



Standards and Accreditation Agency Ltd

Decision to accredit Abel Tasman Village

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

The Agency has decided that the period of accreditation of Abel Tasman Village is three years until 8 September 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name: Abel Tasman Village

RACS ID: 0356

Number of beds: 60 Number of high care residents: 39

Special needs group catered for:

- Dutch cultural group; Polish cluster; Dementia specific unit - 10 beds

Street/PO Box: 222 Waldron Road

City: CHESTER HILL State: NSW Postcode: 2162

Phone: 02 9645 3388 Facsimile: 02 9644 7002

Email address: aabeltas@bigpond.net.au

Approved provider

Approved provider: The Abel Tasman Village Association Ltd

Assessment team

Team leader: Margaret McCartney

Team member/s: Rosemarie Tweedie

Date/s of audit: 11 June 2009 to 12 June 2009

| Executive summary of assessment team's report | |
|--|--|
| Standard 1: Management systems, staffing and organisational development | |
| Expected outcome | Assessment team recommendations |
| 1.1 Continuous improvement | Does comply |
| 1.2 Regulatory compliance | Does comply |
| 1.3 Education and staff development | Does comply |
| 1.4 Comments and complaints | Does comply |
| 1.5 Planning and leadership | Does comply |
| 1.6 Human resource management | Does comply |
| 1.7 Inventory and equipment | Does comply |
| 1.8 Information systems | Does comply |
| 1.9 External services | Does comply |
| Standard 2: Health and personal care | |
| Expected outcome | Assessment team recommendations |
| 2.1 Continuous improvement | Does comply |
| 2.2 Regulatory compliance | Does comply |
| 2.3 Education and staff development | Does comply |
| 2.4 Clinical care | Does comply |
| 2.5 Specialised nursing care needs | Does comply |
| 2.6 Other health and related services | Does comply |
| 2.7 Medication management | Does comply |
| 2.8 Pain management | Does comply |
| 2.9 Palliative care | Does comply |
| 2.10 Nutrition and hydration | Does comply |
| 2.11 Skin care | Does comply |
| 2.12 Continence management | Does comply |
| 2.13 Behavioural management | Does comply |
| 2.14 Mobility, dexterity and rehabilitation | Does comply |
| 2.15 Oral and dental care | Does comply |
| 2.16 Sensory loss | Does comply |
| 2.17 Sleep | Does comply |

Accreditation decision

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

Accreditation decision

| Agency findings |
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Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

| | |
|--------------|---------------------|
| Name of home | Abel Tasman Village |
| RACS ID | 0356 |

Executive summary

This is the report of a site audit of Abel Tasman Village RAC 0356, 222 Waldron Road CHESTER HILL NSW from 11 June 2009 to 12 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 11 June 2009 to 12 June 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

| | |
|----------------|--------------------|
| Team leader: | Margaret McCartney |
| Team member/s: | Rosemarie Tweedie |

Approved provider details

| | |
|--------------------|---|
| Approved provider: | The Abel Tasman Village Association Ltd |
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Details of home

| | |
|---------------|---------------------|
| Name of home: | Abel Tasman Village |
| RACS ID: | 0356 |

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|--|--|
| Total number of allocated places: | 60 |
| Number of residents during site audit: | 54 |
| Number of high care residents during site audit: | 39 |
| Special needs catered for: | Dutch cultural group; Polish cluster; Dementia specific unit – 10 beds |

| | | | |
|-----------------|-------------------------|------------|--------------|
| Street/PO Box: | 222 Waldron Road | State: | NSW |
| City/Town: | CHESTER HILL | Postcode: | 2162 |
| Phone number: | 02 9645 3388 | Facsimile: | 02 9644 7002 |
| E-mail address: | aabeltas@bigpond.net.au | | |

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

| | Number | | Number |
|------------------------|--------|-------------------|--------|
| Director | 1 | Residents | 6 |
| Manager | 1 | Representatives | 4 |
| Registered nurse | 1 | Volunteer | 1 |
| Supervisors | 2 | Laundry staff | 2 |
| Care staff | 6 | Cleaning staff | 2 |
| Administration officer | 1 | Maintenance staff | 3 |
| Cook | 1 | Catering staff | 1 |

Sampled documents

| | Number | | Number |
|---|--------|--|--------|
| Residents' care files and electronic assessments, care plans and progress notes | 7 | Medication charts (filed with medication identification sheets and nurse initiated medication lists) | 14 |
| Summary care plans | 5 | Medication signing sheets - oral | 14 |
| Blood glucose levels | 2 | Medication signing sheets - topical | 17 |
| Missing residents profiles | 6 | Medication signing sheets – PRN (as necessary) | 6 |
| Resident monthly clinical assessments | 7 | Psychotropic medication reviews | 5 |
| 24 hour food/fluid intake charts | 5 | Physiotherapy assistant worksheets | 10 |
| Wound dressing charts | 2 | Bowel charts | 2 |

Other documents reviewed

The team also reviewed:

- 'Key to me' assessments
- Accident/incident forms
- Aged care funding instrument assessments
- Annual common areas checklist

- Annual prudential compliance statement (2007-2008)
- Approved providers list
- Comments and complaints and ideas forms
- Community visitors folder and records of visits
- Consent form to collect, use and disclose personal information of residents/clients for the purpose of providing residential care or community care x 1
- Continuous improvement flow chart system
- Course content for certificate III in health support services (includes occupational health and safety)
- Daily diary for work planning-maintenance
- Dental reviews
- Education plan for 2009 - linked to Accreditation Standards
- Electronic record of insulin administration
- Evaluation of functions
- Fire and safety policy
- Fire drill details –kitchen
- Fire training schedules (evacuation and fire safety)
- Food authority certificate
- Hot water testing schedule
- Immunisation/infection control folder for staff (2009)
- Internal audit information –policies and procedures (2007-2009)
- Job descriptions
- Kitchen roster
- List of current meal preferences for residents
- Maintenance checklist
- Maintenance request log
- Management of gastro and influenza-government kit/guidelines
- Material safety data sheets (MSDS)
- Meal planner
- Medication audit for non signing of medications – weekly
- Medication audit sheets
- Medication chart audits (2009)
- Medication competency assessment guide
- Medication crushing instructions
- Medication incident forms and registers
- Medication management staff questionnaires
- Medication monitoring reviews
- Medication questionnaire training record matrix (January 2009)
- Meeting minutes including: resident committee meetings; residents continuous improvement meetings; residents information meeting; continuous improvement meetings; food panel meetings; occupational health and safety meetings; medication advisory committee meetings; inaugural volunteer meeting
- Menu assessment by dietician (February 2009)
- Monthly data – falls, medication errors, wounds, behaviours, infections, staff incidents
- Monthly staff and volunteer newsletters
- Newsletters –distributed monthly
- Nurse call check list
- Occupational health and safety education folder
- Ophthalmology review records (2008)
- Orientation program
- Orientation/induction program and learning kit
- Palliative care - round the clock pressure care charts x 1
- Palliative care wish list x 1
- Performance appraisals
- Personal care assistants duty lists folders including: assistant in nursing care plans
- Personal wishes and information sheets

- Polices and procedures – relevant to Accreditation Standards One, Two, Three and Four
- Policies for managing an outbreak and managing infection control
- Practical assessment for routine administration of oral medication from blister pack
- Quality control monitoring (infection control) -2009
- Quality policy statement
- Recreation programs
- Registrations for registered nurse and allied health staff
- Regulatory compliance resource folder
- Reporting form for continuous improvement-planning sheets
- Resident activity attendance record
- Resident agreement
- Resident continence aid list
- Resident eyesight reports (2008)
- Resident handbook
- Residents feedback survey (March 2009)
- Residents' weekly weight charts
- Signing sheet-cooling room
- Specialists letters
- Staff handbook
- Staff survey
- Staff training certificates including: certificate III in community recreation
- Survey – management of laundry
- Temperature monitoring charts – medication refrigerator and kitchen
- Training attendance- infection control
- Training attendance lists
- Training index/matrix
- Understanding palliative care for family folder

Observations

The team observed the following:

- Assistive listening device
- Back care signs –laundry
- Cleaning staff working and wearing protective equipment
- Clinical and wound care stores
- Colour coded linen skips
- Continence aid supplies
- Delivery of medications
- Dining environment
- Equipment and supply storage areas
- Fire safety equipment including, fire fighting equipment, fire panel, detectors, exit signs, and correctly orientated evacuation plans
- Hairdressing salon
- Hand gel dispensers throughout the home
- Hand washing facilities and signage
- Handrails in corridor
- Infection control information displayed in staff room and in the home
- Interactions between staff/staff and staff/residents and their representatives
- Keypad locks on external door and gates
- Kitchen – food storage & preparation areas
- Labelling system
- Landscaped garden courtyard areas
- Large print library –books in Dutch in large print
- Laundry in operation
- Living environment (internal and external)
- Medication refrigerator
- Menu on display

- Mission, vision, value statement on display
- Notice boards and signage (staff and resident areas)
- Personal protective equipment
- Photographs of recreational activities
- Pressure relieving chair use
- Resident letter boxes
- Residents attending exercise group
- Residents participating in activities
- Residents participating in lunch
- Secure storage of medications
- Secure storage of resident information
- Sharps disposal containers
- Spills kits
- Staff delivering residents' meals
- Staff offices
- Suggestion box
- Televisions in communal areas
- Water cooler in dining area
- Wound dressing first aid box

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Abel Tasman Village has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. A review of documentation and interviews with management and staff confirm the continuous improvement system includes methods to identify, assess, plan and enact, monitor and review the home’s processes, practices and service delivery, in a planned and considered manner. Opportunities for improvement are captured from a range of sources including: internal complaints systems, results of audits and surveys, committee meetings, accident/incident forms, residents’ meetings as well as informal feedback from staff, residents and representatives. There is a process for the action and evaluation of all feedback and those issues that cannot be immediately dealt with are transferred to the continuous improvement plan. There is a regular continuous improvement meeting where all streams of service delivery are represented and this is chaired by the manager. Stakeholders are provided with feedback on improvement actions taken. Examples of continuous improvement activities in relation to Accreditation Standard One include, but are not limited to:

- Management identified the need to increase the number of staff on night duty so as to provide better care and increase staff security. There are now two stand up staff at night.
- When a resident survey was conducted the response rate was not as high as management would have liked. Management was concerned that they were not capturing feedback from the residents as effectively as they could. Consequently the manager decided to have monthly informal meetings with residents so as to provide another avenue for residents to have an opportunity to express their concerns. Residents are responding positively to this action and having their concerns listened to and a response made
- To improve communication among staff a cordless, integrated, phone system has been introduced. The new phone system allows staff to talk with each other throughout the home, and respond to external telephone calls. The system can also release the gates to allow ease of movement.
- Ten general service officers have completed their certificate III in health support services to improve their level of education for resident care and service delivery. This forms part of the home’s commitment to staff education and development as a tool for improving service delivery.
- The intranet has been made available for all staff. The intranet provides an avenue for ongoing communication and dissemination of information as well as making all policies and procedures readily available to staff.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

There are systems and processes in place to enable the home to demonstrate that it complies with relevant legislation, regulatory requirements and professional standards and guidelines. The home receives information through membership of peak aged care industry bodies, publications and circulars from the Department of Health and Ageing and other related government and non government agencies. Information is also received through the director having direct access to a peak industry body through which they are constantly up dated with new information to

communicate to the home. Information is disseminated throughout the home via the intranet, the email system, noticeboards, staff meetings, educational sessions and newsletters. This ensures all staff are aware of regulatory updates and changes. Policy and procedure manuals are reviewed and audited to ensure they accurately reflect legislative requirements and they too are available on the intranet. Responsiveness to legislative requirements relevant to Accreditation Standard One includes, but is not limited to:

- The home has completed a policy and procedure update to cover the 'missing persons' amendments to the legislation.
- In line with the legislation relating to the compulsory reporting of resident assault the home has developed a policy and procedure to guide staff on the steps to follow in the event of an allegation or incident of assault. Staff complete an elder abuse questionnaire as part of their annual performance appraisal. A mandatory reporting register is maintained.
- The home has a system to ensure criminal history checks are completed for staff. This includes maintaining a criminal history register with a renewal alert.

1.3 Education and staff development

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

Team's recommendation

Does comply

Documentation reviews, observations and interviews confirm that the home has systems in place to ensure that management and staff have appropriate knowledge and skills to effectively perform their roles. All staff are supported and encouraged in attending education programs internally and externally relevant to their work and the four Accreditation Standards. A flexible education program is developed in response to the needs identified through a range of organisational systems including a comprehensive performance appraisal system, complaints, mandatory requirements, results of audits and surveys, and identified staff requests and wishes. An annual staff survey provides another avenue for staff to review and make suggestions for their training and educational needs. Staff are encouraged to attend external education programs and provide feedback. Training attendance is recorded and each person's training needs are monitored and recorded. Orientation for all staff includes education on elder abuse, infection control, fire and safety and manual handling. Interviews with staff confirm that they receive education at orientation and on an ongoing basis to enable them to perform their roles effectively.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home has internal and external mechanisms for feedback and complaints that are accessible and available for all residents and their representatives. Internal mechanisms include formal and informal meetings, internal complaints systems and discussions with staff and the manager who has an 'open door' policy. Observations demonstrate that information on the external complaints mechanism is on display in the home in various languages. Information on internal and external complaints' mechanisms is also detailed in the resident handbook. Review of complaints demonstrates that they are actioned and followed up with the complainant in a timely manner and processes include management signing complaints to ensure their satisfactory completion. Residents/resident representatives interviewed state they are aware of complaints' mechanisms but they often prefer to speak directly to the manager or staff who are approachable and always available and that any issues are listened to carefully and dealt with promptly.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's mission, vision, and value (philosophies) statements are on display and are included in the staff handbook which is provided to all staff on commencement of employment. The mission, vision, and value (philosophies) statements are also included in the resident handbook provided to residents and/or their representatives. The continuous improvement program and associated auditing processes demonstrate ongoing commitment to quality. Management, staff practices and document reviews also confirm a commitment to quality that is reflected throughout the organisation. Objectives of the strategic and service plans provide a framework for operations in the home. Discussions with management and staff and observations of staff practice confirm that staff are aware of, understand and support each other in the provision of quality care and services.

1.6 Human resource management

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

Team's recommendation

Does comply

Interviews, documentation reviews and observations indicate that the home has sufficient skilled and qualified staff to ensure the delivery of appropriate levels of care to residents. Human resource management is supported by policies, procedures, and meeting regulatory requirements. Systems also include staff recruitment and selection as necessary, orientation, competency assessments, and a comprehensive education program. Staff are monitored by competency assessments, observations, resident feedback, surveys, and annual performance and development reviews. Staff are encouraged and supported to undertake training and gain further qualifications. As a minimum all care staff have certificate III in aged care and a number have completed certificate IV in aged care. Staff are also encouraged to attend further specific courses such as leadership, conflict resolution, and communication skills training to improve their performance. Resident/resident representative comments include that staff are knowledgeable, competent and responsive in meeting their needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Documentation, observations and interviews with staff and residents confirm the home has systems in place to order, maintain and monitor the stocks of goods and equipment, including medical supplies, food, chemicals, furniture and linen so as to provide quality care and services for residents. Observation of storage areas demonstrates that there are adequate supplies and there is a stock rotation policy for food. Processes are in place to ensure the freshness of the food supplies and food in storage. Temperatures for refrigerators, and freezers are monitored to ensure they are within the required ranges. Chemicals used are safely stored and managed. The home maintains a preferred suppliers list and there are established systems for procurement, purchasing and monitoring this system. There is a planned preventative maintenance program, corrective maintenance and ongoing review of current equipment to ensure that it meets resident/staff needs. Staff interviews confirm they have sufficient supplies of goods and equipment to complete their work.

1.8 Information systems

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

Team's recommendation

Does comply

Interviews, documentation reviews and observations confirm that the home has effective information systems in place to ensure the effective management and dissemination of information to all stakeholders. This includes: legislation, policies and procedures, organisational reports and requirements, resident care information, educational information and maintenance needs. An integrated computer network system, including an intranet and care documentation system, provides a comprehensive approach to information management. Information for staff is disseminated via the computer and the system ensures staff respond to indicate information has been read. The system is also backed up to ensure data is not lost. Information is disseminated to residents/resident representatives through the resident handbook, the resident agreement, resident/representative meetings, noticeboards, internal complaints systems, and the manager has an 'open door' policy. Information is provided to staff through the staff handbook, orientation and ongoing education, meetings, policies and procedures, memoranda, handover reports, one-to-one discussions and the computer system. There is a system for the secure storage, archiving and destruction of records. Interviews with residents/resident representatives and staff indicate that they are satisfied that there is an efficient two way flow of information.

1.9 External services

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

Team's recommendation

Does comply

The home has systems and processes to ensure external services are provided to meet the care and service needs of residents. A list of preferred external suppliers of goods and services is maintained and reviewed regularly. Service agreements or contracts are in place to ensure agreed standards of work and service specifications are met and the contractors' skill levels and qualifications are checked to ensure they can deliver the service needed. Changes are made when the services do not meet the needs of residents or the home. Staff state they are satisfied with the quality of services provided by external suppliers and contractors in meeting the home's needs.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

For details of the home's continuous improvement system refer to expected outcome 1.1 Continuous improvement. Examples of continuous improvement activities relevant to Accreditation Standard Two include, but are not limited to:

- A dedicated doctors' room was developed so as to allow residents increased privacy and quietness when seeing their medical practitioner.
- The computerised resident care documentation system came into action allowing for ongoing management of residents' records and care details. Privacy is assured via a password system that only permits access appropriate to level of care responsibility.
- A dedicated registered nurse's room was developed to provide a private space for case conferences, discussion and team meetings.
- An improvement has been made to the accident/incident reporting form so that more information can be captured.
- An active ageing course for residents was introduced and run by a physiotherapist and this was geared to residents' level of mobility, including those chair bound.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details about the home's systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines. Examples of compliance with regulations relevant to Accreditation Standard Two include, but are not limited to:

- The home monitors the currency of the authority to practice for the registered nurse employed in the home. The registrations for allied health workers attending the home are also monitored.
- A registered nurse is employed to provide input into the initial and on-going assessment, planning and management for residents receiving high level care as required by the *Quality of Care Principles 1997* (Cth).

2.3 Education and staff development

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

Team's recommendation

Does comply

Refer to expected outcomes 1.3 Education and staff development and 1.6 Human resource management for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Examples of education relevant to Accreditation Standard Two include, but are not limited to:

- Dementia care
- eye care
- management of urinary tract infections, and

- preventing and managing suicide and depression in older people.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home provides residents with appropriate clinical care through the provision of medical officers’ reviews, and referrals to medical officers and/or transfers to hospital when residents are unwell. Arrangements are in place to contact medical officers after hours when required. The home uses an electronic software program for the completion of residents’ care documentation. A range of assessments of residents’ care needs are completed and residents’ care plans are developed and evaluated by a registered nurse. The home has verbal and written communication systems to inform care staff and medical officers of the care provided for residents or care issues in need of review. Care staff have access to folders recording residents’ care needs for quick reference. Case conferences are held to discuss and review resident care needs with residents and/or resident representatives when the need is identified. Residents’ weights, urinalysis and vital signs are recorded monthly. Resident blood glucose levels are monitored according to their individual identified needs and medical officers’ orders. An accident and incident reporting system is in place for the reporting of resident incidents, such as, falls, skin tears, and behaviours of concern. Accident and incident data is collated monthly for monitoring. Resident/resident representative interviews indicate they are satisfied with the care provided by the home and their access to medical officers. Interviews also indicate residents/resident representatives have opportunities for input into the care provided when desired.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents’ specialised nursing care needs are identified and overseen by the registered nurse employed for five days per week, with medical officers or allied health services’ input when required. The home also employs staff with certificates III and IV in aged care for resident care delivery. The home currently provides specialised nursing care for residents including: urinary catheter care, wound care, and diabetic management. The registered nurse has electronic access to the home’s procedures to guide them on the provision of residents’ specialised nursing care if required. The registered nurse advises that the home can also access advice on residents’ specialised nursing care needs through a wound care product supplier and a local hospital when necessary. Staff interviews demonstrate the home has sufficient supplies of equipment for the provision of residents’ specialised nursing care needs. Residents/resident representative interviewed advise they are satisfied with the care provided.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The home has systems to identify residents’ needs and preferences in relation to other health and related services and for making referrals as required. Interviews and documentation reviews demonstrate examples of residents being seen by other health and related services visiting the home including: physiotherapy, podiatry, optometry, an audiology service, a dental service, pharmacy, and pathology services. Care file reviews demonstrate that residents have access to a psychiatrist and the registered nurse advises that a psychogeriatrician is available to visit the home. Interviews indicate that a dietician will also visit residents in the home on request. Residents can

choose to visit external health services of their choice outside the home, with assistance provided for their transportation by volunteers or resident representatives. Resident/resident representative interviews indicate they are satisfied with the other health and related services the home provides.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has processes for residents’ medication to be managed safely and correctly through: policies and procedures; use of a seven day unit dose blister pack administration system; the secure storage of medications; daily medication refrigerator temperature monitoring; internal medication management audits; and individual resident’s medication reviews completed by an accredited pharmacist. Care staff are required to complete training and competency assessments prior to being permitted to give out residents’ medications. Residents’ medication charts reviewed record current medical officers’ orders and are filed with resident photographic identification sheets and medication signing sheets. Nurse initiated medication lists have also been completed for each resident. Care staff have access to guidelines on medications suitable to crush. Medications observed by the team are within their expiry dates including eye drop containers labelled with the dates of opening. The home participates in a medication advisory committee and has a system for medication incident reporting. Residents/resident representatives interviewed are satisfied with the medication management the home provides.

2.8 Pain management

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

Team’s recommendation

Does comply

The home completes pain assessments and care plans when the need is identified to assist in ensuring that all residents are as free as possible from pain. The home has assessments which can be used to identify residents’ verbal and non-verbal pain when indicated. Processes are in place for accessing advice on pain management from medical officers and other health professionals when required. Interviews and documentation reviews demonstrate pain management strategies currently in use for residents include: the administration of pain relieving medications; provision of pressure relieving equipment; repositioning; medication reviews; the use of heat packs; and massage. Registered nurse interviews indicate that the home has access to a palliative care team for support with residents’ pain management when required. Resident/resident representative interviews demonstrate that treatment for residents’ pain is provided regularly and/or when necessary.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home has processes in place to maintain the comfort and dignity of terminally ill residents. Management interviews indicate that a palliative care wish list assessment is completed at a time identified by the home to be suitable to capture residents’ wishes for end of life care. The registered nurse advises that case conferences are also held to discuss residents’ palliative care when the need is identified. The home has a palliative care folder with resources and a range of forms for staff to complete to monitor that terminally ill residents’ care needs are met. The team reviewed evidence of the completion of these forms including round the clock pressure area care. Registered nurse interviews indicate the home has access to support and advice for residents’ palliative care through a local hospital’s palliative care team as well as medical officers. Interviews also indicate that visiting clergy and a pastoral care worker are available to provide support for terminally ill residents and their representatives. All residents have single accommodation to support their

privacy and dignity. This includes five resident rooms located in close proximity to the registered nurse's and care staff offices where residents can be transferred for closer observation as required. The home provides open visiting hours for representatives of terminally ill residents who are welcome to stay overnight if desired. Care staff interviews confirm they are aware of ways they can ensure the comfort of terminally ill residents through supporting the residents' physical and emotional care needs. Residents/resident representatives express confidence in the staff support available to care for residents when they are unwell.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

The home has systems in place to provide residents with adequate nourishment and hydration through the assessment and documentation of residents' dietary needs and the communication of these needs to catering staff, care planning and evaluation processes. Residents' meals are cooked fresh in the home following a four week rotating menu with resident/resident representative and dietician input. Provision is made for residents who require special diets, culturally appropriate meals, pureed meals, dietary supplements, thickened fluids and assistance with meals. The cook advises that fresh fruit is provided daily. Residents are provided with regular fluids and a water cooler is available in the main dining room. The home monitors residents for adequate nourishment and hydration through staff observations, the completion of 24 hour food/fluid charts as indicated, and by weighing residents each month or more frequently if necessary. The registered nurse advises that residents with swallowing difficulties are transferred to hospital for review by the speech pathologist within the hospital when indicated. Residents/resident representatives interviewed express satisfaction with the food and drink the home provides.

2.11 Skin care

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

Team's recommendation

Does comply

The home has systems for maintaining residents' skin integrity consistent with their general health, through initial assessments, care planning and care provision. Residents have podiatry, hairdressing, pressure area care, gentle massage, and nail care provided according to their needs. A podiatrist visits the home regularly. Residents' wound care is provided by care staff with registered nurse input. Residents with skin integrity breakdown have wound dressing charts completed by care staff, recording descriptions of the wounds and the treatments provided. Care staff interviews indicate they maintain residents' skin integrity through the application of emollient creams, repositioning of residents, providing pressure area care, and the provision of pressure relieving equipment. Observations demonstrate that the home has supplies of emollient creams to provide for residents. The home has equipment to minimise the risk of skin trauma for residents, such as, airflow mattresses, special mattresses, and specialised chairs. Residents/resident representatives interviewed do not identify any issues with the skin care provided.

2.12 Continence management

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

Team's recommendation

Does comply

Residents' continence is managed through the completion of the aged care funding instrument assessments to identify residents' continence management needs, and care planning processes. Processes are in place to inform staff of residents' continence care and continence aid needs. The registered nurse oversees the distribution of residents' continence aids. Care staff interviews confirm they have access to adequate supplies of continence aids to meet residents' needs. Care

staff interviews also demonstrate they provide residents with regular toileting programs when required. Each resident has their own ensuite bathroom with toilet facilities for their convenience. The home has strategies for residents' bowel management including: the completion of bowel charts, reviews of residents' diets, provision of fluids, and the administration of medications regularly or when necessary. Resident/resident representative interviews demonstrate satisfaction with residents' continence management.

2.13 Behavioural management

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

Team's recommendation

Does comply

The needs of residents with behaviours of concern are managed effectively through the home's initial assessments, care planning and evaluation processes. Care strategies are identified in consultation with residents/resident representatives, medical officers and/or other health professionals as required. This includes the home accessing mental health specialists to review residents' care when required. Care staff and recreational activity officer interviews demonstrate that, with the assistance of volunteers, they implement a range of strategies to support residents with challenging behaviours. Residents with wandering behaviours identified have 'missing resident profiles' completed. The home also provides key pad locks on doors and gates for the safety and security of residents with wandering/absconding behaviours. A secure 10 bed dementia specific area is located in the centre of the property. Management advise that residents' rooms in the dementia specific area are fitted with movement sensors to assist staff to monitor their movements at night. The registered nurse advises that no residents currently have physical or chemical restraint in use. Residents' medical officers complete regular reviews for residents receiving psychotropic medications. Residents/resident representatives are satisfied that staff effectively interact and provide care for residents.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents are supported to achieve optimum levels of mobility and dexterity through the assessment and care planning processes and the provision of exercise programs. Residents are referred to a physiotherapist as required for assessment and care planning. This includes the identification of residents' manual handling and transfer needs. A physiotherapy assistant, attending the home five days a week, provides residents with exercises according to the care plans developed by the physiotherapist including walking exercises. Activities programs include activities through which residents gain exercise including morning exercise groups five days a week. The team observed residents walking independently and/or with mobility aids, as well as residents participating in an exercise group. Strategies for residents' falls' prevention include: the completion of falls' risk assessments for residents; medication reviews; the use of hip protectors; minimising the clutter in the living environment; provision of exercises; and podiatry. Resident/resident representative interviews indicate residents are generally supported to exercise and maintain their mobility and dexterity levels.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents' oral and dental health care is maintained through assessments, care planning and evaluation processes. Residents' ongoing oral and dental care needs are monitored through staff

observations and resident/resident representative feedback. A dental service has also visited the home to review and support residents' dental care needs. Care staff interviews indicate they provide residents with oral care including assistance with denture care, teeth cleaning and mouth swabs when indicated. The registered nurse advises that a dental service labels the residents' dentures with the residents' names. Observations demonstrate that the home has a large supply of disposable denture soaking containers. Residents/resident representatives indicate they are satisfied with the oral and dental care the home provides.

2.16 Sensory loss

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

Team's recommendation

Does comply

Residents' sensory loss needs are identified and managed through assessments and care planning processes. Optometry or hearing services visit the home to assess residents' needs. The home also assists with organising transport for residents to attend external optometry or audiology appointments when necessary. The registered nurse advises that a number of residents have been provided with assistive listening devices funded through a government scheme and that batteries for residents' hearing aids are always in stock. Care staff interviewed report of strategies in place to assist residents with vision impairment and/or hearing loss including: using cue cards; hearing assessments completed by medical officer; accessing appropriate resources; and the availability of large print books in the home. Recreational activity officers advise that additional large print books can be accessed from a local library if required and one resident has an audio machine for taped books. Provision is made for residents' taste, touch and smell sensory needs through the activities programs. This includes, but is not limited to, using a box of perfumes with different fragrances for residents to smell.

2.17 Sleep

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

Team's recommendation

Does comply

The home assists residents to achieve natural sleep patterns through assessments, care planning, choice of bed times and staff support at night. The home is staffed with two stand up care staff at night whom management advise complete rounds. All residents have single unit accommodation to assist in providing a quiet living environment. A range of strategies are used to support residents to achieve natural sleep patterns including: warm drinks, a supper round in the evenings, snacks at night as required, provision of pressure relieving equipment and pressure area care, and night sedation as per medical officers' orders if necessary. The registered nurse advises that the home aims to keep the use of night sedation to a minimum. Processes are in place for medical officers to review the use of psychotropic medications for residents. Management and registered nurse interviews indicate that that room and/or bed sensors can be used at night to assist staff to monitor the residents' movements. Residents also have call bells in their rooms to call for assistance if required. Resident/resident representative interviews do not identify any problems with residents achieving natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

For details of the home’s continuous improvement system refer to expected outcome 1.1 Continuous improvement. Examples of continuous improvement activities relevant to Accreditation Standard Three include, but are not limited to:

- The television reception has been improved for residents by installing new television antennas.
- Residents’ units are located on a slight incline which means that some residents experience difficulty in accessing the dining area. Electronic wheelchairs have been purchased to increase the transport available for residents around the village. Management advise that this ensures residents can attend the dining room for meals rather than having to remain in their rooms when experiencing difficulty with their mobility. In addition, to the home has purchased amputee stump supports for use with wheel chairs to support the safety and transporting of residents with an amputation.
- A volunteer handbook has been launched to further support the work of volunteers within the home and provide them with more information about their roles. A volunteers meeting has also been introduced to provide ongoing support for the home’s volunteers.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines. Examples of compliance with regulations relevant to Accreditation Standard Three include, but are not limited to:

- Residents/resident representatives are provided with information on prudential arrangements and a resident agreement at the time of or before entry to the home. Regular financial meetings are held to update residents with any further information and to provide the opportunity for having questions answered. The resident agreement includes information in accordance with the *User Rights Principles 1997*.
- New staff are required to sign a form to acknowledge they will maintain the confidentiality of resident information.
- Residents are provided with a consent form for the collection, use and disclose personal information of residents for the purpose of providing residential care which references the relevant legislation.

3.3 Education and staff development

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

Team’s recommendation

Does comply

Refer to expected outcomes 1.3 Education and staff development and 1.6 Human resource management for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Documentation reviews and

recreational activity officer interviews demonstrate they have completed relevant certificates to their roles as well as dementia support training. Examples of education relevant to Accreditation Standard Three include, but are not limited to:

- A course on active ageing
- a course supporting and working with older people from diverse backgrounds who have experienced trauma, and
- a course increasing understanding for staff of people from the Polish community.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has systems to ensure each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Potential residents and/or their representatives are provided with a tour of the home and an explanation of the fees and other relevant information to assist them to identify that the home will meet their needs. New residents and their representatives are provided with a range of information including information on the home's care and services. New residents are also assisted to settle into the home through the identification of their physical and emotional needs and the staff support provided. Management and staff interviews demonstrate ways they provide new and ongoing residents with emotional support. Examples include: management's 'open door' policy; introducing new residents to other residents; encouragement to participate in recreational activity programs; and one-to-one support. Multilingual community visitors are sourced to visit and support residents with culturally and linguistically diverse backgrounds. A pastoral carer visits the home regularly. Resident/resident representative interviews confirm they are satisfied with the way the home assists residents to adjust to life in their new home and with the ongoing support and care provided. Resident/resident representative comments include that the residents are happy living in the home.

3.5 Independence

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

Team's recommendation

Does comply

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home according to their personal preferences and general health. The home provides an environment in which resident representatives, visitors, volunteer visitors and school groups are welcome to visit. For example, school groups are reported to visit the home periodically to provide musical performances. The home has a number of volunteers who assist with activity programs and escorting residents to appointments. Residents can choose to go on family outings and interviews indicate that several residents continue to attend activities at local clubs. The activities program includes bus outings. Residents' independence is also fostered through ways including: residents having personal items in their rooms; choosing to have telephones, televisions and/or radios in their rooms; mail deliveries; and provision of mobility aids. The home provides a buggy and various electric wheel chairs to assist residents to access the dining area from their units within the village when required. Care staff interviews demonstrate they encourage residents to attend to activities of daily living to maintain their independence. Resident/resident representative interviews indicate satisfaction with the ways the home assists residents to maintain their independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home recognises and respects each resident's right to privacy and dignity through the identification of residents' care needs, care planning, and staff practices. Assessment processes include the identification of residents' preferred names. The resident agreement provides information on the home's protection of residents' personal information. New residents or their representatives are requested to sign a consent form for the collection, use and disclosure of personal information. Staff interviews demonstrate they understand the need to maintain the confidentiality of resident information and apply strategies for maintaining respect for residents' privacy and dignity. Examples include: requesting resident consent to complete procedures and closing doors when providing treatments in residents' rooms. Observations demonstrate that residents' care documentation is stored securely and computerised information is password protected. Management advise of processes in place for the destruction of confidential information when no longer required. Residents/resident representatives report that staff are always respectful and maintain residents' privacy and dignity.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home has systems to encourage and support residents to participate in leisure interests and activities of interest to them. Systems include: assessment, care planning and evaluation processes; and providing group activity programs and one-to-one support. Recreational activity officers are employed to provide activity programs in the mainstream area seven days a week. Care staff and volunteers provide activity programs in the dementia specific area. The activities programs in both areas are designed to cater for residents' various levels of physical and cognitive capabilities. Examples of activities provided include: board games, sing a longs, indoor ball games, happy hour, bingo, and exercise groups. The home also provides monthly birthday celebrations, bus outings, concerts, and the celebration of special events. Photograph reviews show residents participating in a wide range of special celebrations and activities. Electronic records are completed, to monitor residents' levels of participation in activity programs, which automatically generate reports in residents' electronic progress notes. Resident satisfaction with activity programs is evaluated through various meetings, resident attendance and evaluations of functions completed by recreational activity officers. Residents/resident representatives are informed of the recreational activities available through activity programs on display, newsletters and verbally by staff. Resident/resident representative interviews indicate they are satisfied with the range of activities available.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has systems in place through which residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, customs, religion and culturally diverse backgrounds. Community visitors have been organised to visit several residents with similar cultural backgrounds. The home is decorated with artefacts to support residents with Dutch heritage and European music is played in various locations. Cultural days and religious celebrations are acknowledged and celebrated. For example, the home has held special activities for the Queen's birthday (Dutch), Christmas, Easter, Seniors' week and other cultural days. Regular church services are held in the home to cater for Polish and Dutch residents. Interviews indicate that a pastoral carer visits the home regularly and visits from religious representatives can be arranged according to residents' needs and preferences. Management

interviews indicate that staff and resident representatives are available to interpret for residents from culturally and linguistically diverse (CALD) backgrounds when required. The home has a pictorial communication book in the Macedonian language and other resources for CALD residents. Resident/resident representative interviews indicate satisfaction with the cultural support the home provides.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents and/or their representatives are enabled and encouraged to participate in decisions about the care and services provided through information they receive before and at the time of entry to the home. The home informs residents/resident representatives of choices available and their entitlements through ways including: the information provided on entry to the home; the resident agreement; the resident handbook; and information brochures on comments and complaints' mechanisms on display. Examples of residents' choices for care and services include: choice of participation in activities; choice of medical officer; choice of personal items in rooms; input into care delivery; choice of bed times, and choice of clothing worn. Resident/resident representative input on care and services is also facilitated through case conferences, surveys, various meetings, comments and complaints' mechanisms, and management's 'open door' policy. Food panel meetings are also held to enable resident/resident representative input into residents' meals. Residents are currently assisting the home in the choice of new chairs for the second lounge room. Resident/resident representative interviews demonstrate that residents are able to exercise choice and control over the care and services provided within the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The administration officer discusses fees and costs available with potential residents/resident representatives prior to entry to the home. A resident agreement is offered to each resident and/or their representative for signing when moving into the home. The resident agreement provides information on residents' rights and responsibilities including, but not limited to: complaint resolution; transfers; ending the agreement; bonds; fees and subsidies; the care and services provided; an initial 14 day cooling off period; and the charter of residents' rights and responsibilities. The resident handbook also provides information on security of tenure, responsibilities in relation to the unit, rules and regulations for residents, advocacy services, and the charter of residents' rights and responsibilities. Management interviews confirm residents are not transferred to alternative rooms unless consulted about the room moves. Interviews demonstrate that residents and/or their representatives have access to information on the prudential arrangements for the management of their bonds. Resident/resident representative interviews indicate that residents feel secure in their residency in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

For details of the home’s continuous improvement system refer to expected outcome 1.1 Continuous improvement. Examples of continuous improvement activities relevant to Accreditation Standard Four include, but are not limited to:

- The home identified the need for more space for staff offices. A former community centre located within the grounds has been renovated to provide administrative offices and a staff training room. Management advise that external groups also utilise the training room. The development of the building has also resulted in providing more space in the main building through which the doctor’s room and the registered nurse’s office have been developed (refer to expected outcome 2.1 Continuous improvement for further details).
- An attractive outdoor sitting and garden area for residents’ enjoyment and relaxation was built outside the large common room. This includes installing a shade cloth for the area. Management advise that this allows the area to be well utilised by residents in the summer months. The area also has a soft fall surface in place for the residents’ safety.
- A visitor sign on and off book has been introduced for all visitors.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines. The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems. Examples of regulatory compliance with Accreditation Standard Four include, but are not limited to:

- A current fire safety statement is on display and the home has achieved a pass mark for the fire safety score against the building certification assessment.
- A food safety program is in place and a NSW Food Authority licence is held in accordance with the legislation for vulnerable persons.
- Training records indicate that staff have received regular compulsory training on fire safety and that this is conducted annually.

4.3 Education and staff development

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

Team’s recommendation

Does comply

Refer to expected outcomes 1.3 Education and staff development and 1.6 Human resource management for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. The home demonstrates that staff have the knowledge and skills required for effective performance in relation to physical

environment and safe systems. Examples of education and training programs provided relevant to Accreditation Standard Four include, but are not limited to:

- Infection control training included in orientation and ongoing education
- fire safety training, and
- manual handling training.

4.4 Living environment

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

Team's recommendation

Does comply

Systems are in place to guide management and staff on providing a safe, attractive and comfortable environment to meet residents' needs and for the maintenance of the living environment. Residents are accommodated in one bedded units/rooms with ensuites, which residents are encouraged to decorate with personal items. The village has a large common room and a smaller lounge as well as the 10 bed dementia specific area providing a lounge and dining room for residents. Keypad security and bed sensors are in place and at night security patrols take place. A planned and reactive maintenance program is in place. Observations demonstrate the home is well maintained and decorated in style that reflects Dutch culture and history. A review of the documentation and staff interviews indicate regular environmental monitoring and there are a number of systems in place for staff and residents or representatives to report concerns or complaints, to provide feedback and make requests. The testing and tagging of electrical equipment is completed. There are landscaped and well maintained gardens throughout the village and residents' units/rooms have views of these. Residents/resident representatives interviewed express satisfaction with their 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 recommendation

Does comply

The home has systems in place to ensure there is a safe environment for both residents/resident representatives and staff. An occupational health and safety (OHS) committee meets bi-monthly to assess, review and monitor systems for OHS, hazard reporting and risk analysis and to address problems or concerns identified through the various reporting processes. The OHS committee is chaired by the manager and minutes are circulated via the intranet, email and by hard copy. All streams within the home have representatives on this committee to aid its effectiveness. Staff receive OHS training during orientation and regularly throughout the year. Staff are also kept informed of OHS practices via a range of posters, policies and charts displayed throughout the home. The team observed safe work practices and personal protective equipment and clothing being used and readily available. The home has appropriate equipment to ensure resident and staff safety and there is a program for review and maintenance that is supported by documentation and system evaluation. Staff interviewed show an awareness of OHS systems in the home and that they have participated in appropriate training and education.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has a system in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. This is supported by document review, and staff and resident

interviews. Staff attend compulsory training annually which includes evacuation training, as well as initial education at orientation. There is a disaster plan, fire officers on site and emergency contact numbers are well displayed. Fire exits are well marked. Correctly oriented evacuation plans are displayed prominently throughout the building and emergency exits are appropriately marked. The home has key information available for use in the event of an emergency including appropriate resident details and evacuation information. Key pads on external doors ensure the safety of residents. All who come into the building must sign on entry and exit. Fire equipment is regularly serviced by external contractors and this is further supported by internal review and maintenance systems. Service logs are up to date and areas in front of fire equipment are kept free from obstructions. Regular fire safety audits are conducted and documents reviewed support this. Documentation reviews indicate there is a system in place for maintaining electrical equipment.

4.7 Infection control

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

Team's recommendation

Does comply

Documentation reviews, staff interviews and observation of staff practices confirm that the home has an effective infection control program. There is an infection control committee which meets regularly, overseen by a registered nurse and with membership from a cross section of staffing across the home. There is a structured auditing, monitoring and reporting process, staff and resident vaccinations, and appropriate disposal of infectious waste and use of spill kits. There are procedures in place to ensure staff practices meet infection control guidelines and this is monitored regularly. Compulsory education programs for staff include infection control and this is supplemented by informal education via information on notice boards, spot checks and monitoring. Internal monitoring ensures trends can be identified and action taken as necessary. Observations demonstrate that personal protective equipment is readily available and that staff use it during the completion of their duties. The home follows state and federal guidelines for the management of influenza and gastroenteritis outbreaks. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are completed for food and equipment. Staff show knowledge of the systems and the team observed that staff comply with infection control practices.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

All residents' dietary needs, restrictions and choices are assessed and documented and are adjusted as residents' needs or tastes change. There is a food safety program in place, meals are prepared in the home, and food preparation safety guidelines and infection control procedures are followed. A four weekly rotating menu is offered and alternative meals are available from which residents can choose. A recent external audit by a registered dietician confirms the quality of the food being offered in the home. Cleaning staff perform their duties guided by a documented and set schedule and staff interviewed and observed show a knowledge of infection control procedures and manual handling issues. The home presents as clean and tidy and free of malodour. All laundry is completed in the home in a well equipped laundry five days a week. Procedures and workflow areas are in place in the laundry to prevent cross contamination of laundry items. Laundry chemicals are dispensed automatically. There are processes for the labelling of residents' clothing. Resident/resident representative interviews indicate satisfaction with the catering, cleaning and laundry services in the home and the annual resident feedback survey for 2009 also supports this.