



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Wontama Village

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

The Agency has decided that the period of accreditation of Wontama Village is three years until 2 October 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

| | | | |
|----------------------------------|--|--------------------------------|--------------|
| Home's name: | Wontama Village | | |
| RACS ID: | 0126 | | |
| Number of beds: | 160 | Number of high care residents: | 150 |
| Special needs group catered for: | <ul style="list-style-type: none"> • Dementia | | |
| Street/PO Box: | 27 Summer Street | | |
| City: | ORANGE | State: | NSW |
| | | Postcode: | 2800 |
| Phone: | 02 6393 1725 | | Facsimile: |
| | | | 02 6361 7973 |
| Email address: | judyw@wontama.org.au | | |

Approved provider

| | |
|--------------------|--|
| Approved provider: | The Uniting Church in Australia Property Trust NSW |
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Assessment team

| | |
|------------------|--------------------------------|
| Team leader: | Tonee Taylor |
| Team member/s: | Denise Dwyer |
| | Catherine Lynne Telford |
| Date/s of audit: | 4 August 2009 to 6 August 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 |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
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| Does comply |
| 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 |
| Does comply |
| Does comply |

| Agency findings |
|------------------------|
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| 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 | Wontama Village |
| RACS ID | 0126 |

Executive summary

This is the report of a site audit of Wontama Village 0126 27 Summer Street ORANGE NSW from 4 August 2009 to 6 August 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 the audit of the home indicates 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 Wontama Village.

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

Assessment team's recommendation 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 4 August 2009 to 6 August 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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: | Tonee Taylor |
| Team Member/s: | Denise Dwyer |
| | Catherine Telford |

Approved provider details

| | |
|--------------------|-------------------------------|
| Approved provider: | Uniting Care – Western Region |
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Details of home

| | |
|---------------|-----------------|
| Name of home: | Wontama Village |
| RACS ID: | 0126 |

| | |
|--|----------|
| Total number of allocated places: | 160 |
| Number of residents during site audit: | 160 |
| Number of high care residents during site audit: | 150 |
| Special needs catered for: | Dementia |

| | | | |
|----------------|------------------|-----------|------|
| Street/PO Box: | 27 Summer Street | State: | NSW |
| City/Town: | Orange | Postcode: | 2800 |

| | | | |
|-----------------|-----------------------------------|------------|--------------|
| Phone number: | 02 6393 1725 | Facsimile: | 02 6361 7973 |
| E-mail address: | jennyc@unitingagedcarewest.org.au | | |

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendation 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 |
|--|--------|--------------------------------------|--------|
| Executive director of residential care | 1 | Residents | 17 |
| Director of the board | 1 | Relatives | 5 |
| Acting manager | 1 | Volunteers | 1 |
| Acting deputy director of nursing | 1 | Laundry staff | 1 |
| Registered nurses | 3 | Cleaning staff | 1 |
| Hostel Manager | 1 | Catering staff | 2 |
| Enrolled nurse | 1 | Hotel services manager | 1 |
| Care staff | 9 | Chaplain | 1 |
| Recreational activity officers | 4 | Facilities and Maintenance Manager | 1 |
| Infection control representative | 1 | Property and asset manager | 1 |
| Fire officers | 2 | Learning and development manager | 1 |
| OH&S Manager – western region | 1 | Learning and development facilitator | 1 |
| Occupational Health & Safety (OH&S) Representative | 1 | Administration Clerk | 1 |
| Human Resources Manager & HR assistant | 2 | | |

Sampled documents

| | Number | | Number |
|------------------|--------|-------------------|--------|
| Residents' files | 19 | Medication charts | 29 |

| | | | |
|------------------------------------|----|---------------------------|---|
| Summary/quick reference care plans | 18 | Personnel files | 2 |
| Incident reports | 10 | Residents' contract files | 2 |
| Feedback forms | 12 | | |

Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Action Plan 2009
- Activities programs for hostel and nursing home
- Asset management register
- Audit schedule and audit results/reporting data 2008 - 2009
- Care assessments and observation/record charts including clinical and personal care; leisure and lifestyle.
- Care manuals including clinical care procedures
- Complaints investigation scheme posters and brochures
- Comprehensive medical assessments
- Confidentiality agreement
- Disaster planning manual
- Education attendance, training, evaluation records, surveys 2008 - 2009
- Education Plan 2008/9
- Equipment evaluation index
- Fire safety – annual statements displayed in the nursing home and hostel (30 July 2009)
- Gastro Information folder
- Infection control data
- Infection Control manual
- Influenza - critical operating procedures regarding flu outbreaks
- Influenza preparedness checklist and worksheets
- Job descriptions
- Laundry - statement from the external laundry service indicating compliance with Laundry Standard 4146
- Legionella testing results 2009
- Library
- Maintenance services agreement
- Material safety data sheets (MSDS)
- Medication incident reports
- Minutes of recreational officers', residents' (hostel and nursing home), carer's support, staff, workgroup and OH&S meetings 2009
- Mission and values statement
- Newsletters
- Organisational chart
- Outbreak boxes
- Outbreak folder
- Outbreak tracking form – residents and staff
- Outbreaks - guidelines for managing norovirus in residential care facilities
- Pastoral care services brochures
- Planned maintenance schedule
- Policies, procedures, training records and posters on mandatory reporting, elder abuse and criminal record checking.

- Policy and procedure manuals (various)
- Portable ride on scales
- Preferred suppliers register
- Recruitment policies and procedures
- Report from the Food Authority Auditor (17 June 2009)
- Resident agreement
- Resident information packs and surveys
- Residents' information handbook and newsletters
- Resource material available for management and staff
- RN authority to practice records
- RN, care staff and kitchen staff communication books
- Schedule for internal audits, audit reports
- Staff competency assessment records
- Staff Handbook
- Survey results residents/representatives 2009
- Thermostatic mixing valve outlets temperature records 2009
- Thermostatic mixing valve outlets test results 2009
- Thermostatic missing valve – servicing records
- Weight charts
- Work request process flow chart

Observations

The team observed the following:

- Activities in progress.
- Adequate supplies of linen and other stock
- Archives and secure storage of resident/staff files
- Art work displayed
- Chapel
- Charter of resident rights
- Cinema
- Comments, complaints, suggestions, advocacy information displayed throughout home
- Correctly orientated evacuation plans
- Cultural kit
- Dietary assistive devices.
- Dining room during midday meal including staff assistance and supervision
Emergency exits, fire egresses and emergency evacuation areas
- Emergency flip charts
- Equipment and supply storage areas
- Evacuation chairs for use in the event of a lift breakdown
- External complaints brochures.
- Feedback forms box (locked)
- Fire detection equipment
- Fire fighting equipment (last stamped as serviced August 2009)
- Fire safety system equipment (including fireboard, extinguishers, fire blankets)
- Handover processes
- Interactions between staff and residents/representatives
- Large print activities' equipment including newsletters and programs
- Lifting equipment

- Living environment internal and external
- Manual handling aids and equipment
- Material Safety Data Sheets in service areas for staff
- Medication administration rounds
- Men's woodworking shed
- Mission, Vision and Values and Charter of Residents Rights and Responsibilities displayed in the home
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- OHS information displayed
- Palliative care room in the nursing home
- Patchwork quilts displayed
- Personal protective clothing in all areas
- Colour coded equipment in the kitchen, cleaning and laundry areas
- First aid kits
- Spills kits
- Hand washing signs and sinks/waterless sanitisation liquid, wall mounted soap dispensers for hand washing,
- Infection control resource information,
- Waste disposal systems (including sharps containers, yellow contaminated waste bins and general waste bins
- Personal protective equipment.
- Photographic records of activities and functions
- Plans for Rebuilding project.
- Post boxes in various areas of the home
- Potting shed
- Privacy signs for care delivery.
- Residents daily exercises in progress
- Residents' individual letter boxes
- Residents' information booklet displayed in several areas of the home
- Safety signage in use around the home – chemical storage, hand wash, back care
- Secure storage of resident and personnel files
- Security systems (including phones, resident buzzers, nurse call system)
- Sensory enhancement room
- Snack and drinks vending machines
- Staff and resident/relatives notice boards
- Staff assisting residents with meals
- Staff clinical areas including medication trolleys, wound management equipment and clinical information resources
- Staff consulting with representatives, medical and other health related personnel
- Storage of medications.
- Suggestion box
- TARS brochures.
- Training/quilting room
- Trolley bath
- Vision, value, mission statements
- Walking belts and mobility aids
- Water coolers

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 results of the team’s interviews, document review and observations revealed that the home is pursuing continuous improvement through a sustainable system that is consultative and responsive to residents’ needs and preferences. All residents/resident representatives interviewed indicated that they are satisfied with the care and services (including care, activities, the living environment, hospitality services and staff attitudes) provided to them at the home. Residents confirmed that the home is responsive to the issues they raise through surveys, resident meetings, in person and through the comments and complaints system. Staff interviewed indicated that the home is open to feedback and is responsive to issues they raise through the consultation processes available to them. Various CI tools including feedback forms, audit and survey results, incident and accident data, benchmarking of quality indicators and resident meetings are used to measure performance and identify opportunities for improvement. Action is taken to implement improvements at a corporate and local level. Examples of completed and/or planned improvements are:

- The roster has been reworked to change start and finish times to make better use of staffing resources.
- The home has plans for rebuilding the nursing home to be completed in the next two years. The preparation is currently to development application stage.
- A policy and procedure for mandatory reporting of elder abuse has been implemented in the home with the relevant forms and folders.
- Meetings within the home have been standardised with a common meeting format.
- All human resources policies have been reissued to existing staff to reread and sign off on. For example bullying and harassment and mandatory reporting.
- Leadership training has been given to RN;s and team leaders to enhance their leadership skills.
- The staff room has been made more comfortable with refurbishment.

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

Uniting Care and Wontama Village ensures compliance with legislation using a variety of methods. A corporate team has responsibility for reviewing legislative compliance and alerting the home of any changes via a summary report and documents available on the intranet. The Uniting Care intranet and the corporate personnel with responsibilities for portfolio areas take an active role in providing support to the homes management team. The home maintains the compliance of the organisation by monitoring critical areas with audits and communicating changes to staff through specific channels of meetings, notices, education and newsletters. The team noted legislative changes of mandatory reporting, police checks and food safety programs that have been addressed at Wontama Village.

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

Education is structured and responsive to meet the needs of staff at Wontama Village. A Quality Training and People Unit manage a program that staff interviewed said meets their needs. To develop the annual schedule the home conducts a needs analysis from the results of new legislation, audit results, staff appraisal process, staff discussions and suggestions. A variety of internal and external sources are used to provide education to staff and an annual competency assessment is conducted to identify any areas of weakness. The Quality Training and People Unit with management, work to develop a variety of areas which include manual handling, OH&S, clinical care and lifestyle values. The home offers annual staff development days to staff each year, attendance is monitored and followed up. Examples of the education schedule for 2008/9 relating to management systems, staffing and organisational development included Certificate III in aged care, complaints handling, conflict resolution, competencies, legal responsibilities for RN's, teamwork / time management and customer service . The new computerised care system has been offered as education and supported by a trainer for 9 months.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home provides a choice of well-publicised complaint mechanisms that can be used by stakeholders including residents, relatives and staff. The results of

the team's 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' meetings, staff meetings, use of the staff grievance procedure, feedback boxes, use of the home's feedback form and external complaints bodies including the Aged Care Complaints Investigation 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. Complaints are reported to the Uniting Care corporate body. Complaints data is benchmarked and enables the identification of trends. Residents/representatives interviewed advised they were aware of how to make a complaint or comment and felt confident that the matter would be addressed appropriately.

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

Wontama Village and Uniting Care have a relationship that fosters leadership outcomes and a corporate structure that supports this. They are committed to communicating the Uniting Care vision, values, philosophy, objectives and committed to quality in all that it does. These statements are published in the homes key documentation including manuals, resident handbooks and staff handbooks, which are given to residents on admission and staff at commencement of employment. The statements are also posted on walls throughout the home.. In addition, staff are made aware of the homes vision, values, philosophy, objectives and commitment to quality through staff recruitment, orientation and education processes, staff meetings and other communications. A key publication is the uniting cares Code of Ethical Behaviour booklet which is given to staff at employment, offered as staff training and used to reference any staff counselling actions.

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

Staff recruitment is based on qualifications and experience and the ability of applicants to meet the specified selection criteria. Staffing levels are based on resident care needs, staff feedback on their ability to manage the increasing load, clinical indicators, special circumstances such as a resident requiring complex care, audit outcomes, and absences are filled using a casual pool. An orientation program, including at least one buddy shift, assists new staff to orientate to the new working situation quickly. Competency assessments monitor staff knowledge and skills, and this is supported by the learning and development unit, annual performance appraisals, and attendance at training sessions. There are job descriptions and duty statements for all positions and policies and procedures provide clear guidelines for all staff. The team

observed staff to carry out their duties in a caring manner and residents are satisfied with staff responses to requests for assistance. Review of personnel files, performance appraisal schedule and police check register identified that forms and schedules were consistently completed. The staff reported when interviewed that while the framework for staffing management is complete, the home experiences staff shortages at times due to sickness. They were able to still meet residents care plan needs by working as a team at these times. Residents/representatives who were interviewed told the team that at times they saw staff shortages. Management reported they had inducted six new staff recently to add to their casual pool and an additional registered nurse was added to the high care wing to support the clinical needs there. Monitoring of the appropriateness of rosters is managed by a working group of staff who meet regularly and provide feedback to management.

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 organisation has systems in place to ensure that appropriate stocks of goods and equipment are available at all times. The organisation's western region has contracted a specialised service offering full time electronic and/or telephone cover to coordinate maintenance services using the home's maintenance person and external suppliers as necessary. The team's observations, interviews and document review showed that the maintenance and accessibility of appropriate stocks of goods including medical supplies and equipment, food, furniture and linen is achieved through the implementation of effective reordering policies and procedures. These include procedures for budgeting, trialling if appropriate, purchasing, inventory control, and the maintenance of equipment through a corrective and/or planned preventative maintenance program. Where appropriate, training is provided in the use of any new equipment purchased. An asset register with an estimated remaining life span of equipment is maintained by the head office of the organisation to assist in budgeting priorities for new equipment.

1.8 Information systems

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

Team's recommendation

Does comply

The home's current information system supports the dissemination of information to residents, representatives and staff through verbal and written communication methods such as meetings, the intranet, action plans and reports, registers, handovers and communication books. Staff demonstrated an understanding of residents' care requirements, the home processes consistently ensure that staff have access to complete and accurate information and residents' records evaluated and are reflective of their needs.

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

All externally sourced services are reviewed regularly to ensure that they meet the organisation's needs and quality goals. Interviews carried out by the team and documents reviewed show that the home has an effective system in place to identify preferred suppliers of goods, equipment and services and to review the performance of suppliers against agreed objectives. Contracts and/or service agreements are in place with suppliers of services such as fire system maintenance, air-conditioning, maintenance, continence products, pharmaceutical supplies and other contractors associated with the provision of maintenance and services. Where appropriate, training is provided in the use of any new equipment purchased. Preferred suppliers are required to provide evidence of police checks where appropriate, and also current licences, registration and insurance details. A list of preferred suppliers is accessible to appropriate staff.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home continues to use established continuous improvement processes to improve care and services. The quality team are actively using the system to review improvement opportunities and drive change. Various CI tools including feedback forms, audit and survey results, incident and accident data, benchmarking of quality indicators and resident meetings are used to measure performance and identify opportunities for improvement. Residents and staff report satisfaction with the mechanisms available to them to provide feedback into continuous improvement processes. Some examples of improvements include:

- Computerised care assessment and documentation has been implemented and a transition period of both paper based and computerised records are being managed by the home.
- A registered nurse has been appointed part time to coach staff in the implementation of the new computerised system.
- Additional registered nurse position has been created for the nursing home to enable one per floor to build better resident care.
- Team leader positions are in place to manage care delivery and staff reported benefits from the new positions. Leadership training has been offered by the home to team leaders and RNs.
- Restraint minimisation measures have been put in place with a new policy and complete review by the team. The physiotherapist has identified measures to maintain resident safety to enable the significant reduction in the use of restraint practices in the home.
- Large sums have been spent in replacing equipment in the home for example new low/low beds, high/low beds, care chairs, mattresses and curtains. The physiotherapist has identified equipment for purchase that will give manual handling outcomes for staff by reducing double handling.

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

Uniting Care and Wontama Village ensures compliance with legislation using a variety of methods. The home maintains the compliance of the organisation by monitoring critical areas with audits and communicating changes to staff

through specific channels of meetings, notices, education, newsletters. The team noted legislative changes of the ACFI funding instrument and mandatory reporting that have been addressed at Wontama Village.

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

Education is structured and responsive to meet the needs of staff at Wontama Village. A Quality Training and People Unit manage a program that staff interviewed said meets their needs. To develop the annual schedule the home conducts a needs analysis from the results of new legislation, audit results, staff appraisal process, staff discussions and suggestions. A variety of internal and external sources are used to provide education to staff and an annual competency assessment is conducted to identify any areas of weakness. The Quality Training and People Unit and management work to develop a variety of areas which include manual handling, OH&S, clinical care and lifestyle values. The home offers an annual development day to staff each year and attendance is monitored and followed up. Examples of the education schedule for 2008/9 relating to health and personal care included Certificate III in aged care, wound care, mobility and dexterity, hygiene and personal care, sensory loss, palliative care, assessment skills and medication management.

2.4 Clinical care

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

Team's recommendation

Does comply

The home is in the process of changing to computerised systems to assess, document, regularly review and evaluate residents' care needs to ensure that residents receive appropriate care. On entry to the home an data base/interim care plan is completed to guide staff in the resident's care. All aspects of residents' care needs are then assessed through a series of tools, from which a more comprehensive care plan is designed. Review of resident files demonstrates that resident/representatives' choices are included in the care planning process and that there is ongoing consultation regarding resident care needs. Residents are able to use a doctor of their own choice. There are appropriate supplies of equipment and resources, maintained in good order, to facilitate care delivery. In an emergency residents are transferred to a local hospital. The home has established good networks with clinical support services at the local hospital and in the community. The care staff interviewed demonstrated positive attitudes toward their work, a good understanding of the tasks required of them and the importance of their care of the residents. All residents/representatives interviewed expressed satisfaction with 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

Specialised nursing care needs are identified and documented. Interviews indicate that residents’ specialised needs are met. There is a close liaison with local specialist services including palliative care and the specialist mental health services for older people team. There are sufficient supplies of equipment and resources to meet identified specialised nursing care needs. The presence of registered nursing staff 24 hours a day together with policies and procedures ensures specialised nursing care is conducted by appropriately skilled staff. A review of documentation and interviews with residents/representatives and staff confirm that the home manages specialised care requirements appropriately. There is a system in place to ensure equipment required to assist in the provision of specialised care is regularly calibrated and maintained.

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

Results of the team’s observations, interviews and document review indicate that the home has demonstrated a system is in place to ensure that residents are referred to appropriate health specialists in line with their needs and preferences. The system includes the identification of changes, by registered nurses and medical officers, of a resident’s condition where a referral to a specialist may be required. The home also has access to speech therapy, podiatry, occupational therapy, dietician input, psycho-geriatric review, optical, hearing and dental services. Where changes are recommended in relation to care delivery, residents’ care plans are updated to reflect the specialists’ recommendations and registered nursing staff monitor these to ensure that the changes are effective. Residents/representatives interviewed confirmed that they are referred to appropriate health specialists as required and that staff assist residents’ with their transportation requirements.

2.7 Medication management

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

Team’s recommendation

Does comply

Results of the team’s observations, interviews and document review indicate that the home has a system in place to ensure that residents’ medication is managed safely and correctly. The system includes effective communication systems between medical officers and the pharmacists, a safe storage mechanism, correct administration and record keeping, regular quality checks and audits of the medication management system are conducted. A medication incident reporting system is in place. Collated incidents are tracked and

changes to the system or education are provided in response to identified needs. An external pharmacist undertakes regular medication reviews to identify potential risks to residents related to poly-pharmacy. A medication advisory committee with representation from key stakeholders meets quarterly to review legislative changes, medication and pharmacy issues and audit results. Registered nurses and care staff administer medications in the home and competency assessments are attended in this area. Resident/representatives interviewed confirmed that residents receive the correct medication on time.

2.8 Pain management

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

Team's recommendation

Does comply

There are systems in place to ensure all residents are as free from pain as possible. Initial and ongoing pain assessment includes verbal and non verbal indicators and interventions are monitored and evaluated on an ongoing basis. A holistic approach to managing pain is used with consultation between staff, residents/representatives, allied health and medical practitioners. Strategies to manage residents' pain include attention to clinical and emotional care needs, alternatives to pain relief such as weekly pain clinics, repositioning, counselling, aromatherapy and massage. Staff confirm that they understand and practice alternative methods of pain management and residents/relatives confirm their pain is managed in an appropriate and timely manner.

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 documented policies relating to palliative care and management and staff advised that residents requiring palliative care are assisted to remain comfortable and their dignity is maintained. Residents' end of life wishes are identified following entry to the home and spiritual support is available in accordance with residents' wishes. The home has equipment such as mattresses designed for maintenance of skin integrity, mechanical lifters and mouth care products. Access to a palliative care nurse is available when required. The home provides a single room for palliative care residents if requested and accommodation for family members who wish to stay close to their relative during this time. A chapel/quiet room is available for residents/representatives use. The home has a chaplain and also has regular visits from several clergy of different denominations.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Interviews with residents and their representatives indicate satisfaction with the food and hydration at the home and they are able to have input into the menus through resident meetings and satisfaction surveys. Residents' nutritional status is monitored via weight checks and skin integrity assessments. Meal temperatures are monitored and there is a four-week rotating menu. Documentation and observation confirm that interventions such as the provision of modified crockery and cutlery, assistance at meal times and the use of dietary supplements ensure residents receive adequate nutrition and hydration. The home uses the services of a dietitian and speech pathologist from a local hospital when required. Additional fluids are provided between meal times and residents are encouraged to maintain their fluid intake. Fluid intake/output charts are used when required. Residents/representatives are satisfied with the quantity of food offered and stated that the residents' meetings are an effective mechanism for feedback on the food provided.

2.11 Skin care

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

Team’s recommendation

Does comply

There are systems in place to assess and monitor residents' skin integrity on entry to the home and on an ongoing basis. Key performance indicators include the reporting of wound infections and skin tears, which are trended each month and where indicated preventative action is taken. This was confirmed by the review of audit results, resident records, accident and incident reports, policy and procedure manuals and wound charts, and interviews with staff and residents. A registered nurse at the home, who attends regular wound care education, provides support and advice for staff and oversees complex wound management. A podiatrist and hairdresser are available to assist in the promotion and maintenance of residents' skin integrity. Staff described the system in place for reporting changes in skin integrity. Protective creams, repositioning, air mattresses and pressure relieving mattresses are used to maintain skin integrity and a range of dressings are available to protect skin and to treat skin tears and wounds.

2.12 Contenance management

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

Team’s recommendation

Does comply

Results of the team's observations, interviews and document review indicate that the home has a system in place to ensure that residents' continence is managed effectively. The system includes assessment of residents' specific

continence needs and preferences and development of a care plan. Continence is promoted through toileting regimes, continence product use and provision of adequate fluids. Regular evaluations of continence programs determine if changes are necessary. The home uses the support of a continence aid supplier for advice and education. Document and specific case reviews demonstrate that continence is well managed by the care staff. The facility is odour free. Residents/representatives interviewed confirmed the staff manage residents' continence well.

2.13 Behavioural management

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

Team's recommendation

Does comply

Results of the team's observations, interviews and document review indicate that the home has a system in place to ensure the needs of residents with challenging behaviours are managed effectively. The system includes initial and ongoing assessment of residents' behavioural needs and the development of a care plan that includes strategies to address residents' specific needs. Episodes of challenging behaviour are recorded, monitored closely and evaluated regularly to determine the triggers and the effectiveness of strategies used. The local medical officers together with the specialist mental health service for older people and the aged care assessment team assist with evaluation and treatment of residents with behavioural management needs. Residents are referred to other professionals, for example a psycho-geriatrician and neurologist following assessment. Residents/representatives interviewed confirm that staff manages residents' challenging behaviour well.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

The home has a system in place to ensure that optimum levels of mobility and dexterity are achieved for all residents. Interviews with staff and review of documentation revealed that the registered nurses, medical officers and physiotherapists assess all new residents for mobility and dexterity on entry to the home. An individual program is developed which care staff implement. The recreational activity staff carry out exercise programs for groups of residents. Mobility aids and lifting devices are available for residents requiring them. There are processes in place for review and evaluation of the ongoing effectiveness of the mobility and dexterity programs. Incidence of falls is recorded and physiotherapists conduct falls risk assessments. Residents/representatives interviewed state that they are happy with the mobility program.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home’s systems for the initial and ongoing assessment, maintenance and evaluation of residents’ oral and dental health includes arranging for the provision of dental services such as denture care and dental professionals, continuing assessment of residents’ oral care needs, and the documentation in the personal hygiene care plan. Staff interviewed demonstrated knowledge of policy and practice in relation to the oral and dental care provided at the home including the cleaning of teeth and dentures, recording of oral observations, labelling of dentures and general mouth care. Residents/representatives interviewed are content with the care given by staff in this area.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Interviews with residents/representatives and staff indicate that residents’ sensory losses are identified on entry to the home and are incorporated into the resident’s care plan and strategies are used to manage the residents’ needs. Strategies used include placement of residents to facilitate optimum hearing, vision and lip reading, communication boards and the provision of large text reading material. Interventions on how to communicate to residents, the use of aids including glasses, hearing aids are documented in progress notes and care plans. Optometrist and audiology services are consulted when necessary. Special lunches and barbeques are used to stimulate taste and smell. The home has a sensory room that also contains items to stimulate residents touch, for example, multi fabric rugs. Residents/representatives interviewed are content with the effectiveness of managing sensory losses and address issues that arise.

2.17 Sleep

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

Team’s recommendation

Does comply

Information relating to residents’ normal sleep patterns is obtained on their entry to the home and where relevant sleep assessments are undertaken. Natural sleep patterns are promoted by the use of analgesia if required, toileting programs, continence management programs and one-on-one time. Sleep charts are used to monitor residents’ sleep. The use of these strategies is supported by review of resident records, care plans, assessments, and interviews with residents/representatives and care staff members.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home continues to use established continuous improvement processes to improve care and services. The quality team are actively using the system to review improvement opportunities and drive change. Various CI tools including feedback forms, audit and survey results, incident and accident data, benchmarking of quality indicators and resident meetings are used to measure performance and identify opportunities for improvement. Residents and staff report satisfaction with the mechanisms available to them to provide feedback into continuous improvement processes. Some examples of improvements include:

- Hairdressing benches have been replaced.
- New lounges have been provided for common areas.
- Privacy curtains are being replaced systematically.
- The viewing window for the enclosure housing turtles for recreational 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 recommendation

Does comply

Uniting Care and Wontama Village ensures compliance with legislation using a variety of methods. The home maintains the compliance of the organisation by monitoring critical areas with audits and communicating changes to staff through specific channels of meetings, notices, education, newsletters. The team noted legislative changes of mandatory reporting and elder abuse have been addressed at Wontama Village.

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

Education is structured and responsive to meet the needs of staff at Wontama Village. The Quality Training and People Unit manages a program that staff

interviewed said meets their needs. To develop the annual schedule the home conducts a needs analysis from the results of new legislation, audit results, staff appraisal process, staff discussions and suggestions. A variety of internal and external sources are used to provide education to staff and an annual competency assessment is conducted to identify any areas of weakness. The Quality Training and People Unit and management work to develop a variety of areas which include manual handling, OH&S, clinical care and lifestyle values. The home offers an annual development day to staff each year and attendance is monitored and followed up. Examples of the education schedule for 2008/9 in relation to resident lifestyle included Certificate III in aged care, privacy and dignity, elder abuse reporting, responding to residents unmet needs, challenging behaviour, death and dying, dementia awareness and positive aging.

3.4 Emotional support

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

Team's recommendation

Does comply

All residents and representatives interviewed are very satisfied with the ways in which staff provided information prior to entry, assisted them to adjust to life within the home and for their ongoing emotional support through the entry processes, assessments, care planning, and the evaluation of the care provided. Visiting families and friends are welcomed and residents are encouraged to go on outings where possible. Residents are encouraged to bring in personal items and photos to help create a homelike atmosphere and many residents have telephones connected to help them keep in contact with families and friends. Visits by the organisation's chaplain provide support to residents who wish this and monthly memorial services to commemorate the lives of residents who have died also provide emotional support for their friends in the home. The chaplain also visits residents if/when they are in hospital. Feedback from residents/representatives is gained through residents' meetings and day-to-day contact with staff. Staff interviewed informed the team of ways they provide residents with emotional support. The home has a dog which visits five days a week and one resident has their own dog which has helped them settle in to the home and reduce the severity of their depression.

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

Strategies to enable residents' independence to be maximised are identified and added to the individual resident's record. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon. The home welcomes visits from resident representatives, volunteers, community and school groups and residents are free to participate in life outside the home when possible. Review of records revealed that residents are encouraged to achieve independence (within their limits) in health care choices, participation in decision-making and personal care. There is a

physiotherapy program to assist residents to maintain independence through individual and group interventions, the use of mobility and other aids and encouraging them to do as much as they can for themselves. The home also organises voting facilities for those residents who wish to vote at election time.

For further information see expected outcome 2.14 Mobility, dexterity and rehabilitation.

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 privacy, dignity and confidentiality. This was confirmed by information contained in the residents' and staff handbooks, by resident/representative feedback and observation during the site audit. Permission is sought from residents for the disclosure of personal or clinical information and residents understand that their consent is required before treatments are carried out. Staff and management interviewed and observed demonstrated an awareness of privacy and dignity issues in their daily practices, such as appropriate door signage, knocking prior to entering rooms, and ensuring privacy screens are in place. Confidential resident records and belongings are stored securely, computer access is password protected and residents have a lockable drawer in which to store items of a private nature in their rooms. There are lounge areas within the home and gardens and walkways containing outdoor furniture where residents can be with their friends and relatives in private.

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

Document review, resident and staff interviews and observation confirm that the home has systems to encourage and support residents to participate in a very wide range of interests and activities. On entry to the home, residents' interests and social history are documented and contribute to the development of an individual activities care plan. The home has access to a bus which takes residents on regular outings. Activities include art classes, woodworking, pottery, patchwork quilting, a plant potting shed, music, theme days including 'gone but not forgotten' days when staff dress up as entertainers from previous eras and mime their music, plays, musical shows, ball and board games, celebration of special days, football tipping, crosswords (enlarged to A3 size for residents with impaired vision), ice cream days and card games. Art shows which include a reception and auctioning of residents' artworks are held regularly and half the money raised goes towards buying additional art supplies. One resident informed the team that 14 out of 15 of their paintings had sold at the home's auction and residents' art and patchwork have been exhibited with success at the local show. The home has a choir which is planning to take part in the Orange eisteddfod in September 2009. New activities are added to the program in response to suggestions from residents

and a review of documentation demonstrated that residents have individual recreation programs, participation is recorded and the programs evaluated regularly and changed as necessary. Large print and 'talking' books are available for residents as necessary. Residents/resident representatives are informed of recreational activities available through the recreational activity programs on display and verbal prompts about the activities of the day

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 effective systems in place to foster residents' cultural and spiritual needs through the identification and communication of residents' individual interests, customs, cultures, dietary prohibitions, religions and ethnic backgrounds. A chaplain visits three days a week to provide support for residents and holds weekly services in the hostel and nursing home for those residents who wish to attend and memorial services are held monthly for residents, relatives and staff. Representatives of other denominations also hold regular services and visit residents. Cultural days such as Christmas, Easter, New Year, Australia day, Mother's day, Father's day and ANZAC day are celebrated. Residents/representatives interviewed by the team indicated their cultural and spiritual needs are being met.

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

Personal preferences, needs and choices are identified on entry to the home, using a range of assessments and consultation with health care providers and residents and/or their representatives. The resident handbook outlines the care and services provided, residents' rights and responsibilities and complaints mechanisms. Residents are encouraged to participate in decisions about their care and the services provided by the home using processes such as surveys, meetings, and other feedback mechanisms. Information on residents' rights and responsibilities is displayed in the home. Residents are encouraged to exercise choice and control regarding all aspects of their care. Residents and resident representatives interviewed indicated they are satisfied with choices available to them and that their decisions are respected.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home has put in place procedures to ensure that residents have secure tenure within the residential care service and understand their rights and responsibilities. A resident agreement is offered to all residents at the time of entry to the home to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities and their security of tenure, a 'cooling off' period, prudential provisions, levels of care provision and processes regarding termination of the agreement. The team's interviews indicate that residents/representatives are aware of their rights and responsibilities, and feel secure in their tenure. There are complaints mechanisms available and effective and resident privacy is ensured.

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 continues to use established continuous improvement processes to improve care and services. The quality team are actively using the system to review improvement opportunities and drive change. Various CI tools including feedback forms, audit and survey results, incident and accident data, benchmarking of quality indicators and resident meetings are used to measure performance and identify opportunities for improvement. Residents and staff report satisfaction with the mechanisms available to them to provide feedback into continuous improvement processes. Some examples of improvements include:

- The use of manual handling champions has improved compliance to correct manual handling practices.
- An equipment replacement program this year has year included lounge chairs and high low beds.
- The contract for preventative maintenance has been assigned to an external company and management report favourably on the outcome.
- A project has finalised this year for the development of a disaster planning manual. The plans were tested with a desktop exercise and evaluated for their relevance to meeting the homes needs.
- The administration block has undergone an upgrade of it’s security alarms recently.
- Staff security, particularly at night, has been improved with a duress alarm and security fencing between the two buildings of low and high care.
- A lifter suitable for use over the bath has been procured.
- Security doors have been installed to protect residents with challenging behaviours.

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

Uniting Care and Wontama Village ensures compliance with legislation using a variety of methods. The home maintains the compliance of the organisation by monitoring critical areas with audits and communicating changes to staff through specific channels of meetings, notices, education, newsletters. The team noted legislative changes of the food safety programs and outbreak management have been addressed at Wontama Village.

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

Education is structured and responsive to meet the needs of staff at Wontama Village. The Quality Training and People Unit manages a program that staff interviewed said meets their needs. To develop the annual schedule the home conducts a needs analysis from the results of new legislation, audit results, staff appraisal process, staff discussions and suggestions. A variety of internal and external sources are used to provide education to staff and an annual competency assessment is conducted to identify any areas of weakness. The Quality Training and People Unit and management work to develop a variety of areas which include manual handling, OH&S, clinical care and lifestyle values. The home offers mandatory education to staff each year and attendance is monitored and followed up. Examples of education and training provided in 2008/9 relating to the physical environment and safe systems included stress management, disaster tabletop exercise, laundry care, outbreak management, kitchen procedures, food safety, infection control, fire safety and safe chemical handling.

4.4 Living environment

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

Team’s recommendation

Does comply

The home consists of the 75 bed Clancy Weston ‘hostel’ and an 83 bed nursing home (which includes a 19 bed dementia specific unit) in a separate building. The various sections of the home are connected by walkways with handrails to assist with mobility if necessary. The home has effective heating and cooling systems to maintain a comfortable temperature and there are outdoor areas for the enjoyment of residents. The home has dining, sitting and activities rooms in each building. Regular environmental audits are carried out to identify hazards or any areas requiring maintenance or improvement and staff are encouraged to report requests for maintenance via an electronic system. Resident care plans include strategies to help residents maintain mobility and minimise risks and a range of mobility aids is available as required. Safety and comfort in the home is monitored through regular environmental audits, analysis of accident and incidents, hazard reporting and a well organised maintenance system. The home’s extensive garden setting contributes to residents’ quality of life and the team observed a number of residents walking along shaded paths singly or in groups during the Accreditation visit.

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 able to demonstrate that the organisation and the home's senior staff are actively working to provide a safe working environment. There is a system to advise staff, residents and others about the occupational health and safety (OH&S) policies and practices in the home. Regular audits and reporting mechanisms identify potential hazards which are assessed and preventive measures introduced as necessary. Accidents and incidents are recorded and investigated, and actions are taken to prevent recurrence. Occupational health and safety data is collected, analysed and discussed at monthly OH&S meetings. When indicated care staff conduct risk assessments for residents in relation to their risk of falling, mobility and dexterity. OH&S is part of the orientation process, the staff handbook provides information for staff about OH&S matters and manual handling training is mandatory for all staff members. The team observed that all chemicals are safely stored with associated material safety data sheets located close by. Staff were seen to be following safe practice procedures during the Accreditation visit. The team was informed that as a result of changes in policy, increased support for staff after an injury and in providing suitable return to work programs, Work Cover premiums for the region have been greatly reduced and lost time hours as a result of injury at Wotama Village have been reduced by more than a third over the last 12 months.

Refer also to expected outcomes 1.7 Inventory and equipment and 4.3 Education and staff development in this report.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home's systems to ensure the safety and security of residents and staff include regular checks of equipment by the home's staff and contractors; lock up procedures, external lighting, and emergency and fire evacuation procedures. The home is fitted with fire warning and fire fighting equipment, smoke detectors, 'break glass' fire alarms, fire and smoke doors, extinguishers, hose reels and fire blankets, all of which have been checked and maintained regularly. The annual fire safety statement is displayed, in each of the two homes, fire equipment is regularly monitored and staff attend annual compulsory fire safety training. The team observed correctly orientated signage, evacuation maps and flipcharts located at various points around the home and there is a system in place to identify residents and provide their health and personal details in the event of an evacuation. There are documented procedures for detection and taking action in the event of a fire or other emergency and staff are aware of their roles in ensuring the safety of residents. Staff interviewed by the team demonstrated that they are aware of

the procedures to be followed in the event of a fire and the residents and representatives reported that the home provides a secure environment.

4.7 Infection control

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

Team's recommendation

Does comply

The home has in place an infection control program that includes policies and procedures, audits and surveys, staff education, infection control surveillance, a vaccination program, regular temperature testing of food storage, preparation and delivery and regular pest control services. All resident infections are documented and monitored, and results are discussed at relevant meetings. Mandatory staff orientation and on-going education includes infection control principles and practices. The home accesses up-to-date information regarding management of infections from government departments and other sources, and infection outbreak management guidelines and procedures are in place. The team observed washbasins, hand hygiene gels and hand hygiene signage located throughout the home, and staff were observed using personal protective equipment and colour coded cleaning equipment appropriately. Waste disposal and management systems are in operation, scheduled cleaning programs are in place and spills and outbreak kits are provided for use if necessary. Catering staff follow safe food handling guidelines and staff interviewed by the team demonstrated an understanding of infection control principles and practices related to their roles and confirmed that there are sufficient supplies and equipment available to carry out their duties.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has policies and procedures in place to ensure that hospitality services are provided in a way that enhances the quality of life of residents and the staff's working environment. Resident/representatives interviewed by the team stated that they are satisfied with the laundry and cleaning services provided and that staff respond promptly to comments and suggestions and most residents are very satisfied with the catering service.

Catering

The home offers a choice of meals provided from a four week rotating menu which has been approved by a dietician and takes into account resident preferences and dietary needs. Food safety principles are implemented in the kitchen and the home is responsive to residents' feedback regarding meals. Catering staff are advised of the specific likes and dislikes, and dietary requirements of residents and there is a system to regularly update this information. Food storage, refrigeration and preparation areas are well organised with foods correctly stored, labelled and dated. Food delivery, storage, cooking and serving temperatures are monitored and recorded and there are systems to order, quality check, store and identify food in accordance

with the home's policies. The team sighted a report from the Food Authority indicating a 'B' classification following a visit on 22 June 2009. The team was informed that the minor deficiencies identified have all been addressed and the home is confident of achieving an 'A' rating during the next audit by the Food Authority.

Cleaning

Cleaning is carried out by an external contractor and the team observed the home to be clean and free of odour. All cleaning is done according to cleaning schedules and protocols. The team observed that cleaning equipment is appropriately stored and staff were observed to use cleaning equipment according to infection control principles. Residents and resident representatives interviewed by the team are satisfied with the cleanliness of the home.

Laundry

All flat linen is laundered by an external laundry service which has provided written confirmation that it complies with the requirements of Laundry Standard 4146. Residents' clothing is laundered by the home's laundry staff. There are defined 'dirty' and 'clean' areas in the laundries and a system for laundering contaminated items and mop heads appropriately.