St Josephs Nursing Home

RACS ID 0576
240 Maitland Rd
SANDGATE NSW 2304

Approved provider: Calvary Retirement Communities Hunter- Manning Ltd

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 10 March 2018.

We made our decision on 19 January 2015.

The audit was conducted on 09 December 2014 to 11 December 2014. 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
</tr>
<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
</tr>
<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
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<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
</tr>
<tr>
<td>1.8 Information systems</td>
<td>Met</td>
</tr>
<tr>
<td>1.9 External services</td>
<td>Met</td>
</tr>
</tbody>
</table>
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.

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>3.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>3.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>3.4 Emotional support</td>
<td>Met</td>
</tr>
<tr>
<td>3.5 Independence</td>
<td>Met</td>
</tr>
<tr>
<td>3.6 Privacy and dignity</td>
<td>Met</td>
</tr>
<tr>
<td>3.7 Leisure interests and activities</td>
<td>Met</td>
</tr>
<tr>
<td>3.8 Cultural and spiritual life</td>
<td>Met</td>
</tr>
<tr>
<td>3.9 Choice and decision-making</td>
<td>Met</td>
</tr>
<tr>
<td>3.10 Resident security of tenure and responsibilities</td>
<td>Met</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Audit Report

St Josephs Nursing Home 0576

Approved provider: Calvary Retirement Communities Hunter-Manning Ltd

Introduction

This is the report of a re-accreditation audit from 09 December 2014 to 11 December 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality 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
Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 09 December 2014 to 11 December 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Jennifer Morrow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Annette Fitzpatrick</td>
</tr>
</tbody>
</table>

Approved provider details

<table>
<thead>
<tr>
<th>Approved provider:</th>
<th>Calvary Retirement Communities Hunter-Manning Ltd</th>
</tr>
</thead>
</table>

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>St Josephs Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0576</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>179</td>
</tr>
<tr>
<td>Number of care recipients during audit:</td>
<td>132</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>132</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Nil</td>
</tr>
<tr>
<td>Street/PO Box:</td>
<td>240 Maitland Rd</td>
</tr>
<tr>
<td>City/Town:</td>
<td>SANDGATE</td>
</tr>
<tr>
<td>State:</td>
<td>NSW</td>
</tr>
<tr>
<td>Postcode:</td>
<td>2304</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 4967 0600</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>02 4967 2693</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:hgayner@catholicare.org.au">hgayner@catholicare.org.au</a></td>
</tr>
</tbody>
</table>
Audit trail

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

**Interviews**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility manager</td>
<td>1</td>
</tr>
<tr>
<td>Clinical nurse specialist</td>
<td>2</td>
</tr>
<tr>
<td>Quality coordinator/ Work health and safety</td>
<td>1</td>
</tr>
<tr>
<td>Care manager</td>
<td>1</td>
</tr>
<tr>
<td>Unit coordinators</td>
<td>5</td>
</tr>
<tr>
<td>Team leaders</td>
<td>3</td>
</tr>
<tr>
<td>Care staff</td>
<td>2</td>
</tr>
<tr>
<td>Pain clinic registered nurse</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapy assistant</td>
<td>1</td>
</tr>
<tr>
<td>Catering coordinator</td>
<td>1</td>
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<tr>
<td>Catering staff</td>
<td>1</td>
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<tr>
<td>Laundry staff</td>
<td>1</td>
</tr>
<tr>
<td>Cleaning staff</td>
<td>2</td>
</tr>
<tr>
<td>Maintenance staff</td>
<td>1</td>
</tr>
<tr>
<td>Manual handling facilitator</td>
<td>1</td>
</tr>
<tr>
<td>Care recipients/representatives</td>
<td>20</td>
</tr>
<tr>
<td>Care choices advisor</td>
<td>1</td>
</tr>
<tr>
<td>Pastoral care associate</td>
<td>1</td>
</tr>
<tr>
<td>Leisure and lifestyle/volunteer and palliative care coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Leisure and lifestyle staff</td>
<td>1</td>
</tr>
<tr>
<td>Continuous improvement and systems coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Residential care support coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Manager clinical services</td>
<td>1</td>
</tr>
<tr>
<td>Regional procurement manager</td>
<td>1</td>
</tr>
<tr>
<td>Regional executive manager procurement</td>
<td>1</td>
</tr>
<tr>
<td>Regional executive manager human resources</td>
<td>1</td>
</tr>
<tr>
<td>Regional human resources manager</td>
<td>1</td>
</tr>
<tr>
<td>Regional work health and safety coordinator</td>
<td>1</td>
</tr>
</tbody>
</table>
### Sampled documents

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care recipients’ files</td>
<td>16</td>
</tr>
<tr>
<td>Self-medication chart</td>
<td>1</td>
</tr>
<tr>
<td>Wound charts</td>
<td>10</td>
</tr>
<tr>
<td>Blood glucose charts</td>
<td>6</td>
</tr>
<tr>
<td>Residential agreement</td>
<td>1</td>
</tr>
<tr>
<td>Medication charts</td>
<td>16</td>
</tr>
<tr>
<td>Restraint authorisations and monitoring charts</td>
<td>15</td>
</tr>
<tr>
<td>Incident forms</td>
<td>14</td>
</tr>
<tr>
<td>Staff files</td>
<td>20</td>
</tr>
</tbody>
</table>

### Other documents reviewed

The team also reviewed:

- Activity programs, session plans, attendance and evaluation records
- Cleaning schedules, work instructions and work completed sign off sheets
- Clinical and care assessment documentation (including advanced care plans, behaviour logs, bowel charts, catheter management records, pain assessments, clinical observation records, dietary forms, hospital discharge forms, medical and allied health referrals)
- Clinical and continence ordering documents
- Education records: education calendar, education attendance records and competency assessments
- Fire safety and emergencies documentation: inspection records, annual fire safety certificate, emergency and disaster management plan, evacuation details of residents and emergency evacuation signage
- Food safety documentation and food safety monitoring records
- Human resource management: confidentiality agreements, position descriptions. staff handbook, staff appraisals, orientation programs, competency assessments and work books
• Infection control: outbreak management folder, outbreak plan, infection surveillance data, audit reports, immunisation records and legionella species reports

• Maintenance records: preventative maintenance schedule, maintenance reports, warm water temperature check records, emergency lighting maintenance log and pest control reports

• Medication reviews, pharmacy reports, schedule eight medication book and staff signature records, patch application forms and therapeutic monitoring charts

• Minutes of meetings and newsletters

• Quality management system: policies and procedures, quality improvement plan, quality improvement strategy, suggestions, comments and concerns, audit schedule, audit results and reports, home’s mission and values, residential admission package, application pack, feedback survey results, external contractor agreement and St Josephs Nursing Home self-assessment for re-accreditation

• Regulatory compliance: mandatory and consolidated reporting register, police check records, NSW Food Authority Licence, professional registration register and consent forms for the collection and handling of private information

• Resident meal preferences, diet requirements and menu

• Staff communication diaries, handover sheets and memorandums

• Work Health and Safety system: staff incident reports, risk assessments, electrical tagging records and material safety data sheets.

**Observations**

The team observed the following:

• Activities in progress and associated resources

• Annual fire safety statement, fire safety plans, equipment and emergency kit

• Dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, including care recipients seating, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals in their rooms

• Displayed notices including re-accreditation audit notices, aged care complaints scheme and advocacy brochures, Charter of residents’ rights and responsibilities, organisation’s mission, vision and values statement and pastoral care morning tea brochures, activity programs, education calendars and menus

• Equipment and supply storage rooms including clinical, medication, linen stock in sufficient quantities and equipment available and in use for manual handling such as hand rails, lifters and mobile walkers

• Hand washing stations

• Infection control resources including personal protective clothing and supplies, outbreak kits, spills kits, sharps containers and contaminated waste disposal
• Laundry collection and distribution
• Living environment internal and external including private areas, chapel and garden areas
• Medication rounds and medication safety
• NSW Food Authority Licence displayed
• Nurse call system in operation
• Palliative care resources and external palliative care nurse consulting with staff
• Secure storage of care recipients information
• Short group observation in dementia unit lounge area
• Staff practices and courteous interactions with care recipients, visitors and other allied health professionals
• Staff work areas (including nurses stations, treatment/utility rooms, reception and offices)
• Suggestion box
• Volunteer and visitor sign in and out register
• Wound trolley and supplies.
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 care recipients, 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 has a continuous improvement system to identify opportunities for improvement and monitor performance across the Accreditation Standards. Improvement systems use internal and external audits, resident and staff surveys, consumer feedback mechanisms, training and incident analysis. Identified improvements are actioned, monitored and evaluated. Feedback and information about improvements is provided to stakeholders verbally, through reports, education, memoranda, discussions at meetings and the receipt of meeting minutes. The home has organisational and site specific committees to monitor and encourage continuous improvement activities. Staff are knowledgeable about the systems for continuous improvement and recent improvements that have been made throughout the home. Residents and their representatives advise they have input into the improvement system and are aware of improvements being made.

Some results achieved over the past three years relating to Standard 1; Management systems, Staffing and Organisational Development include:

- As a result of feedback received from staff to develop their skills levels a number of employees have been supported to achieve higher education qualifications. As a result of this one staff member has graduated as a registered nurse, 15 staff members have gained certificate IV in aged care work, five have gained a certificate IV in frontline management, and five staff have certificate III or certificate IV in hospitality. Management advised this has given the home a greater skills mix to provide care and services to residents in line with the Calvary mission, vision and values and it enhances succession planning in all care and services areas.

- Review of rosters, feedback and financial reports indicate a high reliance on agency staff during peak holiday times. The facility has developed a relationship with a variety of registered training organisations and recommenced a staff training program. The have also continued their relationship with the local university offering clinical placement opportunities for students. This has resulted in higher recruitment and retention rates at the home reducing the costs associated with rostering.

- Review of key performance indicators and education competency in 2013 identified an opportunity to improve the processes used at the home to assist staff to complete mandatory manual handling assessments. In August 2014, a manual handling facilitator
was employed for 16 hours per week. The facilitator works alongside staff and provides on the job training as well as assessing their performance. Fifty eight staff have completed their compulsory assessments since August 2014.

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's management identifies relevant requirements through a number of mechanisms to ensure compliance to regulations and provides the homes management with this information. Legislation and guidelines are reviewed for relevance and policies are amended if necessary. Changes are discussed at meetings. Staff are also informed of regulatory matters relevant to them through memorandum, meetings and education.

Residents and their representatives are informed of regulatory matters relevant to them through notices, meetings and correspondence sent to the individual. The effectiveness of the regulatory compliance systems is monitored by management on an ongoing basis and through the home’s audit program.

Examples of the home's monitoring and compliance with legislation and guidelines relevant to Accreditation Standard 1; Management systems, Staffing and Organisational Development noted by the team include:

- The home provides access to residents, their representatives and staff to internal complaints mechanisms and information is available regarding external complaints mechanisms.

- All staff, volunteers, community visitors and external service providers undergo police checks and a register is in place to monitor ongoing compliance.

- Management at the home notified residents and their representatives of the upcoming re-accreditation audit and of their opportunity to speak with the assessors in confidence.

- An annual prudential compliance statement is prepared and distributed to residents and their representatives.

1.3 Education and staff development

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

**Team’s findings**

The home meets this expected outcome

The home has a range of mechanisms to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Training needs are determined by regulatory requirements, management directives, the care needs of residents, and staff development priorities and interests. Education is delivered through orientation, on the job, self-directed learning, e-learning, and in-service training held at the home. Generally records
are kept to monitor attendance at training. Follow-up to ensure attendance at compulsory sessions occurs. Consumer feedback, questionnaires, skills assessments, and observations of staff by management are used to evaluate and improve knowledge and skills. The organisation supports staff to obtain or upgrade their formal qualifications. All staff interviewed stated they participate in and are supported to attend education within the home and externally.

Examples of education that has occurred relevant to Accreditation Standard 1; Management systems, Staffing and Organisational Development include:

- Aged care reforms
- Professional conduct and leadership for registered nurses
- Customer service
- My kiosk.

1.4 Comments and complaints

*This expected outcome requires that "each care recipient (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

Residents, representatives and other interested parties have access to internal and external complaints mechanisms. Comments and complaints can be made directly to management verbally, at meetings or in writing. Feedback and suggestion forms are located in reception and a suggestion box is available for their confidential lodgement. The forms are also provided to residents and their representatives when they move into the home. Management advise and residents confirmed complaint mechanisms are explained to them. Staff are knowledgeable about what to do if approached by a resident or representative with a complaint. Complaints are considered and actioned by management and feedback is provided to the complainant. The organisation’s management oversees complaints management and timeframes for completion. External complaints mechanisms are promoted through information in handbooks and brochures on display. Residents, representatives and staff are aware of mechanisms available to make a complaint.

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

Statements about the organisation’s mission, vision and values are consistently displayed within the home and documented in the home’s publications including the resident and staff handbooks. The organisation’s mission, vision and values are used to guide ongoing quality improvement. The organisation’s commitment to quality is evident through development of policy, procedures and provision of education to guide the practices of management and staff.
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

There are systems to ensure appropriately skilled and qualified staff are available. Initial orientation/induction and education assists staff with knowledge to provide care and services. Job descriptions, policies and procedures, flow charts and schedules provide guidelines to staff and management. The home has systems to monitor performance and satisfaction through appraisal, supervision, feedback from residents and their representatives and surveys. Management report skills mix and staffing levels are determined by resident need, analysis of clinical indicators, and feedback. Leave and absences replacement generally occurs for all employees. Rosters are developed taking into account staff availability, skills and experience. Care staff state they have sufficient time to undertake their duties within their rostered hours. All staff state they enjoy working at the home and express a commitment to the residents, the home and the organisation. Residents and their representatives are complimentary about the care, lifestyle activities and hospitality services provided to them by management and 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

Documentation and interviews confirm the home has systems to order and have available stocks of goods and equipment appropriate for quality service delivery. Key staff in the home order stock and monitor usage to maintain adequate supply. Preferred suppliers are used and services are regularly evaluated. The preventative maintenance program ensures equipment is serviced regularly, maintained, and replacement needs are identified. New equipment undergoes a risk assessment and is trialled prior to purchase. Purchases are decided following consultation with staff and management. All storage areas observed show that there are adequate supplies. Staff, residents and their representatives said there are adequate supplies of goods and equipment available for use.
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

The home and organisation has information management systems to collect information and assist the provision of resident care and lifestyle services. Management and staff have access to current policies, procedures and information relevant to their roles in the home.

Mechanisms to ensure all stakeholders receive current information include but are not limited to resident and staff handbooks; resident agreement; newsletters; orientation programs; information on noticeboards; email; meetings and meeting minutes. Assessments, care plans and progress notes record and communicate care needs. Staff handovers occur to allow residents’ care and lifestyle preferences to be communicated. There are secure systems for the management of personal information to ensure privacy and confidentiality is maintained. Electronic information is backed up, password protected and restricted at differing levels to authorised personnel. Residents and their representatives said they are kept informed and up to date.

1.9 External services

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure external services are provided to meet residential requirements. Service agreements and/or contracts outline the service’s expectations. Documentation review and interviews confirmed qualifications are held and insurance and registration details are available to management. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Changes are made when services received do not meet expected requirements for the needs of resident’s or the home. Prior to the renewal of agreements consideration is given to the services received. Staff stated they are satisfied with the quality of services provided by external suppliers in meeting residents’ needs.
Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1; Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Accreditation Standard 2; Heath and Personal Care, staff record clinical incidents and data, this information is analysed for trends and improvements to care are implemented. Residents, their representatives and staff are satisfied the organisation actively promotes and improves residents’ health and personal care.

Examples of improvements related to Heath and Personal Care in the home over the last 12 months are:

- The Calvary organisation has introduced a palliative end of life care (PEoLC) strategy across all of its homes. The strategy allows a palliative pathway for residents and families to make their final physical and spiritual wishes known. It allows residents to remain at the home in familiar surroundings. Staff has access to the palliative care outreach team and the local aged care emergency (ACE) team should the need arise. A mobile X-ray service is also available so residents do not have leave the home should this procedure be required. Management and staff advised this service has been positively received, it increases residents’ comfort and dignity and reduces anxiety.

- Observation and feedback has resulted in the review of pain management strategies at the home. A pain clinic run by registered nurses has been established and is available. Registered nurses work 30 hours per week within the mobile pain clinic and are supported by physio assistants two days per week. Resident feedback has been very positive and more than 70% of the home’s residents are seen on a regular basis.

- To provide greater access to staff to education opportunities the organisation has developed a number of e-learning packages. The packages are available on line and staff are encouraged to complete the topics such as palliative care, wound care and medication management have been well received. Management and staff report they have better access to education.
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 home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2; Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard 2, noted by the team include:

- The home monitors registrations and authority to practice records for registered nurses as well as external service providers.
- Residents and their representatives are provided an agreement and handbook which includes care and specified services.
- The home has systems in place to monitor compliance in medication management
- The home has policy and procedure to guide staff in relation to missing residents

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

The organisation has systems to ensure staff have the appropriate knowledge and skills referred to in expected outcome 1.3 Education and Staff Development.

Clinical education is provided by the organisation’s regional education team and by the on site management team. A calendar is developed to provide staff with access to a range of educational topics relevant to Accreditation Standard 2; Health and Personal Care. Examples of education and training offered to staff in relation to Accreditation Standard 2 include:

- Dementia care, behaviour management strategies
- Pain management
- Palliative care
- Wound management
- Anton Babinski syndrome.
2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

St Josephs Nursing Home has a comprehensive system to assess, identify, monitor and evaluate residents’ individual care needs on entry to the home and on an ongoing basis. Information obtained from residents and representatives when residents enter the home, together with a range of focussed assessments, are used to prepare individual care plans. The visiting medical officers regularly review residents and, when needed, residents are transferred to hospital for emergency treatment or to meet specific care needs. Staff training addresses issues relating to resident care and, where appropriate, consultants are accessed to support staff and provide advice regarding specific care issues. The provision of care is monitored through audits, surveys, collection of clinical indicators and the comments and complaints mechanisms. Residents and their representatives said they are satisfied with the clinical care residents receive.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

There is generally a system to identify and meet residents’ specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with residents and their representatives. Residents’ documentation identified a referral system to a range of allied health professionals and other specialists to assist the home manage residents’ complex and specialised needs. Staff training is provided to address specific care needs. Ongoing competency assessments ensure that staff skills and knowledge are up-to-date. Residents and their representatives said they are satisfied with the specialised nursing care needs provided by registered nurses.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

There is a system to ensure referrals to appropriate health specialists occur in accordance with residents’ needs and preferences. Referrals occur as the need requires, with transport provided by the resident representatives or as arranged by the home. Management organises health and related service visits to the home including, but not limited to, a speech therapist, mental health team, physiotherapist and podiatrist. A review of residents’ care plans, progress notes, assessments and other documentation identified residents are referred to a range of health care specialists. Residents said the referral system is satisfactory.
2.7 Medication management

This expected outcome requires that "care recipients’ medication is managed safely and correctly".

Team’s findings

The home meets this expected outcome

St Josephs Nursing Home has a system to manage the ordering, storage, administration, recording and review of medications. Registered nurses, endorsed enrolled nurses and medication competent staff members administer medications from blister packs. The medication competent staff members are under the supervision of the registered nurses and endorsed enrolled nurse. Medications are stored in locked clinical rooms or the locked medication trolleys. We observed safe and correct medication administration and staff demonstrated an understanding of the home’s medication management system. Pharmacy supply is available seven days a week. Management audits the medication system and collects and analyses monthly data as part of the home’s clinical indicator reporting process. Residents said they are satisfied with the medication service they receive.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

There is a system to identify and manage residents’ pain and evaluate pain management strategies to ensure residents are as free as possible from pain. This includes initial and ongoing pain assessment using observation, discussion, and pain assessment forms. Care staff members are knowledgeable regarding their role in pain management, including the identification and reporting of pain. They said interventions for pain management include position change, exercise, massage, heat packs and pain relief medication. Residents said pain management provided by the staff appropriately meets their needs and pain relief can be accessed as required.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

Team’s findings

The home meets this expected outcome

There is a system to ensure the comfort and dignity of terminally ill residents is maintained. Opportunities to discuss advanced care plans and end of life wishes are provided on a resident’s entry to the home and at regular case conferences. Staff said this is to ensure residents’ physical, emotional, cultural and spiritual needs and preferences are identified, documented and implemented. Management has access to the local outreach palliative care service for support and guidance in the palliation of residents. Residents are supported to remain in the home in the event of requiring palliative care. A pastoral care associate and volunteers visit the home daily and are available to support terminally ill residents and their representatives.
2.10 Nutrition and hydration

*This expected outcome requires that “care recipients receive adequate nourishment and hydration”.*

**Team’s findings**

The home meets this expected outcome

St Josephs Nursing Home has a system to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents’ dietary preferences and requirements. Residents have access to a dietician and speech therapist if needed.

Residents are weighed monthly to monitor changes and significant weight loss is investigated. Additional nourishing fluids and dietary supplements are provided when a need is identified. The home provides residents with a choice at meal times and extra food is available for snacks and refreshments as needed. Residents said they are satisfied with the meals they receive.

2.11 Skin care

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

**Team’s findings**

The home meets this expected outcome

There is a system for maintaining residents’ skin integrity including initial and ongoing assessments, care planning and regular evaluations. The management team monitors accidents and incidents including wound infections and skin tears, and acts appropriately on trends identified. Wound care is provided under the direction of a registered nurse. Wound charts were generally noted to be completed appropriately. A podiatrist regularly visits and treats the residents. Care staff members are able to describe the process of identifying changes in skin integrity. Residents said they are satisfied with their skin care provided by the staff.

2.12 Continence management

*This expected outcome requires that “care recipients’ continence is managed effectively”.*

**Team’s findings**

The home meets this expected outcome

There is a system to monitor and manage residents' bladder and bowel continence and constipation effectively. This includes assessment on entry to the home and on an ongoing basis, involving evaluation of management strategies. These strategies include scheduled toileting, prompting, continence aids and increased fluids and fibre. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff.

Urinary tract infections are recorded monthly as part of the clinical indicators and, where indicated, prophylactic long term antibiotic therapy has been ordered. Residents said they are satisfied with their continence management.
2.13 Behavioural management

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

Team’s recommendation

The home meets this expected outcome

St Josephs Nursing Home has a system to assess and manage residents’ with challenging behaviours. The registered nurse completes initial and ongoing assessments of resident behaviours and this information is developed into a care plan. All episodes of challenging behaviour are recorded, monitored closely and evaluated. Observations show staff interventions are successful in redirecting and diverting residents’ attention with effect and the home was noted to be usually peaceful. Specialist advice is available from a geriatrician and the mental health team when needed. Residents said the home is usually quiet and calm.

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

The home meets this expected outcome

There is a system at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The system includes initial and ongoing assessment of residents’ mobility, dexterity and rehabilitation needs by the home’s visiting physiotherapist and physiotherapy assistant. The physiotherapy program includes passive and active exercise programs during activities of daily living, group chair exercise, heat and massage therapy. An accident and incident reporting system includes analysis of incidents to identify trends and implementation of strategies to reduce falls. Residents said they are satisfied with the mobility program provided by the physiotherapy assistant and staff members.

2.15 Oral and dental care

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

Team’s recommendation

The home meets this expected outcome

There is a system to ensure residents’ oral and dental health is maintained, including initial and ongoing assessment of residents' oral and dental needs. Assessments occur through staff observation and referrals to dentists and/or specialists are arranged as per residents’ needs and preferences. The day-to-day oral care is attended according to residents’ individual care plans, with residents being encouraged to brush their own teeth or dentures to maintain their independence. Residents said the oral and dental care provided by the staff meets their needs.
2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

There is a system to ensure residents’ sensory losses are identified and managed effectively. The identification of any impairment includes sight, vision, touch, taste and smell assessments. A care plan is developed incorporating to these needs and other specialists are involved as required, including audiology, optometry and speech therapy. We observed examples of interventions used by the home to manage residents’ specific sensory loss.

Residents said staff members assist them in maintenance of sensory aids including the cleaning of glasses, fitting of hearing aids and replacement of batteries. The activity program incorporates sensory stimulation such as massage, music, large print books, gardening and cooking.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

There is a system to ensure residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements and sleep assessments.

Strategies used to help residents sleep include offering of food or a warm drink or snacks, massage or position change, relaxing music, pain management and appropriate continence management. Other interventions include night sedation if ordered by a medical officer.

Residents have a choice of when they retire and their preferred waking times are documented. Residents said the home's environment is generally quiet at night and they are given individual care to help settle.
Standard 3 – Care recipient lifestyle

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

**3.1 Continuous improvement**

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3; Care Recipient Lifestyle, resident and representative meetings, surveys and verbal feedback is used to gather suggestions. Staff complete education on lifestyle activities and network within the organisation to become aware of new ideas. This information is reviewed and actioned. Staff, residents and representatives are satisfied that the organisation actively promotes and improves residents’ lifestyle.

Examples of improvements related to Care Recipient Lifestyle in the home over the last 12 months are:

- In 2014, the home’s lifestyle staff were able to establish a men’s group. With the assistance of a male volunteer, regular men’s group activities have begun. One resident advised they enjoy participating and has made a number of craft items as well as socialising with others.

- To enhance the home’s spirituality program and offer emotional support to residents, staff and representatives, through the grieving process, a biannual memorial service including mass is conducted in the home’s chapel. Management and staff report the attendance has increased significantly over the past few years and in November this year the chapel was filled to capacity. Feedback from representatives and staff indicate the service is well received.

- Management recognised the need to increase leisure and lifestyle staffing in the dementia unit on weekends to assist the residents with a seven-day activity program. An extra staff member has been rostered to work weekends and is now able to assist residents to attend church services on Sundays as well as participate in other 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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2; Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard 3, noted by the team include:

- The home maintains a privacy policy in accordance with the Privacy Act and consent forms are signed by residents and their representatives. Residents’ personal information and records are securely stored. Staff and volunteers are required to sign a code of conduct and a confidentiality agreement.

- The home has mandatory reporting policy and procedure in accordance with regulatory requirements.

- Residents and their representatives are provided an agreement and handbook which includes: the charter of residents’ rights and responsibilities, information on complaints mechanisms and security of tenure.

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

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3; Education and Staff Development.

Management uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard 3; Care Recipient Lifestyle. Examples of education and development attended by staff in relation to Accreditation Standard 3 include:

- Privacy, dignity, resident’s rights and cultural and spiritual diversity

- Restraint minimisation

- Elder abuse.
3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

Staff at St Josephs Nursing Home assist new residents and their representatives to familiarise themselves with the home by introducing them to other residents and staff, orienting them to their physical environment, and by ensuring that they understand the care and services provided. The assessment and care planning process identifies each resident’s history and social support needs and individualised strategies are subsequently developed. Emotional support is provided by care and lifestyle staff who reported that extra one-on-one time is given to residents during their settling in period, as well as afterwards depending on their needs. Residents are encouraged to bring personal items such as photographs and sentimental items into the home and representatives are encouraged to visit frequently. A pastoral care associate and volunteers are available to visit residents according to their choice. Residents and their representatives stated that staff at the home are caring and supportive.

3.5 Independence

This expected outcome requires that "care recipients 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

Staff at the home encourage residents to remain independent and to maintain their contact with the local community. Residents’ level of independence and their need for assistance are assessed on entry to the home and reviewed as needed. Exercise programs are provided to optimise residents’ mobility and dexterity. The home promotes residents’ links with the external community through regular bus excursions and by arranging visits from volunteers. Residents’ families and friends are encouraged to attend events with residents and to participate in their life within the home. Residents’ independence is promoted through assisting residents with correspondence and in arranging attendance by electoral officers at election times. Residents stated they are satisfied with the home’s processes to maximise their independence and assist their community involvement.

3.6 Privacy and dignity

This expected outcome requires that "each care recipient’s right to privacy, dignity and confidentiality is recognised and respected".

Team’s findings

The home meets this expected outcome

The management and staff of St Josephs Nursing Home respect the privacy and dignity of residents and confidentiality of their personal information. On entry to the home, residents are provided with information on privacy, dignity and confidentiality which is included in the resident admission pack and handbook. Consent forms that relate to the disclosure of health related information and the use of photographs are also provided. Staff orientation includes
discussion of the need for confidentiality and staff sign a code of conduct when they commence their employment. Staff and management show an awareness of privacy and dignity issues in their daily practices, such as addressing residents by their preferred names, knocking prior to entering rooms and the use of privacy curtains between beds. Secure storage of care documentation and passwords for computers ensure confidentiality of residents’ personal information. Residents and their representatives reported that staff treat them well and respect their privacy, dignity and confidentiality.

3.7 Leisure interests and activities

This expected outcome requires that “care recipients 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

Residents at St Josephs Nursing Home are encouraged and supported to participate in a wide range of activities. An assessment of residents’ recreational preferences is conducted on their entry and reviewed as required. The home’s activities include concerts, exercises, craft, gardening, games and bus outings. Residents of the dementia specific unit join in with the general activities as they are able and specialised activities are provided in their unit.

There is a men’s group for male residents. Staff encourage and support residents to attend activities according to their choice. One-on-one individual time is provided for residents who are frail or choose not to regularly participate in group activities. Residents are informed of activities through written programs, noticeboards and verbal prompts. Participation in activities is monitored and residents are encouraged to provide suggestions and feedback at resident meetings, through one-to-one discussions and in surveys. Residents said they are satisfied with the program.

3.8 Cultural and spiritual life

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

Team’s findings

The home meets this expected outcome

The home has processes to promote residents’ customs, beliefs and cultural backgrounds which are identified during the assessment process. Residents are actively encouraged to maintain cultural and spiritual links in the community and twice weekly religious services are held at the home. Days of cultural significance are celebrated including Mothers’ Day, Fathers’ Day, Anzac Day, Australia Day, Christmas and Easter. While English is the predominant language spoken by the home’s residents, staff demonstrated an awareness of strategies to facilitate communication with residents from culturally and linguistically diverse backgrounds. Residents expressed satisfaction with the way staff support their cultural and spiritual needs.
3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has a range of processes which provide residents and/or their representatives with opportunities to participate in decision making in relation to resident care, lifestyle and environment. Residents and their representatives are consulted regarding residents' needs and preferences on entry and on an ongoing basis. Mechanisms to support this include case conferences, resident meetings, feedback forms, surveys and in direct feedback to staff and management. Residents are provided with choices concerning their personal care regimes, waking and sleeping times, and selection of medical officer. Choices are also available regarding meals and participation in activities. Residents and their representatives indicated they are satisfied with choices available to residents and that their decisions are respected.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and their representatives advise they are provided with information and understand their rights, responsibilities and security of tenure. A handbook and agreement including information about security of tenure provisions and residents' rights and responsibilities is provided to each new resident and their representative on entry to the home. The Charter of Residents' Rights and Responsibilities is on display in the home.

Room moves occur after consultation with the resident and their representative and with their consent. The care choices advisor said assistance is provided to find suitable alternative accommodation outside the home if this is necessary.
Standard 4 – Physical environment and safe systems

**Principle:** Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

### 4.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1: Continuous Improvement for information about the home’s continuous improvement systems and processes.

In relation to Accreditation Standard 4; Physical Environment and Safe Systems, resident and representative meetings, surveys, environmental audits, incident and hazard reporting is used to gather information. Information is then analysed for trends and improvement opportunities. Staff, residents and their representatives and are satisfied the organisation actively promotes and improves the physical environment, as well as resident and staff safety.

Examples of improvements related to Physical Environment and Safe Systems in the home over the last 12 months are:

- Feedback from residents and observation has led to the refurbishment of the garden areas outside the home. Four garden areas have been upgraded to provide a more aesthetic, inviting, sensory experience in the outdoor areas. Management, staff, resident and their representatives spoke highly of this improvement. We observed many people using the gardens throughout the reaccreditation visit.

- As a result of feedback received through the home’s meetings and upgrade to the security system has occurred. Extra cameras, coded keypads and closed circuit televisions have been installed. Management report this has created a more secure environment. Residents report they feel very secure at the home including at night.

- In order to achieve requirements the home is in the middle of retrofitting fire sprinklers. Most of the resident areas have been completed and work continues in the non-resident areas. Management and maintenance staff advised they hope to complete the work by March 2015. Residents said the work has been undertaken with very little disruption to their daily activities and they are glad to have the sprinklers installed.

### 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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the
Examples of regulatory compliance relevant to Accreditation Standard 4; noted by the team include:

- Current material safety data sheets are available for chemicals on site.
- An annual fire safety statement is maintained.
- Firefighting equipment is tested and serviced.
- The home has a food safety program and licence with NSW Food Authority.
- The home has infection control policy and procedures.

### 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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3; Education and Staff Development.

Management uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard 4; Physical Environment and Safe Systems, examples of this include training in:

- Fire awareness and evacuation procedure
- Energy efficiency
- Infection control – outbreak management
- Manual handling procedures.

### 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 care recipients’ care needs”.

**Team’s findings**

The home meets this expected outcome

Management of the home is actively working to provide a safe and comfortable environment consistent with residents’ care needs. Residents are accommodated in a mixture of multi-bedded rooms and individual rooms. Residents are encouraged to and have personalised their own rooms. They have access to lounge areas and dining rooms, small private areas, a large chapel, a recreation hall as well as courtyards, and gardens. The living environment is clean, well furnished, well lit, and free of clutter. The home has a heating/cooling system to maintain...
a comfortable temperature. The buildings and grounds are well maintained with a program of preventative and corrective maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident and representative feedback, incident/accident reports, audits and observation by staff. Residents and their representatives said they are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

**Team’s findings**

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. Health and safety at the home is overseen by the organisation’s work health and safety committee which has representatives from the home. Staff have access to an employee’s assistance program. All staff are trained in manual handling, work health and safety during their orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. There is a maintenance program to ensure the working environment and all equipment is safe. The home’s staff and management monitor the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations. Staff interviewed have a knowledge and understanding of safe work practices and were observed carrying them out.

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

There are systems to provide an environment that minimise fire, security and emergency risks. Trained fire safety officers oversee fire safety at the home and staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate firefighting equipment, sprinklers and warning systems. Inspection of the external contractor records and equipment tagging confirms the firefighting equipment is regularly maintained. There are procedures and equipment to maintain and monitor the security of the home. There is an emergency and disaster plan for the site. Emergency evacuation plans are understood by staff and an evacuation kit is maintained, the information within it is kept current in case of the need to evacuate. Systems are monitored through internal audits and external inspections. Information is shared with staff and residents at meetings. Staff demonstrated they know what to do in the event of an emergency.
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 ensures its infection control program is effective through policies and procedures, education and an infection surveillance program. The home has mandatory training in infection control and hand washing. Hand washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an outbreak management policy, outbreak kits, a food safety program, a vaccination program, pest control and waste management. Staff have a knowledge and understanding of infection control, and we observed staff using handwashing stations and personal protective equipment. The program is monitored through reporting of all infections, audits, trend analysis. Residents and their representatives advised they are made aware when they are required to take extra precautions in relation to outbreak management.

4.8 Catering, cleaning and laundry services

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

Team’s findings

The home meets this expected outcome

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. The menu provides choice and variety of meals, caters for special diets as well as the individual needs and preferences of residents. Residents said they enjoy the meals, they are offered a variety of choices and fresh fruit is always available. The home is regularly cleaned to a schedule which includes periodic detailed cleaning. We observed the home to be clean and residents and their representatives said they are satisfied with the results. Laundry services are completed at the home five days a week. Residents said their clothing is washed and returned to them in good condition. Clothing is labelled to minimise any losses and there is a system for the management of misplaced clothing. The hospitality services are monitored through audits, meetings and the feedback mechanisms of the home. Residents and their representatives said they are satisfied with the hospitality services provided to residents.