



Aged Care  
Standards and Accreditation Agency Ltd

## **A H Orr Lodge**

RACS ID 0007

31 Clissold Street

ASHFIELD NSW 2131

Approved provider: Ashfield Baptist Homes 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 25 March 2015.

We made our decision on 25 January 2012.

The audit was conducted on 13 December 2011 to 16 December 2011. 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



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# Site Audit Report

**A H Orr Lodge 0007**

**Approved provider: Ashfield Baptist Homes Ltd**

## Introduction

This is the report of a site audit from 13 December 2011 to 16 December 2011 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 a site 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

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 13 December 2011 to 16 December 2011

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:	Barbara Knight
Team member/s:	Diane Sanderson

## Approved provider details

Approved provider:	Ashfield Baptist Homes Ltd
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## Details of home

Name of home:	A H Orr Lodge
RACS ID:	0007

Total number of allocated places:	60
Number of residents during site audit:	58
Number of high care residents during site audit:	32
Special needs catered for:	Residents living with dementia

Street/PO Box:	31 Clissold Street	State:	NSW
City/Town:	ASHFIELD	Postcode:	2131
Phone number:	02 9799 2844	Facsimile:	02 9799 8480
E-mail address:	info@bethel.org.au		

## Audit trail

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

### Interviews

	Number		Number
Chief executive officer	1	Registered nurses	2
Executive care manager	1	Care staff	6
Quality manager	1	Residents/representatives	11
Business manager	1	Chaplain	1
Admission officer	1	Catering staff	2
Administrative support officer	1	Laundry staff	1
Learning and development manager	1	Cleaning staff	1
Maintenance supervisor	1		

### Sampled documents

	Number		Number
Residents' files electronic and hard copy including assessments, care plans, progress notes	6	Residents' files – social background charts, social care plans, activities and therapy interaction forms, spiritual interaction forms	7
Medication charts electronic and hard copy	10	Personnel files	4

### Other documents reviewed

The team also reviewed:

- Activities programs
- Activity care plan review schedule
- Annual fire safety statement, fire service records
- Asset register/linen register
- Audits and audit schedule
- Behaviour management charts
- Catering temperature and calibration records consistent with hazard analysis critical control point (HACCP) requirements
- Clinical indicator reports
- Comments, complaints and compliments log
- Continuous improvement register, action plans and review
- Daily, weekly and periodic cleaning schedules
- Desk audit report/self assessment documentation
- Dietary requirement forms
- Duty lists
- Equipment check list
- Family conference records
- Hazard reporting register
- Immigration register

- Incident and accident reports forms, summaries and trend data
- Individual residents' activities programs;
- Information systems: electronic communication system
- Manual handling guide
- Meeting minutes
- National criminal history check electronic register and renewal system
- Observation charts including weight, blood pressure, blood sugar levels
- Pain management charts
- Philosophy, mission, vision and quality of care statements
- Physiotherapy assessments
- Policy and procedure documents
- Position descriptions
- Preventive maintenance schedule, electronic maintenance log
- Proposed expenditure budget documentation
- Purchase order register
- Registered nurse and endorsed enrolled nurse registrations
- Reportable incidents log
- Resident's individual social history forms, activity care plans, activity and spiritual activity participation records
- Residents' agreements
- Residents information pack including resident handbook
- Residents' newsletter (old and new formats)
- Staff code of conduct
- Staff education including: orientation program, education calendar, mandatory training and in-service staff attendance electronic records; competencies for infection control, OH&S and medication management; certificates and education resources
- Staff handbook
- Staff rosters, roster requests and casual staff contact lists
- Supplier evaluation forms
- Thermostatic mixing valves, temperature checks and legionella testing reports
- Wound charts and ongoing management plans

## **Observations**

The team observed the following:

- Activities in progress
- Activity preference cards in residents' rooms
- Chapel service in progress
- Charter of residents' rights and responsibilities displayed
- Chemical storage and material safety data sheets appropriately located
- Cleaning in progress including equipment and trolleys
- Complaints information on display (internal and external mechanisms)
- Continence supplies
- Daily activities program on display
- Daily care schedule in residents' rooms
- Daily menu on display
- Equipment, supply storage and delivery areas
- Fire panel, fire equipment
- Handwashing facilities and hand sanitisers
- Interactions between staff, residents and relatives
- Living environment internal
- Meal services at midday
- Medication round using electronic medication system
- Notice boards containing staff, resident and relative information

- Notices regarding accreditation audit on display
- Residents using computer area
- Residents using computer station for emailing and playing electronic games
- Secure storage of resident files and clinical computer software system password protected
- Sensory room
- Staff work areas including: kitchen, utility rooms, treatment rooms, staff room, reception and offices
- Storage of medications including medication refrigerators and temperature recording charts
- Suggestions/comments/concerns forms and suggestion box
- Visitors and contractors sign in and out folders



## **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 home actively pursues continuous improvement in a systematic manner. The management team of the home identify improvement opportunities through a number of avenues including suggestions, comments and complaints, various staff meetings, residents’ meetings, internal audits, surveys, clinical data information and incidents and accident reporting. Areas requiring improvement are analysed, actioned, monitored and evaluated and the progress is recorded on action logs. Feedback is provided to the Board of management and stake holders through attendance at meetings, meeting minutes, newsletters and the electronic staff diary system. Residents, representatives and staff say they have opportunities to participate in the home’s continuous improvement activities by providing feedback and making suggestions for improvement.

Improvements taken in relation to Accreditation Standard One - Management systems, staffing and organisational development include the following:

- Residents were previously transferred to the nursing home section when their physical needs could not be met in the hostel. In 2009 the Board made the decision to progress to implementing ageing in place in 2010 to enable residents to remain in the same environment as their care needs change. To facilitate the change manual handling equipment was purchased, staff received additional education, and staffing skill mix and staff numbers were reviewed and upgraded. A H Orr Lodge now successfully offers ageing in place. Residents and prospective residents have been comforted by being able to remain in the same environment. The resident agreement and resident information outlines the circumstances where a resident may require transfer in order to have their care needs met.
- The home used to have an electronically based diary system however the home was having problems with this system. The main problem was the unreliability of the diary system in that it frequently ‘crashed’. Staff were also having difficulty accessing the pathway to the diary document and were missing important information. During 2011 a new software system was sourced which has proved to be very reliable, is easy for staff to access and has allowed additional functions to be added. The additional functions have allowed for the monitoring of maintenance and cleaning services in the home and improved communications to staff. Policies and procedures, shared documents, job specifications and meeting minutes are all easily accessed through the ‘team site’. Some staff have received additional training to be able to use the system. Staff said the system is easy to use and provides a wide range of information. Staff log on each day prior to starting a shift.
- Areas for improvement were identified from the 2010 staff survey. Those areas included the need to improve staff recognition and well being, and the home’s communication processes. The improvement in the communication systems at the home, as identified above, is one of the steps taken to address the communication deficits. Pamphlets and information posters were also put into the staff room. The home is still looking at additional ways to improve communications. The staff recognition program has been

revamped and the 'employee of the month' nomination system has been reviewed. A 'wall of fame' has been established with further plans to make one larger site for the wall of fame. On-the-spot café reward cards are now given to staff who are noticed to be doing something well or doing something 'extra', and celebrations are held to recognise staff who complete training courses. The staff room has been furnished with an air conditioner and a larger refrigerator to better accommodate staff lunches. The computer 'staff site' now provides information about general health and well being matters and some computer links to useful websites. Staff said they are pleased with the improvements and this outcome has also been reflected in the 2011 staff survey.

- The home's website has been extensively redeveloped over the past 18 months to give a more positive and professional look to the site. The home has had good feedback from representatives, staff and community members. The home maintains a list of things to be monitored on the website to ensure its currency and accuracy.
- The home's newsletter, which previously focused on the activities program, has been extensively redeveloped to provide a more comprehensive overview of the functioning of the home, as well as including diversional therapy news. The newsletter is seen by management as an important communication tool to residents, representatives and staff. Two editions have been published to date and some positive comments have been received about the new format. Some representatives have commented to the management team about issues they have read about in the newsletter which has been an indication to management the new format is meeting its purpose.

## **1.2 Regulatory compliance**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The organisation is a member of an industry organisation and receives their legislative and legal publications regularly. Relevant information is also received through subscription to a legislative update service, from government departments, attendance at professional meetings and seminars. Management communicate changes to staff through the staff diary system, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments and observations by management.

Specific examples of regulatory compliance relating to Accreditation Standard One include:

- Procedures for police checks for staff and contractors are in place.
- The organisation has a system whereby external contractors' registrations are checked to ensure they are current.
- The organisation conducts reviews of all policy and procedure manuals on a regular basis to ensure that all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Management ensures that all residents, staff and visitors to the home have access to internal and external comments and complaints mechanisms.

- The home maintains accurate records of the name and contact details of at least one representative of each resident.
- Residents and representatives and staff were informed of the upcoming accreditation audit through newsletters, posters and at meetings.

### **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 an education and training program to ensure staff have the appropriate knowledge and skills to perform their roles effectively. The education program incorporates a range of topics across the four Accreditation Standards that are provided on an in-service basis as well as from external sources. Regular education sessions are scheduled to utilise the home’s subscription to an electronic aged care specific education channel and accompanying resource material. Strategies to ensure staff have appropriate knowledge and skills to perform their roles effectively also include a staff orientation program including a “buddy” system when staff commence work at the home. The training requirements and skills of staff are evaluated on an ongoing basis through observation by senior staff, competency assessments, performance appraisal, surveys, the changing needs of residents and feedback. Electronic education attendance records are maintained to ensure staff attend mandatory sessions and non-mandatory education appropriate to their position. Staff report a high level of satisfaction with the education program and say there are opportunities to advance their skills.

Examples of education and development attended by management and/or staff in relation to Standard One include:

- One staff member has completed the Certificate IV in Frontline management this year and another two staff members will complete the qualification shortly.
- One staff member completed Certificate IV in Business this year
- Legal responsibilities workshop
- Understanding accreditation
- Financial advice workshop
- Electronic care documentation training
- Computer skills workshops for staff who lacked computer skills
- Orientation sessions for new staff.

#### **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

Information about internal and external complaints mechanisms is provided to residents and representatives verbally on entry to the home, through brochures, the resident handbook and in the resident agreement. Information is also offered in languages other than English if needed. Information is also communicated on a regular basis through resident and relative meetings, newsletters and information on both internal and external complaints mechanisms is displayed throughout the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Forms for comments and complaints as well as a suggestion box are available in the home. Complaints are reviewed at the management meetings and actioned as part of the continuous improvement program as appropriate. Staff interviews demonstrate they have knowledge and understanding of the complaint handling process and of their role in assisting residents to raise issues if they need help. Review of comments and complaints as well as other relevant documents indicates that issues raised are responded to in an effective and timely manner and representatives interviewed expressed satisfaction with the home's complaint handling processes.

#### **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 home's vision, mission, values and philosophy are well documented and are on display in the home. This information is also available in a number of documents including the residents' and staff handbooks, orientation manual, all other facility manuals and employment contracts. Staff interviewed are aware of their roles in reflecting the home's philosophy, vision, and values.

#### **1.6 Human resource management**

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

##### **Team's findings**

The home meets this expected outcome

There are systems and processes to ensure that sufficient, suitably skilled and qualified staff are available to provide services to residents in accordance with the Accreditation Standards and the philosophy and objectives of the home. Policies and procedures are in place and cover staff recruitment, orientation and induction. Performance reviews are undertaken through staff appraisals, regular monitoring and a competency assessment program. The home has disciplinary and grievance processes. Position descriptions outline roles for all jobs and duties lists identify the tasks for each shift. Staffing skill mixes and staffing levels are monitored through observation of residents' care needs, staff feedback, analysis of clinical indicators, and comments and complaints. Permanent staff or staff from a casual pool provide relief for planned and unplanned leave. Observations and documentation reviews indicate there are sufficient staff with the appropriate knowledge and skills to perform their

roles effectively. Residents and their representatives express satisfaction with the staff's skills and report staff usually respond to their needs in an acceptable and timely manner.

### **1.7 Inventory and equipment**

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

#### **Team's findings**

The home meets this expected outcome

The home has stocks of goods and equipment to support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has appropriate storage to ensure the integrity of the stock and stock is rotated as required. Equipment needs are identified through staff requests, audits, and asset replacement and acquisition programs. The home has preventative and reactive maintenance programs. Electronic maintenance requisition sheets are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Staff in all areas of the home said they are very well supplied with both equipment and general supplies which the team also observed. Staff also said management is very responsive to requests for equipment. Residents and representatives said they are not lacking in any needed equipment or supplies.

### **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

Through the review of documents, interviews held with residents and their representatives, and interviews with staff, the team determined the home has effective information management systems. The home has processes to govern the collection, processing, reporting, storage, archiving and destruction of information and records. Information for residents is provided on entry to the home in a comprehensive information pack that contains the resident's handbook and other information about life within the home. Noticeboards, residents' meetings and newsletters provide ongoing information. The home's staff are kept informed through an electronic diary system, noticeboards, meetings and meeting minutes, a clinical record system, staff handbook, education sessions, and policy and procedure manuals. Information to care staff members on different shifts is also passed on through the use of verbal handovers. Staff have secure passwords to access computers and there are predetermined levels of access. The computer data is backed up daily and taken off site. Observations demonstrate that resident and staff files 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 home has systems in place to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. A range of contractors and external providers operate within contracts and formalised agreements covering resident and care related services, fire systems, various building and maintenance services, and supplies. Contracts are formally reviewed on an annual basis. All external service providers and external contractors' registrations and insurances are reviewed and recorded. Management

monitor and review external service provision and this includes feedback from residents, their representatives, staff and other key stakeholders. Residents and staff interviewed expressed satisfaction with most of the services at the home. Many residents informed the team they were looking forward to the meals being cooked on site. (Refer also to expected outcome 4.1 Continuous improvement).

## 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 Standard Two - Health and personal care, including but not limited to:

- A new medication administration system was implemented in 2009. The introduction of this program has been a significant undertaking for the home. The new system is very reliable and has reduced medication errors considerably. Staff say the system is efficient and easy to use.
- An aged care funding instrument (ACFI) coordinator was engaged to work across both the nursing home and the hostel. The appointment of the ACFI coordinator has removed the responsibility for funding issues from the registered nurses who are now able to focus on care and clinical issues for residents. Additional benefits have also resulted from more appropriate funding levels being identified.
- Management identified the previous resources allocated to physiotherapy services were inadequate to meet residents' needs and insufficient to ensure accurate and informative documentation. A physiotherapist has been engaged on staff for three days per week shared across both A H Orr Lodge and Bethel Nursing Home. In addition a physiotherapy aide has been engaged in a full time capacity across both areas. All residents are now assessed on entry to the home, following a fall, on a three monthly basis and as requested by the staff. The outcome of the additional therapy has yet to be formally analysed however the clinical staff have identified the home is offering improved pain management strategies with positive feedback from residents regarding the improvements. Residents are observed to be walking more. Residents informed the team of the positive interactions they have with the therapy staff and of interactions for 'keeping their joints moving'.
- Management identified the organisation's dementia services were not meeting professional standards and believed the organisation 'could do better' in both the way the care services were delivered and the environment. An external dementia expert undertook a review of care service delivery and the environment. This review was completed in early 2011. It was identified that a more person centred approach to care delivery was needed in both A H Orr Lodge and Bethel Nursing Home and particularly in the dementia unit of the nursing home. This approach encompasses holistic needs of residents not just a focus on clinical needs. To progress this model of care, a learning and development manager who is very experienced in the person centred model of care, was engaged in October 2011. The learning and development manager has been working with staff in preparation for a full implementation of the model in early 2012. The staff are already encompassing the strategies imparted. The dementia unit was observed to be calm during the visit and the residents engaged in a variety of activities with the care staff.

- A sensory room has recently been established to provide a calming environment for unsettled residents. Staff have received some education in the use of the room and report they are using the room successfully to calm residents who are agitated or anxious.
- Feedback from staff and management observation indicated the Lodge needed a registered nurse on the afternoon shift to oversee the clinical needs of the residents. The benefits of the recent addition of the registered nurse have already been noticed with improved follow up of residents' care issues and improved outcomes with a registered nurse being available to assist medical officers who may visit residents in the afternoon/evening.

## **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

Refer to 1.2 Regulatory Compliance for further information related to this expected outcome. Specific examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors the currency of the registered nurse's and the endorsed enrolled nurses' authorities to practice.
- A registered nurse oversees the care planning and the assessment processes implemented for all high care residents in consultation with residents and/or their representatives.

## **2.3 Education and staff development**

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

### **Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Documentation reviews indicate that staff attended a variety of education sessions related to Accreditation Standard Two and these include but are not limited to:

- Several staff members undertaking Certificate IV in aged care
- Aged care funding instrument (ACFI) training
- Medication management
- Manual handling
- Dementia care
- Basics of wound management
- Falls prevention
- Diabetes management
- Catheter care
- Behaviour management
- Continence management
- Sensory loss
- Mental health (assessment and diagnosis).



## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

There are systems and processes to ensure that residents in A H Orr Lodge receive appropriate clinical care. Care information is obtained pre entry and on entry to the home and initial care needs are identified. After the resident has settled in a comprehensive suite of assessments is undertaken and a care plan developed in consultation with the resident and family members. Care plans are regularly reviewed and updated by the registered nurses on a regular basis. Review of resident files and discussions with staff confirm that residents’ physical, psychological, emotional and lifestyle needs are identified during the assessment period and strategies implemented to ensure individual wishes and preferences are recognised and respected. Observations of practice and staff interviews demonstrate that all staff are aware of, and empathetic with residents’ care needs. Resident/representative interviews confirm that they are involved in the care planning processes through regular family conferences, and are very satisfied with the care provided.

## **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

There are systems in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. The registered nurses provide guidance and direction for needs such as the management of complex wounds and diabetic requirements. Residents may be referred to specialist care services such as wound and pain management clinics for advice and support for their particular needs. Residents/ representatives state that staff are aware of and meet their 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 findings**

The home meets this expected outcome

Documentation including resident files, demonstrates that appropriate referrals are made to health specialists including medical and allied health practitioners, such as dietician, speech pathologist, podiatrist and optometry and audiology services. There is access to other specialist services such as pain and wound management clinics. Referrals are made in consultation with the resident, family members and the resident’s medical practitioner. Providers of specialised services will visit the home or alternatively residents are assisted to attend external appointments. Residents/ representatives state that they have access to specialised services as required.

## **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

There are systems and processes to ensure that residents’ medication is managed safely and correctly. This includes the prescription, dispensing, storage and administration of medications. There are medication management policies and procedures in place and staff practices are observed to be consistent with policy and legislative requirements. The home uses an electronic medication system, with hard copy charts generated by the pharmacy and signed by the general medical practitioner, maintained as back up. Medications are administered by care staff with appropriate certificates and competency assessment, and the registered nurses provide supervision and guidance as required. Residents who may wish to self medicate are assessed by their general medical practitioner as competent to do so. Medication charts include a resident photograph and the electronic system documents individual methods of administration such as “crush tablets”, “mix with puree”. Medication reviews are undertaken regularly, the supplying pharmacy conducts monthly audits and medication errors are monitored. A medication administration committee meets regularly and provides guidance regarding for example, changes to legislation, and ensures that medication systems enable the safe and correct administration of residents’ medications. Observation and interviews with staff confirm that they understand and comply with the home’s policy and with legislative requirements. Residents interviewed are satisfied with the way their medications are 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

There are systems and processes to ensure all residents are as free from pain as possible. Initial and ongoing pain assessment includes verbal and non verbal indicators, and interventions are monitored and evaluated on an ongoing basis. There is a holistic approach to managing pain with consultation between staff, residents/representatives, allied health and medical practitioners. Residents may be referred to the pain clinic at a nearby hospital. A physiotherapist attends the home three days weekly and a physiotherapy assistant is employed five days a week. These practitioners contribute to the comprehensive pain management program. Alternatives to analgesia such as active and passive exercises, massage, and heat packs are used to manage residents’ pain. Staff informed the team that they understand and practice alternative methods of pain management, and residents are satisfied that there is a timely response to their requests for pain control.

## **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

Residents who are terminally ill are enabled to remain at the home or may be transferred to the co-located high care service where the processes in place ensure that their comfort and dignity can be maintained. Residents/representatives participate in case conferences when end of life issues are discussed and advanced care directives may be formulated. Documentation demonstrates that resident wishes are known, understood and respected. Provision of equipment including specialised mattresses, sheepskins and other assistive

devices, ensures that comfort is maintained. Associated therapies such as massage, music and aromatherapy may be utilised. There is liaison with the palliative care team for advice and support including pain management issues. The chaplain is available to provide spiritual and emotional support for residents and their family members at this time. Staff interviewed are knowledgeable about and empathetic with palliative care processes.

## **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

Residents’ nutrition and hydration status is assessed on initial entry to the home to ensure their intake needs will be adequately met. Documentation demonstrates that assessments include the need for special diets, individual and cultural food preferences, physical limitations such as swallowing difficulties, oral and dental deficiencies, sensory loss and mobility and dexterity issues. Modified crockery and cutlery is available to assist residents maintain independence with eating and drinking. Resident needs and preferences are communicated to catering staff. Any changes are updated through the diary and by memo from the catering coordinator. Staff are required to sign that they are aware of such changes. Observation of meal preparation and service confirms that care and catering staff are aware of residents’ needs and choices. Dietary supplements and modified diets are provided. Residents’ food and fluid intake and weight gain/loss is monitored, with referral to appropriate practitioners, for example dietician, speech pathologist as necessary. Staff were observed to encourage and assist residents at meal times and ensure that they had an adequate food and fluid intake. Residents are satisfied that they receive adequate meals and drinks and state that they enjoy visiting the “High Street café” for coffee or a cool drink.

## **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 assessment of residents’ skin integrity is included in the initial assessment process and monitored on an ongoing basis. Care staff monitor residents’ skin integrity during daily care processes and report any changes for ongoing assessment, review and referral as appropriate. Registered nurses provide support and guidance to the senior care staff who undertake wound dressings. Residents with more complex requirements may be referred to wound management clinics. Equipment and supplies are available to meet residents skin care needs and assist in the maintenance of skin integrity. Residents/representatives report satisfaction with the skin care provided.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

There are systems and processes to ensure that residents’ continence is effectively managed. Documentation demonstrates that continence assessments are included in the initial and ongoing assessment process and management strategies are developed in conjunction with staff and residents/representatives. Appropriate continence aids are available. Toileting programs developed take into consideration the privacy and dignity of the

resident and of the need to maintain independence as far as possible. Staff monitor and report on the effectiveness of interventions. Resident/representatives are satisfied that continence needs are met.

### **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 and processes in place to identify and manage the needs of residents with behaviours of concern. On site is a designated secure dementia unit for those residents with higher care needs. Initial and ongoing assessments identify residents’ behaviour management needs and care plans are developed and implemented. Behaviour management plans document the incidence of behaviours of concern and staff demonstrate a good knowledge of individual resident need and provide appropriate interventions. Group and one to one interventions such as massage and multisensory activities are included in strategies utilised. Residents may be referred to a psychogeriatrician and/or the dementia behaviour monitoring and assessment service (DBMAS). The new sensory room used by residents in both the high and low care areas is a good support for staff managing residents with behaviours of concern. The home was noted to have a calm and peaceful atmosphere during the visit. Representatives advised the team that staff are competent and caring with their relatives who have behavioural issues.

### **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

Systems and processes require that each resident is assessed on entry to the home, after a fall, and on return from hospital. Plans of care are developed to ensure optimum levels of mobility and dexterity are achieved and maintained. An initial nursing assessment is undertaken and is followed by a physiotherapy assessment. Care plans are developed and reviewed by the physiotherapist and are undertaken by the physiotherapy assistant. These include exercise classes, active and passive exercises, walking programs, and massage. Residents are encouraged to maintain mobility through the use of assistive devices such as walking frames. Incidence of falls is recorded, and the physiotherapist reviews each resident following a fall. Falls risk assessments are conducted, residents at risk of falls are identified, and strategies implemented to minimise the risk. Residents interviewed state that they are encouraged to retain their independence, enjoy the exercise classes and feel supported through the programs in place at the home.

### **2.15 Oral and dental care**

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

#### **Team’s findings**

The home meets this expected outcome

The oral and dental health of residents is assessed on entry to the home and regularly thereafter. Staff members have attended the oral health training course and the home uses the documentation provided for assessment purposes. Staff assist residents as required with mouth and denture care. Residents may be referred to a dental practitioner for identified problems. The home has arranged for the dental “bus service” to attend in the New Year,

which will enable all residents to be assessed and treated on site. Staff ensure that residents have an appropriate diet and fluids to maintain oral health, and residents/representatives are satisfied that their oral/dental needs are met.

### **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

On entry to the home residents’ sensory losses are identified and included in the care planning process. Referrals are made to specialist services including speech pathologist, optical and audiology services. Staff ensure that resident’s sensory aids are well maintained. Large print books are available in the library and visual aids and signage are used as prompts. Diversional therapy staff include touch, taste and smell in their assessment process and stimulate these senses in their programs. The proposed change from cook/chill to cooking meals freshly on site will enhance the smell and taste experiences. Residents state they are satisfied that their sensory needs are well 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

Resident sleep patterns are assessed on entry to the home including preferred sleeping times and any history of night sedation. Barriers to natural sleep including pain, continence, hunger, emotional state are considered when planning care. Alternatives to sedation such as warm drinks, heat packs, and toileting are employed. Residents are accommodated in single rooms so that environmental issues such as light and noise have little impact. Residents may choose their music or watching television as an aid to sleep. Residents report that the home is quiet at night and that their sleep is not disturbed.

## 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.

Examples of specific improvements relating Accreditation Standard Three - Resident lifestyle include:

- To develop a link with the community and to provide an alternative venue for residents, relatives and staff to socialise or take a break, the café area in the entrance/foyer area has been further developed since its opening in 2009. Light meals can now be served along with beverages, the opening hours have been extended each day and the cafe is now open seven days per week. A convenience store has also been established for residents, visitors and staff. During the visit the team observed many residents and visitors using the café area. Some residents of A H Orr Lodge order a take away meal from the café ‘just for a change’. Many residents and representatives said they enjoy the café environment very much. Management said the café area is to be further developed to manage the increased trade.
- The home accessed government funding to establish a computer kiosk for residents. A small number of residents are learning to use the computers and some residents using the computers to talk live with relatives who live interstate.
- A full review of the home’s activity program was undertaken in 2010 which identified areas for improvement. All residents now have an assessment of their social, cultural and spiritual background, interests and leisure preferences undertaken on entry to the home. This information has enabled activity and spiritual care to be tailored to meet individual residents’ preferences and abilities. A new system of documenting activities has also been developed to improve evaluation processes and to improve the tracking of residents’ participation. Activity preference cards have been placed in each resident’s wardrobe to inform care staff of residents preferred activities. The diversional therapist also places on the electronic staff diary system each day, the social background of one resident to enable the staff to know the residents better. Residents interviewed expressed satisfaction with the activities program and staff interviewed are aware of residents’ social needs and preferences.
- A review of the home’s spiritual program was undertaken in 2011 as a result of feedback in the 2010 residents’ survey. Residents’ frequency for chaplaincy visits and church attendances are now being met in line with their stated needs and preferences. The documentation system supporting the spiritual program has been upgrade to improve the monitoring of the program.

### **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

Refer to 1.2 Regulatory Compliance for further information related to this expected outcome.

Evidence that there are systems in place to identify and ensure regulatory compliance related specifically to Accreditation Standard Three - Resident Lifestyle includes:

- Resident's agreements are in place according to legislative requirements.
- The home has a policy, procedure and education in place regarding resident alleged/suspected assaults and unaccountable resident absences. The home maintains a mandatory reporting incident register.
- The Charter of Resident Rights and Responsibilities is documented in the, resident information book, the residential agreement and displayed at the home.
- Resident information and resident files are kept in a manner that meets privacy legislation requirements.
- The home ensures authorised representatives are identified to make decisions on behalf of residents who are unable to act for themselves.

### **3.3 Education and staff development**

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

#### **Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Documentation indicated that staff attended education sessions related to Accreditation Standard Three including:

- elder abuse training (compulsory for all staff)
- the diversional therapist attended a two day diversional therapy conference
- an activities officer attended one day of the diversional therapy conference
- dementia care

### **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

The home supports residents in adjusting to life in their new environment, for example, the home encourages a pre-admission interview and tour of the home where possible.

Residents' handbooks provide prospective and new residents with information about the

home and the services which are offered. New residents are oriented to their physical surroundings and the home's routines. They are accompanied to meals and activities, and are introduced to staff and other residents. The diversional therapist spends time with new residents and their representatives to obtain a social lifestyle history before preparing an activities care plan. Care plans are updated regularly as new or changed needs and preferences are identified. The on-site chaplain provides residents with emotional support if appropriate and visits residents who are in hospital. Residents are able to bring small items of furniture and other belongings to the home with them to personalise their rooms. During the site audit the team observed caring and friendly interaction between residents and staff. Residents and representatives said residents are supported when they move into the home and on an ongoing basis.

### **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

The home encourages residents to achieve maximum independence. They are assisted to maintain friendships and interests, and to participate in community activities in accordance with their individual abilities and preferences. Each resident's level of independence and need for assistance is assessed when they move into the home and is regularly reviewed. The home provides an environment in which representatives, family, friends and community groups are welcome to visit and the home's 'High Street café' provides a popular venue for meeting, dining and relaxing with family and friends. The activity program contains both internal and external activities such as outings, and entertainment by community groups. Staff were observed encouraging residents with mobility, activities of daily living and leisure activities. Staff said residents are assisted to retain their independence to their individual levels of ability. Residents interviewed said they are supported to maintain their individual levels of independence and interests.

### **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

Document review, staff interview and observations indicate that residents' rights to privacy, dignity and confidentiality are recognised and respected. Information on residents' rights and responsibilities is given to new residents in the information pack. Staff receive training in privacy and dignity and sign confidentiality agreements on commencement of employment. Confidential resident information is discussed in private, resident files are stored securely in lockable cabinets, and computers are password protected. Observation of staff and resident interaction show that staff respect the privacy of residents by referring to residents by their preferred name, knocking when entering rooms and closing doors when attending to residents' needs. Residents and representatives interviewed said staff are respectful and maintain residents' privacy and modesty when carrying out care and treatment.



### **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

The home has systems and processes to identify, support and encourage residents to participate in a wide range of interests and activities. An assessment of residents' social, cultural and spiritual background, interests and leisure preferences is undertaken on entry to the home and individual activities and spiritual care plan are developed for each resident. Residents' individual activity plans are evaluated on a three monthly basis or more regularly if needed. Care staff are involved in activities with residents on a daily basis. Resident involvement in group activities is encouraged however residents' right to decline is respected. The monthly activity program includes, but is not limited, to bus trips, shopping trips, exercises, board games, quizzes, entertainment, craft, movie sessions, and special cultural and celebration events. The activities program is reviewed and evaluated regularly to ensure that it continues to meet residents' changing capabilities and preferences. Information is obtained from audits, attendance records, activities evaluations, residents' meetings and individual resident feedback. Residents said they are satisfied with the range of activities provided.

### **3.8 Cultural and spiritual life**

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

#### **Team's findings**

The home meets this expected outcome

The home has systems to meet the cultural and spiritual beliefs and interests of residents. Each resident's cultural and ethnic background and spiritual preferences are documented at the time of entry to the home and included in care planning. The home's Baptist chaplain conducts a church service three Sundays per month and devotional services several times per week. Catholic and Anglican church services are also held at the home. Residents wishing to participate are encouraged and assisted to attend. Contacts are made with individual local churches as requested by residents and/or representatives. Celebration of cultural, social and other events are held regularly. The home has access to interpreter services if necessary and the catering department is able to cater for cultural and religious dietary requirements. Some of the cultural and spiritual days celebrated by the home include, but are not limited to, Christmas, Easter, Melbourne Cup, Australia day, and Anzac day. Residents interviewed are satisfied with the support provided in terms of their spiritual and cultural needs.

### **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

Every resident at A H Orr Lodge is encouraged to exercise choice and control over their lifestyle. Residents and representatives are provided with information and receive explanation about the processes and the choices available to them in care routines, general lifestyle, and hospitality services. Authorised representatives are identified to make decision

on behalf of residents who are unable to act for themselves. Staff receive training in relation to residents' rights. Residents and/or representatives indicate preferences and offer feedback about the care and services provided informally to staff and formally through mechanisms such as family conferences, completing satisfaction surveys and discussions held at residents' meetings. Residents interviewed said they are satisfied with the freedom of choice in their day. Representatives expressed satisfaction with their involvement in care planning processes.

### **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

The home has policies and procedures to ensure residents have secure tenure within the residential care service, and understand their conditions of tenure, their rights and responsibilities prior moving into the home. The agreement includes information for residents about their rights and responsibilities, complaints handling, fees and charges, prudential requirements, their security of tenure and the process for the termination of the agreement. Provisions are made for non-English speaking residents and/or representatives. Residents and representatives indicate they are satisfied with the information the home provides regarding their security of tenure and their rights and responsibilities.

## **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

The home has a system in place that enables it to actively pursue continuous improvement. For further information relating to the home’s continuous improvement system, please see expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Accreditation Standard Four- physical environment and safe systems include:-

- Ozone laundry processes have been introduced with environmental and financial benefits, and laundry staff say that the processes work well.
- The carpet flooring is gradually being replaced in the residents’ bedrooms as the need to do so is identified. The new linoleum type flooring is easier for the use of manual handling equipment and also facilitates cleaning.
- Extra storage space has been created to enable manual handling equipment and mobility equipment to be stored out of corridors. Staff said the extra storage space has not only improved safety for residents by reducing clutter in the corridors but has also improved the appearance of the areas.
- To address residents’ dissatisfaction with the food services at the home and to address meal supply issues the home is moving from a cook/chill process of food services to fresh cooking of meals on-site. A chef manager has been engaged, residents and representatives have been informed and the chef is consulting with residents in preparation for implementation of the new system in February 2012. Residents interviewed spoke with enthusiasm about the new food services system.
- The convenience store next to the café was opened in 2011. (Refer to Standard 3 for further information).

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has an effective system in place to manage regulatory compliance relating to physical environment and safe systems. For the descriptions of the system refer to expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has a current annual fire safety statement

- The home has a licence from the NSW Food Authority for Food Preparation and Service for Vulnerable Populations.
- The home has systems for to consult with and to educate staff in relation to occupational health and safety matters.

#### **4.3 Education and staff development**

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

##### **Team's findings**

The home meets this expected outcome

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to expected outcome 1.3 Education and staff development.

Examples of education activities relating specifically to Accreditation Standard Four include:

- One staff member has undertaken Certificate IV in laundry services
- One staff member has undertaken Food safety training
- Compulsory fire safety training
- Manual handling training
- Chemicals handling
- Safe food handling
- Infection control

#### **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

A H Orr Lodge provides a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in four houses over two levels in single rooms with ensuite bathrooms. All rooms and bathrooms have call bells, and there are handrails to assist mobility. There are attractive sitting areas, smaller more intimate spaces and large dining rooms. There is a preventative and reactive maintenance program in place, regular environmental inspections are undertaken, and daily and periodic cleaning schedules in place. The secure unit is protected by keypad access, and the whole home has an evening lockdown procedure in place to protect staff and residents at night. Residents/representatives are satisfied that the home provides a safe and comfortable environment.

#### **4.5 Occupational health and safety**

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

##### **Team's findings**

The home meets this expected outcome

The systems and processes at AH Orr Lodge actively support the provision of a safe working environment that meets regulatory requirements. There is an Occupational Health and Safety (OH&S) committee with multidisciplinary representation which meets regularly and considers and makes recommendations on the results of audits, incident/hazard reports, falls and

infection control issues. Review of hazard forms demonstrates that each reported hazard is investigated, a risk assessment conducted and risk rating assigned. Risk assessments are conducted pre purchase of clinical equipment, and staff provided with education in the use of equipment such as lifters. Chemicals are appropriately stored and material safety data sheets and personal protective equipment are available at point of use. There is compulsory education for all staff in manual handling with annual competency assessment. Staff demonstrate knowledge and understanding of OH&S issues and responsibilities, and the team observed safe practices in operation.

#### **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

The home has established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are evening lock-up procedures and external doors are alarmed at 6.30 pm. External security lighting is regularly checked. Emergency procedure flip charts and evacuation procedure instructions and maps are located throughout the building. A crisis plan is in place which includes procedures for a major emergency with relocation of residents, and local contingency plans. An emergency planning committee will be established in 2012. In the event of an evacuation resident lists are easily accessible at each nurses' station. Fire evacuation plans and exit signs are located throughout the home. Monitoring and maintenance of all fire equipment is undertaken and reports provided. Fire equipment is located throughout the home and there is evidence that this is regularly serviced and tested. Fire safety and evacuation training is included in the orientation program and there are mandatory annual updates. There are instructions in each resident's room and residents are aware of procedures to be followed in the event of an emergency. Staff interviewed state that they are aware of and understand their responsibilities in the case of fire and other emergencies.

#### **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

A H Orr Lodge has established policies and practices that support an effective infection control program in place. Staff receive training at orientation and on an ongoing basis. Hand washing facilities and hand sanitisers are located throughout the home and visitors are encouraged to use the hand sanitising gel. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures, disposal of waste and use of spill kits. The home follows state and federal guidelines for the management of influenza and gastroenteritis outbreaks. An outbreak kit and relevant documentation is centrally located. There is a vaccination program for staff and residents. There is a program for stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. All equipment is appropriately colour coded. Data on infections are collected, analysed, and reported at meetings of the Clinical Development Working Party. Staff show knowledge of the systems and the team observed that staff comply with infection control practices including the use of personal protective equipment.

#### **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

The home has in place policies, processes and practices to ensure that hospitality services are provided to enhance residents' quality of life and staff working environments. There is a designated coordinator who oversees catering services and liaises with the external food service provider. Food is provided using the cook chill method and the menu is developed in consultation with the service's dietician. There is a food safety plan in place and the home has recently undergone a NSW Food Authority audit and received an A rating. Resident individual needs and preferences are documented and any changes are communicated to the serving staff via the catering coordinator. Serving staff demonstrate a good knowledge of resident needs and preferences. In response to resident feedback and to further enhance the residents' food experience, the home is shortly changing to cooking freshly on site. A chef manager has been appointed and the change is scheduled for early 2012.

There are daily and weekly cleaning schedules and the home overall presents a clean appearance. The cleaning cupboards contain appropriately stored equipment and chemical dispensers. Cleaning trolleys have a lockable cupboard for chemicals and colour coded equipment. Cleaning staff are aware of infection control and manual handling processes and the procedures to be followed in the event of an infectious outbreak.

Small laundries are located in the low care area where personal clothing may be laundered. All other linen goes to the main laundry. The laundry is divided into clean and dirty areas with separate entrances. Linen is separated into colour coded bags by staff on the floors. There are policies, procedures and work practices for the collection and handling of linen. Laundry staff confirmed that they receive training in infection control, manual handling and safe work practices.

Residents/representatives state they are satisfied with the hospitality services provided.