The Ritz Nursing Home

RACS ID 2539
203-223 The Mall
LEURA NSW 2780

Approved provider: Milstern Health Care Pty 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 15 June 2018.

We made our decision on 27 April 2015.

The audit was conducted on 24 March 2015 to 26 March 2015. 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>
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<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>
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<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>
Introduction

This is the report of a re-accreditation audit from 24 March 2015 to 26 March 2015 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 24 March 2015 to 26 March 2015.

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>Hiltje Miller</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member:</td>
<td>Maria Toman</td>
</tr>
</tbody>
</table>

Approved provider details

| Approved provider: | Milstern Health Care Pty Ltd |

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>The Ritz Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>2539</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>148</td>
</tr>
<tr>
<td>Number of care recipients during audit:</td>
<td>145</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>145</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>N/A</td>
</tr>
<tr>
<td>Street/PO Box:</td>
<td>203-223 The Mall</td>
</tr>
<tr>
<td>City/Town:</td>
<td>LEURA</td>
</tr>
<tr>
<td>State:</td>
<td>NSW</td>
</tr>
<tr>
<td>Postcode:</td>
<td>2780</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 4784 1201</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>02 4784 1282</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:The_Ritz_NH@bigpond.com">The_Ritz_NH@bigpond.com</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>Director of nursing</td>
<td>1</td>
</tr>
<tr>
<td>Deputy director of Nursing/Educator</td>
<td>1</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>11</td>
</tr>
<tr>
<td>Assistant in nursing</td>
<td>12</td>
</tr>
<tr>
<td>Systems manager</td>
<td>1</td>
</tr>
<tr>
<td>Endorsed enrolled nurse</td>
<td>2</td>
</tr>
<tr>
<td>Administration assistant</td>
<td>1</td>
</tr>
<tr>
<td>Music therapist</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1</td>
</tr>
<tr>
<td>Infection control coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Care recipients/representatives</td>
<td>16</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>1</td>
</tr>
<tr>
<td>Volunteers</td>
<td>2</td>
</tr>
<tr>
<td>Laundry staff</td>
<td>3</td>
</tr>
<tr>
<td>Fire officers</td>
<td>5</td>
</tr>
<tr>
<td>Catering staff</td>
<td>3</td>
</tr>
<tr>
<td>Cleaning manager and cleaning staff</td>
<td>3</td>
</tr>
<tr>
<td>Maintenance staff</td>
<td>1</td>
</tr>
<tr>
<td>Housekeeper</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>15</td>
</tr>
<tr>
<td>Wound charts</td>
<td>22</td>
</tr>
<tr>
<td>Residential agreements</td>
<td>5</td>
</tr>
<tr>
<td>Medication charts</td>
<td>25</td>
</tr>
<tr>
<td>Personnel files</td>
<td>6</td>
</tr>
</tbody>
</table>
Other documents reviewed

The team also reviewed:

- Catering, cleaning and laundry: menu, kitchen diet information, NSW Food Authority audit 21 October 2014, meals and drinks lists, food safety program, food allergies, cleaning schedules, duties and audits

- Clinical care: behaviour monitoring and management, bowel, blood glucose level monitoring, dietary needs/preferences, continence management, meals and drinks, weight monitoring, wound management/dressings, dietician reviews, care plans, manual handling guides, treatment sheets, incident reports and pain

- Comments and complaints: feedback forms, resident and staff survey results

- Continuous improvement: plan for continuous improvement, improvement log register, improvement logs, audit and inspection schedules, audit results

- Education and staff development: competencies, training calendar, attendance records, evaluation questionnaires and summaries, certificates, training needs analysis, skills questionnaires

- Fire, security and other emergencies: fire equipment log books, annual fire safety statement 10 July 2014, emergency manual, fire equipment orientation records, fire officers inspection reports

- Human resource management: position descriptions, guidelines to duties, performance appraisals, rosters, professional registrations, staff handbook, orientation checklist, orientation program

- Infection control documentation: pest control records, evidence of resident and staff vaccination, outbreak management documentation, infection data analysis, policies and procedures

- Information systems: electronic database, policies, procedures and flowcharts, work instructions, meeting minutes, memoranda, accident/incident records, staff handbook

- Inventory and equipment and external services: contractors register, contractor certificates, contractor agreements/contracts, register of allied health staff, preventative maintenance documents

- Living environment: maintenance records, thermostatic mixing valve records, warm water checks, legionella test reports, preventative maintenance schedule, maintenance logs

- Medication management: drugs of addiction register, medication care plans, medication incidents, medication advisory committee meeting minutes, medication refrigerator temperature records

- Nutrition and hydration: resident dietary requirement and preference sheet, menu, thickened fluids and supplements lists and weight records

- Occupational health and safety: material safety data sheets, hazard alert forms, incident reports, workplace inspection reports
• Planning and leadership: mission, vision and philosophy; organisational chart
• Privacy collection statements, consent forms
• Regulatory compliance: reaccreditation self-assessment, register of mandatory reports, criminal record checks

Observations

The team observed the following:

• Activity program on display; residents participating in activities and activity resources
• Archive storage
• Charter of residents' rights and responsibilities on display around the home
• Cleaning equipment colour coded, chemicals in use and storage and material safety data sheets
• Complaints forms on display, secure suggestion boxes for lodgement
• Equipment and supply storage areas, clinical supplies and continence aids
• Fire safety instructions, equipment, evacuation plans, emergency procedure flipcharts, emergency evacuation kits, staff responding consistent with policies and procedures to a false fire alarm 24 March 2015 at 3:15pm
• Infection control signage, personal protective equipment, outbreak supplies, spills kits, infectious waste bins, sharps disposal containers, hand-washing facilities, colour coded dirty linen trolleys, colour coded cleaning equipment, hand gel available around the home and in use, garbage storage area
• Information on noticeboards - staff, residents
• Interactions between staff, residents and representatives
• Living environment - internal and external
• Menu displayed
• Notification of fire officers and work health and safety officers on staff noticeboards
• Quality Agency re-accreditation notices on display
• Resident and visitor sign in/out books
• Safety signage and staff safe work practices
• Secure storage of medications, locked medication trolleys, medication refrigerators and medication rounds, emergency medications
• Secure storage of resident information
• Security systems, video surveillance system
• Visitors sign in/out books
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 an effective system for actively pursuing continuous improvement across the Accreditation Standards. The continuous improvement system includes activities to monitor, assess, action, review and evaluate the home’s processes, practices and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, feedback, surveys and verbal discussion. Activities which support continuous improvement include scheduled resident and staff meetings, case conferences, auditing programs, and trend analyses of the quality system data collected. All stakeholders are provided with feedback on improvement actions taken as appropriate. Examples of improvements in relation to Accreditation Standard One - Management systems, staffing and organisational development include:

- As a result of its regional placement the home was somewhat isolated from its normal service deliveries during the Blue Mountains bushfires of 2014. During this time the home was able to perfect its emergency services procedures. As a result the home now maintains a database showing the number of buses, ambulance and cars required to evacuate the entire home at any time. In addition the emergency database contains details on staff living either direction of the home, in the event of highway blockage. This information database is updated and reviewed each time there is a change in resident condition or the resident population.

- The home houses a large population of residents with organic brain injuries. As a result of this brochures and notices on display are routinely removed by residents, including complaints brochures. Management has printed all the necessary details contained in the complaints brochure, on the reverse side of the external complaints form. The complaints forms are located at the front of the home and remain untouched by residents due to their white colour.

- During late 2014 the home commenced a handover process that was away from the main nurses’ desk. As a result the home observed increased falls during the handover times, and a decrease in the communication of vital resident care information. The home acted on its findings and brought the handover process back to the nurses’ desk. This provided overview of residents during the handover and prompt communication of changes in resident care needs. Resident falls have reduced during this time as a result of the change.
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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Head office staff, legislative updates and Department of Social Services information ensures management receive updates of all legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, at orientation and through education sessions. Updated information is available through staff memos, education sessions, meetings, noticeboards and communication at handover. The systems manager ensures compliance and currency of policies, procedures and forms. Monitoring of compliance includes scheduled audits, staff skills assessments and observation of staff practices. Staff demonstrated awareness of current legislation.

Examples of compliance relating to Accreditation Standard One- Management systems, staffing and organisational development include:

- There is a system to ensure all staff, volunteers and contractors, as necessary, have current national criminal record checks.

- A review and update of policies in response to legislative changes, such as for privacy and for reportable incidents, have been completed and are current.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home ensures staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the Accreditation Standards. Skill assessments such as hand washing, medication administration and manual handling are conducted at orientation, and annually as required. Staff feedback, skill requirements and training needs contribute to the development of the home’s education calendar. Staff development is supported through certificate program education. Training and education is offered on site in groups, one-on-one, and through alternative external avenues. Staff participation is monitored and programs are evaluated. Residents/representatives interviewed are satisfied staff are providing appropriate care for residents’ needs.

Examples of education and training attended over the last year in relation to Accreditation Standard One- Management systems, staffing and organisational development include: privacy, code of conduct, bullying and harassment and complaints management.
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

The home has internal and external mechanisms for feedback and complaints available to all residents/representatives. On entry all new residents/representatives are made aware of feedback mechanisms outlined in the resident handbook and the agreement. Feedback forms, suggestion boxes and information for accessing external complaints are readily available. The manager has an open door policy and is available to assist with resident/representative enquiries. Feedback is gained through satisfaction surveys, case conferences, individual verbal communications and resident/representative meetings.

Review of documents and interview shows issues are acknowledged, investigated and feedback is given to complainants and complaints are handled confidentially. Staff demonstrated awareness of complaint procedures. Residents/representatives said if they have any concerns they do not hesitate to raise them with staff and management; and are generally satisfied with the resolution.

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

Documentation and interviews with management and staff confirm a commitment to quality within the home. The organisational vision, mission and philosophy are on display and included in staff and resident handbooks and in codes of conduct and ethical behaviour. The Charter of residents’ rights and responsibilities is displayed and is included in resident documentation received on entry.

1.6 Human resource management

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

**Team’s findings**

The home meets this expected outcome

The home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Staff are recruited in consideration of resident needs. Criminal record checks are obtained prior to employment and monitored for renewal by the systems manager. All new staff complete an orientation program prior to commencement. Staff sign to acknowledge confidentiality of information. Position descriptions, duty lists, handbook, policies and procedures inform staff of care and service delivery requirements. Staff practices are monitored through observation, skill assessments, feedback, surveys and audit results. Staff
rosters are adjusted according to workloads and registered nurses are rostered on all shifts. Casual staff cover staff leave requirements. Staff said they enjoy working at the home and have sufficient time to complete shift duties. Residents/representatives expressed satisfaction with care provided by staff and residents said they are generally assisted when necessary in a timely manner.

1.7 Inventory and equipment

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

Team’s findings

The home meets this expected outcome

There are systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home. All storage areas viewed showed there are adequate supplies, stock is rotated and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for replacement equipment. The maintenance program assists in monitoring equipment and identifying replacement needs. For any new equipment training of staff is conducted. Staff and residents interviewed 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

Effective systems to provide access to current information for all stakeholders are available. The home has developed its own internal electronic database to collect, collate and compare data from all areas of the quality system. Feedback, audits and survey results provide information to management about the home’s performance. Staff are informed by the handbook, position descriptions and work guidelines and have access to current policies, procedures and forms. Updated information for staff is available through verbal handover, care documentation, communication books, memos, noticeboards and meetings. All staff have access to policies and procedures, care and incident management systems. A resident agreement and information pack and handbook inform residents and representatives.

Residents/representatives interviewed believe they are kept informed and up to date. There are policies and procedures for confidential storage, electronic back up and appropriate management of all records in the home.
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

There are systems and processes to ensure external services are provided to meet the care and service needs of residents. Preferred external suppliers are managed through service agreements. Service agreements include specifications of service delivery, qualifications, insurance, criminal record checks and registration details as appropriate. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Staff are satisfied with the quality of services provided by external suppliers and the processes to ensure services meet both the home and 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 system used to actively pursue continuous improvement.

Improvements at the home relating to Accreditation Standard Two- Health and personal care include:

- The database/transfer form in use when residents attend hospital has been improved. The home identified this opportunity for improvement through feedback from the hospital. The database/transfer form has been improved to include the New South Wales Health five point plan to assist emergency staff to manage residents’ behaviours. Feedback from the hospital has been positive regarding this initiative.

- As a result of staff feedback the home has purchased a number of battery operated night lights. These lights allow some residents who choose to have their lights on late at night to continue doing so; whilst promoting optimal sleep for other residents, due to the dim light.

- The home has recently introduced automatic change-over of eye drops every month. At the beginning of each month the pharmacy now renew all eye drops. This ensures no eye drops are over the required period for usage after opening the bottle. This practice enhances the safety of eye care for residents.

- The home has recently purchased two specialised lifters with slings and a number of specialised shower chairs. With a changing population base the home has reviewed its equipment needs. Based on the resident population the home has purchased necessary equipment to provide appropriate care for the residents.
2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance, for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Two - Health and personal care include:

- The home has a system to monitor and record registered nurses practicing certificates.
- The home has a system to monitor allied health professionals current certificates to practice.
- Medication administration is managed in accordance with regulations and safe practice principles.

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

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to health and personal care. Some of the topics include: pain management, falls prevention, dementia, behaviour management, wound care and continence management. Staff who administer medications have completed medication competency assessments.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home provides residents with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. There are processes to enable residents/representatives to exercise control regarding the care they receive and to provide input into their care planning. The registered nurses review and evaluate residents' individual care plans. Relevant staff are informed of any alterations/exceptions to the usual care required by the resident at handovers, case conferences, meetings, verbally and through
communication diaries. Residents' weights, vital signs and urinalysis results are recorded monthly or as ordered by the medical officer. An accident and incident reporting system is in place for the reporting of resident incidents, such as falls, skin tears and behaviours of concern. This data is analysed for the identification of any trends or patterns to assist in evaluating clinical practices. Staff demonstrated knowledge of residents' care needs ensuring that residents' clinical care is being met. All residents/representatives interviewed stated satisfaction with the timely and appropriate assistance given to residents by care staff.

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

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

2.6 Other health and related services

This expected outcome requires that “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

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrates timely referrals for residents are arranged with appropriate health specialists as required. The registered nurses have regular access for residents’ referral to psychiatrist, physiotherapist, podiatrist, speech pathologist, optometry, community clinical nurse consultants and a palliative care team. Regular review and evaluation of residents' health and well-being and referrals are carried out by the registered nurses in collaboration with care staff and doctors. Effective monitoring is achieved through handover of key resident information to relevant staff. When required, residents' medical officers are alerted and consulted. Residents/representatives stated residents are referred to the appropriate health specialists in accordance with residents' needs and preferences.
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

The home has processes to ensure residents’ medication is managed safely and correctly. These include policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal/external audits. Staff administers medication using a prepacked medications system and the registered nurse oversees the home’s medication management system and processes. Review of residents’ medication profiles show current medical officers’ orders are recorded and information includes medication identification sheets, residents’ photographic identification, allergies and medication allergy status. Staff administer controlled drugs in accordance with legislated guidelines and regulatory compliance. All staff who administer medications are assessed according to the home’s medication policy by skill based assessments on an annual basis or as required. Residents/representatives stated they are satisfied with the management of residents’ medication.

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

All residents are assessed to identify their pain history and presence of pain. Strategies for alleviating and/or to minimise and manage pain levels are documented in the residents’ care plans. Pain reassessments are completed to determine the effectiveness of interventions and care plans are updated as required. A multidisciplinary approach involving the residents’ medical officer, nursing staff, physiotherapist, recreational activities officer and palliative care services supports the resident’s pain management program. Staff are knowledgeable about the many ways of identifying residents who are experiencing pain. Pain management strategies include pharmacological reviews, various non-pharmacological interventions and treatment in liaison with residents’ medical officers. Residents are repositioned, assisted with movement and exercise, given gentle heat therapy, massage, and are involved in distraction therapy. Residents say the care provided relieves their pain or it is managed so they are comfortable.

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

The home has a suitable environment and culture to ensure the comfort and dignity of terminally ill residents is maintained. Where possible, residents’ end of life wishes are identified and documented on entry to the home or at an appropriate time thereafter. This is conducted through case conferencing and the comprehensive spiritual assessment process. The home has access to an external palliative care community team that provides specialised
care planning when required to ensure the residents’ comfort. The home has specialised clinical and comfort devices to ensure and maintain residents’ palliation needs and preferences. External clergy are available to provide emotional and spiritual support and arrangements. Staff receive ongoing education and describe practices appropriate to the effective provision of palliative care. Residents/representatives said the home’s practices maintain the comfort of terminally-ill residents.

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

The home has processes to provide residents with adequate nourishment and hydration. Residents are assessed for swallowing deficits and other medical disorders, allergies, intolerances, food likes and dislikes, as well as cultural or religious aspects relating to diet. Provision is made for residents who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. The information is recorded on a resident’s dietary needs form and sent to the kitchen. Residents are provided with assistance at meal times and dietary assistive devices are available when required. When residents’ dietary requirements change, the residents are re-assessed with their care plans updated and information forwarded to the catering staff. The home monitors nutrition and hydration status through staff observations and recording of residents’ weights with variations assessed, actioned and monitored. Residents are referred to a dietician and/or speech pathologist when problems arise with nutrition. Residents/representatives are satisfied they are able to have input into the menu and there is always a choice for meals.

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

The home has a system to ensure residents’ skin integrity is consistent with their general health. Initial assessment of the resident’s skin condition is carried out along with other assessments relating to and influencing skin integrity. Residents have nutritional support, podiatry, hairdressing, and nail care provided according to their individual needs and preferences. Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts. Complex wound management directives are developed by a registered nurse in consultation with the residents’ medical officer. The home’s reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in clinical indicator processes. The home has a range of equipment in use to maintain residents’ skin integrity. Care staff help to maintain the residents’ skin integrity by providing regular pressure care, by applying skin guards and correct manual handling practices. Residents/representatives are satisfied with the skin care provided to residents and report staff are careful when assisting residents with their personal care activities.
2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system for identifying, assessing, monitoring and evaluating residents’ continence needs to ensure their continence is managed effectively. Processes are in place for the distribution of residents’ continence aids and informing staff of residents’ continence aid needs. Registered nurses oversee and manage the continence program which results in residents having continence aids according to assessed needs, thereby ensuring their dignity is protected at all times. Care staff have access to adequate supplies of continence aids to meet resident’s needs and they provide residents with regular toileting programs as indicated. Bowel management programs include daily monitoring and various bowel management strategies. For example: regular drinks, aperient medications if necessary and a menu that contains high fibre foods such as fresh fruit and vegetables and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home’s continence supplier provides ongoing advice and education for staff and residents. Feedback from residents/representatives showed satisfaction with the continence care provided to residents.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed through consultation between the resident/representative, staff, psychiatrist, medical officers and allied health professionals to identify any behavioural issues. Care staff and the recreational activity officer implement a range of strategies to effectively manage residents with challenging behaviours. The residents’ challenging behaviours are monitored and recorded with referrals made to their medical officer and/or external health specialists as appropriate. Staff are able to recognise the triggers and early warning signs exhibited by residents and put in place appropriate strategies to manage behaviours. The team observed the environment to be calm and residents well groomed. Residents/representatives stated staff manage residents’ challenging behaviours well.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents are assisted to maintain their mobility, dexterity and independence for as long as possible. Clinical assessments on entry identify the assistance required by residents for transferring and mobility. A registered nurse and the physiotherapist assess all resident’s mobility status and falls risk when the resident moves into the home, after a fall and as their
needs change. Individual treatments include massage, heat treatments and exercises with assistance provided by mobility nurses. Falls prevention strategies include the completion of risk assessments. Interventions noted include group exercises and the provision of specialised equipment such as mobility aids, ramps and handrails. Staff are able to discuss individual residents’ needs and were seen assisting residents to mobilise within the home.

Residents stated they are satisfied with the program and assistance they receive from staff.

2.15 Oral and dental care

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

**Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents’ oral and dental health is maintained. Residents’ dental needs are identified through assessment and consultation with the residents/representatives on entry to the home and as their needs change. Appropriate dental health is planned and staff are informed of the residents’ needs. Residents’ medical officers are consulted if needed and referrals made to a specialist, dentist or dental technician if needed for further assessment or treatment. Ongoing care needs are identified through residents’ feedback, staff observation of any discomfort, or reluctance to eat and weight variances.

Residents are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. Residents/representatives stated they are satisfied with the oral and dental care provided to residents.

2.16 Sensory loss

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

**Team’s findings**

The home meets this expected outcome

The home assesses residents’ eyesight and hearing initially on entry and on an ongoing basis. Other sensory assessments: touch, smell and taste are undertaken when assessing residents’ nutrition, activities and dexterity. These are documented on residents’ care plans/summary care plans to prompt and instruct staff on how to care and engage residents appropriately. The home’s activity program features activities to stimulate residents’ sensory functions. Staff described types of group as well as individual activities that encourage active participation from residents with sensory deficits. These include positioning, utilising and adapting materials and equipment to enhance residents’ participation, adapting the environment to ensure it is conducive to maximising residents’ enjoyment and participation in chosen activities.

Residents/representatives stated they are satisfied with the approach to managing residents’ sensory losses.
2.17 Sleep

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

Team’s findings

The home meets this expected outcome

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

Improvements at the home relating to Accreditation Standard Three- Care recipient lifestyle include:

- A number of residents from the home regularly attend the local shopping district for coffee, shopping and meals of their own choice. Over the last 12 months the home has lobbied council for a walkway across the busy intersection adjacent to the home. This has resulted in a walkway being added to the intersection. Residents are now able to access the local shopping district more safely and return home again. In addition, the speed limit for cars is reduced to 40kms per hour.

- The home experienced great success with behavioural changes for one resident through the use of a music therapist. Feedback from the staff was so positive the home will be commencing a full trial, for all residents, commencing May 2015.

- To assist the home’s younger male population attend beneficial regular exercise programs an external personal fitness trainer was engaged. During October 2014 seven male residents commenced individual fitness regimes with the personal trainer in the grounds of the home. Feedback from staff and residents regarding this initiative has been very positive.
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. Refer to expected outcome 1.2 Regulatory compliance, for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Three- Care recipient lifestyle include:

- All new residents receive a resident agreement and handbook which include information about security of tenure, residency rights and financial payment options.
- There is a system for compulsory reporting in accordance with regulatory requirements.

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

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to care recipient lifestyle. Some of the topics include: activities development, engaging men in activities, prevention of elder abuse, residents’ rights, choice and decision making.
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

Residents and their representatives are provided with information prior to and on arrival at the home to assist residents adjusting to life in the home. The home’s management team and the staff in the home offer support to resident and family throughout the initial pre-entry processes. Staff ensure residents are introduced to each other and other staff and explain daily happenings at the home. Staff encourage residents to join in with social activities as they feel comfortable. Residents are able to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and say they feel welcomed by staff. Staff reported knowledge of strategies used for meeting individual residents’ emotional needs. Residents say they are happy living at the home and the staff are kind and caring.

Observations of staff interactions with residents during the re-accreditation audit showed warmth, respect and laughter.

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

The home has systems to assist residents to achieve maximum independence, maintain friendships and participate in the community. Residents have opportunities to exercise independence and choice on a daily basis. A variety of individual and general strategies are implemented to promote independence, including the provision of services and equipment for residents, a leisure activity program and regular mobility and exercise regimens. Residents are assessed and interventions put in place for their mobility functioning and pain management to optimise their independence. Participation in the local community is promoted through outings and visiting entertainers. Residents can have radios and televisions in their rooms. Staff describe strategies to maintain residents’ independence in accordance with their individual abilities. Residents say they are encouraged to maintain their independence and contact with the local community.

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

Management and staff protect the privacy and dignity of residents and ensure the confidentiality of residents’ personal information. Shift handovers are conducted away from the hearing of residents and visitors to the home. Staff demonstrated an awareness of practices.
that promote the privacy and dignity of residents. These include closing resident doors, privacy curtains and window curtains when providing personal care. Residents say staff are polite, respect their privacy, knock on doors prior to entering and close doors during care provision.

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

The home has systems to ensure residents are encouraged and supported to participate in interests and activities of their choice. The individual interests and preferred activities of residents are identified on entry to the home. Each resident has an individualised care plan that identifies his or her specific care needs. Information obtained from calendar meetings, resident meetings and one-on-one discussions is also used to plan suitable group and individual activities. The activity program is displayed and includes a wide range of activities. Activities include physical exercise, mental stimulation and general social interaction. Activity programs are evaluated via resident feedback, meetings and review of activity attendance records. Residents told us there are a variety of activities provided and whilst they are encouraged to participate, their decision not to do so is respected.

3.8 Cultural and spiritual life

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

**Team’s findings**

The home meets this expected outcome

The home has systems through which residents’ cultural and spiritual needs are valued and fostered including the identification and documentation of residents’ interests, cultural needs, and religions. The menu is flexible and can accommodate the preferences of residents from culturally and linguistically diverse backgrounds when required. Specific cultural days such as Australia Day, St Patricks Day, Anzac Day and Christmas and Easter are commemorated with appropriate festivities. Residents’ birthdays are recognised and celebrated. Freedom of choice with religious and cultural beliefs is respected. Pastoral care is delivered by the various religious denominations providing services, personalised through one to one visits and weekly services. Residents/representatives are satisfied with the home’s approach to the cultural and spiritual program and the support provided to residents.
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 encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Residents are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes use of preferred name, personal care regimes and diet preferences, bed times and whether to participate in activities. Staff were observed providing residents with choice in a range of activities of daily living. There are mechanisms for residents/representatives to participate in decisions about services including, access to management, resident/relative meetings, case consultations and complaint processes. Where residents are unable to make choices for themselves, management said an authorised decision maker is identified for the resident. Residents’ choices are recorded and are accommodated whenever possible.

Residents/representatives say they speak up without hesitation and the home enables residents to make choices of importance to them.

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

The home has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. On entry residents/representatives receive a resident agreement and handbook. The resident agreement sets out the standard requirements under the relevant legislation, including security of tenure. The director of nursing discusses the information in the agreement with each resident/representative. The Charter of residents’ rights and responsibilities is displayed in the home.

Residents/representatives indicated awareness of residents’ rights and responsibilities and security of tenure at the home.
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 system used to actively pursue continuous improvement.

Improvements at the home relating to Accreditation Standard Four- Physical environment and safe systems include:

- During February 2015, the home participated in an upgrade of the external walkways and paths on the grounds. The home is located on a large block of land and residents remain safe inside the secure fencing. Pathways have been patched and repainted to maintain safe grounds for resident use.

- The home has recently acquired a new dryer for the laundry. Laundry staff report the new dryer is a fast and competent machine that assists them with their work load. Observations showed the new dryer and instructions for staff use. Interview with residents/representatives shows satisfaction with laundry services provided.

- As a result of staff observation a shade cloth has been installed over the area adjacent to the back door of the home. Observation and interviews shows this area is frequented by a number of residents during the day, enjoying use of the new shade cover.
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. Refer to expected outcome 1.2 Regulatory compliance, for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Four- Physical environment and safe systems include:

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is on display.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire safety training.
- The current NSW Food Authority licence is on display.

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

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to the physical environment and safe systems.

Some of the topics include: food safety, workplace emergency response, fire safety, infection control, manual handling, chemical handling and Work health and Safety.
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

There are systems to provide a safe and comfortable environment consistent with residents’ care needs. Residents are accommodated over two levels in single and share rooms.

Residents may personalise their area. All residents have access to nurse call alarms. There are dining rooms on both levels and various sitting and lounge areas available for use with family and friends. A secure permitter is maintained for residents who may wander.

Preventative maintenance schedules ensure the safety of the internal and external environment and equipment. Daily maintenance requests are actioned. Regular environment audits and workplace inspections monitor residents’ rooms and the internal and external environments. Corridors are fitted with handrails and outside paved and garden areas were observed to be well maintained. Residents/representatives stated they are satisfied with the maintenance and comfort of the environment provided at the home.

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

The home has systems to ensure management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Work health and safety training is provided for all staff during orientation. Annual updates and safety sessions are conducted. The work health and safety system involves audits, inspections, accident and hazard reporting procedures and risk assessments. Results are discussed at management meetings. Policies, procedures and notices inform staff and maintenance programs ensure equipment is in good working order and the environment is safe. An external supplier provides chemicals and chemical safety education is given. Safe work procedures and practices were observed and staff said they have attended relevant education and demonstrated awareness of safe work practices.

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

Systems to minimise fire, security and emergency risks include regular maintenance checks of fire-fighting equipment, alarms and systems by an external company and internal audits. Fire and emergency policies, procedures and notices inform staff and emergency procedure
flipcharts are accessible in all areas. The emergency evacuation management plan is available. Resident identification data, emergency evacuation kits, evacuation plans, notices, signage and emergency exits free from obstruction were observed. Fire-fighting equipment inspection and testing is current, a fire sprinkler system is in place and an annual fire safety statement is held. Staff interviewed are aware of procedures and have attended compulsory fire training. Preventative processes include appropriate electrical appliance testing and designated smoking areas. Security measures for the home include sensor and external lighting and security access and monitoring systems.

4.7 Infection control

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

Team’s findings

The home meets this expected outcome

The home has an effective infection control program with a system for identifying, managing and minimising infections. The program includes staff education, staff and resident vaccination, audits, discussion of infection issues at meetings and evaluation of resident infection data. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in appropriate areas. Infection control training and hand washing assessments are completed at orientation and annually thereafter. Staff practices are monitored and infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. External providers are used for pest control and waste management services. Outbreak management resources are available and hand wash basins, hand sanitising gels, sharps’ containers and spill kits are accessible. An influenza vaccination program is available for residents and staff.

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

Catering and laundering services are provided within the home. Contract cleaners maintain policies, procedures, audit, education and communications consistent with the home’s quality system. Observation of operations shows catering, cleaning and laundry services are provided in accordance with infection control and occupational health and safety guidelines. Feedback about services is given by residents through feedback forums, surveys, meetings and verbally. Residents/representatives stated they are satisfied with hospitality services available for residents. Meals are cooked fresh daily using a seasonal four week rotating menu that is reviewed by a dietician. Identified food preferences, allergies and special dietary needs are communicated to catering staff. Residents are consulted about menus and their preferred daily choices. There is a food safety program and the home was awarded an ‘A’ rating by the NSW Food Authority. Contract cleaning staff follow schedules for residents’ rooms and communal areas. All areas were observed to be clean. The home provides a laundering and clothing repair service to all residents. A labelling service is part of the clothing and housekeeping services provided by the home. Appropriate storage and sufficient supplies of linen were observed.