



Aged Care
Standards and Accreditation Agency Ltd

Brian King Gardens

RACS ID 0041

1 Hillard Drive

CASTLE HILL NSW 2154

Approved provider: Anglican Retirement Villages

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 23 September 2015.

We made our decision on 15 August 2012.

The audit was conducted on 10 July 2012 to 13 July 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development	
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.	
Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care	
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.	
Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

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

Standard 4: Physical environment and safe systems	
Principle:	
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.	
Expected outcome	Accreditation Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Brian King Gardens 0041

Approved provider: Anglican Retirement Villages

Introduction

This is the report of a re-accreditation audit from 10 July 2012 to 13 July 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 10 July 2012 to 13 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Patricia Hermens
Team member/s:	Janet Lawrence
	Daniel Mitroussidis

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 audit:	236
Number of high care residents during audit:	138
Special needs catered for:	34 Dementia Specific Unit

Street/PO Box:	1 Hillard Drive	State:	NSW
City/Town:	CASTLE HILL	Postcode:	2154
Phone number:	02 9634 0349	Facsimile:	02 9894 9216
E-mail address:	janice.mcnaire@arv.org.au		

Audit trail

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

Interviews

	Number		Number
Anglican Retirement Villages (ARV) General Manager	1	Residents/representatives	25
ARV Manager Quality	1	Administration assistant	1
Manager	1	Bed manager	1
Administration coordinator	1	Cleaning contract managers	2
Clinical leader	1	Cleaning staff (external)	4
Nurse educator	1	Cleaning staff (internal)	1
Workplace trainer	1	Lifestyle staff	4
Diversional therapist	1	Maintenance officer	1
Registered nurses	7	Volunteers	1
Care staff (AINs)	17	Catering staff	3
Palliative care nurse	1		

Sampled documents

	Number		Number
Residents' files	29	Medication charts	34
Summary/quick reference care plans	32	Personnel files (education)	6
Education records	10		

Other documents reviewed

The team also reviewed:

- Activity membership folders
- Blood sugar monitoring folder
- Clinical data
- Comments and complaints 2012 (including policy, register and comments complaints and suggestion forms). Aged Care Complaints Investigation Scheme and Advocacy brochures
- Compulsory/mandatory reporting register
- Continuous improvement (CI) documentation 2011/12 (including CI register and workplans, quality activity/audit schedule, audit/survey and benchmarking results, organisational self assessment)
- Cultural, religious and spiritual support documentation
- Education records – program/calendar, notices, attendance records, competency records, training certificates, EVOLVE program

- Electronic communication systems (including e-mail, Intranet and various purpose specific computer programs such as the resident clinical care record system, medication management system and MIMS)
- Fire safety and other emergency documentation including emergency contact list after hours, care alert for fire evacuation sheet, fire equipment service records, log books, fire instructions, and evacuation list and pack
- Food safety documentation, menu and NSW Food Authority licence
- Handover booklets
- Human resource records - including staff handbook, recruitment information, job descriptions, duty statements, performance appraisals, police probity check registers staff/volunteers/contractors, professional registration records, staff rosters and staffing report. Code of conduct
- Incident reports and registers
- Infection control documentation
- Information pack
- Legislation alert service material (electronic)
- Leisure and lifestyle assessment and care plan pack
- Maintenance request and task sheets and preventative maintenance folder
- Matrix of residents with specialised needs
- Newsletters
- Occupational health and safety documentation such as workplace inspections and accident and hazard reports
- Planning documentation (including mission, vision, values). Organisation charts. Preferred suppliers/contractors information, suppliers contracts, and agreements
- Policy and procedural manuals (Intranet and hard copy)
- Recreational activity documentation
- Resident admission package, care service agreements, resident handbook
- Resident bed list
- Various committee meeting minutes and agendas 2011/12 (including quality, leisure and lifestyle, menu, management, medication advisory, WH&S, staff, registered nurses, resident and relatives).
- Wound management folder

Observations

The team observed the following:

- Activities in progress (including residents being visited by family and friends, visiting the café, having hair done at hairdressing salon and residents enjoying a concert by Watoto Children's Choir, Uganda)
- Aged Care Standards and Accreditation Agency Ltd re-accreditation audit notices on display
- Cleaning and laundry pick up and delivery areas, equipment and staff practices, linen stocks
- Cleaning in progress (including use of equipment, trolleys and wet floor signage boards)

- Dining rooms at meal times (the serving and transport of meals, staff assisting residents with meals and beverages)
- Equipment, archive, supply, storage and delivery areas
- Fire safety system equipment (including fireboard, extinguishers, hose reels, fire blankets, sprinkler systems, hydrant, emergency exits, fire egresses and emergency evacuation areas)
- Kitchen/servery staff practices, environment, selection of foods, food storage areas and practices
- Lifting equipment and manual handling aids in use
- Living environment (internal and external) – four individual clusters and central resident amenities area on ground floor
- Material safety data sheets
- Medication rounds
- Notice boards (containing resident activity programs and notices, menus, memos, staff and resident information including the charter of residents' rights and responsibilities, comments and complaints information)
- Oxygen equipment
- Personal protective clothing and equipment in all areas, first aid kits, spills kit, hand washing facilities – signs, sinks and hand sanitiser dispensers, infection control resource information, waste disposal systems (including sharps containers, contaminated waste bins and general waste bins/skips)
- Residents suggestion boxes
- Secure document storage and records management
- Secure storage of medications
- Security systems (including phones, resident call bells, external lighting, key card door locks, visitors sign in and sign out book and identification badges)
- Staff assisting residents to ambulate
- Staff practices and courteous interactions with residents, visitors and other staff
- Staff work areas (including clinic/treatment/utility rooms, education room, staff room, reception and offices)

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's continuous improvement system incorporates a range of activities used to seek stakeholders' opinion for the purpose of improvement. They also allow it to assess, monitor and evaluate performance in areas that relate to the four Accreditation Standards. This is achieved through a quality program that incorporates the use of CI suggestion/ improvement forms, surveys, audits, reviews, collection and benchmarking of performance indicators, and the comments and complaints system. Formal review of the results of these activities occurs, trends can be identified and improvement strategies are planned and implemented as required.

All residents/representatives interviewed indicated that the home is responsive to the issues they raise on feedback forms, at resident and relative forums, in person and through the comments and complaints system. All staff interviewed indicated that the home is open to suggestions for improvement and is responsive to issues they raise through the consultation processes available to them.

A review of the results of quality activities undertaken pertaining to Standard One reveals that actions are taken that have resulted in improvement. These improvements include:

- The home's quality program has been enhanced. For example, Anglican Retirement Villages (ARV) has introduced a new set of key performance clinical indicators. Goals were set for the range of areas monitored so performance is now measured against both the benchmarking group's results and the goals set by the organisation. In addition, the organisation has adopted the Plan Do Study Act (PDSA) improvement methodology to manage its quality projects.
- Previously ARV benchmarked the organisation wide resident satisfaction survey results and identified four key areas for improvement. Quality project teams established to work on improving performance in the laundry, activities, food and cleaning have driven the implementation of organisational wide improvements in these areas and 2012 survey results are being used to measure the success of initiatives implemented.
- Staff skills and knowledge have improved to ensure they are commensurate with the changing resident acuity or changing service delivery requirements. For example, clinical leaders studied and utilised PDSA improvement methodologies. In addition, managers and emerging managers are pursuing training through the ARV leadership development programs. All staff are being trained to use the home's new information technology systems including the resident care system.
- There has been a substantial investment in information technology. For example, the resident clinical record system, the medication management system and outbreak management database. These systems are improving the way the home does business. For example, the way it disseminates information to staff and other stakeholders and the

way it manages outbreaks, resident care and in future medication. Other on line resources include MIMS. Computer infrastructure including hardware and software was upgraded to ensure that these systems work efficiently. In addition, a new electronic notice board utilising a large flat screen television has been installed. The television displays a constantly updated selection of news, activities and photographs and is an effective form of communication with residents, families and staff.

- A number of human resource (HR) related improvements have occurred. For example, a review of staffing needs in late 2011 resulted in improved registered nurse coverage. There is now an additional eight hour night shift registered nurse position, a 10.30 am till 7 pm registered nurse shift and a second clinical leader position. In addition, the home continues to provide access to training for career path progression purposes. For example, the leadership program for emerging managers forms part of the home's succession plans. One staff member interviewed had commenced as a carer, completed registered nurse training, joined the new graduate program, completed leadership training and subsequently has been appointed a clinical leader.
- As part of ARV's organisational rebranding launch in March 2012 new stationary, new staff uniforms and identity (ID) badges were introduced throughout the group. Feedback from residents and relative about the new uniforms and ID badges has been positive.

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 organisation has adopted an effective system to manage regulatory compliance. The results of our observations, interviews and document review revealed that policies and procedures have been developed by the organisation to ensure that they embrace regulatory compliance. The home is notified of change through legislation alert services that it subscribes to and action is taken as required to ensure that the home remains compliant with legislation. Monitoring of quality indicators, audits of compliance, education and competency assessments are assisting management and staff to ensure that required standards are maintained and enhanced.

An example of responsiveness to a change in legislation is that the organisation has considered the implications of the Aged Care Amendment (Security and Protection) Bill 2007 and implemented the necessary changes. For example, the introduction of Federal criminal record checks for staff/volunteers and contractors. In addition, the home's policies and procedures have been reviewed in light of the new Accreditation Grant Principles 2011.

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

Systems in place have ensured that management and staff have the knowledge and skills to perform their roles effectively. The results of our observations, interviews, and document review revealed that maintenance of staff knowledge and skills is underpinned by a staff orientation program and an education program. These programs familiarise new staff with

the home's policy and procedures and provide all staff disciplines with education on a range of issues relevant to aged care. The internal education programs, together with the external education available, support staff to provide care and services in accordance with the requirements of the four Accreditation Standards. The effectiveness of the training provided is being measured through audit results, observation, staff appraisal and various competency skills tests.

Education sessions and courses that relate to this Accreditation Standard and have been attended by board members/management and/or staff include leadership, policies and procedures, elder abuse/mandatory reporting, bullying and harassment and information technology systems. Numerous other topics have been provided through external training courses, seminars and workshops.

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

The home provides a choice of well-publicised complaint mechanisms that can be used by stakeholders including residents, relatives and staff. The results of our observations, interviews and document review revealed that stakeholders are aware of and feel comfortable to use these mechanisms, which include both internal and external complaint mechanisms. For example, the residents meeting, staff meetings, use of the staff grievance procedure, use of the home's comments complaints and suggestions forms, and external complaints bodies including the Aged Care Complaints Scheme. Complaints received are documented together with details of the investigations conducted and action is taken to resolve concerns and complaints in a timely manner. Complaints are benchmarked with other ARV homes.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented the home's mission, vision, philosophy, aims, objectives and commitment to quality. These statements are clearly communicated to all stakeholders. The results of the team's observations, interviews and document review revealed that these statements are posted on the walls of the home and included in the home's key documentation. This includes the policy and procedure manuals, resident handbook and the staff handbook. In addition, the home has effective mechanisms for communication, planning and review, and integration of services. For example, there are stakeholder consultation processes, committee and reporting systems, as well as planning and budget processes that underpin the provision of services. In addition, ARV supports facility managers to build effective, constructive workplaces through the provision of centralised consultancy services in a range of areas. These include quality and compliance, policy and procedure development, human resources/industrial relations, property services, revenue, workplace health and safety, and learning and development. Specialised care consultant services are also available in various areas including palliative care, cognition, falls prevention and mental health.

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

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. The results of our observations, documentation review and interviews revealed that this is achieved through the effective implementation of human resource policies and procedures. These cover staff recruitment, orientation, performance review through an annual appraisal process and competency assessment program, and the maintenance of staff records (that include job descriptions, duty lists, registration details and probity checks). The staffing budget has been formulated to meet the specific needs of the site, but staffing levels are monitored and adjusted on an ongoing basis in accordance with the residents' needs. For example, resident and relative feedback, staff feedback, and the results from the performance monitoring system are also considered. The staff resident ratios were provided and examples of staff adjustments as a result of resident identified need were noted in areas including care, cleaning and leisure activities. Reward and recognition strategies exist to ensure the home continues to maintain sufficient numbers of appropriately skilled and qualified staff. For example, accessibility to training for career path progression purposes, above award wages, tax incentives, a staff recognition awards program, scholarships and an RN graduate program.

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 systems that are ensuring that appropriate stocks of goods and equipment are available at all times. The results of our observations, interviews and document review revealed that the maintenance of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved. This is achieved through the implementation of effective policies and procedures for budgeting, purchasing, inventory control, assets management and maintenance.

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

There are systems in place that effectively manage the creation, usage, storage and destruction of all records, including electronic records. The results of the team's observations, interviews and document review revealed that the home effectively disseminates information to management, staff and residents/resident representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through the ARV Intranet, e-mail, data management and reporting applications, memos, noticeboards, meetings, a clinical record system, information packages (including resident and staff handbooks), education sessions, meeting minutes and

policy and procedure manuals. Information is managed in accordance with ARV's privacy policy.

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

All externally sourced services are provided in a way that meets the home's needs and quality goals. The results of our observations interviews and document review revealed that the home has an effective system in place to identify preferred and major suppliers of goods, equipment and services. In addition, the performance of major or regular suppliers' is measured against agreed objectives contained in documented external service agreements or contracts. Contracts and/or simple service agreements are in place with suppliers of services such as fire system maintenance, food suppliers, pharmaceutical and continence supplies. There are mechanisms to track and resolve ongoing problems with suppliers.

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

The results of our observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments relating to resident and staff feedback and details regarding the system see expected outcome 1.1 Continuous improvement.

A range of quality activities including numerous stakeholder surveys, reviews, audits and quality indicators measure performance in relation to all expected outcomes in Standard Two. Improvements are implemented based on the information obtained. Examples of improvements include:

- Staff skills and knowledge have improved to ensure they are commensurate with the changing resident acuity or changing service delivery requirements. For example, all care staff are receiving information technology training to support them to use the new computerised care planning system. In addition, wound care training has been provided with good result.
- A new professionally developed and very comprehensive learning and capability package “EVOLVE” has been introduced by ARV for registered nurses and clinical leaders. It has been designed to assist them to familiarise themselves with the practises in their new work environment, demonstrate their capability and/or formulate a learning plan as required. The package is delivered via workshop following orientation and in the workplace. This package is linked to other programs including learning and development and performance development. Feedback from registered nurses completing the “EVOLVE” program has been positive. The program has been evaluated, considered successful and is now being extended to other staff disciplines.
- A number of on site quality project teams have used the PDSA improvement methodology to work on projects including the management of falls. As a result improvement strategies, including a falls prevention program, were implemented that have been successful in reducing falls.
- The establishment of the on site wound care clinic has had a dramatic reduction in wounds and healing times. The clinic operates three times a week from a clinic room located on the ground. It is popular with residents who attend.
- The staged implementation of the computerised resident record system is currently underway. This system will manage and record the residents' assessments, care plans, care delivery and evaluations. To date the progress note component has been implemented. Staff report that its implementation had reduced time spent on handwritten notes and given them more time to attend to residents care needs. The clinical record module of the system will be fully implemented by December 2012. Managers believe that when fully implemented it will assist them to oversee and closely monitor the care provided to residents. In addition, the medication management module of this system expected to go live in August 2012 has inbuilt safety features that will ensure that residents medication is managed safely and correctly.

- The organisation maintains a pool of clinical nurse consultants including palliative care and dementia specialists. This pool has recently been expanded. Residents' now have access to a greater range of services including two mental health clinical nurse consultants who visit to evaluate residents' condition and plan management strategies.

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

The results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Health and Personal Care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to a change in legislation is the action taken by the home to review its practices in accordance with the Department of Health and Ageing requirements. For example, the home has implemented the requirements of the Aged Care (Residential Care Subsidy – basic subsidy amount) Determination 2008 (No 1), i.e. the home has implemented changes associated with the introduction of the Aged Care Funding Instrument (ACFI).

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

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

Education sessions and courses that relate to this Accreditation Standard that have been attended by staff include nutrition and hydration, dementia, medication management, palliative care, pain management, wound management, behaviour management, continence management, use of equipment and ACFI. The effectiveness of education is measured through observation, audits, survey and resident feedback. In addition, medication administration competencies have commenced for staff that administer medication.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents receive appropriate clinical care. A comprehensive assessment of residents is undertaken on entry to the home and care plans are formulated based on the assessment information. Care plans are reviewed and updated by the registered nurse annually and when the resident care needs changes. Residents'

family is informed and consulted on the changes to nursing care plan. Clinical care is delivered in accordance with care plans and residents have access to doctors and other relevant health care specialists as needed. Clinical care is monitored, communicated at handover to ensure continuity of resident care. The clinical care specialists and quality control coordinator monitor care practices through audits and surveys. Changes in the status of a resident's health are noted in the progress notes. The home has future plans to have a registered nurse attend the doctor's clinic to ensure the medical instructions are followed through in a timely manner. Residents/representatives interviewed confirm they are fully informed about the clinical care required 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

The home has systems to identify and meet residents' specialised nursing care needs including insulin dependent diabetes, indwelling catheters, oxygen therapy, complex wound and pain management. Initial and ongoing assessments and appropriate care delivery is regularly reviewed. Specialised nursing care is provided by registered nurses on all rostered shifts. Residents with specialised nursing care needs have access to medical and allied health specialists as required. Appropriate equipment and resources for specialised nursing care are available. The home has plans in place to ensure the new electronic clinical records detail nursing care plans for residents with a specialised medical diagnosis. These include residents with diabetes, epilepsy and abnormal blood pressure recordings. This ensures they are not only reported in a timely manner but also ensures medical directives are followed and evaluated in consultation with the respective resident's medical doctor. Residents/representatives interviewed are satisfied residents' specialised nursing care needs are appropriately met.

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

The residents have regular consultations with the doctor of their choice and are able to access appropriate health specialists through referrals from their doctor. The home has a large contingency of allied health staff that visit on a regular basis and form part of the staff compliment. These include the physiotherapist, podiatrist, nutritionist, speech pathologist, dentist, psycho geriatrician, occupational therapist, mental health team, falls prevention team and palliative care team on a need basis. Records of consultation with health specialists are kept in resident files and instructions are recorded in the residents' care plans. The home is reviewing its policies and protocols to ensure clear instructions are provided to care staff on diabetic management and the recording and managing of abnormal blood pressure recordings. The home has plans to ensure all residents with a diagnosis of diabetes are assessed by the dietician, in particular the insulin dependent diabetics. All unstable non-insulin diabetics have an individual dietary plan developed according to their diabetic status. A registered nurse specialised in wound management works with the residents' doctor to follow the wound treatment protocols and any changes made will be done in consultation with the medical doctor. Documentation, residents, their representatives and staff confirm that these services are available on a referral basis. Staff advised and

residents/representative interviews confirmed that residents are referred to appropriate health specialists and are satisfied with the arrangements.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to manage residents’ medications safely and correctly. A medication advisory committee is organized every three months and a consultant pharmacist reviews residents’ medications. Staff who administer medications are competency tested. Medications are stored appropriately and the medication trolleys are stored securely when not in use. The home has clear policies and procedures for the safe and correct management of medication. The medication needs of a resident are assessed when they come to the home in consultation with residents/representatives and their medical officer. A multi-dose blister pack system is used and all packs are checked against the medical officers’ orders upon delivery from the pharmacist. The home is revising policies and protocols to ensure doctors review resident medication needs more regularly. Medication incidents are documented, reported and appropriately addressed in a timely manner. The home has plans to improve the management of self-medication for residents choosing to take their own medications and to consult more frequently with the resident’s individual doctor if a resident is unable to manage. Residents/representatives interviewed report residents are assisted with their medication requirements and express satisfaction with the administration of medications.

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

Residents are assessed for any pain management needs including residents displaying behavior or sleep disorders. Individual pain management strategies are planned, in consultation with residents/representatives and residents’ medical officers, for all residents identified as experiencing pain. Analgesia on a regular and ‘as necessary’ basis is prescribed by the resident’s medical officer and administered by staff. Residents are also closely observed for pain and provided with non-chemical pain relief interventions, including gentle and regular exercise and massage. The home has policies and procedures regarding pain management and strategies are determined according to the abilities, needs and preferences of the individual. Clinical records show staff administer pain medication as prescribed and feedback is sought from residents/representatives as to the effectiveness of pain management strategies. The abbey pain scale is used to assess residents with communication and/or cognitive deficits. Residents/representatives interviewed confirm residents are maintained as free from pain as possible and that pain relief can be accessed as required.

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 advanced care directives and end of life wishes are discussed with them and their family as part of the initial assessment process. A palliative care nurse oversees the process and documents the resident’s wishes and directives in their file. The home has policies and procedures, forms and an information brochure for advance directives and palliative care. The palliative care team is consulted as necessary and they provide full assessment and care planning including pain management strategies for terminally ill residents. Appropriate and specialized equipment such as a syringe driver is available for delivery of pain control medications. All residents reside in single rooms with an ensuite bathroom which ensures privacy and dignity for the resident and their family. A chapel in the home is freely accessible to residents and the local ministers of religion visit the home. The residents’ local ministers are contacted on the request of residents and/or their families to provide spiritual support. Residents’ representatives are informed of their condition and the general practitioners and the palliative care team is involved in the care planning and delivery. Residents/representatives interviewed confirm they are confident their wishes will be respected and residents’ comfort and dignity will be maintained at the end of life.

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

All residents are assessed for dietary needs and preferences and these are documented in a care plan and a copy kept in the servery. The residents are offered a varied, healthy and well balanced diet, which is provided from a central catering source. A system is in place to monitor residents’ weight and a nutritionist visits to review residents who have experienced a weight change. The home has plans to ensure the dietician has documented and reviewed individual residents with a diagnosis of diabetes and high blood pressure, which will enable their blood pressure and blood sugar parameters to remain within an as normal a range as possible. The home has access to a speech pathologist as required and the consistency and food texture of the meal is adjusted according to the resident’s individual needs. The meals for residents requiring major assistance are served half an hour to forty-five minutes before the other residents to ensure residents are not rushed with their meals. Staff assist residents with their meals as required and provide regular drinks to encourage residents to maintain their fluid intake. Residents are weighed as part of the regular care review and according to individual need. Residents/representatives interviewed are satisfied that the meals provided are meeting residents’ dietary requirements.

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

Residents’ skin integrity is assessed on admission to the home with skin care needs identified and incorporated into the care plan. Staff monitor residents’ skin integrity, provide moisturiser for residents and encourage residents to keep up their fluid intake. Pressure area care is provided for high care residents as needed and equipment is available to assist with pressure area care. An incident reporting system records data on wounds, tears and bruises. Wound care is carried out by qualified staff and is electronically documented. Incidents of wound infections are monitored and a plan of action developed. The home has plans to update its wound care policy to specify that registered nurses are to work in consultation with the residents medical officer on changes to complex wound management. A podiatrist visits the home regularly to provide foot care for residents. Residents/representatives interviewed say they are satisfied with the care provided for residents to maintain their skin integrity.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

All residents have their continence level assessed when they enter the home and care plans are developed based on their assessed needs. Toileting programs are established for residents who need assistance. Residents have ready access to toilets in their ensuite bathrooms and general lounge area, and have access to a call bell system when physical assistance is required. There are adequate supplies of disposable continence aids of varying sizes available for residents and staff are trained in the use of these products. Residents/representatives confirm residents are satisfied with the care provided and that continence is managed effectively.

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 demonstrated that the needs of residents with challenging behaviours are managed effectively. A special secure unit houses residents with challenging behaviours. Behavioural assessments are carried out and interventions to deal with challenging behaviours are outlined in resident care plans. Management and staff work to maintain a quiet and calm environment and were observed interacting in a polite manner to maintain the resident’s dignity. The home was observed to be calm. Residents are provided with a range of activities and specific one-to-one activities dependent upon their level of need. The home has access to specialist medical personnel to assist in managing challenging behaviour and documentation verify their interventions as necessary. Incident forms are available to document behaviour incidents. Residents/representatives confirm they are satisfied with the care and the way their challenging behaviours are managed by the staff.

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

Residents’ optimum level of mobility and dexterity is assessed and strategies developed and recorded in the resident care plans. Care plans are regularly reviewed by the physiotherapist and registered nurse. The separate physiotherapy department has exercise equipment available for resident use and supervised by a physiotherapist. The manual handling needs of residents are also assessed. Care staff assist residents with their individual exercise programs. The living environment is well lit, uncluttered and has hand railings throughout to assist resident mobility. Appropriate and well designed furniture, including chairs with arm rests for resident comfort, is available throughout the home. All residents have electric high/low beds to reduce the risk of falls and the home has a nurse call system to alert the staff if residents need assistance. The home effectively uses movement sensors and chair alarm mats for residents identified as having a high risk of falls. An incident reporting system is in place and fall rates are reported. The clinical nurse specialist oversees the falls prevention program and has weekly case management meetings to discuss the effectiveness of strategies to achieve optimum mobility and dexterity. Staff were observed to take residents for a walk and to remind them to use their mobility aids. Residents/representatives interviewed say they are satisfied with the assistance provided to residents to achieve 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 findings

The home meets this expected outcome

The home demonstrated that residents’ oral and dental health is maintained. Residents’ oral and denture care needs and preferences are identified, documented on care plans and monitored on an ongoing basis. The day-to-day care is attended as per residents’ individual hygiene care plan and staff assist residents to achieve an optimum level of oral and dental care. Residents have access to dental services and are referred for treatment when required. Staff assist residents to make appointments to access dental services outside the home a dental service also visits the home. All care staff complete a specific dental care training program and competency. Residents/representatives interviewed say residents are assisted with oral hygiene when necessary and are satisfied with the care provided.

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

Residents’ vision, speech and hearing are assessed at the time of their entry to the home and care plans are developed based on their assessed needs and preferences. Optometry services are accessed by residents as needed. Staff are aware of residents’ sensory needs through their care plans and progress notes. Staff assist residents with cleaning glasses and fitting hearing aids as part of the residents’ daily hygiene routine. They also assist residents with sensory loss to participate in the activities of the home such as meals, leisure activities

and walks. The home is well lit, uncluttered and has handrails in all the corridors to provide a safe environment and assist those who are visually impaired for example lifts have brail imprints on the lift buttons. Residents/representatives interviewed say 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 findings

The home meets this expected outcome

Residents’ sleep patterns are assessed on their entry to the home and strategies to ensure residents are able to achieve adequate rest and sleep patterns are documented in care plans. Each resident has their own room and bathroom which ensures minimum disruption from others during the night. A nurse call system is in place to alert staff if any residents require assistance at night. Strategies to assist residents achieve a natural sleep pattern include pain and continence management and medication where prescribed. The progress notes are also used to record any periods of sleeplessness. Night snacks are available for residents as needed. Residents confirm that the environment is quiet at night and that staff use a range of strategies to assist them if they have difficulty sleeping.

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

The results of our observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities including numerous stakeholder surveys, reviews and audits to measure its performance in relation to all expected outcomes in Standard Three of the Accreditation Standards. A review of the results of these activities indicates that actions are carried out that result in improvement. Some examples of improvements made through the CI system include:

- Staff skills and knowledge have improved ensuring they are commensurate with the changing resident acuity or changing service delivery requirements. For example, staff members attend elder abuse training as part of the home’s mandatory education program.
- The resident activity and lifestyle program is reviewed and changed on an ongoing basis in accordance with residents’ needs and desires. For example, the program itself has been expanded to incorporate new activities including the residents’ internet café for seniors, the ARV wide “Wii Olympics”, friendship discussion groups, a movie club, a men’s group and a resident choir. Resident and relative interviews revealed that these initiatives had been well received.
- The resident and relatives’ awareness of and interest in activities has been improved in a number of ways. One is through the use of a new information technology system display. A big screen television located in the front foyer next to the Wellness Resources and Activity Program (WRAP) desk now displays residents’ activity photographs and other information of interest to them. The second is the WRAP desk itself which is a relatively new and very innovative service initiative. The WRAP desk is strategically located on the ground floor between the lifts and all areas in the front foyer including the coffee shop, hairdressing salon, reception desk and front door. So anyone going anywhere has to pass it. People manning the desk greet and welcome residents, relatives, friends and volunteers as they walk past as well as provide information on lifestyle programs. The desk provides a one stop shop, where residents and families can find out about the various organised activities being held, where they can sign up for specific things and get brochures and information from the helpful person at the desk. The desk is manned by staff and volunteers approximately three hours a day in the morning and afternoon five days a week. On Saturdays it is open for two hours in the morning.
- The refurbishment and extension of the very popular Brian King Café is to commence this week. Resident interviews revealed that residents and visitors enjoy the ambience of the current café which is located in the front foyer area. The newly refurbished café will provide residents and visitors with more space giving them the opportunity to experience cafe style dining seven days per week plus incorporate a Kiosk section where residents can buy goods. Advice on lighting and colour schemes has been sought from a dementia

nurse practitioner. Interviews of residents and relatives revealed that this planned initiative had been well communicated to residents and well received by them.

- Residents experience at church services held in the dementia unit has been enhanced through the purchase and use of new equipment including sound equipment, ceremonial robes and a cross.

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

The results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Residents' Lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to a change in legislation is the action taken by the home to implement policy and procedures to manage mandatory reporting and investigation of resident abuse in line with changes to the *Aged Care Act 1977*.

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

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

Education sessions attended by staff that relate to this standard include but are not limited to elder abuse and elder abuse reporting, communication, residents rights, leisure and lifestyle, confidentiality, privacy and dignity.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents expressed appreciation to staff for the support and assistance staff provide during their entry to the home and the subsequent settling in period. An assessment of residents' specific needs and preferences is undertaken on entry to the home including their social history. This information is then used to formulate individualised care plans. Residents are orientated to the home and care and activity staff spend extra one-on-one time with residents during the settling in period. The community visitors' scheme is also used to provide support for residents who have few visitors. Residents said they are provided with appropriate

emotional support and feel the staff are supportive in helping them to adjust to their new life within the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are satisfied with the opportunities available to them to participate in the life of the community. Residents are actively encouraged to participate in local community activities. Staff and residents cited several examples of residents attending local events and facilities with family members or carers. The home provides an environment in which representatives, friends and visitors are welcome to visit. Community groups attend the home as part of the activity program. Volunteers attend the home to assist residents engaging in activities and special events. Residents wishing to maintain their civil duties are assisted to vote at election times. A newsletter and the activity program keeps residents informed of events in the home and newspapers are available to residents if they wish this service. Several residents are identified to go on family outings or attend community groups.

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

The home has processes through which each resident's right to privacy, dignity and confidentiality is recognised and respected. Examples of processes include consents signed for the use of residents' photographs, the identification of residents' preferred names, and staff practices. Staff advised they are aware of the need to maintain the confidentiality of residents' personal information. Staff also described strategies for maintaining residents' privacy such as knocking on doors and closing doors when providing treatments in residents' rooms. Privacy curtains were observed installed throughout the home and dignity gowns are in use. Management interviews demonstrated the home has processes for the archiving of residents' files and for the destruction of confidential information. Residents/representatives interviewed expressed satisfaction with the way staff respect and maintain residents' privacy, confidentiality and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home encourages and supports residents to participate in a wide range of activities of interest to them. On entry to the home residents' social/cultural and preferred lifestyle is conducted and activity needs and preferences are assessed. Ongoing assessment occurs through monitoring of activity enjoyment, participation and individual requests. An activity plan is formulated by lifestyle staff and includes a variety of group and individual activities for

residents. Residents are offered a wide range of activities within and outside the home. Information obtained from surveys, resident meetings, informal and formal consultation with residents is used to evaluate and plan activities. Staff assist residents to attend activities. Attendance records are completed to record residents' participation in activities including one-to-one activities. Residents are very satisfied with the variety of activities offered at the home.

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 in place to identify and respect residents' individual interests, customs, beliefs and cultural and ethnic backgrounds. The home celebrates significant cultural and religious days with activities, decorations and meals. Religious services are conducted in the home for a number of denominations and pastoral care is provided to those who elect to receive it. The home has resources available and multilingual staff to meet the needs of residents from culturally diverse backgrounds and staff liaise with resident's family members regarding any special needs or arrangements. Visitors are sourced from relevant cultural organisations for residents with no visiting family members. Residents and relatives confirm their satisfaction with the support provided to enable residents to maintain their cultural and spiritual lives.

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

Systems at the home ensure that residents/representatives participate 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. Residents/representatives are kept informed and given opportunity to provide input into the home through processes including case conferencing, resident and relative meetings, surveys, comments and complaints and informal discussion. Residents are provided with choices in their day to day care including lifestyle interests, shower times, meal choices, end of life choices, choice of medical officer and medical care. Residents are satisfied with the support provided to maintain their right to make choices and decisions. Residents confirm that activities staff invite them to attend activities and respect their choices to attend or not to attend.

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 demonstrated that residents and representatives have been provided with information about security of tenure and that residents understand their rights and

responsibilities. Residents, including respite residents, are offered a residential care service agreement on entry to the home. The resident handbook, which provides information about residents' rights and responsibilities, is also given to each new resident or their representative. Residents and/or their representatives are informed of the fees and charges. Residents in the extra services area have information on bonds provided. Resident/representative interviews demonstrated residents feel secure in their tenure in the home and are made aware of residents' 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 results of our observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities to measure its performance in relation to all expected outcomes in Standard Four of the Accreditation Standards. These include but are not limited to reviews and audits in areas covering resident satisfaction (includes hospitality services such as catering, cleaning and laundry), the environment, occupational health and safety and infection control. A review of the results of these activities indicates that actions are carried out that result in improvement. Examples of improvements include:

- Staff skills and knowledge have been improved ensuring that they are commensurate with the changing resident acuity or changing service delivery requirements. For example, all staff who handle food have completed food safety training.
- A number of initiatives have improved the safety and comfort of the living environment for residents and staff. For example, new footpaths have been built in the front car park area. Residents and visitors now have safe access to the home. In addition, there are plans to improve resident access across the site. For example, a glass lift is to be built in the garden to take residents from one external ground level to another. In this way they can easily access other facilities on the site including bus stops. A room has been allocated, decorated and equipped as a base for the men’s club.
- A review of the use of the resident’s individual laundry facilities revealed the need to establish a new laundry in the basement where staff wash items not sent out to the industrial laundry. Residents no longer experience delays when wishing to use the resident laundry. In addition, a new labelling process which includes a new collection bin for residents’ clothes has been implemented to minimise lost clothing.
- Equipment purchased that has improved the safety and comfort of residents and staff includes new oxygen regulators. These were changed in accordance with legislative requirements to meet the Australian Standards (AS2473.3).
- A number of initiatives have strengthened the home’s infection control practices. For example, the home is registered as a licensed premise with the NSW Food Authority, has implemented a food safety program and received an “A” rating when audited by the Authority on 5 July 2012. In addition, the appointment of a new waste removal company has enabled the home to increase the quantity of items it recycles.
- The quality of the food services is being reviewed by the new food services coordinator who has 17 years experience in catering outside of aged care. New initiatives to enhance the resident dining experience including stimulating their senses are being trialled.

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

Results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of the home's responsiveness to legislative requirements is the assessment of the building using the 1999 Certification Assessment tool, which includes a mandatory minimum pass mark for fire and safety. In addition, the home implemented a food safety program in response to the introduction of the *Food Safety Act*, is registered with the Authority and is now audited annually. The home has also reviewed its policies and procedures in light of recent changes to the Work Health and Safety (WH&S) legislation (previously OH&S).

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

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

Education sessions attended by staff that relate to this standard include but are not limited to manual handling (theory and practical), infection control (including outbreak management), and fire safety training (theory and practical). Staff have completed a range of work health and safety training (including incident and accident reporting, hazard identification and WH&S committee training). They have also attended first aid, equipment use, chemical handling and food safety training. The majority of this training has been identified as compulsory and staff attendance is monitored. Staff competencies are carried out in various areas including manual handling, fire safety, 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 findings

The home meets this expected outcome

Environmental audits are used to monitor safety and comfort. The home is a modern purpose-built facility that is tastefully decorated and furnished. Residents are accommodated on three levels in single rooms with ensuite facilities. There is a dementia specific unit providing secure accommodation. Residents' personal space allows for personal belongings, furniture and mementos. There is a communal dining area and lounge room on each level in addition to smaller sitting areas where residents and relatives can enjoy a more private atmosphere. Residents also have access to a well appointed central facility on the ground

floor that contains a café, lounge area, hairdressing salon, chapel and activities room. There is a system of corrective and preventative maintenance. We noted the home to be clean, a comfortable temperature, with well maintained equipment and furniture. Residents/representatives are satisfied with the safety and comfort of the living environment including their rooms, communal areas and outdoor areas.

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 home can demonstrate they provide a safe working environment for residents, staff and visitors. An occupational health and safety committee meets on a regular basis to discuss environmental issues and/or concerns. Summary reports are collated and this information is used to compare accidents and incidents against previous periods. Hazard reporting processes and environment monitoring occurs and records shows management are responsive to identified hazards. Manual handling education is provided to staff annually and the individual responsibility to ensure a safe working environment is discussed with new staff on employment. Policies, procedures and regulatory guidelines were observed to be accessible to staff and staff said they are satisfied with the home's approach to occupational health and safety. Staff incidents are documented, investigated and monitored. Staff state that management responds appropriately to staff injuries.

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

Staff are aware of fire safety and other emergency procedures. There are emergency procedure manuals and standard fire orders displayed throughout the building. The home conducts fire safety and other emergency training. Where areas of improvement are identified, they are discussed during staff meetings and further training is provided, if necessary. Fire equipment is regularly maintained by external contractors and its location is marked clearly, visible, unobstructed with exit points lit and fire doors identified. Evacuation lists are accessible to staff which include details of residents' mobility status. Chemicals are stored appropriately in locked areas. Current material safety data sheets are easily accessible by staff in chemical storage areas.

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

The infection control program at the home includes policies and procedures, education, and monitoring of infection rates. The incidence of resident infections is monitored and regular clinical and environmental audits occur including temperature control checks. Summary reports are collated and this information is used to compare infections against previous periods. Infection control education is provided as part of the annual mandatory training and

included in the orientation program for new staff. Guidelines on the management of outbreaks such as gastroenteritis and influenza are accessible and staff demonstrate they have the appropriate levels of knowledge to minimise the risk of infection spread. Outbreak kits, spill kits and sharps containers, personal protective clothing and equipment, and hand hygiene facilities are available throughout the home and processes are in place for the disposal of contaminated waste. Catering staff comply with food safety guidelines and cleaning staff use a system of coloured cloths and mops to ensure infection prevention.

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 systems and processes to enable the provision of hospitality services that enhances residents' quality of life. All meals served at the home are predominantly prepared using the cook-chill method. There is monitoring of fridge and freezer temperatures. A menu that has been approved by a dietician acknowledges each resident's preferences, likes and dislikes and other dietary needs. Schedules are used for cleaning duties and staff adhere to infection control procedures and practices resulting in a clean and tidy home. All clothes and linen is outsourced to an external laundry and taken to the laundry daily. Workflow and infection control policies and practices are adhered to and systems are in place to monitor laundry items. Residents/representatives expressed satisfaction with the cleaning services and most were generally satisfied with the catering and laundry services provided by the home.