



Aged Care
Standards and Accreditation Agency Ltd

Adventists Nursing Home

RACS ID 2562

56 ELSOM Road

KINGS LANGLEY NSW 2147

Approved provider: Seventh-day Adventist Aged Care (Greater
Sydney) Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 5 September 2015.

We made our decision on 20 July 2012.

The audit was conducted on 13 June 2012 to 14 June 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

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.

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

Standard 3: Resident lifestyle Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.		
Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

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.		
Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Adventists Nursing Home 2562

Approved provider: Seventh-day Adventist Aged Care (Greater Sydney) Ltd

Introduction

This is the report of a re-accreditation audit from 13 June 2012 to 14 June 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 13 June 2012 to 14 June 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Marilyn Howson
Team member/s:	Veronica Hunter

Approved provider details

Approved provider:	Seventh-day Adventist Aged Care (Greater Sydney) Ltd
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Details of home

Name of home:	Adventists Nursing Home
RACS ID:	2562

Total number of allocated places:	78
Number of residents during audit:	77
Number of high care residents during audit:	54
Special needs catered for:	N/A

Street/PO Box:	56 ELSOM Road	State:	NSW
City/Town:	KINGS LANGLEY	Postcode:	2147
Phone number:	02 9621 1644	Facsimile:	02 9621 3842
E-mail address:	juliesummers@adventist.org.au		

Audit trail

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

Interviews

	Number		Number
Manager (organisation)	1	Residents/representatives	20
Executive director of nursing	1	Continuous quality improvement coordinator	1
Assistant director of nursing	1	Human resource assistant/village coordinator	1
Hostel supervisor	1	Pastoral care	1
Registered nurses	6	Catering supervisor and staff	2
Endorsed enrolled nurse	1	Regional manager external contracting company laundry and cleaning	1
Care staff	10	Cleaning staff	1
Education officer	1	Laundry staff	2
Recreational activity coordinator	1	Maintenance staff	2

Sampled documents

	Number		Number
Residents' files including care plans, progress notes, assessments, observations, medical notes and referrals, pathology results	11	Medication charts	26
Summary care plans	9	Personnel files	5

Other documents reviewed

We also reviewed:

- Activity programs, records of residents' participation in activities, flyers advertising special events
- Advanced care directives, statements of choice
- Asset listing 2012
- Catering records – menu, resident menu choices and dietary requirements, dietary change request form, allergies list, food preferences, dietary supplement and thickened fluids, type of diet and special requirements, temperature records, calibration records.
- Clinical electronic and hard copy records – weight, bowel, blood sugar level, blood pressure, dietary requirements, urinary continence, behaviour, wound management, shower and hygiene requirements.
- Comments, complaints and praise register, suggestion – praise – problem forms
- Compulsory reporting register

- Continuous improvement plan, survey results, audits 2011 – 2012, audit tools, audit results, key performance indicator data, clinical indicator records 2011 - 2012
- Criminal records certificates and statutory declarations, police check summary
- Emergency management plan 2012
- External contracting company cleaning information folder including policies and procedures, regular audits, cleaning schedules and specifications, colour coded cleaning maps of home, cleaning staff education records including colour coded system for infection control.
- External contracting company laundry information folder including policies and procedures, audits – monthly inspection and yearly audits, laundry staff education records including infection control.
- External suppliers agreements and contracts, contractors sign in/out book
- Fire documentation including records of regular checks and maintenance of detectors, sprinklers, fire extinguishers, exit lights, floor plans, fire doors and compartments.
- Infection control manual, infectious diseases on the health care setting information, immunisation records, pest control records, monthly record and trending of infections.
- Job descriptions, duty lists, orientation book for nursing agency registered nurses
- Maintenance records – electronic system provides maintenance systems management including regular and preventative maintenance. Contractor folder includes certificates of currency, business registration, safe work statements, criminal records checks.
- Material safety data sheets
- Meeting minutes, memoranda, communication books, newsletters
- Pastoral care visitation list
- Physiotherapy assessments and manual handling instructions
- Policy and procedure manuals
- Registered nurses and endorsed enrolled nurse current notices of registration
- Residents' handbook, residents' information package, residency agreement, accommodation bond agreement
- Self assessment report
- Staff above and beyond awards for resident service, exceptional staff award tokens and gifts
- Staff education program, electronic education database, flyers advertising education, staff attendance at education records, staff education and training external competency assessments, evaluation questionnaires
- Staff handbook, staff orientation package, staff signature register
- Staff roster
- Workplace health and safety data 2011 and 2012 includes falls, skin tears, bruising, blisters, physical aggression, verbal aggression, absconding, medication errors and near misses. Detailed incident reports, falls graph.

Observations

We observed the following:

- Activities in progress, photographs of residents participating in activities, activity resources

- Charter of residents' rights and responsibilities, information and brochures about internal and external avenues for complaints
- Contaminated waste storage bin and garbage bin areas
- Emergency flip charts, emergency evacuation bags on each residential level including an identification system.
- Equipment, supply and storage areas including storage of chemicals
- Fire panel, fire fighting equipment, evacuation signage, fire safety statement on display
- Interactions between staff and residents
- Living environment
- Maintenance office and work area
- Menu for the day on display in dining rooms
- Noticeboards for information for residents/representatives, staff education and resources, activities
- Outbreak kits, spill kits, personal protective equipment, sharps containers
- Secure storage of medications, medication trolleys, medication rounds
- Security system: sensor alarms, emergency call bell system, residents wearing call bell pendants by choice
- Staff practices – clinical practice, cleaning, food preparation and serving residents, laundry and activities
- Staff handover between shifts
- Symbol coding for clinical issues
- Visitors sign in/out register
- White boards for information in maintenance area, kitchen, clinical rooms
- Wound trolleys and dressing supplies

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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 findings

The home meets this expected outcome

The organisation has a framework for continuous improvement which is applied across the four Accreditation Standards. The organisation's planning and reporting processes support the home to actively pursue continuous improvement in a systematic manner. The quality system utilises a variety of qualitative and quantitative methods to identify opportunities for improvement within the home including meetings, suggestions, complaints, analysis of data, clinical indicators, incidents, audits, surveys and informal communication. The home's approach ensures that areas identified as requiring improvement are actioned, monitored and evaluated. Continuous improvement is monitored by management at the home and also at an organisational level. Staff said they are encouraged to participate in the home's continuous improvement activities. Residents/representatives reported they are able to make suggestions and a review of meeting minutes confirms this. The home has made planned improvements in relation to Accreditation Standard one - Management systems, staffing and organisational development, which include the following examples.

- In 2010, the executive director of nursing identified that there was no formal way of acknowledging positive feedback provided by residents/representatives about staff who had 'gone the extra mile'. The executive director of nursing also wanted to lift the morale of staff and recognise the good care they provide to residents. The organisation introduced the 'exceptional staff awards'. The resident/representative completes the 'above and beyond award for resident service' form which records the staff member's name and act to be recognised. The identity of the resident/representative who nominated the staff member is kept confidential. Staff receive a token as a result of the nomination. Staff can redeem tokens for various rewards paid for by the organisation. In interviews with staff they demonstrated their commitment to the residents and revealed they are delighted to receive formal recognition from residents/representatives.
- The management team identified the effectiveness of the induction and orientation process for new staff depended on the knowledge and experience of the staff member providing the 'buddy' shifts. An induction checklist was developed to provide consistency of information to new staff. After an initial trial, some changes were made to the induction checklist and the staff handbook. The current process ensures staff are fully orientated and trained to fulfil their job description. Staff who perform the 'buddy' role use the checklist which makes them more confident when orientating a new staff member. Staff provided positive feedback about their orientation experience.
- In 2011, the organisation decided to further define the role of the pastoral care worker as being separate from the function of counselling staff. The pastoral care worker is now totally focused on the residents' spiritual and emotional needs. The staff counselling service has been outsourced to provide better privacy and confidentiality for staff. Each staff member has access to six counselling sessions per year paid for by the organisation. This enables staff to obtain professional support where they can freely

express their feelings. This assists staff to continue to provide good care to residents. Management advised five staff have accessed the counselling service as of February 2012. Staff reported they are aware of the availability of the counselling service.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has systems to identify compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives information about regulatory compliance through membership of industry organisations, a legislative update service, industry journals, networking, conferences, as well as being on the mailing list for government departments and agencies. Relevant changes in legislation and guidelines are communicated to staff through memoranda, communication books, education, information on noticeboards and at meetings. Management monitors compliance with legislation, regulatory requirements and professional guidelines through the observation of staff practices, performance appraisals, the audit program and feedback. Staff report they are satisfied with the information provided to them about legislation, regulatory requirements, professional standards and guidelines relevant to their work. Examples of regulatory compliance relevant to Accreditation Standard one include:

- All staff employed by the home are required to have criminal records’ checks in accordance with the legislation. Management demonstrated that staff have signed a statutory declaration and have a current criminal record checks completed.
- Management ensures all residents, representatives and staff have access to internal and external comments and complaints mechanisms.
- Residents/representatives were informed about the dates of this re-Accreditation audit.
- There is a system to monitor professional registrations to ensure the endorsed enrolled nurse and registered nurses have a current authority to practice.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has strategies to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. An orientation program is offered to all new staff and nursing agency staff. Staff attend in-service education program which includes mandatory requirements and other topics as identified by management and staff. Staff have access to external education. The organisation facilitates networking opportunities and conferences to assist managers to undertake their roles effectively. Staff education is provided by management and registered nurses. It is also delivered by contracted suppliers of goods and services and allied health professionals. Staff receive individual coaching when a skill deficiency is identified. Staff attendance at in-service education is monitored. The knowledge and skills of staff are evaluated on an ongoing basis through senior staff observations, performance appraisals, audit and survey results and feedback. Staff reported satisfaction with the education program. Residents/representatives expressed confidence in

the competence and experience of staff. Education relevant to Accreditation standard one includes:

- Education by an external organisation on complaints' resolution is scheduled and is being advertised to staff.
- The management team has trained as return to work coordinators. Two of the management team recently attended a course on managing multiple projects, objectives and deadlines. Eight management and staff members are currently attending a frontline management course.
- The organisation supports registered nurses in their professional development by providing flexible rostering to enable them to attend conferences and seminars.
- Staff who attend an external education session are requested to give a short in-service to other staff at the next staff meeting regarding the knowledge they have gained.

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 findings

The home meets this expected outcome

Residents/representatives advised they are aware of how to make a comment or complaint. Residents/representatives are informed of complaint mechanisms when the resident moves into the home. They are encouraged and supported through informal discussions, meetings and surveys to provide feedback on the services provided. The residents' handbook includes information about complaints' mechanisms. Staff take action to address minor concerns that residents or representatives report to them. Residents/representatives advised they would talk to senior management, who they know by name, if they had any significant concerns or complaints. Management keeps a record of complaints made to ensure that action is taken and feedback provided. This information is also monitored at an organisational level. Residents said that when they have raised concerns, management takes action. The staff handbook provides information about the complaints mechanisms available to staff.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision, mission, philosophy and aims are documented in the home's publications. The organisation's commitment to quality is evident through the resources dedicated to quality activities and the policies and procedures that guide the practices of management and staff.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Residents expressed a high level of satisfaction with the care, lifestyle and hospitality services provided to them by staff. Residents said there are sufficient staff to provide services that meet their needs. Residents/representatives advised the services residents require are delivered by staff who are experienced in their duties. Staff feedback confirmed they usually have sufficient time and support to undertake their duties during their rostered shifts. Staff advised relevant education is provided to ensure they have the necessary skills to undertake their duties. Management reported staffing levels are based on advice from a consultant every three months, staff skill mix, resident acuity and feedback from residents, representatives and staff. The organisation has procedures for staff recruitment, orientation and performance appraisals. Staffing rosters demonstrate staff who are on leave are routinely replaced. Staff stated they enjoy their work and expressed a commitment to the residents and to the home.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home ensures stocks of appropriate goods and equipment are available for quality service delivery. All purchases of equipment are recorded in an equipment register and an equipment instruction folder is readily accessible to staff. Maintenance records show equipment is serviced according to a regular schedule. Loan equipment is used whilst equipment is being repaired. Consumables are ordered regularly and management monitors usage. Management and staff review the quality of goods and supplies and all stock is inspected on delivery. Perishable items are identified and stored appropriately ensuring stock rotation. A review of documentation shows maintenance requests are attended to in a timely manner. The system is monitored for effectiveness through audits and feedback from staff and residents/representatives. Staff advised there are sufficient supplies of goods and equipment to provide quality care for residents.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home is part of an organisational information management system with links to the organisation's leadership who provide support to the management of the home. The home has systems to disseminate information to staff, residents and representatives relating to management, clinical care, residents' lifestyle and the physical environment. Handbooks, the residency agreement, the staff education program, information on noticeboards, signage, newsletters, meeting minutes, activity programs and menus are mechanisms to ensure staff and residents receive accurate and timely information. Information available to residents

assists them to make choices about their daily routines. The home uses assessment and care planning tools to ensure each resident's care and lifestyle needs and preferences are identified and supported. Information to ensure that care and support are provided consistently to residents is contained in electronic clinical files, electronic care alert messages, care staff working documents and communication books. Electronic information is password protected which enables access by designated personnel only. We noted residents' records are stored securely.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation has a system to ensure that all externally sourced services are provided in a way that meets the home's needs and quality goals. Service and supply agreements are signed with contractors and approved suppliers. Feedback on the quality of services provided by external contractors is encouraged and collected from residents/representatives and staff through meetings, audits, comments, complaints and surveys. The organisation evaluates the performance of external service providers to ensure the services provided are efficient and effective. The organisation also reviews the performance of external service providers according to relevant regulations and the home's policies and procedures. Identified performance issues are communicated to contractors so that problems can be rectified, if possible, or a new contractor sought. Management and staff expressed satisfaction with the quality of the services currently being provided by external contractors.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for further information including a description of the overall system of continuous improvement. The home has made planned improvements in Accreditation Standard two - Health and personal care, which include the following examples.

- In January 2011, management identified care staff were not reading the care plans and lacked involvement in developing care plans. Arrangements were made to have the interim care plan appear as the first screen when care staff open residents' electronic files. This initiative provides care staff with immediate access to residents' care plans. It enables staff to have a clear picture of the resident's needs and to have input into making changes to any documented needs which are not current. Staff are now reading the care plans and have provided positive feedback about this improvement.
- Registered nurses experienced difficulty in accessing speech pathologists to undertake assessments of residents with an identified need. Management invited speech pathology students to undertake clinical experience on site. Speech pathology students continue to work with nurses on a regular basis. In addition, two registered nurses attended education from a speech pathologist to enable them to undertake swallowing assessments. These registered nurses are knowledgeable regarding food and fluid intake assessments for residents at risk. Residents with a swallowing impairment receive a more immediate assessment and adjustments can be made instantly to the consistency of their food and drinks.
- Nurses informed management they were experiencing difficulty washing the hair of residents who are bed-centred when it is not the resident's shower day. Management decided to trial a waterless shampoo and purchase a portable hair wash basin so residents' hair could be washed as needed in greater comfort. Staff found the waterless shampoo was only effective for some residents and its use was discontinued. Staff said using the portable hair wash basin provides a safe and comfortable method of washing the hair of frail residents who are in bed.
- In 2011, residents reported the cups used for their hot drinks were not large enough and they had to come back for a second cup. Management purchased china mugs with handles for residents who like a large hot drink. Residents can still choose between a cup and a mug and many residents are using the mugs. Not having to make a second tea round also saves staff time. Management has found that the mugs meet residents' personal and hydration requirements.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory Compliance. Examples of regulatory compliance relevant to Accreditation Standard two include:

- The storage, administration and recordkeeping of drugs of addiction (Schedule 8) is in accordance with regulations and best practice guidelines.
- Systems monitor staff practices and compliance with policies and procedures relating to documentation, care and medication management such as skills assessments, auditing and medical and pharmaceutical reviews.
- A medication advisory committee provides the home with advice concerning regulatory requirements applicable to medication management and related processes.
- Management ensures registered nurses and endorsed enrolled nurses with suitable skills and knowledge oversee and carry out complex specialised nursing of residents.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Our rationale for finding the home meets this expected outcome is based on the home’s systems to ensure management and staff have appropriate knowledge and skills as described in expected outcome 1.3 Education and staff development. We verified that the home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard two. These include:

- All care staff have completed or are studying for their aged care certificate three or certificate four.
- Care staff who have a certificate IV including the medication module are required to undertake annual competency assessments in medication administration to ensure residents’ medications are managed safely and correctly.
- Nursing and care staff complete education in a range of topics, for example, dementia, palliative care, nutrition in aged care, use of continence aids and skin care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a clinical care system to ensure residents receive appropriate clinical care. The assessment process begins prior to a person’s entry and continues as the resident settles into the home through the use of a comprehensive set of clinical assessments, input from the healthcare team, information from the resident’s comprehensive medical assessment and information from residents/representatives. Electronic care plans are regularly reviewed and updated and any changes are communicated to staff. Regular care conferences are held with residents/representatives. Staff practice is monitored by management to ensure best practice. Clinical education is provided for staff. There is a clinical audit schedule used to monitor the high standard of care and to identify areas for improvement. Residents/representatives said management and staff provide quality clinical care and residents individual needs and preferences are met.

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 findings

The home meets this expected outcome

The specialised nursing care needs of residents are identified and met through review of their medical history, clinical assessments and discussion with residents/representatives. The assistant director of nursing oversees the clinical care system and supervises the provision of specialised nursing care. Specialised nursing care is provided by appropriately qualified staff who have access to internal and external education and are competency tested. Care plans are regularly reviewed to ensure they reflect the specialised nursing care needs of residents. Specialised nursing care provided includes diabetes management, catheter care, oxygen therapy and wound management. The home has access to specialist clinical staff from the area health service when required. Residents/representatives confirm that care conferencing occurs regularly and are satisfied with the attention to care.

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 findings

The home meets this expected outcome

Residents are referred to appropriate health specialists in accordance with their needs and preferences. Residents have access to a range of health professionals including a podiatrist, dentist, speech therapist, dietician and optometrist who visit the home. Other health professionals will see the residents in the community and the home will assist with transport if necessary. Residents may choose their own medical officer. Referrals to other health and related services may be through written or verbal means by the home or medical officer as required. Residents and their representatives are satisfied with the timely manner in which specialist referral occurs.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has an effective system to manage residents’ medications safely and correctly. The home uses the services of a local pharmacy to supply a pre-packed medication system. There are processes to ensure medication orders are current and resident medication needs including allergies and administration needs are identified and met. Staff undergo training and assessment in medication practices and further education occurs if issues are identified. Medication reviews are undertaken regularly by a consultant pharmacist and medications are adjusted to meet residents’ needs. Medications are stored securely and staff practices are consistent with policies and procedures. The medication management system is monitored, reviewed and improved through regular audits, pharmacy reviews and input from the medication advisory committee. Self medicating residents are assessed regularly for competency to safely self medicate. Residents/representatives are satisfied with the way residents’ medication is managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home’s system for identifying, assessing and managing residents’ pain ensures that all residents are as free as possible from pain. Residents’ pain is assessed on entry to the home and as required using both verbal and non-verbal assessments. Pain is monitored frequently and regularly and non-pharmacological interventions are used including specific heat packs, repositioning, massage, gentle exercise and Thai chi. Exercise and physical activities to encourage mobility and activity are initiated by the physiotherapist and incorporated into the daily activities calendar. Pain management strategies are evaluated to ensure treatments are effective. Residents/representatives are very satisfied with the home’s approach to individualised pain management.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Management has practices to ensure the comfort and dignity of terminally ill residents and their families is maintained. End of life wishes are discussed with residents/representatives soon after entry to the home and a statement of choice is completed for or by the resident if appropriate. Palliative care planning incorporates a multidisciplinary approach with access to palliative care specialists and equipment. The pastoral care staff are available to meet with and offer support to residents and their families. Staff practice is monitored to ensure it is consistent with resident needs and preferences. Staff have access to internal ongoing training in palliative care. Residents/representatives commented on the attentive manner in which staff and management undertake their care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive adequate nourishment and hydration. Food preferences and dietary requirements are captured on entry to the home and are forwarded to the catering department. There is a four-week rotating vegetarian menu, which provides the residents with choices at each meal. Residents’ weights are monitored regularly; any variance is referred to the registered nurse for review. Specific needs of residents who require a modified diet including thickened fluids, texture modified foods, diabetic, and gluten free diets are identified in the care plan and on the information used by the catering department. Care plans and progress notes identify residents who are not eating well and require assistance and encouragement. Care staff have a sound knowledge of residents’ likes and dislikes, routines and mealtime rituals. Residents/representatives commented on the high quality of the freshly cooked vegetarian meals and suitable fluids that are provided to them.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The skin integrity of each resident is assessed when they move to the home and resident/representatives are involved in care planning to ensure any concerns relating to skin care are identified and met. Appropriate skilled and qualified staff provide wound care. Care plans are regularly reviewed by the healthcare team and appropriate referrals to specialist services are made. Changes to skin care are documented and communicated to care staff in a timely manner. The physiotherapist assists and educates staff in manual handling techniques and staff practices are monitored to ensure residents’ daily skin care needs are met. Massage, emollients and pressure reducing equipment and protective clothing are used to manage residents’ skin care. Residents/representatives said they are satisfied with the way skin care is managed.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ continence is managed effectively through assessment of their continence needs, care interventions and monitoring and/or review of interventions. Care plans are developed to reflect these needs and include toileting programs as appropriate. Continence aids are provided to residents or supplied by family as required to meet care needs. There is a wide range of aids to meet individual needs and preferences to cater for residents changing requirements. Bowel charts are maintained by staff and used to monitor requirements for bowel support including high fibre supplements, aperients, diet and fluids. Residents/representatives are satisfied with the sensitive manner in which continence is managed at the home.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure the needs of residents with challenging behaviours are managed effectively. Clinical assessments, consultation with residents/representatives and monitoring of incidents and behaviour are used to identify triggers and develop appropriate care. Successful interventions are included in care planning and communicated to staff. The home avoids using physical or chemical restraint. Interventions include behavioural strategies found to be successful for individual residents and inclusion in appropriate activities in the home. Referrals to specialists are made and advice from specialist dementia services sought. Care plans are regularly reviewed and evaluated for effectiveness by the management and healthcare team. Staff receive training in dementia and behaviour management strategies. Management monitors staff practices to ensure resident’s individual needs are met and in line with policies and procedures. Residents/representatives commented on the dignified way in which challenging behaviour is managed.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home’s system ensures that optimum levels of mobility and dexterity are achieved for all residents through assessment, support and evaluation. The home employs a physiotherapist who works from Monday to Friday each week. Every resident is assessed for range of movement, strength, balance and mobility on entry to the home. Residents at high risk of falls are closely monitored and sensor mats on chairs and beds assist with this process. Individual exercise programs are developed, and residents are encouraged to move as much as possible during normal daily activity. Representatives or external footwear specialists can provide residents with correctly fitting footwear and clothing is monitored to prevent falls. Recreational activities staff who are trained in exercise techniques by the physiotherapist, facilitate group exercises including regular daily exercise programs and weekly Thai chi classes. Specialised heat packs and massage used by the physiotherapist assist with residents’ mobility and pain control. Residents/representatives are satisfied with the support given to maximise residents’ mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Resident’s oral and dental health is assessed on entry using recognised assessment tools. Oral and dental health care plans are developed and regularly reviewed and evaluated for effectiveness by the care manager. Daily oral and dental health care procedures are clearly documented and are available for staff to follow. Care staff monitor residents’ oral health during daily care and report any changes to the registered nurse for follow up. Management monitors staff practices and residents/representatives said residents’ oral and dental health

care is well attended. Dental clinics are held regularly at the home and external dental appointments are organised as needed in consultation with residents/representatives.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ sensory losses are identified and managed effectively. Each resident’s hearing and vision status is assessed on entry to the home. Residents have access to specialist services including speech therapy, audiology and optometry on an as-required basis. Recreational activities staff use cooking, hand massage with fragrant creams and other activities that stimulate the sense of smell. Various board games and craft activities assist with touch and fresh cooked meals twice daily and home made cakes from the kitchen each day stimulate residents’ sense of taste and smell. Residents/representatives are satisfied with the way sensory loss is managed.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns, through assessment of care needs on entry to the home, an environment conducive to rest and sleep and reassessment of identified issues. Care plans identify specific needs that a resident may have to ensure natural sleep patterns, for example, continence management to ensure minimal disturbance during the night. Residents are offered a range of interventions should they wake, including a warm drink, repositioning, pain management and reassurance. Residents are supported to achieve natural sleep patterns and confirm staff are available if required during the night. Residents also say that the home is very quiet at night time and staff gave examples of their management of noise to ensure that this is the case.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for further information including a description of the overall system of continuous improvement. The home is making planned improvements in Accreditation Standard three - Resident lifestyle which include the following examples.

- In June 2011, the recreational activity staff reported that residents with visual impairment were experiencing difficulty viewing the television. A DVD and motorised drop down screen were installed in one of the lounge areas to provide a cinema-like experience for residents. Residents have the feeling of going to the movies without leaving the home. Watching a movie is now something in which residents with some visual impairment can participate. The first big movie screening was held in June 2012 and staff received positive feedback from residents. Popcorn is generally provided during movie screenings and this is popular with residents. Residents told us that they enjoy watching movies on the big screen.
- In 2010 the pastoral care team identified residents do not have easy access to the chapel on site since the residents had moved into the new building. Consideration was given to providing a smaller worship or prayer room which residents and their families could easily access to sit, be quiet and/or pray. A room in the old hostel building adjoining the new building was painted and prepared for use as a temporary prayer room. Management found that not many residents used the new prayer room and the needs of representatives also varied. However, as the prayer room is used by a few residents on a regular basis and also by families who are visiting residents receiving palliative care, management said the initiative is successful in meeting a need.
- In June 2011 a resident requested that music be supplied in the library so they could enjoy quiet meditation time. A compact disk player and various compact disks have been provided in the library. Residents are able to play their choice of music and relax in the library to improve their feelings of well-being. Several residents enjoy sitting and listening to music in the library.
- Management identified residents were becoming less able yet they continued to want to access the community. A bus was purchased in June 2011. This has given residents the opportunity to enjoy weekly bus outings. The bus has wheelchair access to improve access to the community for residents in wheelchairs. Residents said they enjoy outings to the shops and to community events. The recreational activity coordinator advised the bus trips are very popular.

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 findings

The home meets this expected outcome

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory Compliance. Examples of regulatory compliance relevant to Accreditation Standard three include:

- Management has a system for the compulsory reporting of alleged and suspected reportable assault and/or abuse as required under amendments to the *Aged Care Act 1997*. Management and staff have received information and education on elder abuse policies and procedures.
- The obligations of staff to maintain the confidentiality of residents’ information and to respect residents’ privacy are included in the staff handbook. Staff sign a declaration on commencement of their employment stating they will abide by the home’s policies and procedures in this regard.
- All residents/representatives receive a copy of the residency agreement upon residents’ entry to the home and this document provides information about residents’ entitlements.
- The Charter of residents’ rights and responsibilities is displayed in the home and is in the residency agreement which is provided to each resident on entry.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Our rationale for finding the home does meet this expected outcome is based on the home’s systems for ensuring that management and staff have appropriate knowledge and skills as described in expected outcome 1.3 Education and staff development. We verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard three. These include:

- The recreational activity staff maintain their knowledge of current trends in leisure interests and activities. The recreational activity coordinator is studying for their certificate IV in leisure and health. Two recreational activity staff have attended a leisure and lifestyle workshop. The recreational activity staff network with diversional therapists and other recreational activity staff in the local area.
- Regular education on the identification and prevention of elder abuse is provided to staff. Staff are required to watch a DVD and complete a questionnaire annually on the identification and reporting of elder abuse including compulsory reporting.
- Cultural care resources have been collected and a cultural care kit is available for staff.

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 findings

The home meets this expected outcome

Residents expressed appreciation to staff for the support and assistance that staff provide to them during their entry to the home and the subsequent settling in period. Care staff, recreational activity staff and the pastoral carer spend one-to-one time with residents during their settling in period and thereafter according to residents' needs. The entry process includes gathering information from residents/representatives to identify residents' existing care and lifestyle preferences. The pastoral carer has a program of regular visits to those residents who have requested this support and they visit other residents as required. We observed positive and supportive interactions between staff and residents during the re-accreditation audit. Residents/representatives can contact religious clergy for individual support as needed. Feedback about residents' levels of satisfaction with the provision of emotional support is gained through the post admission survey, informally and through general resident surveys.

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 findings

The home meets this expected outcome

Residents stated they are satisfied with the opportunities available to them to participate in the life of the community. Residents are supported to go out with family and friends and they are encouraged to entertain their visitors at the home. Staff facilitate residents' participation in the life of the community, for example, through the arrangement of regular bus trips. Residents are able to have their own phone connected in their room. Many community groups visit the home including service clubs, entertainers, special interest groups and school children. Many residents use mobility aids to ambulate around the home. Regular exercise sessions assist residents to maintain their mobility levels and independence. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to those who wish to vote.

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 findings

The home meets this expected outcome

Residents' right to privacy, dignity and confidentiality is recognised and respected. Information on residents' rights and responsibilities is included in information given to the resident on entering the home and is also on display. Information about residents is securely stored and staff sign privacy and confidentiality agreements on commencement of their employment. We observed staff respecting residents' privacy by knocking on room doors before entering and closing doors or pulling privacy screens while providing care. Staff address residents in a respectful manner by their preferred names. Observations of staff interactions with residents showed warmth and respect. Many residents enjoy the services

of a hairdresser who visits the home. Residents/representatives interviewed confirmed that staff provide care to residents in a respectful and dignified manner.

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 findings

The home meets this expected outcome

Residents expressed satisfaction with the activity program that is provided by recreational activity staff over five days a week and by care staff at the weekends. Staff use an assessment process that identifies residents' social histories and leisure preferences. The monthly activity program includes special events, takes into account residents' preferred activities and celebrates significant cultural days. The program includes a mix of group and individual activities. Those residents who have difficulty self-initiating activities and those who prefer not to join in with others are provided with one-to-one time with recreational activity staff. This enables them to engage in activities of meaning to them. Recreational activity staff are responsive to the feedback that residents provide at resident meetings, through surveys and during informal discussions. They maintain participation records for each resident to identify their level of interest in the activities provided. Activity staff evaluate residents' lifestyle care plans regularly to ensure the program continues to meet residents recreational and leisure needs.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents reported they are satisfied with the support provided for their cultural and spiritual needs. The individual requirements of residents to continue their beliefs and customs are identified as part of the assessment process on entry. Residents at the home are from many cultural and linguistic backgrounds and those who can verbally communicate all speak and/or understand English. The multi-cultural staff speak seven languages between them in addition to English and some residents enjoy speaking to staff in their first language. Specific cultural days of interest to the residents are commemorated with appropriate festivities. Residents/representatives expressed appreciation for the efforts of staff to entertain and please the residents on these occasions. Residents' birthdays are recognised on the day and celebrated at the monthly birthday party. An Adventist chapel is on site and the Sabbath services are streamed live to residents' televisions and watched by interested residents. A number of religious clergy hold services at the home and residents are invited to attend these if they wish to do so.

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 findings

The home meets this expected outcome

Residents advised they are generally satisfied with the choices available to them at the home. Care routines are arranged following discussions between staff and residents/representatives. The menu provides choices for every meal. Residents' choice of medical officer and allied health services is respected. Participation in group activities is the choice of the resident and they are asked how they wish recreational activity staff to support them during one-to-one time. Residents have personalised their room or bed area with photographs, other mementoes and small items of furniture. In addition, residents have placed items of interest or significance to them in the glass display memory cabinets wall-mounted outside residents' rooms. The home has a number of mechanisms to assist residents/representatives participate in decisions about the services residents receive. These include discussions with staff, resident meetings, surveys, care conferences and the comments and complaints processes. Residents/representatives expressed satisfaction with the actions taken by management on matters raised and their responsiveness to requests. Residents' care plans, care conference records and progress notes provide evidence of consultation with them about their preferences for the manner in which care is provided.

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 findings

The home meets this expected outcome

Residents/representatives reported they are satisfied with the information the home provides to residents on entry regarding residents' entitlements, details of tenure as well as the fees and charges. A residency agreement is offered to residents on entry and which meets the requirements of the *Aged Care Act 1997*. The human resource assistant/village coordinator explains the agreement using a checklist, clarifies any issues and answers any questions residents/representatives may have throughout the entry process. The resident handbook which is provided to residents on entry contains information about the services available, processes for making complaints and residents' rights and responsibilities. Management advised that residents/representatives are consulted prior to the resident moving between rooms.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for further information including a description of the overall system of continuous improvement. The home has made planned improvements relating to Accreditation Standard four - Physical environment and safe systems which include the following examples.

- Residents/representatives provided feedback to management about the lack of a shaded area available for them to sit near the outdoor bird aviary or shaded place to rest when they were walking in the gardens. Management considered the options and built a gazebo adjacent to the bird aviary. Residents and their visitors now have a pleasant place to sit outside under shelter and look at the aviary and the garden areas. The gazebo is well-used and the feedback from residents/representatives has been positive.
- In the old hostel building residents used to serve themselves a breakfast of cereal and bread/toast. Staff began serving low care residents their breakfast after the move to the new building. Management noted this loss of independence and increased reliance on staff was having a negative impact on residents. Management purchased a mobile trolley. The trolley was set up with breakfast cereals, milk, bread et cetera. Residents now serve themselves a breakfast of their choosing from the trolley when they get up of a morning. Feedback confirms the system is working well for residents and staff.
- In November 2010 staff reported that cars belonging to the village residents and delivery trucks were speeding past the entry to the home. This was putting those residents who wished to go out the front door to walk in the landscaped gardens at risk. Management investigated options to make drivers aware of pedestrians. In May 2012, three speed humps were installed along the road in front of the home. The speed humps are effective in slowing down cars and trucks. Residents, visitors and staff can now safely exit the building and access the gardens.
- When the new building was built in 2009, the architects designed a void around the lift area on level three that gave visual access to level two. After a resident attempted to climb over the glass wall around the void, it was extended to ceiling height. While the improvement made the environment safer for residents, an unexpected benefit was the reduction in noise on level three now there is no longer a void. Residents on level three provided positive feedback about less background noise when they sit in their lounge area located across from the lift. Staff said the reduction in noise levels has improved the quality of life for residents who are sensitive to noise.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please refer to expected outcome 1.2 Regulatory Compliance. Examples of regulatory compliance relevant to Accreditation Standard four include:

- The home maintains and monitors work, health and safety guidelines and procedures in line with legislation.
- Audits, surveys and checklists are used to ensure compliance with relevant legislative requirements in the areas of food safety, infection control, laundry processes and fire safety and security.
- To ensure compliance with manual handling requirements all staff have undertaken manual handling education and attend regular update training.
- The home maintains a current fire safety statement.
- The home achieved an ‘A’ rating in its recent external food safety audit.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Our rationale for finding the home meets this expected outcome is based on the home’s systems to ensure management and staff have appropriate knowledge and skills as described in expected outcome 1.3 Education and staff development. We verified that the home identifies and implements a range of educational measures relevant to Accreditation Standard four. These include:

- Mandatory training for all staff includes fire safety and manual handling. Food safety education is mandatory for staff who handle food. Training in these areas is held regularly. Attendance is monitored by management who follow-up with staff who do not attend.
- All members of the work, health and safety committee are fully trained. The work, health and safety committee reviews practices regularly.
- Regular training and refresher training is provided to staff in safe work practices regarding manual handling equipment, mechanical lifters, hydraulic bin lifter, et cetera.

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 findings

The home meets this expected outcome

The home is a three year old structure which houses utilities and staff parking on level one, single ensuite accommodation for low care residents on level two and single ensuite accommodation and two share ensuite accommodation for high care residents on level three. The building is modern, homely, comfortable and air conditioned, the rooms are spacious and filled with natural light. Separate dining, lounge, activities and conversation areas are available on the accommodation floors. There is a large internal courtyard which is used for activities and recreation for residents and their visitors when the weather is suitable. Extensive garden views are available from various rooms and common areas of the home. There is a hairdressing salon, a room for the podiatrist and masseur, a chapel (a short distance from the home) and a prayer room within the home. A reactive and preventative maintenance system ensures that fittings, furnishings and equipment are well maintained. An electronic lock up system is activated each evening and security cameras and lighting protect the exterior of the building. Residents/representatives are very satisfied with the comfort and ambience of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The Adventist Nursing Home has a system which ensures management and staff members are actively working together to provide a safe working environment. The workplace health and safety committee meets on a regular basis and discussions include risk management and audit results. Incidents/accidents and hazards are also discussed and evaluated for any preventative action that could be used. All staff attend mandatory training on a yearly basis. Maintenance is managed by an electronic system with assistance for hazard management available 24 hours each day. Staff members report any workplace incidents and these are followed up by management with a focus on injury prevention. A return to work program is developed organisationally for staff members as needed. Resident and staff incidents are monitored to ensure the home is a safe living and working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Systems promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as regular checks of detectors, sprinkler system, extinguishers, fire doors and other fire equipment. Staff interviews demonstrate that they are familiar with the equipment and procedures and they confirm they attend regular fire safety training. There is an emergency evacuation kit on each residential level to ensure current information is available to staff for the identification of residents. We observed emergency flip

charts with emergency procedures located throughout the building. The home has security systems including the resident call bell system and low care residents have a choice of whether to wear a call bell pendant, an evening lock up procedure, external security cameras and lighting and secure staff parking. There is a no smoking policy in the buildings. Residents/representatives state they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program which minimises infections. A resident and staff immunisation program is implemented each year. The infection surveillance program includes monitoring of any infections, appropriate treatment and follow up review to reduce the likelihood of further infections. Infection control training and hand washing education are provided for staff during orientation, during mandatory annual education and as needed for all staff. Outbreak management plans and equipment are in place. The home has a food safety program and a pest control program. Personal protective equipment, spill kits and hand sanitising stations were observed through the building. Temperature monitoring and thermometer calibration programs are regularly recorded and cleaning schedules are followed throughout the home. All staff interviewed had a good understanding of the importance of infection control.

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 findings

The home meets this expected outcome

Systems ensure hospitality services are provided in a way that enhances residents' quality of life. The home serves vegetarian meals which are fresh cooked according to a four weekly rotating menu. The menu is reviewed by a consultant dietician and offers variety and choice. Residents have input into the menu through discussion at residents' meetings and communication with the catering supervisor. Residents' special dietary needs and meal choices are being identified and met. Resident rooms, bathrooms and all other areas of the home are being cleaned on a regular basis according to a cleaning schedule. We observed cleaning staff using colour coded mops and cloths for infection control during cleaning. Cleaning staff explained the infection control procedures they use and extra cleaning duties they perform in the event of an outbreak. All laundry is attended to onsite. Residents/representatives label residents' own clothing before and after entry. Residents/representatives are satisfied with the catering, cleaning and laundry services in the home.