



Decision to accredit A C D M A Aged Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit A C D M A Aged Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of A C D M A Aged Hostel is three years until 22 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:		A C D M A Aged Hostel			
RACS ID:		0365			
Number of beds:		45	Number of high care residents:		28
Special needs group catered for:			<ul style="list-style-type: none">Australian Chinese and descendants		
Street/PO Box:		2 First Avenue			
City:	CANLEY VALE	State:	NSW	Postcode:	2166
Phone:		02 9754 1343		Facsimile:	02 9755 9559
Email address:		acdmaagedhostel@hotmail.com			

Approved provider

Approved provider:	Australian Chinese & Descendants Mutual Association Inc
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Assessment team

Team leader:	Wendy Ommensen
Team member/s:	Katrina Bailey
Date/s of audit:	16 July 2009 to 17 July 2009

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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Does comply
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Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

Name of home	A C D M A Aged Hostel
RACS ID	0365

Executive summary

This is the report of a site audit of A C D M A Aged Hostel 0365 2 First Avenue CANLEY VALE NSW from 16 July 2009 to 17 July 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 A C D M A Aged Hostel.

The assessment team recommends the period of accreditation be 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 16 July 2009 to 17 July 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:	Wendy Ommensen
Team member/s:	Katrina Bailey

Approved provider details

Approved provider:	Australian Chinese & Descendants Mutual Association Inc
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Details of home

Name of home:	A C D M A Aged Hostel
RACS ID:	0365

Total number of allocated places:	45
Number of residents during site audit:	44
Number of high care residents during site audit:	28
Special needs catered for:	Australian Chinese & descendants

Street/PO Box:	2 First Avenue	State:	NSW
City/Town:	CANLEY VALE	Postcode:	2166
Phone number:	02 9754 1343	Facsimile:	02 9755 9559
E-mail address:	acdmaagedhostel@hotmail.com		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit A C D M A Aged Hostel.

The assessment team recommends the period of accreditation be 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.

Assessment team's reasons for recommendations

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

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
CEO/manager	1	Recreational activities officer	1
Care manager/registered nurse	1	Chef	1
Assistant care manager	1	Chef assistant	1
Quality manager/registered nurse	1	Cleaning staff	1
Aged care consultant	1	Residents with interpreter	6
Care staff	3	Relatives	6
Office clerk	1	Residents	2
Physiotherapist	1	Volunteer	1
Mobility nurse	1		

Sampled documents

	Number		Number
Residents' files	10	Wound care forms	2
Wandering charts	2	Pain assessment charts	4
Accident and incident reports in detail	12	Blood sugar charts in detail	2
Medication charts	12	Resident agreements	5
Self administration assessments	2	Personnel files including application for position, letter of employment, staff orientation, code of conduct, privacy and confidentiality agreements, competencies, occupational health & safety policy and staff assessment form.	10
Resident sighting charts	2		

Other documents reviewed

The team also reviewed:

- 1999 Building certification assessment instrument
- Accident and incident reports
- Annual fire safety statement
- Assets list
- Audits – internal
- Benchmarking information
- Chlorination of foods records
- Cleaning and laundry monthly check records
- Cleaning audits – infection control checklist
- Cleaning records
- Cleaning schedules
- Client services agreements including certificate of currency for insurance
- Communication book
- Complaints' forms/suggestion logs
- Complaints' register
- Diary
- Duties lists
- Education folder and training records and education calendar (2009)
- Family conference folder
- Food likes and dislikes list for residents
- Hairdressing folder
- Handover reports
- Immunisation records
- Infection control surveillance control register 2009
- Information on recreational activity program including photographs of program, program, activity evaluations and individual resident attendance charts
- Information on the mobility program including exercise program, manual handling, competency skills testing and resident individual sheet
- Job descriptions
- Medication - folders
- Meeting minutes 2007-2009
- Menu review by dietician (3/7/07)
- Microbial analysis record - kitchen
- Minutes of meetings (2008/2009)
- NSW Food authority audit (14/4/09)
- NSW Food authority licence (30/10/08)
- Nutritional analysis of menu
- Observation folder which contains blood glucose testing, blood pressure measurements and resident weights recorded
- Occupational health and safety worksite inspection
- Podiatry folder
- Police check register and statutory declarations for staff and volunteers
- Policy and procedure manuals
- Quality improvement plan 2008-2009
- Register of HACCP (hazards and critical control points) team record
- Resident care folder which contain daily information for residents relating to bowel management and hygiene and information on residents such as food and fluid chart
- Resident handover list
- Resident list with diagnosis
- Resident monthly meeting folder
- Residents' agreement
- Residents' handbook
- Residents' outing declaration form
- Residents' outing record

- Staff competency folder
- Staff education attendance records 2008-2009
- Staff Handbook
- Staff rosters
- Staff training records
- Strategic plan 2008-2012
- Suggestion book
- Temperature control records – hot and cold food, food on delivery, refrigerator, freezer and cool room, dishwasher rinse cycle,
- Visitor signing sheet
- Volunteer agreement folder

Observations

The team observed the following:

- Activities in progress
- Colour coded equipment in the kitchen and in use for cleaning
- Dining room
- Equipment and supply storage areas
- Evacuation maps
- Exercise programs in progress including Tai Chi
- Fire fighting equipment checked and tagged (January 2009)
- Gastro outbreak kit
- Hand hygiene stations in hallways
- Hand washing posters
- Interactions between staff and residents
- Kitchen at work – dry stores, cool room and freezer
- Living environment (internal and external, including residents' rooms and en-suites, garden courtyard areas, balconies and small sitting areas)
- Main laundry and smaller laundry where machine is used to wash mops
- Material safety data sheets
- Meals being delivered and residents being assisted with meals
- Medications being provided to residents
- Meeting room/office
- Mobility aids in use
- Notice boards and notices
- Noticeboards with information for staff and residents in English and Chinese
- Nurse call system
- Physiotherapy room
- Pressure relieving equipment in use
- Residents' rights and responsibilities on display in English and Chinese
- Secure storage of care files and other documents
- Sharps disposal containers
- Spills kits
- Staff amenities
- Staff practices and interactions with residents, visitors and other staff
- Storage of medications
- Suggestion box in dining room
- Surveillance cameras/screens in administration office
- Visitor signing sheets

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

Continuous improvement opportunities at the hostel are identified through a variety of sources including internal auditing processes and benchmarking, legislative change, consultation with externally based professionals with specialist skills and comprehensive English and Chinese communication with staff, residents and other stakeholders. Quality initiatives, infection control and occupational health and safety discussions are standing agenda items at meetings and the service has a continuous quality improvement consultant coordinator, who is also a registered nurse. Residents, representatives and staff reported that their suggestions and ideas are encouraged and they feel comfortable to contribute to the continuous improvement mechanisms in the home. The manager reports three monthly to the management committee about a range of issues which relate to the strategic planning processes and the services at the home.

The following are some examples of improvements relating to management systems, staffing and organisational development that have been implemented at ACDMA Aged Hostel:

- The quality manager, who is a registered nurse and has previously worked with the service, was contracted to the service in December 2008 following the departure of the care manager and the appointment of a new care manager in January 2009. It was realised that care systems at the home had been compromised by the instability of care management, three care managers in three years from 2006 to 2009, and that the new care manager required support and assistance to review and update documentation and oversight care delivery. The quality manager has the role of coaching the care manager, assisting in the coordination of care, quality initiatives and reviewing the management systems.
- Audits of the residents’ clinical files were undertaken and a new system of assessment and documentation of care with three monthly reviews was introduced. Residents’ clinical care files were organised, a contents page devised, dividers implemented to section relevant information, assessments stored for easy access, and a one page care plan created to guide care staff. A new general care plan format was also put in place.
- Chinese documents outlining ‘rules for living in the aged care facility’ and other information relating to residents’ entry were removed from the clinical files and stored separately for future review.
- The Governing Body Manual was reviewed and revised early in 2009 and now clearly outlines the roles and responsibilities of the management committee in Chinese and English. A four year strategic plan from 2008 to 2012, with clear strategic objectives, has been agreed.
- The auditing program, incident reporting, recording and analysis of monthly clinical indicators and external benchmarking program has been revised and implemented. Policy and procedure manuals have been reviewed and updated.

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

The home has a system in place to identify and implement changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced through industry related newsletters, from peak bodies, from State and Commonwealth government departments, from statutory authorities and via the internet. Changes to legislation are disseminated to the home's staff through memos, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Internal audits and benchmarking, surveys and quality activities ensure that work practices are consistent and compliant with legislative requirements.

The following examples illustrate regulatory compliance pertaining to Accreditation Standard One:

- Prospective employee's criminal records are checked prior to engagement and there is a process in place to review the currency of this status every three years. Volunteers assisting at the home and contracted service personnel are also required to complete criminal record checks.
- Mandatory reporting guidelines regarding elder abuse have been implemented at the home. A system is in place to support notification, investigation and actions taken and records of alleged or proven elder abuse are maintained.
- Changes under the Aged Care Act 1997 effective from 1 January 2009 have been implemented in regard to notification of missing residents to the Police Department and Department of Health and Ageing.
- Accreditation site audits are discussed at residents' meetings, information is included in the newsletters and notices of impending audits are displayed prominently on the noticeboard at the home.

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

The residents and representatives interviewed by the team indicate that the management and staff have appropriate knowledge and skills to perform their roles effectively. Management attend seminars and access external consultants to ensure that they have the knowledge and skills to perform their roles effectively. All staff interviewed by the team state that the education provided to them meets their needs and that they are offered both internal and external education opportunities. Staff knowledge and skills information is provided by mechanisms that include the orientation program, an internal education program, job descriptions, competency assessments, staff meetings and staff appraisals. An education planner is developed and other subjects specific to the organisation are included in the education and training program. The care service manager is responsible for coordinating the education program and revises and updates the program to reflect management, legislative and staff requirements. Education needs are identified through staff feedback, residents' clinical care needs and resident and representative feedback. Education that has been provided to staff relating to Accreditation Standard One include; application of the aged care funding tool (ACFI), accreditation and quality management and documentation

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

Information outlining the internal and external complaints' mechanism is clearly outlined in the residents' agreement, the residents' handbook and procedures for raising issues of concern both internally and externally are prominently displayed, in English and Chinese languages, at

the home. Abundant opportunities for feedback to management are provided to residents and their representatives through the open door policy and visible presence of the CEO/manager and care service manager, who conducts a round of the home each day. Residents' meetings, which include a resident nominated advocate, case conferences, satisfaction surveys, complaints' forms and consultation with residents in Chinese, regarding issues that may affect day to day life at the home further enhance the system. Policies, procedures and a register of comments and complaints are in place. Issues raised through the complaints processes at the home are discussed at meetings and when relevant generate improvement opportunities. Interviews with residents (through an independent interpreter) and their representatives demonstrated a clear understanding of the system and satisfaction with the way issues are responded to and acted upon.

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 manager of the home reports to an executive management committee which meets on a three monthly basis and a mission, vision, philosophy, objectives and values have been formulated for the service and are documented in the residents' and staff handbook. The governing body manual has recently been reviewed, updated and translated into Chinese. With the assistance of consultants, a strategic plan from 2008 to 2012, has been agreed upon, is being implemented and progress monitored.

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

There are systems and processes in place to provide sufficient, suitably skilled and qualified staff at ACDMA Aged Hostel and to provide services to residents in accordance with the Accreditation Standards and the philosophy and objectives of the service. Human resources' policies and procedures are in place and cover staff recruitment, orientation and induction, performance review through annual staff appraisals, a competency assessment program, which is linked to education, disciplinary and grievance processes. Position descriptions outline roles for all disciplines. The ability to speak a Chinese language is a pre-requisite for all staff and the CEO/manager is a qualified interpreter in seven dialects. Confidential personnel files are maintained and securely stored. Staffing levels are flexible and are monitored in line with reviews of residents' care and related dependencies, special care needs and behaviours of concern. Flexible short and long term rostering ensures extra staff when residents' care needs change. Staff who are unable to work or on leave are replaced by other permanent part time staff or from a casual pool. Staff enjoy working at the home and many have been employed for a long time. All residents and representatives interviewed by the team spoke highly of the skills and caring attitude of all staff.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Staff, residents and their representatives interviewed by the team confirmed that there are adequate levels of goods and equipment for quality service delivery. Cleaning, chemical, linen, food, continence products and clinical stores were observed to be available. There are stock rotation processes for perishable items and individual staff are allocated responsibility for stock monitoring, day to day ordering and receipt of goods following standardised purchasing procedures. Equipment is purchased following trial and service training. Recent purchases of new equipment have included electronic beds, a water chair and two laundry trolleys which were trialled and found unsuitable, returned and are awaiting replacement. Corrective maintenance programs are in place and attended by the maintenance officer and external service contractors. Review of maintenance service records indicates that maintenance is responded to appropriately, that service reports are monitored by the CEO/manager and when servicing becomes excessive equipment is replaced. The home recently replaced the cool room compressor which was regularly breaking down.

1.8 Information systems

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

Team's recommendation

Does comply

Information relevant to all aspects of service delivery is collected through a variety of processes which include audits, surveys, stakeholder feedback mechanisms and meetings, shift handover discussions, resident assessments and care planning, discussion with residents and their representatives regarding residents' care and lifestyle choices and preferences. The home disseminates information to management, staff, residents and their representatives in relation to resident care, activities of the home and other matters that may be of interest to them in both English and Chinese. Clinical care plans are regularly reviewed and there is a process of consultation and case conferencing with residents and their representatives. Email, reports to the management committee, memoranda, meetings, shift handover sheets, communication books and diaries, information posted on noticeboards, education sessions, and policy and procedure manuals are some of the ways in which the home communicates with stakeholders. Computer access is limited to authorised staff with password protection and is backed up on a daily basis. A document storage system ensures currency of all forms and templates. Systems are in place to manage the storage, archiving and destruction of all records. Staff interviewed confirmed that they receive adequate and timely information that assists with the planning of their work activities.

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

Contracts with external suppliers are negotiated and managed by the CEO/manager and there are client services agreements with the supply pharmacist, an accredited pharmacist, general and contaminated waste services, a grease trap cleaning company, fire fighting equipment and fire panel maintenance, pest control and food suppliers. Verbal contracts are in place with a number of other service providers such as the electrician and the plumber, chemical supplier, continence product provider. A list of preferred providers is in place. Eye, hearing and podiatry services are available to residents from an external service provider. External services are monitored in a variety of ways including quarterly audits and inspections of the building and grounds, observation of work practices and review of outcomes by the CEO/manager and the quality consultant who reviews care outcomes for residents. Contracts are reviewed annually or as negotiated. Unsatisfactory performance by contractors may result in termination of the contract before the term of the contract has been completed. Externally sourced services are provided at a level that meets the home's requirements and quality goals.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The results of the team's observations, interviews and review of documentation revealed that the home is pursuing continuous improvement in relation to health and personal care of residents. For information regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

The following are examples of some of the improvements undertaken in relation to health and personal care of residents:

- A new job description was introduced for the role with the appointment of the new care manager in January 2009. The quality manager provides training and support on a day to day basis and a daily care round by the care manager and assistant care manager to review the care needs of all high care residents is now in place. Information regarding changes to care needs is documented in English in the handover book, discussed with care staff and transferred to individual resident's progress notes.
- More accurate diagnosis of residents' care issues supporting immediate intervention is allowing for residents' care needs to be evaluated and met in a timely fashion. Pain management, allied health referrals and medical specific reviews are now ensuring individualised care needs are also being addressed. For example, the quality manager reports that a resident with osteoarthritis was referred to the physiotherapist for assessment and planning, which was carried out by the mobility nurse following consultation with the medical officer. Hot packs and massage, together with an exercise regime, has resulted in improved pain management for the resident.
- A new pain management chart has been designed to include the mobility nurse's interventions which include heat packs, massage, Tai Chi, exercises and use of the tens machine. The chart is no longer stored with the medication charts but remains with the mobility nurse for recording of the outcomes of treatment – medication and analgesia is also recorded on the pain chart. The care manager signs off the pain chart to indicate the effectiveness of medications. An audit of the effectiveness of pain interventions for five residents showed that: 40% responded to a combination of tai chi, analgesic and massage; 20% responded to treatment with the tens machine; 80% found pain relief with a passive exercise regime and 100% found pain relief through a daily exercise program.
- A new single page medication chart, with the medical officers' signed orders, has been introduced to replace the medication booklet which covered six months of medication administration to a resident. This chart is more user friendly for staff and medical officers, ensures easier access to residents' current medication information, reduces the risk of error and has enhanced the review process.
- Multi-dose blister packs were re-introduced to replace the single dose system. This has significantly reduced staff signing errors, through the use of one signage to confirm the number of tablets being administered.

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

The results of the team's observations, interviews and review of documentation demonstrated that an effective system is in place to manage regulatory compliance in relation to health and personal care. For comments regarding the system see expected outcome 1.2 Regulatory compliance:

- Authority to practice registrations are sighted and records maintained by the home for all qualified staff and health professionals including registered nurses, the physiotherapist, the podiatrist, the accredited pharmacist and the dietician.
- The care manager who is a registered nurse is responsible for the care planning and assessment processes implemented for all residents.

2.3 Education and staff development

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

Team's recommendation

Does comply

Refer to Expected Outcome 1.3 Education and staff development for information about the home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The team verified through discussions with staff and management and documentation review that the home delivers education relevant to Standard Two that will promote residents' physical and mental health. Examples of education provided specific to Standard Two include; neurological observations, administration of eye drops, behaviour management, continence management, bowel management and blood glucose monitoring

2.4 Clinical care

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

Team's recommendation

Does comply

The home provides residents with clinical care which is appropriate to their needs and preferences. This is achieved by collecting information from personal history, initial assessment data, focus assessments, progress notes, referrals and clinical reports. Care is planned, delivered and evaluated with the input of staff, other health professionals, residents and/or their representatives and is generally carried out consistently according to the resident's care needs. Each resident has a documented care plan which is reviewed in line with the home's policy and procedures. General observations are conducted and reviewed regularly. A resident accident and incident reporting system is in place through which residents' accidents and incidents are reported, acted upon, evaluated, trended and reviewed. Staff interviewed demonstrated knowledge of individual resident care requirements. Information in relation to residents' current care needs is verbally reported to staff through the 'handover reporting system' and is documented through the handover sheets and communication book. Residents and/or representatives confirmed that they are satisfied with the care provided; comments included 'I am well cared for;', 'the care here is good' and the 'staff are kind'.

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

There are systems in place to identify and meet residents' specialised care needs; this includes educating staff to the appropriate level to deliver specialised nursing care and ensuring that staff and equipment is available. The care manager of the home is a registered nurse and registered nurse consultant support is provided. The care manager co-ordinates

the assessment of residents' specialised care needs as required. The home has access to specialised nurse consultants for referral and specialised care is provided according to medical and clinical orders. Staff interviewed demonstrated knowledge and understanding of specific residents' specialised nursing care needs, for example, wound care and diabetic management. Residents/resident representatives expressed their satisfaction with the management of specialised nursing care needs.

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

Processes are in place that enables residents to receive timely and appropriate care from health specialists according to individual needs and preferences. There are systems in place for the provision of admission, regular and emergency medical practitioners' reviews. A range of health specialists visits the home on a regular basis; as required and following referral, including the general practitioner (who attends weekly) podiatry, dietician, clinical pharmacist and palliative care specialists. The home also accesses dental services, optometry, radiography, Chinese herbalists and pathology services. Residents are supported to attend external specialist appointments. Resident incidents and accidents, which result in resident injury, are investigated and appropriate clinical care/referral is provided such as contacting the doctor, first aid and/or transfer to hospital. Staff interviewed demonstrated an understanding of the referral system and staff have access to information on resident referral requirements. The team viewed information in relation to the referral to the appropriate health specialist and follow-up of referrals. All residents/resident representatives interviewed expressed satisfaction with the access and choice of medical and clinical care.

2.7 Medication management

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

Team's recommendation

Does comply

There are systems in place to ensure that medication orders are current; resident medication care needs are identified (for example allergies, special alerts and medication administration needs) and physical requirements. The multi-dose medication system was introduced in May 2009. There are systems in place for the identification and assessment of residents who wish to manage their own medication regime. Residents' medications are regularly reviewed and changes in medications are communicated and supplied in a timely way. The medication management system is monitored through pharmacy reviews, the internal audit system and medication incident reporting. Staff interviewed and observed demonstrated that medications are provided according to the home's medication policy and procedures. The team found that all medications reviewed are stored and administered in a safe and correct manner. Staff interviewed and observed demonstrated understanding of residents' medications' regime, reporting of medication errors and the administration of medications. Residents and/or representatives reported satisfaction with the home's management of resident's medication.

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 has an effective system to assess and manage residents' pain and to keep residents as free as possible from pain. Review of clinical documentation confirmed that a pain assessment is carried out on residents when moving into the home and as necessary and pain management strategies are implemented, documented and regularly reviewed.

Further assessments are undertaken as required when the level of pain changes or strategies are no longer effective. Pain-relieving strategies include providing pain medication, medicated rubs, Chinese liniments, medication patches for pain, mobility and exercise programs; the use of hot packs and passive/active physiotherapy. Residents interviewed by the team confirmed that pain management in the home is effectively meeting their needs.

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 staff and management at ACDMA demonstrate that the dignity and comfort of residents who are terminally ill is maintained. Systems are in place to identify and put into practice end of life wishes and palliative care needs. Staff interviews demonstrated their knowledge and skills in the management of residents who have a terminal illness including skin care, pain management, cultural and spiritual needs and emotional support. The home has access to advice on palliative care from palliative care health professionals and a palliative care team. Funeral wishes and requirements are documented. Consultation with the resident and/or resident representative and their preferred medical practitioner assists with the palliation of residents. Staff interviewed also said that they feel ‘satisfied with the way that they are supported by management to provide care for terminally ill residents’.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ nutrition and hydration needs and preferences are obtained on entry to the home and this information is provided to the kitchen. Food of varying consistency, cultural requirements and texture is provided based on residents’ individual needs. Staff provide assistance to residents with their meal as needed and monitor their food and fluid intake as required. Residents are weighed regularly and a body mass index is recorded; the results are reviewed and actions are taken such as referral to doctor, and/or dietician and nutritional supplements. Fresh hot water is supplied to each resident’s room daily and fresh fruit is available. Observations of staff practices demonstrate individual attention to residents’ nutritional and hydration needs. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning and afternoon tea. Nutritional supplements are provided based on residents’ identified needs. The home has access to specialists for the assessment and management of swallowing difficulties and/or clinical requirements. Residents and their representatives reported satisfaction with the management of their nutrition and hydration needs.

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 in place for maintaining residents’ skin integrity including initial and ongoing assessment, care planning and evaluation. All residents who have a breakdown of skin integrity are commenced on a wound management chart, which documents the dressings and frequency of treatment and the management of the wound. Residents’ skin integrity is monitored daily by staff who report any abrasions, rashes or abnormalities to the care manager. Residents with identified risk of skin breakdowns and pressure areas are commenced on turn charts. The home monitors accidents/incidents and acts on data

collected. Interviews with residents and staff and documentation reviews demonstrated that residents' skin integrity issues are appropriately documented and that there are referrals to appropriate specialists and allied health professionals.

2.12 Continence management

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

Team's recommendation

Does comply

Residents' continence is managed effectively through initial and focussed continence assessments (voiding patterns and bowel management), care planning and the provision of individual toileting programs; bowel management programs and continence products and equipment. A new continence assessment and pad management system has recently been introduced and staff advised '*that this is working well*'. The home demonstrated a system for the management of continence aids, bowel habit recording, observations for urinary tract infections and for the management of residents' changing urinary requirements. There are systems in place for the assessment, usage and distribution of continence pads. Staff interviewed demonstrated an understanding of specific resident's continence requirements and knowledge of the systems and policies used at the home. Residents/resident representatives expressed satisfaction with the management of continence.

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 home has systems in place to manage the needs of residents with challenging behaviours. The home has policy and procedures in relation to behaviour management. Resident records reviewed show that behaviour issues are identified and intervention strategies generally occur in consultation with staff, medical practitioners and/or other health professionals or teams as required. Resident care plans are developed which generally identify residents' challenging behaviours and interventions. Reporting of incidents occur following a 'behavioural related incident'. Referrals for the management of residents with challenging behaviours can include reviews from medical practitioners and psycho-geriatricians (as required) according to the residents care needs relating to challenging behaviours. Staff interviewed described general and specific managements of residents' behaviour. The recreational activities officer provides some one to one interactions for residents. The home is currently putting in place an activity program to be held in the afternoon for residents with dementia related illnesses. Practices of the staff observed are generally consistent with appropriate behaviour management strategies. Some residents/resident representatives expressed dissatisfaction with the way residents' behaviours of concern are being addressed. However they also believed that in general there has been an improvement in the management of residents with challenging behaviours recently and in general they expressed satisfaction with the care and supervision provided to the residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

The home has an effective system in place to ensure that optimum levels of mobility and dexterity are achieved for all residents. The system includes initial and ongoing assessment of residents' mobility, dexterity and rehabilitation needs, assessment and review by a

physiotherapist; and the development of a specific care plan and individual exercise regime if required. Falls risk assessments are undertaken and residents are reviewed and monitored to prevent and/or reduce further falls. The physiotherapist, mobility aide, and nursing staff are involved in the delivery and evaluation of residents' mobility programs. The home's physiotherapy program includes, but is not limited to, passive/active exercises, group exercise classes, tai chi, walking activities and individual one-on-one exercise programs. The effectiveness of the program is assessed through individual resident's mobility measures and monitoring of incidents and accidents. Nursing staff are provided with manual handling training, mobility and dexterity information and competency assessments. The team observed residents using mobility aids and handrails suitably placed throughout the home and the physiotherapy room which contains exercise equipment. Residents/ resident representatives interviewed expressed satisfaction with the management of their mobility and dexterity.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home's system ensures that residents' oral and dental health needs are maintained. The information documented on the residents' care plans reviewed is general in nature, however interviews with staff and resident/resident representatives indicated that residents oral and dental care is provided. Residents with their own teeth are encouraged and supported to maintain their independence in terms of oral hygiene and brushing. Residents/resident representatives interviewed expressed general satisfaction in the management of oral and dental care. Residents who are able to leave the home, access dental care in the community and the home have access to services that visit the home.

2.16 Sensory loss

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

Team's recommendation

Does comply

The home ensures that residents' sensory losses are identified through the assessment process, which includes assessment of comprehension and communication needs and can include examination by vision and audiology specialists as required. Optometry and hearing aid services are accessible and the home can access specialist medical services if necessary. The information documented on the resident care plans reviewed are general in nature however interviews with staff identified knowledge of residents' management of relevant aids such as glasses and/or hearing aids. The activity program and the environment support residents with sensory loss such as access to garden areas. Sensitivity tests are conducted for all residents requiring hot packs. Residents/resident representatives interviewed stated that they are satisfied with the care they receive from staff in relation to their sensory losses.

2.17 Sleep

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

Team's recommendation

Does comply

The home ensures residents are able to achieve natural sleep patterns through provision of pain relief, regular toileting or provision of night continence aids and night sedation. Residents' sleep patterns are monitored by the staff on night duty and sleep disturbances and interventions are recorded in the residents' progress notes. Residents are encouraged to bring in personal belongings to support a comforting environment that is familiar and promotes sleep. In general poor sleep patterns are followed up by the day staff who may request a review by the resident's medical practitioner.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home is pursuing continuous improvement in relation to resident lifestyle and this was confirmed by the team’s observations, interviews and review of documentation. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Some examples of the improvements made to resident lifestyle are outlined:

- All documents relating to the activity program were reviewed and an evaluation of the program’s impact on the individual resident is now recorded in their progress notes and highlighted with an activity stamp. This information is useful in creating the resident’s leisure and lifestyle plan.
- The resident’s diversional therapy assessment form is now filed with the resident’s clinical information together with the individual risk assessment tool in order to enhance the delivery of holistic care and leisure activities.
- An activity committee comprising the recreational activities officers and the quality manager, the care manager is soon to join the group, has been set up to support the staff and continuously review and evaluate the program. Audits of the activity program have been integrated into the internal auditing program and outcomes will be tabled at the quality meetings.

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

The results of the team’s observations, interviews and review of documentation revealed that a system is in place to manage regulatory compliance in relation to resident lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance:

- The documents displayed and stored on site to inform of relevant legislation and regulatory compliance include the Charter of Residents’ Rights and Responsibilities and the residents’ handbook.
- The residents’ handbook outlines the home’s responsibilities in relation to release of information. Residents sign releases in relation to the disclosure of health information and the publication of personal information such as photographs. Staff are advised of their role in relation to the Privacy and Personal Information Protection Act (1998) at orientation and sign a confidential agreement.
- All residents are issued with a residential agreement which incorporates clauses required by law such as a 14 day cooling off period, information pertaining to the negotiation required in regard to a request for a resident to move rooms, reference to the *User Rights Principles* (1997) and the provision of specified care and services. The resident agreement is regularly reviewed to ensure that legislative requirements are met.

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 outcome 1.3 Education and staff development for information about the home's system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. One activity officer has recently completed the Certificate IV in aged care work (leisure and lifestyle). The team verified that the home delivers education relevant to Standard Three. Examples of education provided specifically relating to Accreditation Standard Three include: diversional therapy, activity therapy and behavioural management.

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 in place to ensure residents receive support in adjusting to life in the home and on an ongoing basis. New residents are given a resident's handbook which includes details about the home and services available. The resident's handbook is printed on both English and Chinese. Orientation includes a tour of the facilities and the introduction of new residents to key personnel and current residents in the dining room and at resident meetings. Consideration is given to residents' specific cultural and language requirements including offering translators and ensuring ethno-specific residents are supported. Ongoing emotional support is provided by care and recreational staff, ethnic and community visitor groups, volunteers and by clergy who visit regularly. A review of residents' files confirmed that emotional needs are documented and monitored. Residents interviewed expressed satisfaction with staff support, the ways in which they are assisted to adjust to life in the home and with the ongoing support of their emotional needs.

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

The home has systems in place to encourage physical, financial and social independence though consultation with residents and their representatives. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use, a leisure activity and lifestyle program which actively seeks the involvement of family, volunteers and friends; and a comprehensive mobility program which has resulted in improved results for residents. Residents' independence is supported in all aspects of their lives an examples includes ascertaining residents voting requirements. The home facilitates regular outings in the community, arranges regular entertainers to the home, and encourages residents to maintain their independence for as long as possible. Representatives from the Community Visitors' Scheme and the Chinese/Vietnamese community visit. The team reviewed strategies developed to assist individual residents maintain independence, friendships and participate in the life of the community within and outside the residential care services.

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

All residents and their representatives interviewed stated that staff recognise and respect residents' right to privacy, dignity and confidentiality. This was also confirmed by observations of staff delivering care and their interactions with residents. Information regarding residents' rights to privacy and confidentiality is included in material provided during the entry process. Each resident has their own room and there are quiet areas available at the home. Double rooms are also available for married couples. The team also observed that residents' records are kept secure. Information of a confidential nature is stored in a restricted access areas and verbal handover between care staff is being conducted, away from resident accommodation areas, in the office.

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 a range of activities offered including craft, physical activities, visiting entertainers, quizzes, games, men's group, tai chi, karaoke, mah-jong, yum cha, and bus trips. On entry to the home residents' interests and preferences are assessed and the information is generally documented and an activity plan is developed. The residents' involvement in activities is then documented and regularly evaluated. Residents are informed of the activity program through signage which is translated into Chinese. It was observed that residents were actively engaged in a range of activities during the accreditation visit. The team observed the activity program on display, and being conducted. The recreational activities officer directs and oversees the program that provides opportunities for residents to participate in group or individual activities six days per week. Resident meetings, direct feedback, recreational activity officer evaluations and surveys are used to inform management of the ongoing suitability of the leisure interest and activity program. Residents and representatives confirmed they are satisfied with the activities provided for them

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

All residents and their representatives interviewed expressed satisfaction with the way that the home 'supports residents' individual interests, cultural and spiritual backgrounds'. The home's system identifies residents' social, cultural and spiritual needs on entry to the home in consultation with residents and their representatives. Recruitment procedures aim to employ staff that have a clear understanding of the cultural and spiritual needs relevant to residents with Chinese heritage. A Buddhist temple is located adjacent to the home and residents are assisted to attend, residents who are unable to attend are assisted to practice their faith within the home. Other clergy visit residents to provide friendship, counselling and support and to conduct religious services. Occasions such as birthdays and anniversaries are acknowledged. Cultural events are celebrated. Residents interviewed are very satisfied with the support the home provides for their cultural and spiritual requirements.

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

Interviews with residents and resident representatives identified that residents are satisfied with the choices available to them. The systems in the home offer residents choice and control over their lifestyles through resident/resident representative conferencing meetings, one to one feedback and residents' meetings. Residents can choose to participate in activities of their choice, choose their hygiene preferences, use their own sheets, towels and furniture; complete a food likes and dislikes form and can furnish their rooms with their own belongings. Residents and resident representatives are encouraged to provide feedback on the care and services. The 'Charter of Residents' Rights and Responsibilities' is in the residents' handbook and displayed in the home. Information packs are given to the residents/resident representatives and the information is discussed with individuals allowing them to make informed choices about the services provided by 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

ACDMA has systems in place which ensures that residents have secure tenure within the residential care service and understand their rights and responsibilities. The resident's handbook provides comprehensive information detailing these areas and this is discussed with resident and resident representatives before entry to the facility and forms the basis for the resident agreement signed by the resident and the facility on the commencement of the resident's tenure. Included within the agreement is the definition of levels of care and the services the home provides, the Charter of Residents' Rights and Responsibilities, the complaints processes (internal and external), charges and fees and the processes for ending the agreement. The home provides ongoing information to residents and their representatives on any changes to fees, charges or services. Residents and representatives believe their tenure is secure and as well as having rights they understand that they are responsible to meet their obligations to the home, staff and other residents.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home is pursuing continuous improvement in relation to the physical environment and safe systems. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Some examples of improvements made in relation to the physical environment and safe systems are:

- The frequency of occupational health and safety committee meetings has been increased to quarterly. The agenda has been reviewed to include improved evaluation of staff incidents, discussion regarding prevention and the implementation of safe work practices.
- Manual handling training and competencies are conducted for all new staff at orientation.
- Hand washing solution in dispensers has been installed throughout the building and staff, residents and visitors are encouraged to use it to reduce the risk of infections.
- A number of electronic beds have been purchased for the comfort of residents requiring higher levels of care and to reduce the risk of occupational health safety issues for staff.

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

The results of the team’s observations, interviews and review of documentation revealed that a system is in place to manage regulatory compliance in relation to the physical environment and the implementation of safe systems. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Documents are on display to inform staff of relevant legislation and regulatory requirements. Compliance with legislation is ensured through monitoring of staff work practices, education, incident and accident reporting, building audits, fire audits, maintenance systems, and occupational health and safety reporting mechanisms.

- The home has achieved a pass in safety and is certified against the 1999 building certification assessment instrument.
- The NSW Food Authority licence (30/10/09) under the new legislation governing food services to vulnerable persons has been received. The home has implemented HACCP (hazard and critical control points) based food safety guidelines in the kitchen and these have been assessed by a food safety auditor.

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 outcome 1.3 Education and staff development for details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively. Examples of education sessions undertaken in relation to Accreditation Standard Four include: mandatory education such as fire training and evacuation, manual handling and infection control. Safe food handling and gastroenteritis outbreak education have also been conducted.

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

ACDMA Aged Hostel provides safe access to clean and well maintained accommodation on two levels of the building which is serviced by a regularly maintained elevator. Residents mostly reside in large single bedrooms with en-suites although there are some double rooms which are reserved, where practical, for couples. Large screen televisions are located in quiet lounge areas throughout the building and provide access to Chinese specific television programs. There is a spacious lounge dining room which opens onto a covered outdoor area with access to a pleasantly landscaped garden, with walking paths, a large fish pond, traversed with a bridge and a pergola. Furnishings throughout the buildings are carefully colour coordinated and well maintained whilst furniture is comfortable and ergonomically designed to support easy access. Hand rails in the hallways, grab rails in the en-suites, mobility aids, lifting equipment and access to a nurse call system contribute to the safe living environment. Internal temperatures in residents' rooms can be comfortably maintained by reverse cycle air conditioning with individual controls. The CEO/manager explained that resident population prefers the communal areas to have flow through ventilation and windows and doors are kept open to provide fresh air. Residents and representatives told the team that they feel safe, secure and comfortable in the residential 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 an occupational health and safety system including documented policies and procedures. Staff representing the various disciplines have completed occupational health and safety training and assume responsibility for monitoring the living and working environment and reporting risks and hazards. Occupational health and safety issues are discussed at quarterly committee meetings and staff incidents are also tabled at the quality meetings. The home supports a 'no lift policy', lifters are available, and staff complete manual handling training at orientation and annually. Personal protective clothing and equipment is available to all staff and was observed being used appropriately. Chemicals are securely stored and material safety data sheets are readily accessible. Job descriptions include occupational health and safety practices relevant to the various work areas. Identified risks are recorded in the maintenance request book, prioritised for repair and actioned in a timely manner either internally or by contracted services. The quality manager, who is a registered nurse, is the return to work coordinator.

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

Systems are in place to ensure the safety and security of residents and staff. Regular checking and tagging of fire fighting equipment by external contractors, audits by members of the occupational health and safety committee, lock-up procedures, external camera surveillance, fire and emergency evacuation procedures are in place. Staff wear identification badges and there is a sign in and sign out register for residents, representatives, contractors and visitors. Fire evacuation maps with English and Chinese information are correctly orientated and emergency procedure flip charts are located in the administration office. The home is fitted with a fire warning system and fire fighting equipment, including sprinklers in the new section, extinguishers and fire blankets, smoke detectors and emergency lighting. Electrical tagging is completed by a qualified electrician. Chemical storage is stored securely in line with hazardous substances guidelines and material safety data sheets are located in relevant chemical storage locations. Designated smoking areas for staff and residents have been nominated. Staff confirmed their attendance at compulsory fire safety training and demonstrated an understanding of evacuation procedures and the use of fire fighting equipment. An occupancy list with current residents' profiles is maintained.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective system for identifying, managing and minimising infections. This includes staff education, audits, discussion of infection issues at meetings, evaluation of resident infection data, monitoring of temperatures in fridges and freezers, colour coded equipment, wearing protective clothing and providing adequate hand washing facilities. The care manager is responsible for coordinating infection control at the home. There are formal cleaning schedules and processes for the removal of waste to maintain hygiene levels. Residents and staff are offered vaccinations to reduce infections. Staff interviewed demonstrated an understanding of, and commitment to, infection control principles and guidelines including current information on H1N1 Influenza.

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

Catering

The home has a system where food is fresh cooked on site following a 28-day rotating menu. Mostly residents are encouraged to attend the dining areas for meals; however trays are available to those who are unable to do so. Catering staff have implemented food safety guidelines in the kitchen, systems ensure that residents' food preferences are identified and communication between care and catering staff support any changes to clinical nutritional requirements. Texture modified food and nutritional supplements are provided as required. Two chefs from different regions in China are employed at the home and are responsible for the Chinese cuisine. Chopsticks are used by the residents but other cutlery is available to those requiring assistance to manage their food. A consultant dietician regularly reviews the nutritional content of the menu, special diets, quality initiatives, and the food safety manual has been reviewed and updated by the quality manager.

Cleaning

The living environment was observed to be clean and cleaning schedules and duties lists guide the staff. The cleaning staff demonstrated an informed working knowledge of the home's cleaning requirements, infection control practices and safe chemical use. Chemicals used in the service were observed to be safely stored and material safety data sheets were available and accessible. The cleaning roster ensures all rooms, communal areas, hallways and offices are cleaned according to a set schedule. The kitchen areas are cleaned by

catering staff and a high cleaning service is provided by a contractor. The team observed colour-coded cleaning mops, cloths and buckets and personal protective clothing in use in all areas. The cleaners' storage area was locked and the cleaning trolley was not left unattended. Residents and their representatives interviewed by the team are very satisfied with the level of cleanliness of their rooms and of the home. Regular audits of the building and the cleaning service are undertaken and actions implemented to address any shortfalls.

Laundry

All flat linen and residents' personal clothing is laundered by care staff in the home's laundry. Residents' clothes are ironed when necessary. The care staff are assigned a duties list which includes responsibility for residents' laundry and care services. All residents' clothes and linen is washed separately and processes are in place for the management and return of laundry to reduce loss of personal items. A record of residents' clothes taken to the laundry is maintained in the resident's room and articles are ticked off as they are returned. A dirty to clean flow is maintained and soiled linen is washed in a de-bulking machine on a special cycle in a separate area. Chemicals are automatically dosed into two of the domestic washing machines, whilst two other machines have hand fed chemicals. Sanitisation of the machines is part of this process. Mop heads are changed at the end of each day or more regularly if required and washed separately in a laundry on the lower level in a washing machine used expressly for this purpose. Material safety data sheets are in place in the laundry. Residents and representatives expressed satisfaction with the laundry services and advised that staff respond promptly to comments and suggestions.