedside lockers and mattresses were purchased for residents rooms. The painting, replacement of vinyl and upgrade of carpentry fixtures and fittings, in all residents' rooms is occurring as rooms are vacated. In March 2012 the garden and courtyard garden areas were upgraded to give residents and families access to pleasant safe outdoor areas. Resident interviews revealed that they are extremely happy with the environmental improvements.

- A number of initiatives have strengthened the home's infection control practices. For example, the home is registered as a licensed premise with the NSW Food Authority. Its food safety program received an "A" rating when audited by the Authority on 15 May 2012. Minor corrective actions (CARS) identified during this audit have been attended to which has further improved the home's compliance.

- A review of the meal services has resulted in the implementation of a number of new initiatives that have enhanced the residents' dining experience. This includes the refurbishment of the dining room to introduce a restaurant style dining environment and changes to the meal service implemented by the contract catering company. Residents

and resident/representatives interviewed revealed that the ambience of the dining room and the quality, quantity and variety of meals had improved as a result of these changes.

- The efficiency of the laundry services was reviewed. As a result the laundry's operating hours were extended to include Saturday. Staff reported that this has improved work flows and the service provided by the laundry.

4.2   Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems".

Team's findings
The home meets this expected outcome

Results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of the home's responsiveness to legislative requirements is the assessment of the building using the 1999 Certification Assessment tool, the implementation of a food safety program which is audited externally in accordance with legislated requirements. In addition, the home has reviewed its policies and procedures in light of recent changes to the Work Health and Safety (WH&S) legislation (previously OH&S).

4.3   Education and staff development

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

Team's findings
The home meets this expected outcome

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Education sessions attended by staff that relate to this standard include but are not limited to manual handling (theory and practical), infection control (including outbreak management), and fire safety training (theory and practical). Staff have completed a range of work health and safety training (including incident and accident reporting, hazard identification and WH&S committee training). They have also attended first aid, equipment use, chemical handling and food safety training. The majority of this training has been identified as compulsory and staff attendance is monitored. Staff competencies are carried out in various areas including manual handling, fire safety, and infection control.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings

The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home provides a safe and comfortable environment consistent with residents' care needs and expectations. For example, resident/resident representative interviews revealed that they are happy with all aspects of their living environment. Residents reside in single rooms with ensuite bathrooms, which provide high levels of privacy and foster their independence. The various communal areas are attractively and comfortably furnished. They include well appointed resident dining, lounge and activities areas. There is also a Chapel, hairdressing salon and kiosk. A comfortable climate is maintained within the buildings. Large windows and doors provide residents with high levels of natural light and views of the external environs which include accessible well maintained landscaped gardens and paved garden courtyard areas.

The safety of the environment is underpinned by the identification of the residents' care needs on admission as well as monitoring of their environmental needs on an ongoing basis. Environmental audits and the planned preventative and corrective maintenance systems are ensuring that the environment (grounds, building and equipment) is well maintained.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The results of our observations, interviews and document review revealed that this is achieved through a program of staff awareness, incident/accident/hazard reporting, risk assessment and a functional WH&S committee. There is also a workers compensation program, which incorporates an injury management and staff return to work program. In addition, the home employs a number of preventative strategies including compulsory education and competency testing, hazard management and the provision of suitable equipment to assist with lifting and minimise bending. For example, trolleys to transport goods and electric fully adjustable beds. Staff confirmed that they have access to workplace safety training and to adequate supplies of equipment. Workplace safety inspections/environmental audits are undertaken and remedial action is undertaken to rectify hazards or risks identified.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The environment and safe work practises are minimising fire, security and emergency risks. The results of our observations, interviews and document review revealed that this is

achieved through well publicised and clearly understood emergency and fire evacuation procedures, plus fire warning and fire fighting equipment. The performance of equipment is regularly assessed against the relevant Australian Standard. The building exceeded the mandatory minimum score of 19 out of 25 for fire safety when assessed under the 1999 Certification Assessment Instrument. Emergency exits are clearly marked and free from obstruction. Fire prevention measures in place include education, competency assessment, environmental safety inspections, safe storage of chemicals, checking and tagging of electrical equipment, and a no smoking policy with designated outdoor areas provided for residents and staff. Security systems include lock up procedures, swipe card door locks, closed circuit television (CCTV), outdoor security lighting and appropriate fencing. Staff wear identification badges authorising them to be on site. A sign in/sign out book is maintained for staff, visitors and contractors. Emergency numbers and phones are available to staff to call for assistance. All residents have access to emergency buzzers in their rooms, bathrooms and communal areas and/or via pendant.

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

Team's findings
The home meets this expected outcome

The home has an effective infection control program in place. The results of our observations, interviews and document review revealed that the program incorporates an organisation-wide approach. This includes the infection control surveillance and reporting system, a hazard risk management system and a waste management system. There is a food safety program in the kitchen (which includes the sanitisation of high risk foods). Appropriate linen handling and sanitisation processes are used in the on site laundry. Procedures for the management of outbreaks are in place. Preventative measures include education for all staff disciplines, an effective cleaning program, and a staff and resident vaccination/immunisation program. In addition, appropriate equipment, staff practices and workflows are minimising the risk of cross infection. Staff associated with the provision of care, catering, cleaning and laundry services demonstrated an awareness of infection control as it pertains to their work area.

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

Team's findings
The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. The results of our observations, interviews and document review revealed that:

- Residents choose from a variety of meals prepared in the onsite kitchen by contract catering staff using the cook chill method. The four-week seasonal rotating menu has been reviewed by a dietician and provides residents with choice and variety. Residents have input into menus on entry, their likes and dislikes are recorded and monitored on an ongoing basis through the resident committee, the comments and complaints system, and resident satisfaction surveys. Residents/resident representatives confirmed that their likes and dislikes, special dietary needs and expectations re quality and quantity of meals are identified and met.

- Planned cleaning programs carried out by the contract cleaning staff are ensuring that cleaning standards are maintained. Residents and staff confirmed that a clean and hygienic environment is maintained at all times.

- The on site laundry service employs effective systems for the storage, identification, laundering and delivery of linen and residents' personal clothing.
Residents/representatives confirmed that they were satisfied with the laundry services provided. They confirmed that their personal items are returned to them promptly and in good condition.