



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Brian King Gardens**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Brian King Gardens in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Brian King Gardens is three years until 23 September 2012.

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

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

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

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

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

## Home and approved provider details

### Details of the home

Home's name:	Brian King Gardens		
RACS ID:	0041		
Number of beds:	238	Number of high care residents:	92
Special needs group catered for:	<ul style="list-style-type: none"> <li>• Dementia specific units - 34 beds</li> </ul>		
Street/PO Box:	James Cook Drive		
City:	CASTLE HILL	State:	NSW
		Postcode:	2154
Phone:	02 9634 0349	Facsimile:	02 9894 9216
Email address:	janice.mcnair@arv.org.au		

### Approved provider

Approved provider:	Anglican Retirement Villages
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### Assessment team

Team leader:	June Connolly
Team member/s:	Denise Dwyer
	Margaret Merlin
Date/s of audit:	7 July 2009 to 10 July 2009

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

## Accreditation decision

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

## Accreditation decision

<b>Agency findings</b>
Does comply
Does comply
Does comply
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Does comply
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Does comply

### Assessment team's reasons for recommendations to the Agency

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Brian King Gardens
RACS ID	0041

### **Executive summary**

This is the report of a site audit of Brian King Gardens 0041 James Cook Drive CASTLE HILL NSW from 7 July 2009 to 10 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

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

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Brian King Gardens.

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

### **Assessment team's recommendations regarding support contacts**

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 7 July 2009 to 10 July 2009

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

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

## Assessment team

Team leader:	June Connolly
Team member/s:	Denise Dwyer
	Margaret Merlin

## Approved provider details

Approved provider:	Anglican Retirement Villages
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## Details of home

Name of home:	Brian King Gardens
RACS ID:	0041

Total number of allocated places:	238
Number of residents during site audit:	237
Number of high care residents during site audit:	92
Special needs catered for:	Dementia specific units – 34 beds

Street/PO Box:	James Cook Drive	State:	NSW
City/Town:	CASTLE HILL	Postcode:	2154
Phone number:	02 9634 0349	Facsimile:	02 9894 9216
E-mail address:	janice.mcnair@arv.org.au		

### Assessment team's recommendation regarding accreditation

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### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

The assessment team spent 4 days on-site and gathered information from the following:

### Interviews

	Number		Number
Manager	1	Residents	35
Care manager	1	Relatives	5
Registered nurses	2	Volunteer coordinator	1
Care staff (universal workers)	20	Volunteers	1
Compliance manager	1	Laundry staff	1
Physiotherapist	1	Cleaning/housekeeping staff (ARV)	1
Exercise physiologists	2	Contract Cleaning staff	2
Clinical nurse consultant – palliative care	1	Servery worker	1
Care staff – palliative care champion	1	Commissioning officer	1
Pastoral care - chaplain	1	Diversional therapist	1
Roster coordinator	1	Assistant diversional therapist	1
Village workplace trainer (supervisor)	1	Recreation staff	3
Home's workplace trainer	1	Hairdresser	1
Nurse Educator/Infection control coordinator	1	Maintenance staff	1
Education coordinator & fire officer	1		

### Sampled documents

	Number		Number
Residents' files – including assessments, care plans and progress notes	26	Medication charts	32
Residents' files including lifestyle and social profiles	24	Personnel files	6
Activity care plans	24	Sample residents' agreement and signed agreement sheets	23

## Other documents reviewed

The team also reviewed:

- 24 hour resident report folder
- Activity and leisure continuous improvement register and logs
- Activity participation records
- Activity plans and evaluations
- Activity programs- annual, monthly and weekly
- Anglican retirement village (ARV) staff agreements
- Anglican retirement village residents' handbook
- Asset register and asset tagging system
- Audit schedule 2009
- Audits – internal 2008/2009
- Benchmarking - internal and external audits reports
- Brian King Gardens (BKG) gap audit 3 and 5 June 2009.
- Building certification assessment instrument (2002) revision report
- Building commissioning and contractor preventative maintenance and warranties records
- Building final occupancy certificate Jan 2009
- Business process review policy and procedure manual
- Cleaners' communication book
- Cleaning OHS policy, operation site documents
- Cleaning schedule & audits
- Clinical waste pick-up certificates 2009
- Cognition Health Environment Quality Engagement (CHEQuE) program folder
- Commissioning – operational costing
- Commissioning – project plan for commissioning Brian King Gardens (BKG) July 2008
- Communication diaries
- Complaints/feedback folder and log
- Continence management folder
- Continuous improvement register
- Continuous improvement work plan
- Continuous improvement work plan – to develop resources for staff for palliative care
- Cultural, spiritual and leisure activities audit June 2009
- Customer liaison register
- Dementia specific cluster 'CHEQUE Program' May 2009, and 'Bright minds' notation in resident progress notes.
- Department of Health and Ageing – A guide to the management of the closure of a residential aged care home, January 2006
- Diversional therapy and recreation activity officer meeting minutes 2009
- Electrical test and tag Workcover policy 'hostile environments'
- Emergency flip charts
- Emergency phone number list
- Employee assistance program
- English as a second language support from TAFE folder
- Environmental audits
- Fire safety management policy and procedures
- Flu vaccination register (residents & staff)
- Flyers explaining CHEQuE program
- Food dietary preference profiles
- Food feedback form
- Food safety audit for Brian King Gardens and food safety audit results for ARV Norwest catering service
- Food safety plan
- Food safety training register
- Food wastage records
- Fruit and vegetable sanitising records
- Gastro-info pack



- Incident notification escalation procedure
- Incident reports
- Induction folder
- Induction policy and procedure questionnaire
- Infection control audit 22 June 2009
- Infection control manual
- Internal audits - including infection rate audit 2006/09, infection records- monthly summary reports 2008/09
- Kitchen's procedure manual and staff instructions
- Kitchen's thermometer calibration records
- Kitchens' and servery's cleaning, pest control records and maintenance schedules and records
- Kitchens' and servery's food delivery and plating temperature records
- Kitchens' and servery's' equipment temperature monitoring records
- Letters reminding staff of their obligation to attend mandatory training
- Living environment audit February 2009
- Mandatory reporting folder
- Mandatory reporting memoranda containing information and a 'sign when read' list
- Mandatory training matrix
- Manual handling instruction information
- Medication management competencies
- Medication management training register
- Memoranda
- Menus including portion control, ordering and inventory management
- Minutes of staff, registered nurses (RNs), residents', relatives', leisure and lifestyle, management and medication advisory meetings
- Newsletter 'Bishop's Broadcast' May, June, July 2009
- Observations folders
- Occupation health and safety manual
- Occupational therapy, sensory, optometry and audiology referral folders
- OH&S infection control folder 2009
- Outbreak flow chart – instruction for cleaning, laundry and equipment ordering
- Pain management folder (physiotherapist)
- Pest control contract and pest control reports
- Philosophy of care
- Physiotherapy referral folder
- Police check declarations
- Policy and procedure manuals
- Preventative maintenance manual, schedule and records (current and archive)
- Procedure for responding to feedback and complaints
- Professional registration records
- Quality benchmarking results for infection control
- Register of alleged suspected assaults
- Registered nurse (RN) medications folder – including schedule eight and dermal patch medications
- Resident committee meeting minutes May 2009
- Resident dietary supplement list
- Resident feedback forms
- Resident handbook
- Resident laundry's chemical AS4146 certificate, cleaning schedule and records
- Resident manual handling details folder
- Resident moving and correspondence information 'confidential' folder
- Resident room and facility cleaning schedule and records
- Resident satisfaction survey results
- Resident satisfaction with activities surveys
- Resident special event records
- Resident volunteer program and participation records

- Residents dietary information folder
- Residents' information folder – assessments of compatibility with other residents and suitability of furniture prior to move to BKG.
- Risk register, environment and equipment risk assessments and hazard forms 2008/09
- Safe operating procedures for residents' laundry
- Self medication assessment folder
- Sensory 'snoezelem' trolley
- Shower folder – including bowel charts, monthly weights and supplements folder
- Signature registers
- Staff appraisals list – master copy with due dates
- Staff coaching and mentoring log –monthly records
- Staff criminal records register with start and expiry dates
- Staff enrolment form – request for external training
- Staff handbook
- Staff induction pack
- Staff injuries and illnesses register 2009
- Staff position descriptions
- Staff rosters
- Staff satisfaction survey
- Staff skills register
- Staff training records and attendance sheets
- Therapy services folder 2009
- Training guides – including OH&S, infection control, fire and emergencies, manual handling and personal care
- Vaccination records
- Volunteer chaplaincy program
- Volunteer handbook and evaluation questionnaire
- Volunteer palliative care program
- Volunteer recruitment package
- Warm water system records
- Workers compensation certificate of currency to July 2010
- Workplace incident forms and register 2008/09
- Wound management annual audit
- Wounds folder – charts of current wounds being dressed

### **Observations**

The team observed the following:

- Accreditation certificate displayed
- Accreditation site audit notices posted on noticeboards
- Activities in progress
- Activity/event photographs
- Advertising notice of next event - 'Rock & Roll Party 24 Jul 2009'
- Air conditioning adjustment information (enlarged instructions)
- Café bar for residents and visitors in foyer
- Chapel
- Charter of Residents Rights and Responsibilities displayed
- Cleaners rooms, colour coded notice information
- Cleaning trolleys
- Colour coded equipment used by cleaning and kitchen, servery staff
- Communication system for residents: notice board of meal menu choices, meal voucher price for visitors, activities for July 2009
- Communication system for staff in staff room and communication books for each floor
- Complaints investigation scheme brochures displayed
- Dietary modified fluid consistency chart
- Drinks and snack machines
- Emergency evacuation kit

- Equipment and supply storage areas
- Exercise program in progress
- Feedback forms in foyer
- Fire safety annual statement January 2009
- Fire safety equipment, evacuation floor-plans and flipcharts
- First aid kits
- Flu and gastro information brochures
- Food clearly labelled with use by dates and date opened
- Fresh fruit bowls in cluster dining areas
- Hair salon with residents attending
- Hand wash (waterless) at access points to servery, foyers, and common rooms.
- Hand washing procedure signage displayed throughout home
- Hazard forms
- Interactions between staff and residents
- Laundry procedures for washing and drying residents' personal clothes
- Letterbox slots at the entrance to each resident's room
- Linen storage including storage of dirty linen
- Living environment - internal and external
- Locked chemical storage areas
- Maintenance request 'pink' slips
- Manual handling equipment
- Meal delivery
- Mechanical lifters
- Mission, vision and values displayed
- Mobility aids in use
- Material safety data sheets (MSDS) easily accessible to staff in all areas where chemicals located
- Nurse call bell system and duress system
- OH&S notice board (minutes, agenda, salmonella information, staff incident forms)
- Outbreak information available including signage, information advising of infection control processes and information for residents and representatives on how to reduce gastroenteritis and influenza outbreaks
- Palliative care kit
- Personal protective equipment available to staff and in use
- Phone for residents' use
- Physiotherapy room
- Pigeonholes for individual staff members
- Rooms personalised with residents belongings
- Safety signage 'caution wet floors' in place
- Spills kits in utility rooms
- Spiritual resources kit
- Staff training room
- Storage of medications
- Storage of residents documentation maintained in locked area
- Store rooms for each cluster
- Suggestion box
- Swipe card access to areas of the home
- Theme rooms for resident individual activity e.g. girls gossip & sewing room, stamp & computer room, men's room; all with large print library
- Transfer slide board
- Visitors, volunteers, and contractor sign in/out register
- Walk belts

## **Standard 1 – Management systems, staffing and organisational development**

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Results of the assessment team’s (the team) observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a quality improvement program that uses internal and external benchmarking data, audits, surveys, meetings, hazard alert forms, accident and incident data; and complaints, concerns and suggestions to capture feedback from staff, residents and external service providers. There are systems in place for the collection, implementation and evaluation of data and the home is able to demonstrate improvements from identification stage, to the continuous improvement work plan and then to completion. Interviews with staff, residents and representatives, and review of documents, confirmed that the system is functional and responsive to input from the above sources.

Brian King Gardens consists of a secure dementia specific area on the ground floor, and three upper floors configured in four ‘clusters’ around a central core, each occupied by 17 residents. Level one is occupied by residents who are fairly independent, some of whom have varying degrees of early dementia; the second floor is occupied by frailer residents requiring a higher level of care, and those on level three are mostly independent. Each cluster is managed separately with ready access to other clusters and staff on the same floor

The home has made planned improvements in relation to Standard One: Management Systems, Staffing and Organisational Development, including:

- In February 2009 all residents were transferred to the new Brian King Gardens (BKG) following extensive preparation which included an analysis of residents’ needs and compatibility with other residents, the training of staff, education of residents and relatives, visits to the home by residents and relatives and planned transfer of residents, clothes and furniture, cluster by cluster over a three week period without falls or injury to residents or staff.
- Following comments from visitors and residents that taxi drivers and others could not find the new BKG, the erection of signage was expedited and maps of the village made available to residents and at reception to improve people’s ability to locate BKG within the village.
- The home has developed a registered nurse (RN) new graduate support program to provide guidance and experience for new graduates over a 12 month period. The home also provides scholarships for staff wishing to undertake RN training by providing financial assistance, work experience and suitable rostering to enable staff to continue their studies

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The organisation has a system in place to identify changes to legislation and regulations through membership of an industry body and subscriptions to a variety of government and independent information services. Information accessed through these sources is passed on

to homes within the group via the intranet, verbally and through the use of emails, memos, staff meetings and staff notice boards. Information received is documented and used to review, and where necessary, make changes in policies; and the home's auditing processes also monitor its compliance with regulatory requirements across all areas of its activities. Examples of the home's monitoring and compliance with legislation and guidelines relevant to management systems, staffing and organisational development include:

- police checks of all staff and volunteers before commencement of employment or involvement with the home;
- policy and procedure reviews and updates as necessary to ensure continued relevance and adherence to best practice guidelines
- ensuring that applicable external providers have appropriate registration, insurance and qualifications for the jobs for which they are responsible.

### 1.3 Education and staff development

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

#### **Team's recommendation**

Does comply

The home has policies, procedures and systems to check that management and staff have appropriate knowledge and skills to perform their roles effectively. The annual education calendar is developed after a review of current resident care needs, results of annual staff appraisals and competency assessments, results of audits and observation of staff practices. The organisation is a registered training organisation and is able to provide a wide range of courses for staff of homes within the group and staff are also supported to access training by external providers through suitable rostering and scholarships and/or sponsorships. Records of staff attendance at training sessions are maintained and processes are in place to monitor staff attendance at mandatory training sessions. Training is evaluated to ensure its effectiveness in meeting the learning needs of staff. All staff interviewed by the team stated that the education provided to them meets their needs and that they are offered both internal and external education opportunities. In the twelve months before the move to BKG, and in view of proposed changes in staff roles, catering staff were offered Certificate III training in aged care and care staff, who are now involved in serving and distributing meals, have had food safety training.

Education sessions relevant to Accreditation Standard One provided for management and staff, carried out or planned; include the organisation's mission, vision and values, leadership and governance, introduction to ARV staff agreement, mandatory reporting, ACFI for carers, BKG new roles and environment, elder abuse and mandatory reporting, accreditation, communication, certificate IV in frontline management, team leadership preceptors, bullying and harassment, and communication

### 1.4 Comments and complaints

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

#### **Team's recommendation**

Does comply

Information is available for residents and their representatives about the internal and external complaints' mechanisms in the residents' handbook, in the residents' agreement and at various locations throughout the home. Such avenues include the 'open door' policy of senior staff, resident/representatives meetings, surveys, staff meetings, feedback forms and the Aged Care Complaints Investigation Scheme. There is a system to provide feedback to residents and representatives. All residents and representatives interviewed by the team said that they rarely if ever had complaints, but if they did, they would raise complaints through management or at meetings. A review of complaints mechanisms confirmed this process and

indicated that complaints are recorded, addressed in a timely manner and feedback is provided to the parties concerned.

### **1.5 Planning and leadership**

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

#### **Team's recommendation**

Does comply

The organisation has documented the home's mission, vision and values and a clear commitment to quality is established through the quality management system in which the organisation has residents' physical, spiritual and social needs as their main focus. Information about these statements is available in the residents' handbook and agreement and is displayed throughout the home.

### **1.6 Human resource management**

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

#### **Team's recommendation**

Does comply

There are systems and processes in place for the home to employ sufficient appropriately skilled staff to ensure that services are delivered in accordance with the needs of residents and to provide services in accordance with the Accreditation Standards and the home's values and objectives. The home's human resource policies and procedures cover staff recruitment, induction, performance review through an appraisal process and a competency assessment program, grievance procedures and the maintenance of confidential staff files securely stored by management. There is a comprehensive induction program for all new staff who are 'buddied' with an experienced staff member until they are considered competent enough to work alone as part of a team. Rosters are developed based on numbers and needs of residents and there is a system to replace staff that are not able to work a shift by accessing the organisation's trained 'job match' casual staff. Prior to the move to BKG and the proposed change in roles, catering staff were offered Certificate III in aged care training and care staff (all now 'universal carers') were provided with food safety training. Staff work under an agreement which offers them over-award remuneration, study incentives and scholarships for further training. A roster coordinator ensures that all shifts are covered and during the process of moving to BKG double rosters were established with one group of staff assisting residents and their families to vacate their old rooms and another group of staff to greet and help residents settle in to their new environment. Feedback seen by the team indicates high satisfaction with the preparations for the move and the assistance from staff during this period. Staff interviewed confirmed they are able to provide feedback regarding rosters and workload to management, that management is responsive, and that they enjoy working at the home. Residents and representatives interviewed are positive about the staff at the home, indicating that staff come promptly when called and that they are very satisfied with the care provided at 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 recommendation**

Does comply

The organisation has very comprehensive systems in place to ensure that appropriate stocks of goods and equipment are available at all times. The home has a full time maintenance

team and residents and representatives reported satisfaction with the way these services are delivered. The team's observations, interviews and document review showed that the maintenance and accessibility of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved through the implementation of effective reordering policies and procedures. These include procedures for budgeting, trialling if appropriate, purchasing, inventory control, and the maintenance of equipment through a corrective and/or planned preventative maintenance program. There is a full time commissioning officer and the team was informed that a wide range of new equipment was purchased prior to residents being transferred to BKG and the staff received training in the use of all new equipment. There is a list of the home's assets and an equipment register. Where applicable, external providers are contracted to undertake preventive and corrective maintenance.

Refer also to expected outcome 1.9 External services.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

The home has systems in place for the generation, storage, archiving, and destruction of records. The team observed that confidential information such as resident and staff files are stored securely. Interviews carried out by the team and documents reviewed showed that the home effectively disseminates information to management, staff and residents/representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through the organisation's intranet, a newsletter, memos, noticeboards, communication books, meetings, residents' clinical records, residents' information packages, education sessions, meeting minutes, and policy and procedure manuals. Information is managed in accordance with the home's privacy policy, computer access is password protected and there is a system to backup the computer system each day. Feedback from residents, representatives and staff was positive about the quality and quantity of information they receive and many quoted the extensive preparations and information provided prior to the move to BKG. The team's observations and a review of documentation confirmed management systems are effective in ensuring the home provides quality care based upon relevant legislation and according to residents' needs.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

All externally sourced services are reviewed regularly to ensure that they meet the organisation's needs and quality goals. Interviews carried out by the team and documents reviewed showed that the home has an effective system in place to identify preferred suppliers of goods, equipment and services and to review the performance of suppliers against agreed objectives. Contracts and/or simple service agreements are in place with suppliers of services such as fire system maintenance, air-conditioning maintenance, continence products, pharmaceutical supplies and other contractors associated with the provision of maintenance and services. Preferred suppliers are required to provide evidence of current licences, registration and insurance details and a list of preferred suppliers is accessible to appropriate staff.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

#### **Team's recommendation**

Does comply

Refer to expected outcome 1.1 Continuous improvement for details about the system of continuous improvement in the home. Examples of improvements and results for residents relating to Accreditation Standard Two include the following:

- RN coverage has been increased by 110 hours per week since the move to BKG. This has allowed for RN cover 24 hours a day, seven days a week and has improved resident care.
- The home has educated and mentored selected staff to become team leaders in each area to liaise with RNs regarding resident care.
- On transfer to the new building it was identified that the new mattresses were slipping off the beds and as a result new mattress under lays have been purchased to prevent mattresses sliding on bed bases

### **2.2 Regulatory compliance**

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

#### **Team's recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisation's system to ensure that the home complies with legislation and regulations relevant to residents' health and personal care. The home monitors its compliance with the requirements in Accreditation Standard Two, through clinical care auditing and review of clinical procedure manuals. A system is in place to review the currency of health professionals' registrations and that medications are prescribed, ordered, delivered, stored, administered, recorded and disposed of according to relevant drug laws and amendments

### **2.3 Education and staff development**

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

#### **Team's recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions relevant to Accreditation Standard Two provided for management and staff, carried out or planned, include; senior first aid, dementia care, palliative care, medication management and medication competencies, oral and dental care, depression, wound care for carers and RNs, diabetes, Parkinson's disease, dementia - communication and sexuality, and cardiovascular disease

### **2.4 Clinical care**

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

#### **Team's recommendation**

Does comply



The home has a system of assessments in place to assess residents both on entry for immediate care needs, and over the admission period when a suite of assessments is completed to identify each resident's specific care and support needs. Care plans are developed to address the identified needs and these are evaluated. Review of assessments, care plans and progress notes indicate that resident care is identified and documented. Handover reports are given by registered nurses at shift changes with all oncoming staff attending, and information on any care and condition changes for residents is passed on. Case conferencing is used as required to ensure residents and representatives are consulted and informed of any changes in aspects of care. Interviews with residents and resident representatives confirmed that they are satisfied with the care provided to them.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".*

### **Team's recommendation**

Does comply

Review of documentation and interviews with staff, residents and representatives confirmed that residents specialised nursing needs are met by appropriately qualified nursing staff. Registered nurses are on duty 24 hours and provide specialised nursing care required such as wound care, diabetes management, continuous oxygen administration and catheter care. Documentation reviewed, such as assessment and care plans, wound care charts and progress notes, noted the specific care required by each resident and detailed the care given. Staff interviewed demonstrated knowledge and understanding of specific residents' specialised nursing care needs. Interviews with residents and representatives indicated they are satisfied with the specialised nursing care provided by the home.

## **2.6 Other health and related services**

*This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".*

### **Team's recommendation**

Does comply

The home has procedures in place to ensure that residents have access to appropriate health specialists according to their needs and preferences. On entry, residents may choose an attending medical officer who provides either room or on site clinic visits. Review of residents' files showed that medical referrals are made by the resident's medical officer as necessary and that investigations and treatments are conducted as identified. The home employs a physiotherapist and exercise physiologists to assist residents with exercise and mobility programs. A podiatrist attends the home's clinic, and optometry, audiology and dental services are available to residents at the village clinic. Additional services such as for speech pathology and dietician are available on referral. Interviews with residents confirmed these services are readily available to them and documentation regarding treatments provided were also sighted in residents' files.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

The home has policies and procedures in place to ensure residents' medication is managed safely and correctly. Routine medications are administered by care service employees (CSEs) from multi dose blister packs. Interviews with CSEs confirmed they have received training, completed competencies and been supervised during initial medication rounds prior to being deemed competent to administer medications to residents. Completed competency documentation was sighted. Observation of medication rounds noted that staff are generally

compliant with medication guidelines. Medication charts were noted to include the resident's preferred mode of address, the presentation of medications to residents and the form, such as being crushed. Residents who are assessed as competent may administer their own medications and completed assessments were sighted. Registered nurses administer all 'when necessary' and nurse initiated medications, and schedule eight medications where these are non-packed such as prescribed in dermal patch form. Staff from the home attend the combined medication advisory committee meetings where any issues relating to medication practice are discussed. Medication reviews are conducted by a consultant pharmacist and medication audits are conducted by the home. Storage of medications is in accordance with legislative requirements. Interviews with residents and representatives indicated they are satisfied with the management of their medications.

## **2.8 Pain management**

*This expected outcome requires that "all residents are as free as possible from pain".*

### **Team's recommendation**

Does comply

The initial assessment on entering the home identifies whether residents have pain. Where residents are identified as requiring pain management, specific assessments are completed over a period of days to determine the type and site of the pain and the effectiveness of treatments. Analgesia is prescribed by the resident's medical officer as required, both regularly and/or 'when necessary'. Analgesia may be delivered orally, topically or in dermal patch form. Pain management is included in physiotherapy assessments and care plans, and hot packs, exercises and massage are supervised and provided by the physiotherapist and exercise physiologists, with residents confirming the effectiveness of these treatments. Medicated rubs are used where these are effective for residents and reference to their use was noted in residents' files. A clinical nurse consultant is employed by the organisation to give advice and support to residents and staff in the effective management of pain. Education is provided to staff to assist them in recognising pain in residents, including those who are not able to express their needs. Residents interviewed stated that staff provided assistance, therapy and care to help them be as free as possible from pain.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

The home has developed a process to ensure that residents requiring palliative care are assessed for all care and support needs, and provides the resources to enable the resident to be cared for in the home. Interview with the clinical nurse consultant in palliative care and pain management, who is employed by the organisation to provide support to the home for all residents identified as requiring end of life care, confirmed the availability of this service to staff and residents. All staff have received training in providing for palliative care needs of residents and a care staff member has also received additional training to act as an on-site resource for staff such as ensuring all equipment for extended nursing care is available. Specific documentation to guide care needs of terminally ill residents includes an 'end of life pathway' and a 'comfort care plan', both of which were sighted in residents' files, and which identified the care required and to be provided to these residents. A resource box for palliative care is available and includes items that may provide comfort to the resident. Pastoral care support is readily available to residents and their families, and also a spiritual resource kit containing items which may provide comfort. Interviews with residents and representatives confirmed satisfaction with the care and attentiveness provided by staff to both residents and their representatives.

## **2.10 Nutrition and hydration**

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

**Team's recommendation**

Does comply

All resident have nutrition and hydration assessments completed together with dietary preferences and these were sighted in resident files. Nutrition care plans note any specific requirements of residents such as special diets including texture modified and/or thickened fluids. Residents are weighed monthly to monitor any variation and residents noted to be losing weight may have a food chart commenced to monitor intake. Dietician referrals are made as required. Residents with weight loss, or identified as at risk, are commenced on nutritional supplements or, as was noted in resident files, offered larger servings at meal times. The menu was noted to provide alternative choices at meal times and residents interviewed were generally very satisfied with their meals. Residents were observed being assisted with their meals by staff and also prompted to eat where required. Assistive crockery and cutlery is provided as required and the need for this is also included in dietary assessments. Interviews with residents confirmed satisfaction with the meals and drinks provided to them.

**2.11 Skin care**

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

**Team's recommendation**

Does comply

Review of assessment information and care plans confirmed that residents' skin condition is assessed on entry and a numeric score calculated to indicate the degree of risk to skin integrity. Where risk is identified, management strategies such as air mattresses and other assistive devices are used, and emollient creams are applied to maintain skin condition. Preventative care includes the use of a turning chart to indicate the frequency of repositioning and the position of the resident. Staff advised that limb protection is used where residents are identified as at increased risk of skin tears. Wound charts showed that there are a minimal number of residents with pressure areas and that these, and skin tears, are being managed with dressings and protective care. Education in wound care management is provided and wound consultants are available to visit residents in the home in addition to residents attending wound clinics at the local hospital. A podiatry clinic is conducted in the home to provide care, and hairdressers were noted in regular attendance in the home's salon during the visit. Interviews with residents and representatives indicated they are satisfied with the management of residents' skin integrity.

**2.12 Continence management**

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

**Team's recommendation**

Does comply

The home has a system in place to assess any continence management needs for residents and, where identified, to manage them effectively. Assessments are completed on entry and any specific needs are assessed over a period of days to identify appropriate toileting programs and suitable continence aids where these are required. Care plans are developed to guide the continence care for residents and these are evaluated and further assessments are completed where care needs change. The team were advised that all staff have been trained to assist residents in managing continence. The home's continence aid supplier also completes audits and provides education. Interviews with residents and representatives indicated they were satisfied with the management of their continence needs.

**2.13 Behavioural management**

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

### **Team's recommendation**

Does comply

Residents entering the home are assessed to identify any behaviour management needs. Where these are identified, further assessments may be completed to assist in meeting the individual needs of residents, and a care plan is developed to address these needs. The home provides secure units to assist residents identified as requiring behaviour management. There are two secure clusters which are managed independently but can be opened up between the common areas for combined activities. The home has recently developed the Cognition Health Environment Quality Engagement (CHEQuE) program as an improvement in the management of dementia care for residents, and has commenced implementing the program in the secure unit. The program aims to provide standardised, evidenced based assessment, action and evaluation for residents in dementia specific units. A "rhythm of life" holistic plan of care is developed for each resident and evidence of these was sighted, with a resident representative confirming their involvement in the planning of the care for their relative. During the team's visit it was noted that the environment in the secure unit, and areas where low care dementia residents are accommodated, was calm and that behaviours were managed effectively. Residents and representatives interviewed indicated their satisfaction with the care and support provided to residents requiring behaviour management.

#### **2.14 Mobility, dexterity and rehabilitation**

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

### **Team's recommendation**

Does comply

All residents are extensively assessed for their needs relating to mobility and dexterity both on entry to the home and ongoing as required. A physiotherapist is employed by the home to assess residents and develop care plans which are evaluated and updated as required and where condition changes. Two exercise physiologists provide support and assistance with exercise and rehabilitation programs, and two physiotherapy aides assist residents with walking programs. The team observed residents in the home being assisted with exercises and supported with mobility programs. Review of documentation showed that residents are provided with extensive support in maintaining and improving mobility including following periods of hospitalisation where any required rehabilitation is followed up. Dexterity is supported through the home's activities and craft programs and residents were observed participating in a number of such activities including knitting and painting. Group exercise programs are also conducted in the home and these classes are available to all residents. Residents and representatives interviewed indicated they were very satisfied with the support provided to maintain optimum levels of mobility and dexterity.

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

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

### **Team's recommendation**

Does comply

The home has a system in place to assist the maintenance of residents' oral and dental health. All residents are assessed on entry for oral condition and type of dentition. The assistance required by each resident such as dentures being cleaned or residents prompted to clean their teeth is included in the hygiene care plan. A dental service attends the clinic in the village and residents advised that they attended for dental care, and documentation relating to dental treatments given was also noted in resident files. Residents and representatives interviewed confirmed satisfaction with access to services and care to maintain oral and dental health.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents entering the home are assessed to identify any sensory loss of hearing and vision. Where these are identified, further details to determine the type and degree of support the resident requires to effectively manage the sensory loss are ascertained. Staff receive education in the care and management of aids such as hearing aids, and are able to clean these devices and change batteries. Education also extends to experiential sessions to give staff an appreciation of sensory loss. Where residents need review of sensory aids, this may be arranged at visits to audiology or optometry services at the village clinic or externally if preferred. The home has an extensive library of large print books and also audio tape recordings, and residents confirmed they accessed these resources. An audio loop is installed in the Chapel/common activities area. Interviews with residents and representatives confirmed they are satisfied with the management of sensory loss.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents are assessed on entry for their individual requirements to enable them to achieve natural sleep, and sleeping patterns are monitored by night staff. These assessments may be repeated if residents have difficulty sleeping after entry to help establish usual patterns of sleep. Care plans and assessments note residents preferred rising and sleep times and compliance with this was confirmed by residents. Residents who wake in the night are offered warm drinks to help them back to sleep. Interviews with residents confirmed they were generally able to sleep at night and that staff assisted with any care needs and offered drinks if required.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

Refer to expected outcome 1.1 Continuous improvement for details about the system of continuous improvement in the home. Examples of improvements and results for residents relating to Accreditation Standard Three include the following:

- A CHEQuE (cognition, health, environment, quality, engagement) program has been implemented to ensure continued commitment to high quality care for residents in the dementia specific area. This program is on trial for a period of three months and provides an opportunity to review care from the point of view of residents, families and staff.
- Because residents were unable to set the air conditioning in their rooms they have had some education in this matter and have been given enlarged illustrations of the operating instructions to enable them to maintain their room temperatures at comfortable levels.
- Third floor residents requested that they be given the opportunity to prepare their own breakfasts and as a result a selection of cereals, juices, milk, toast and spreads has been made available to allow residents to prepare their breakfasts at times to suit them.
- As a result of residents complaining about the amount of cream, sauces and/or gravy added to their meals, these are now placed in jugs to allow residents to add their own sauces.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The home adheres to the conditions of the Privacy Act, and the residency agreement that is offered to all residents includes information about security of tenure, the level of care and services provided, bonds, fee structure, accommodation and care provided.

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

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

##### **Team’s recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions relevant to Accreditation Standard Three provided for management and staff carried out or planned, include bereavement, grief, the CHEQuE program and dealing with change and families.

### 3.4 Emotional support

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

#### **Team's recommendation**

Does comply

Residents' psychological, social and emotional needs are identified in a pre-admission interview, open-days of the new home, residents' transfer and orientation to the new home, and the weeks following admission. Assessments, observation, one to one contact with staff, and communication with residents and their family representatives provide information to support residents. The diversional therapist and activity officers liaise with residents' families, other staff and allied health professionals to address residents' emotional needs. An informal buddy system is in place to assist new residents' assimilation into life at the home where possible, and information regarding services available is provided through the residents' handbook, at special morning tea sessions, and at residents meetings. Activities staff, resident volunteers, volunteers, chaplaincy and pastoral carers, visit individual residents regularly to provide information and support. Residents reported that all staff are very supportive and caring, and that they would speak with a family member or staff member if they were anxious or required information.

### 3.5 Independence

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

#### **Team's recommendation**

Does comply

Residents are encouraged to maintain their independence as much as they are able through input into their care planning, positive promotion by staff of maintaining physical independence with activities of daily living, mobility, by attending residents' meetings and one to one time. Residents' abilities and preferences are identified through initial and ongoing assessments. Residents are supported to maintain external friendships and activities and membership of community groups. Staff practices support resident independence, such as modifying and setting up the environment to ensure residents can attend to their own activities as much as able. Residents reported that care staff and management support and encourage them to make their own choices about care, lifestyle and environment, and to maintain their independence as much as possible. Residents who are able to are encouraged to retain responsibility and management of their own financial affairs and if unable, then they are referred to the Guardianship Board, trustees or family representatives. Residents are also assisted to continue with their civic responsibilities such as voting in local, state and federal elections. A bus is regularly scheduled to take residents to local shopping centres. Laundry facilities are also available if residents choose to do their own laundry.

### 3.6 Privacy and dignity

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

#### **Team's recommendation**

Does comply

Residents reported that their privacy is maintained and they are treated in a dignified and respectful way by staff. Staff and residents receive information about their rights and responsibilities with respect to privacy and dignity in orientation. Staff provide care for residents in their private rooms with en suites; they are diligent in closing doors and speaking in an appropriate tone to maintain privacy, dignity and confidentiality. Activities such as wound care or podiatry services are undertaken in a clinic area or the residents' room. Residents' records and personal details are securely stored and accessed by staff with delegated

authority. Staff are aware of resident confidentiality and the Privacy Act requirements as it applied to their positions.

### **3.7 Leisure interests and activities**

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

#### **Team's recommendation**

Does comply

Information about residents' interests, cultural and spiritual needs, capabilities and health is collected on admission by the diversional therapist and activity staff and is used to develop and evaluate a leisure and lifestyle care plan. Assessment information is used to develop individual activity programs for residents and the group activity program. The activities program is posted around the facility, communicated through the monthly newsletter, monthly resident meetings, and individually with residents on a daily basis. Each type of activity is evaluated each time it is conducted at weekly activity staff meetings and regular adjustments are made to the program based on these evaluations and resident feedback. Evaluation methods include individual feedback, resident meeting feedback and surveys. Staff assist residents to attend the activities of their choosing. The home has developed a range of health and well being activities that were identified through resident satisfaction surveys and workshops conducted with the residents. Some examples of these include the dementia specific 'CHEQuE' program, specific exercise classes for men and women, cooking classes, bonsai planting and presentation, and the "sensory trolley" activity program in the dementia specific clusters. Residents confirmed that they are "not bored at any time and that there is always plenty to do". Residents say that staff assist them to attend internal and external activities and also respect their choice not to participate. The special event days/evenings were spoken of very highly by residents.

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

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

#### **Team's recommendation**

Does comply

Information about residents' interests, customs, beliefs and cultural and ethnic background is collected on admission and used to develop the resident's care plan. This information is shared with the clinical staff, kitchen and other health and service areas to accommodate specific needs. Days of cultural and religious significance are commemorated and celebrated. Chaplaincy volunteers, pastoral carers, a Buddhist monk and clergy from various denominations attend on a regular basis. 'Spiritual kits' are also available to staff to support resident's spiritual needs. There are communication aids available to assist staff and residents to communicate if English is not the first language. Staff speak a variety of non-English languages and act as interpreters for residents if required. The home currently has residents from a variety of ethnic backgrounds for example: China, Vietnam, Greece, Malta, Italy and Russia. Residents report they are happy with the way their culture is fostered and valued at the service.

### **3.9 Choice and decision-making**

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

#### **Team's recommendation**

Does comply

Residents advised they are consulted if a problem occurs and offered choice in decisions relating to their care. Residents advised that they had been involved in discussions with staff



regarding the transfer to the new home and their care strategies and interventions. Residents have had input into the strategic planning of the move to the new home, menu planning and activities programming; changes are made in response to suggestions put forward at residents' meetings. Residents are kept informed of changes to care, services and organisational plans in a timely manner through such avenues as the residents' meetings, newsletters, organised morning tea sessions, emails, and notices displayed throughout the home. The Charter of Residents' Rights and Responsibilities is posted and included in resident and staff information. Staff are aware of its content and application.

### **3.10 Resident security of tenure and responsibilities**

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

#### **Team's recommendation**

Does comply

Interviews with residents and resident representatives identified that residents are satisfied with the information the home provides on, or before, entry regarding security of tenure as well as fees and charges. Management staff at the home are able to provide information on the agreement if necessary. The residents' handbook, which is offered to residents on entry to the home, and the residents' agreement contain information on resident's rights and responsibilities, bonds, fees and charges, care and services provided and how to make suggestions or complaints. Residents and representatives interviewed said they felt safe and secure in the home and felt confident that they would be consulted before any changes are made in the accommodation or treatment of residents.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.1 Continuous improvement for details about the system of continuous improvement in the home. Examples of improvements and results relating to Accreditation Standard Four include the following:

- Trolley access to the cool room has been improved and surplus trolleys removed to improve safety in this area.
- The entrance doors to the clusters were very heavy and hard to open, impeding access by residents and creating a possible hazard. The doors have now been adjusted to allow them to be left open but are connected to the fire system and will close in the event of a fire. Residents are very happy with the improved access on each floor.
- In order to avoid the need for staff to provide change to visitors wishing to have meals with residents, meal vouchers have been made available at reception
- Following staff realisation, and complaints from residents, that the path from the front door of the home is very steep, management has identified an alternative exit and is in the process of organising egress from the first floor with a pathway to be extended to join an existing path up a much gentler slope.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for sources of evidence and additional information related to this expected outcome.

Evidence that there are systems in place to identify and ensure regulatory compliance related specifically to Accreditation Standard Four: Physical environment and safe systems, includes the home’s commitment to occupational health and safety through ongoing compulsory education for staff, and fire safety and occupational health and safety representatives who take responsibility for these areas. The home complies with fire safety requirements and regularly monitors its fire detection and fire fighting equipment.

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

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions relevant to Accreditation Standard Four for management and staff carried out or planned include manual handling, fire safety and evacuation, keeping the back healthy, OH&S, chemical training, safe work for new equipment in the facility, and 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 recommendation**

Does comply

The home has systems in place to ensure management is actively working to provide a safe and comfortable environment consistent with residents' care needs. This was evidenced through the commissioning documentation of the new home, a range of new furniture and fittings purchased for the new home, secure and well maintained garden areas, review of the preventative and corrective maintenance program, relevant policies and meeting minutes of the home. The home was observed to be well-lit, clean, odour free, and has climate controlled air conditioning. It was noted noise levels in the home were low and provided a calm environment. The accommodation areas of the home are pleasantly decorated and have many and varied comfortable lounge areas for residents and their visitors to use. Resident's rooms hold their personal items and some furniture. The building manager, maintenance officer and the home facility manager regularly undertake environmental audits to ensure the safety and security of residents, staff and visitors. Residents and staff indicate maintenance issues are promptly dealt with by the maintenance officer. Residents and representatives are satisfied that the home provides a safe and comfortable living environment and is evidenced by compliments ranging from "wonderful staff; the home is kept very clean; I feel safe and very well cared for."

#### 4.5 Occupational health and safety

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

##### **Team's recommendation**

Does comply

The home's occupational health and safety system identifies hazards in the working environment and manages issues identified through environmental audits, incident and hazard reporting systems, repair and maintenance logs and staff discussion at meetings. Documentary records provide evidence of a well established and planned preventative and corrective maintenance program that includes the carrying out of regular work place inspections and the risk assessment of all new equipment prior to purchase. Review of the home's incident data is regularly carried out and the results are analysed for trends and reported at the appropriate committee meetings. Comprehensive and regular staff orientation and training in occupational health and safety is undertaken by the home. Staff confirm they receive regular training in hazard identification, risk management and manual handling, and that their skills are assessed annually. Documentary records provide evident of a comprehensive and effective workplace injury and return to work program. The team observed staff using various safety precautions such as manual transferring aids and personal protective equipment. The home can demonstrate that management monitor the safety of the environment and take preventative and/or corrective action where improvements, risks or hazards are identified. A risk register is maintained by the home which helps to prioritise all risks and hazards.

#### 4.6 Fire, security and other emergencies

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

##### **Team's recommendation**

Does comply

The home can demonstrate it actively works toward providing an environment and safe systems of work that minimise fire, security and emergency risks to residents and staff. The home's systems include policies, procedures, emergency equipment, evacuation plans,

emergency flipcharts, safety signage throughout the home, electronic door access 'swipe card system', security lock-up procedures, safe storage of chemicals, a hazard reporting system and compulsory fire safety and evacuation training for all staff. Monitoring of all equipment and regular checks of fire fighting and early warning systems are carried out by external fire contractors and in accordance with legislative requirements. Emergency exits are clearly marked and free from obstruction, and floor plans, fire evacuation and egress charts are correctly orientated. Safe systems include a back to base security system, call bell system, and emergency flip charts. Residents, representatives and staff express satisfaction with the safety of the home and an understanding of their role in the event of an emergency.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The home has an effective infection control program in place to ensure safety of both residents and staff. This includes surveillance and reporting processes, ongoing staff education, outbreak management and procedures for safe work practices, vaccination, cleaning, maintenance and food safety programs, the use of personal protective equipment, hand sanitising and washing, and disposal of waste. The home undertakes regular infection control audits, and ongoing training in effective infection control practices, including outbreak management, is available to all staff. Monthly infection data is collated and reported back through the home's reporting system. The kitchen, cleaning and laundry services have effective infection control measures in place including temperature monitoring systems and stock rotation in the kitchen; clean and dirty areas in both the kitchen and laundry, and the use of colour coded equipment across the facility. Staff interviewed demonstrated an understanding of, and commitment to, 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 recommendation**

Does comply

The home's hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Observation, interview and document review confirm that residents are provided with meals from the organisation's central kitchen, which are then prepared in the home's kitchens with care staff plating meals in the clusters' serverys. A summer and winter menu is varied and provides choices. The menu is reviewed by the organisation's dietician who recommends portions and diets in accordance to residents' needs. Residents' dietary needs, including likes and dislikes, are identified and recorded on entry to the home and through continuing feedback on menus. This information is easily accessible to catering staff and there is an effective system to ensure that any change in residents' dietary needs, including preferences, is updated and communicated. Residents interviewed are satisfied with catering services provided by the home.

A planned cleaning program, carried out by an external contractor, ensures cleaning standards are maintained. Observation, document review and interview confirm that a clean and hygienic environment is maintained. Residents expressed satisfaction with the level of cleanliness in the home.

Residents' personal clothing is laundered on site by either residents or care staff, with the exception of soiled clothing that is laundered at the organisation's commercial laundry. The organisation's commercial laundry also launders the home's linen. The home demonstrates there are systems in place to ensure the availability of linen and that residents' personal clothing is labelled, washed, dried, ironed and returned to their owner within a short time frame. Residents interviewed are satisfied with the laundry service provided by the home.

Infection control procedures are in place to ensure hospitality services are provided in accordance with health and hygiene standards. Staff are able to describe and demonstrate the application of these procedures and confirm that they receive training in safe use of chemicals. Resident feedback on hospitality services is provided through feedback forms, including specific food feedback forms, resident meetings and annual resident survey and resident representative surveys.