



Aged Care  
Standards and Accreditation Agency Ltd

## **Carey Bay Village**

### **Approved provider: Anglican Care**

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 7 January 2015. We made the decision on 9 November 2011.

The audit was conducted on 18 October 2011 to 20 October 2011. The assessment team's report is attached.

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

Home and approved provider details					
Details of the home					
Home's name:		Carey Bay Village			
RACS ID:		2452			
Number of beds:		93	Number of high care residents:		66
Special needs group catered for:			<ul style="list-style-type: none"> <li>15 Secure Dementia beds</li> </ul>		
Street/PO Box:					
36 LAYCOCK Street					
City:	CAREY BAY	State:	NSW	Postcode:	2283
Phone:		02 4959 1095		Facsimile:	02 4950 5187
Email address:		Nil			
Approved provider					
Approved provider:		Anglican Care			
Assessment team					
Team leader:		Jennifer Morrow			
Team member/s:		Jennifer Woodman			
Date/s of audit:		18 October 2011 to 20 October 2011			

**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

**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

**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

**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

# Site Audit Report

**Carey Bay Village 2452**

**Approved provider: Anglican Care**

## Introduction

This is the report of a site audit from 18 October 2011 to 20 October 2011 submitted to the Accreditation Agency.

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

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

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

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

## Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 18 October 2011 to 20 October 2011

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

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

## Assessment team

Team leader:	Jennifer Morrow
Team member/s:	Jennifer Woodman

## Approved provider details

Approved provider:	Anglican Care
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## Details of home

Name of home:	Carey Bay Village
RACS ID:	2452

Total number of allocated places:	93
Number of residents during site audit:	90
Number of high care residents during site audit:	66
Special needs catered for:	15 Secure Dementia beds

Street/PO Box:	36 LAYCOCK Street	State:	NSW
City/Town:	CAREY BAY	Postcode:	2283
Phone number:	02 4959 1095	Facsimile:	02 4950 5187
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
Director of nursing	1	Residents/representatives	19
Deputy director of nursing	1	Hostel supervisor	1
Registered nurses	2	Hotel services manager (organisational)	1
Care staff	18	Hotel services coordinator	1
Physiotherapist	1	Laundry staff	2
OH & S coordinator/ HR manager	1	Catering staff	1
OH& S officer	1	Cleaning staff	3
Accommodation Bonds officer (organisational)	1	Manager environmental services (organisational)	1
Learning and development officer (organisational)	1	Volunteers	2
Information management officer (organisational)	1	Diversional therapist (organisational)	1
Resident liaison officer	1	Lifestyle and wellbeing officers	3
Administration officer	1	Chaplain	1

### Sampled documents

	Number		Number
Residents' files	11	Medication charts	29
Residents' files: lifestyle assessments, careplans and attendance records	10	Personnel files	7
Resident agreements (high and low care)	10		

### Other documents reviewed

The team also reviewed:

- Accident incident forms
- Advanced care plans
- Audit schedule, trending data, reports and actions
- Care assessments, careplans, care monitoring charts, clinical and medical progress notes, allied health referrals and recommendations
- Code of conduct including confidentiality 'signed' by staff
- Comments, complaints and suggestion folder
- Continuous improvement plan
- Contractors agreements
- Criminal record check system
- Daily allocations
- Disaster plan and resident evacuation folder

- Education, orientation, training and attendance records
- Electronic policies and procedures
- Environmental audits
- Feedback on 'Cameo's for empathy in dementia care'
- Food evaluation forms and feedback from catering
- Handbooks (residents and staff)
- Maintenance schedules including preventative and reactive maintenance documentation
- Mandatory reporting register
- Material safety data sheets
- Meeting minutes and agendas: residents, management and staff
- Multicultural resource folders
- New equipment trial, consultation and purchase documentation
- Orientation documents and checklists including orientation for agency staff
- Outbreak plan and associated documentation
- Position description, duty statements and work schedules
- Professional registration folder
- Registered nurse in-charge information folder
- Resident entry information pack
- Restraint policy, procedure and associated documentation
- Risk assessments
- Staff and volunteers' skills assessments
- Staff directed learning packages
- Staff handbook
- Staff rostering system
- Staff specialised skills list
- Thickened fluids documentation
- Wound management documentation

## **Observations**

The team observed the following:

- Activities including armchair travel to Europe
- Activity boxes for weekends and after hours
- Annual fire safety statement and lift inspection report on display.
- Charter of residents rights' and responsibilities (displayed)
- Colour coded corporate uniform poster (displayed)
- Equipment and supply storage areas
- Interactions between staff and residents that were respectful and caring
- Lifestyle resources and care staff resource box
- Living environments: internal and external
- Mission, Vision and Values (displayed)
- Music system in dementia specific wing
- Notice boards with information for residents, representatives and staff
- Outbreak kit
- Oxygen cylinders with new regulators
- Secure storage of medications
- Secure storage of resident information
- Signage including fire exits, fire equipment, general equipment, handwashing and infection control
- Staff assisting residents with mobilisation using mobility aids
- Subcutaneous analgesic medication infusion pump
- Suggestion box, forms and envelopes
- Volunteers assisting with resident activities



## **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

Carey Bay Village actively pursues continuous improvement. The quality system is guided by Anglican Care’s Mission, Vision and Values statement utilising the 12 principles of business excellence. A range of activities provide information for the purpose of improvement including audits and surveys; incident data; the comments, complaints and suggestion system; meetings; discussion; observations; and informal checks. A calendar of audits guide management and staff through a system of internal and external audits. Key performance indicators and external benchmarking provide information on gaps and areas for improvement. The home implements the plan, and do, check, and act cycles when actioning improvements. Depending on their size improvement activities are selected and planned at site level or they are implemented organisation wide. Continuous improvement activities are discussed at meetings and areas requiring improvement are actioned, monitored and evaluated. Feedback is provided during meetings, via memos, noticeboards and through informal discussion. Interviews conducted and documentation review shows residents, their representatives, visitors and staff are involved in the quality system of the home.

Examples of improvements specifically relating to Accreditation Standard One include:

- In response to resident and staff feedback the home installed a new telephone system which includes an internal portable phone system for key staff and a new cordless phone for residents. The system has improved communication and reduced response time to emergencies by registered nurses. The new resident phone has improved reception and range enabling phone calls to residents anywhere in the home.
- The home has implemented traineeships for care staff in conjunction with a registered training organisation. Feedback from management, staff and the trainees themselves shows this to be a successful way of recruiting staff. This is because the trainees already understand the organisation values and philosophy, and are trained according to the policies and procedures of the home.
- Management identified a need for additional registered nurses. In consultation with the organisation human resource department two registered nurses have been recruited from Ireland. This initiative has proven successful with the new staff showing a high level of skill and settling well into the routines of the home.
- A joint initiative of management and staff has seen a new Anglican Care colour coded corporate wardrobe introduced. Management and staff are now easily identified by residents and their representatives; and staff say they feel more professional.
- In response to feedback from staff 10 new showering chairs were purchased which have padded seats, soft back straps, footrests for residents and brakes on all four wheels. The chairs have improved resident comfort and safety. Staff report the chairs are easy to manoeuvre and have improved their safety.

## 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

Carey Bay Village uses a variety of information sources to ensure current legislation, regulations, professional standards and guidelines are identified and implemented. Changes in legislation are identified through the organisation information system, email alerts, notification from peak bodies and meetings. The organisation has a regulations register which is accessible by managers as background to policy development and changes. Policies and procedures are updated as required and staff education sessions are provided to ensure staff are aware of the changes. Information on regulatory compliance is communicated from management to staff through meetings, memos, formal and informal discussion and ‘sign off’ on policies. Management monitors compliance with legislation through audits, review of clinical data, observation of staff practices and feedback from stakeholders.

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

- Residents and their representatives were advised of the accreditation site audit as per requirements under the Aged Care Act 1997.
- The organisation implements a system to ensure management, staff, volunteers and contractors maintain a current police check.
- The home ensures that documents are securely stored, computers are password protected, and appropriate archiving and destruction of documents is undertaken.
- The information available to stakeholders on lodging external complaints has been updated in response to the 2011 Complaints Principles Legislation.

## 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

Carey Bay Village implements a management and staff education system which includes an electronic education register which details all internal and external education attendance. Training needs are identified through performance development reviews, an annual needs analysis, residents care needs, observation of staff practices and available specialist educators. Mandatory training is implemented in areas such as fire safety, manual handling, mandatory reporting and infection control; and attendance is monitored by management. Competency skills assessments implemented by management provide information on staff skills and knowledge to ensure they are able to fulfil their duties and roles. The home has implemented a traineeship program which is proving very beneficial. An organisation wide orientation program is attended by new staff prior to commencing duties at the home. Management and staff say they are encouraged and supported to attend regular training sessions.

Examples of education activities relating specifically to Accreditation Standard One include: leadership training, aged care funding education, bullying and harassment, compulsory code of conduct training for all staff, organisation orientation for new staff, documentation, use of the electronic care system and performance management education for managers.

#### **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

Carey Bay Village provides stakeholders with information on how to make suggestions, comments and complaints. Feedback is encouraged through readily available information in handbooks and agreements, feedback forms, confidential feedback envelopes and information on external complaints mechanisms. A locked suggestion box is located in the foyer which is cleared by management. Confidential feedback may be submitted directly to the chief executive officer through the Anglican Care website. Case conferences with residents and/or their representatives provide an additional option for comments or concerns about resident care or services. All comments and complaints are addressed by management and feedback is provided within designated timeframes. Data is analysed and discussed during meetings with improvements identified actioned, monitored and evaluated. Residents and their representatives said during interviews they felt comfortable raising any concerns with management or staff.

#### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The organisation Vision and Mission statements include a clear commitment to excellent care and quality service provision through enriching lifestyles, inspiring people to excel, strengthening relationships and exceeding expectations. The Values of the organisation are integrity, encouragement, innovation and communication. The Vision, Mission and Values are included in key documents and displayed in the foyer of 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 findings**

The home meets this expected outcome

Carey Bay Village implements a comprehensive staff recruitment, orientation, support and monitoring system which has seen improved staff retention in recent years. The system includes rigorous interview and staff selection procedures; an organisation wide orientation and buddy system; performance development reviews; an employee assistance program and year of service recognition. An organisation human resource manager provides support and advice for management of the home. Selection of staff is based on skills, knowledge, experience and qualifications. The provision of traineeships has provided additional opportunities for staff selection, recruitment and retention. Staff numbers and skill mix is monitored by management and reviewed and adjusted according to the needs of residents and feedback from staff. The home back fills staff leave with existing part time staff, casual staff and external agency staff when needed. The use of agency staff is minimised as much as possible. A recent initiative of recruitment of additional registered nurses has proved extremely successful. A significant number of staff have worked at the home for many years. Staff say they enjoy their work and management is supportive.

### **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

Carey Bay Village implements a stock monitoring system which ensures there are sufficient goods and equipment available when required for resident care and service provision. This includes medical supplies, food stocks, continence aids and stationary. A stock control system is in place for the reordering of medical supplies. Monthly budget allocations guide management for replacement of linen and crockery. The adequacy of stock levels is regularly reviewed by management. Management monitors the quality of service provision by external suppliers with changes made when a quality service is not provided. Consultation and equipment trials are carried out prior to purchase of new equipment. Finance and administration maintain an asset register which enables monitoring of age and condition of equipment thus facilitating budgeting for replacement. A preventative and corrective maintenance program is implemented by staff and external contractors. Interviews and observations demonstrate that appropriate supplies of goods and equipment are maintained at the home.

### **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

Carey Bay Village uses a wide variety of different types of communication to inform residents, their representatives and other stakeholders about the home. In addition multiple electronic information systems assist in the smooth running of the home both on an organisational level and on a day to day basis at the home. Communication methods include meetings, handover reports, staff memoranda, noticeboards, a newsletter, communication diaries and hard copy documents. An electronic care system is used for documenting resident care including clinical assessments, care plans and progress note records. Other electronic programs include financial and asset management, rostering and employee management, a document management system including policies, risk management and archiving software to assist in tracking records. Computers are password protected and level of access is controlled. Interviews identified that information flows freely and is available when needed at the home.

### **1.9 External services**

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

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

The home meets this expected outcome

The organisation manages major contracts through detailed agreements which outline the work to be attended, quality controls, occupation health and safety, and costs. Within these contracts there are clauses which have been included to ensure breaches can be dealt with immediately. All major contracts are reviewed annually with feedback provided on provision of service and corrective action is taken if necessary. An approved contractor list is provided to appropriate staff to enable out of hours assistance if required. Criminal record checks are monitored to ensure currency. All external contractors complete a safety check list and orientation prior to working on site.

## 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

Carey Bay Village is actively pursuing continuous improvement in relation to health and personal care. Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system.

Examples of improvement activities in relation to Accreditation Standard Two include:

- A clinical review identified swallowing assessments and provision of modified diets and thickened fluids could be improved at the home. Improvements include development of a swallowing assessment flow chart and referral path for speech pathologists, a new procedure for dysphasia in dementia and thickened fluids added to the servery notification form. In addition individual portion serves of appropriate thickened fluids and recipes for thickened soups have been sourced.
- The wound management system has been reviewed and product trials conducted resulting in the implementation of a new range of soft silicone wound dressings. Improvements include new policies, product guides for the various dressing types, updated wound care and skin care procedures, and education for staff. Feedback from residents and staff indicates the new dressings are comfortable and are less likely to be pulled off. Staff also said the dressings are easy to use with an improved healing time for skin tears.
- Due to the phasing out of old equipment the home purchased a new type of subcutaneous analgesic medication infusion pump. New policies, guidelines, forms and competencies for registered nurses have been developed and implemented. In addition changes were incorporated in the electronic care system to include the required observations while the pump is in use. Feedback includes the new pump is user friendly and more accurate being electronic; and it is safer as it is stored in a locked box while in use by the resident.
- The home identified that some residents were refusing nutritional supplements because they did not like the taste. It was decided to try snack food instead provided between meals by catering staff. A snack food suggestion chart was developed and individual resident preferences were identified then included in care planning. Snack foods introduced include fresh fruit, dried fruit, cheese, creamy desserts, yoghurt, chocolate bars, chocolate drinks, peanut butter sandwiches and ice cream. The project is proving successful with residents now showing an increased calorie intake and subsequent increased weight.

## **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

Carey Bay Village has systems in place to manage regulatory compliance relating to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s overall system.

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

- The home implements the regulatory requirements of the Poisons and Therapeutic Goods Regulation 2008 in relation to the storage and administration of schedule eight medications.
- Residents who require a high level of care are provided with goods and services such as continence aids according to legislative requirements.
- In accordance with regulatory requirements for the mandatory change of oxygen cylinder valves and regulators the home has purchased new regulators which have been fitted to all appropriate oxygen cylinders.

## **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

Carey Bay Village has education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for a description of the home’s overall system.

Examples of education activities relating specifically to Accreditation Standard Two include: pain management, use of a subcutaneous analgesic pump, wound care, palliative care in dementia, empowering dementia care, continence care, falls prevention and macular degeneration.

## **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 systems to identify, monitor and evaluate residents’ individual care needs on entry to the home and on an ongoing basis. Care plans and assessments are reviewed regularly and evaluated by registered nurses in care evaluation summaries. Monitoring and review of resident’s clinical observations occurs. Residents are seen by their treating medical officer on a regular basis and when a specific need arises. Care staff are able to describe their roles in the assessment, planning and delivery of clinical care to residents. Staff gave examples of monitoring and reassessment tools used to identify exceptions to planned care. These include but are not limited to charts for blood sugar levels, wounds, weights, elimination and behaviour, as well as incident reports. Where appropriate, consultants are accessed to provide advice regarding specific care issues. When indicated residents are transferred to hospital to meet specific care needs or receive emergency treatments. Policies

and procedures are documented and accessible to staff to help provide support and guidance. The provision of resident care and staff practices is monitored through supervision, skill assessments, audits, review of incident and hazard statistics, and the home's feedback mechanisms. Residents and representatives interviewed by the team expressed satisfaction with the care provided, and advised they are kept informed of resident care needs and any changes in health.

## **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. This includes assessments and care plans that are reviewed and evaluated to ensure appropriate care delivery. Input from other health professionals is sourced and acted upon when required. Registered nurses oversee specialised care needs and provide clinical advice whenever necessary. Documentation reviewed confirms referral to and advice from specialists and allied health professionals is sought to assist with providing residents' specialised care needs. Staff stated and documentation confirmed they have been provided with education and have procedures in place to address specific care needs, for example diabetes, pain management, suprapubic and urethral catheters, colostomy and wound management. Access to internal and external education and resource personnel ensures their skills and knowledge are current. Residents and representatives interviewed by the team are satisfied with the care provided by the staff.

## **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 home has systems to refer residents to appropriate health specialists in accordance with the residents' needs and preferences. Care staff and registered nurses organise appointments for residents and assist them to get there if necessary. A review of residents' care plans, progress notes, assessments and other documentation confirmed residents are referred to a range of health care specialists. This includes but is not limited to the geriatrician, aged care behaviour specialists, physiotherapist, occupational therapist, optometrist, dentist, podiatrist, and dietician. Residents have regular access to their medical officer when needed. Residents and representatives interviewed by the team indicated they are satisfied with the arrangements for referral to appropriate health and related specialists.

## **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 a system to manage residents' medications safely and effectively. The home uses a blister pack system; medications are stored in locked cupboards or the locked medication trolley. Medications are managed as per the home's policy and procedure by care staff and registered nurses assessed as competent. Observations during two medication rounds showed medications are administered safely and correctly. All staff interviewed displayed an understanding of the home's medication management system, policies and procedures. A review of medication charts indicated medication orders contain relevant

information and appropriate identification of residents. A random check of medications indicated all medications in use are within the expiry dates, are currently prescribed on a medication chart and are packaged individually for each resident. Staff interviewed stated medications that are out of date or no longer required are disposed of appropriately. The home has a system for managing changes in resident medication and is able to commence urgent medication including antibiotic therapy out of business hours. Residents who wish to self administer their own medication are assessed and their medical officers are consulted. Medication incident reporting is conducted, analysed and acted on through education, staff awareness and performance management systems. Regular internal auditing of the system assists management in monitoring the medication system. Residents and representatives interviewed indicate that they are satisfied with the way in which the staff manage residents medication.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

There are systems to identify, intervene and ensure residents are as free as possible from pain. This includes pain assessment, observation, monitoring and evaluation of the strategies implemented. A range of pain relieving approaches including heat packs, gentle exercise, massage, transcutaneous electrical nerve stimulation, laser therapy and analgesia are used by staff to reduce individual resident's pain. Documentation reviewed and resident feedback indicated referral to local medical officers occurs, medication is regularly offered, administered and its effect evaluated. Care staff interviewed, are able to describe their role in managing residents' pain, including identification through verbal and non verbal observation. Care staff outlined the processes for reporting pain to the registered nurses for appropriate action. Documentation indicates staff do provide the pain relieving interventions identified on a regular basis to keep residents free as possible from pain. Residents interviewed by the team confirm that pain relief can be accessed as required and staff responses are timely and appropriate to their needs.

## **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

The home has systems to ensure that the comfort and dignity of terminally ill residents is maintained; and advanced care planning documentation is completed in consultation with residents, representatives and medical officers. End of life wishes are also discussed and options for ongoing care are documented. Care strategies to ensure the comfort and dignity of terminally ill residents include access to a palliative care nurse specialist, pain management, and emotional support. Pastoral care services and visiting clergy are available to provide support for terminally ill residents, and to provide support for their representatives. Staff interviewed feel adequately supported and have received education relating to palliative care and grief and loss. Residents and representatives indicated they feel confident they are informed and supported by staff to make appropriate decisions.



## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to provide residents with adequate nutrition and hydration. Assessment of residents’ dietary preferences, allergies and requirements is attended. This information is communicated to the catering staff through the dietary preferences form and a copy is kept in the servery. Resident weights are monitored, and there are procedures to guide staff to report any significant weight loss to the registered nurse and the resident’s medical officer. Additional nourishing fluids and dietary supplements are provided and increased monitoring occurs when a need is identified. Residents have access to a dietician and speech pathologist. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning and afternoon tea and supper. Residents interviewed by the team indicate they are generally satisfied with the meals provided and confirm they are able to have input into menus via resident meetings and the comments and complaints mechanism.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems for maintaining residents’ skin integrity including assessment, care planning, daily evaluation of skin condition and the provision of equipment to assist staff in maintaining skin integrity. Staff monitor care needs including poor nutrition, incontinence, wound infections and skin tears. Wound care is overseen by the registered nurses and medical officers. A range of dressing products and aids to assist in maintaining and promoting skin integrity is available. A podiatrist regularly visits the residents for assessment and ongoing care. A hairdresser attends the home regularly and provides a service for all residents. Care staff apply emollients or moisturisers to residents’ skin when showering. Staff interviewed report they have achieved positive results in maintaining and improving residents’ skin integrity in relation to their general health. All residents interviewed confirm that appropriate skin care is provided to meet their needs.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to manage residents’ continence effectively. Policies and procedures are in place to provide direction and guidance to staff. Assessment is completed on entry to the home and on an as needs basis by care staff. Monitoring and evaluation of strategies such as scheduled toileting, prompting, continence aids, increased fluids and fibre supplements occurs on a daily basis. Continence aids are supplied according to resident need and level of care; and residents can be referred for consultation to urinary and continence specialists if required. Bowel management programs are in place including the use of high fibre diet, fruit juices and extra fluids. Documentation reviewed indicates urinary tract infections are identified and treated. The team noted that adequate supplies of linen and continence aids are available for residents’ use and the home had no malodour throughout the site audit. Residents and representatives interviewed by the team are satisfied with the way in which continence needs are managed.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to assess and effectively manage individual residents with challenging behaviours. Policy and procedure guides staff actions, assessment of residents’ behavioural needs and the development of a care plan provides strategies to address residents’ specific needs. Episodes of challenging behaviour are recorded, monitored and evaluated to determine the effectiveness of the strategies being used. The need for the development of further interventions occurs as required. Residents are offered and participate in activities of interest during the day. Residents’ right to refuse to socialise with others is also recognised and respected. Specialist advice is available from geriatric and behavioural services if needed. Education on challenging behaviours and evasive techniques has been provided to enable staff to effectively recognise and manage a range of challenging behaviours. Residents and representatives interviewed indicated behaviours of other residents do not impact on them. They expressed their satisfaction with the manner in which residents with challenging behaviours are managed at the home.

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

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

#### **Team’s findings**

The home meets this expected outcome

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. An assessment is conducted, a care plan is developed, and review of residents’ mobility, dexterity and falls risk is attended regularly. A falls prevention program is in place. An accident and incident reporting system is in place and data is reviewed and acted on. The team observed residents using mobility aids with the assistance of staff. The team observed the manual handling equipment available and staff interviewed stated they had attended regular education on the safe use of the equipment. Residents have access to cutlery and equipment to assist with dexterity deficits. Residents interviewed were generally satisfied with the level of support and encouragement provided by staff in maintaining 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 has a system to ensure residents’ oral and dental health is maintained. A review of documentation shows residents’ oral and dental health is assessed on moving to the home and individual care plans are regularly reviewed and evaluated to meet the changing needs of residents. Residents are assisted to access dental services at the local dentist, or through the mobile dentist. Referral to individual dentists is arranged as per residents’ needs and preferences. Diet and fluids are provided in line with residents’ oral and dental health needs and preferences and specialist advice for residents with swallowing problems is sought as needed. Policies and procedures guide staff practice and any dental problems are reported to the registered nurse. Day-to-day oral care is provided in line with resident’s individual care plans. Residents are encouraged to maintain their independence by cleaning their own teeth or dentures, and staff assist when necessary. Aids to oral and dental care including toothbrushes, toothpaste and mouth swabs are provided at the home and care staff assist

residents when required. Residents and representatives interviewed stated they 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

The home has a system to ensure that residents’ sensory losses are identified and managed effectively. This system includes assessment of residents’ visual and auditory needs. Care plans are developed incorporating these needs and specialists are involved as required. Observation and review of care documentation confirms that staff assist residents to manage aids and equipment such as hearing aids and spectacles. External optometry and hearing services are arranged as needed. The corridors and living areas are well lit and signage is positioned appropriately. The team observed the availability of large print books. Care staff informed the team they assess individual residents’ sensitivity to heat and cold before showering. They also offer condiments with all meals for residents who prefer extra flavour in their meals. Residents/representatives said staff are attentive to any individual needs, including care of glasses and hearing devices. Residents stated they are satisfied with the measures take to minimise the impact of their sensory losses.

## **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 are assisted to achieve natural sleep patterns through staff support in bedtime preparation, assistance with toileting routines, and a safe, quiet environment. Residents have access to call bells in their rooms to call for staff assistance at night when required. Staff interviews and documentation review indicates a range of strategies are used to support individual residents to achieve natural sleep patterns. Strategies include warm drinks and snacks as required, night toileting and use of incontinence aids. Night sedation is given as per medical officers’ orders if necessary. Residents who do not want to be disturbed at night are given that option within the parameters of their wellbeing. Residents interviewed advised they sleep well at night, the living environment is quiet and they feel safe and secure.

## 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

Carey Bay Village is actively pursuing continuous improvement in relation to resident lifestyle. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system.

Examples of improvement activities in relation to Accreditation Standard Three include:

- A music program has been commenced in the dementia specific unit using a digital music storage unit which enables individual music choices or programmed music throughout the day. The aim is to introduce age, mood and atmospheric appropriate music to provide a calm and pleasant environment for residents. Background music which is calming is played at the beginning and end of the day with more lively tunes towards lunchtime. The music is proving beneficial as an additional tool for behaviour management and the residents enjoy the music often singing along with songs.
- The home introduced ‘Cameo’s for empathy in dementia care’ to enable staff, carers, volunteers, students and members of the wider community to communicate better with residents with dementia. Information sessions which incorporate the use of puppets role playing and doing skits vividly brings to life the everyday issues when caring for someone with dementia. The feedback from children exemplifies the understanding they now have about their grandparents with dementia. The puppets are also used for residents to connect with their memories and happy times which is proving successful in settling them when agitated or anxious.
- In order to maintain the cognitive abilities of residents for as long as possible the home introduced ‘brain tango’ activities on a regular basis. The activities are designed to encourage memory recall, improve social interaction, relieve stress and anxiety, and reduce isolation. A variety of stimulating activities are used including brain gym, large print crosswords, quizzes and Sudoku puzzles. The feedback from residents is very positive with obvious enjoyment of the activities including Sudoku which was at first a bit daunting. Staff say some residents who previously did not want to join activities now do so happily and enjoy themselves.

### 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

Carey Bay Village has systems in place to manage regulatory compliance relating to resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s overall system.

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

- Residents are provided with privacy information and consent forms relating to the provision of their personal information and photographs, and for the exchange of information with other health related services.
- Confidentiality of resident personal information is reinforced through staff 'sign off' on the organisation code of conduct which includes a confidentiality clause.
- Residents are informed of their rights verbally by management prior to moving into the home, through agreements which include a copy of the Charter of residents' rights and responsibilities and via the resident handbook.

### **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

Carey Bay Village has education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for a description of the home's overall system.

Examples of education activities relating specifically to Accreditation Standard Three include: Cameo's for dementia care, resident focused care, privacy and dignity, creative engagement for residents, choice and decision making and mandatory reporting.

### **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

New residents and their family members are 'Welcomed' to the home. A care choices advisor provides pre entry information which details all aspects of care and services provided at the home. A resident liaison officer provides support prior to entry and greets the resident and their family on the day of arrival to assist in the initial settling in process. Management and staff are aware of the support residents and their families need during times of change. A chaplain, who visits the home several times a week, is available for additional support if needed. Ongoing support is provided by the resident liaison officer for such things as answering general questions, laundry labelling, mail delivery and arranging appointments. Lifestyle staff encourage residents to join in with social activities as they feel comfortable. Family and friends are encouraged to visit freely and join in with activities and meals as they wish. Residents say they are very happy living at the home and that staff are kind and caring.

### **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

Carey Bay Village provides a lifestyle where residents are encouraged and supported to stay as independent as possible. Residents are encouraged to move freely around the home and into the community through outings with family and friends, notification of external community

happenings, outings on the home's bus and access to a disabled taxi. The community is welcomed into the home through an active volunteer program, the 'adopt a resident' program by local school children, visiting entertainers, and access to newspapers, television and the internet. The home has areas available for private family functions such as birthday celebrations which may be booked ahead of time. Regular exercise sessions assist residents to maintain or improve limb movement, muscle strength and dexterity which assist in maintaining independence. Residents say they are assisted to remain interested in the community around them, enjoy the various outings in the bus and are happy living at the home.

### **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

Carey Bay Village implements mechanisms to ensure residents are respected and treated with dignity including policies, a staff code of conduct, confidential storage of information and on site advocacy for residents through the resident liaison officer. The home has a variety of types of accommodation with single rooms with ensuites available in the low care area, some single rooms in high care and multiple bed rooms. Resident privacy is respected during care provision by staff drawing screens between beds in multi-bed rooms and closing doors. The home has comfortable lounge areas, a private visitor's room and a variety of outdoor living areas where residents are able to socialise and meet with guests. Residents are provided with a secure locked drawer for special personal belongings. Orientation and ongoing training for staff includes the importance of privacy, dignity and confidentiality which is exemplified by the 'Cameo's for empathy in dementia care' program. Residents say staff are polite, knock on doors prior to entering and treat them with dignity and respect.

### **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

Carey Bay Village provides a varied and exciting lifestyle program which is developed in consultation with residents. Information is gathered on each residents lifestyle and leisure interests prior to entry to the home. This information combined with talking to residents and their families assists in the planning of activities which interest the residents. The program includes armchair travel, memory magic, Cameo's for empathy in dementia care (puppetry), exercise sessions, bingo, games, outings, concerts, art therapy, a men's group and multi-cultural celebrations. Residents are encouraged to participate in the program by their own choice. Those who prefer not to participate or are unable due to frailty are offered individual options and visits one-on-one by lifestyle staff. A large group of active volunteers provide additional support for residents and assist with lifestyle activities. Residents with dementia are assisted to join in with the general program and are provided appropriate activities within the special unit. There is a lifestyle staff member on duty on Saturdays and special activity boxes are available for use by care staff outside of lifestyle officer hours. Residents say they enjoy the variety of activities and there are plenty of lifestyle activities available.

### **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

Carey Bay Village supports and celebrates the cultural and spiritual lives of residents. Information is gathered on the cultural and spiritual backgrounds of residents when they first move into the home which is incorporated into care planning. Dietary preferences are identified for implementation to the catering department. Special celebrations such as armchair travel and presentations by residents about their home countries are incorporated into the lifestyle program. Information is provided for staff on multicultural services, and interpreters; and there is a register of staff who speak languages other than English. An Anglican chaplain visits the home several times a week, visits residents by their choice, conducts services and attends hospital visits. Other religious representatives visit residents and also conduct regular services. Residents choose whether to participate in special religious and cultural anniversaries such as Christmas, Easter and ANZAC Day ceremonies. Significant events such as birthdays are recognised by resident choice. Residents are happy with the cultural and spiritual support provided by the home.

### **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

Carey Bay Village supports and encourages residents to continue making choices and decisions in relation to their lives. The resident liaison officer provides information about the choices of care and services available, and acts as an advocate for residents if necessary. Information provided for residents is available in large print. Residents are encouraged to decorate their personal space as they wish and participate in happenings around the home and the wider community as they choose. Resident meetings are conducted on a regular basis where they are invited to participate in decisions around the home and to provide feedback on care and services. Confidential feedback forms are freely available to encourage residents and their representatives to become involved in the running of the home.

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

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

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

The home meets this expected outcome

Carey Bay Village provides residents with information on their rights and security of tenure prior to entry and again when they arrive at the home. Management and a resident liaison officer are available to answer questions and explain residents' rights and responsibilities when moving into the home. Printed information is provided in resident agreements, the rules and regulations document and the resident handbook about residents' rights, fees and charges, and how to make a complaint. Management explained the process if residents are asked to change rooms which was verified during interviews. Residents and their representatives interviewed said they are happy with the information provided about residents' rights and security of tenure while living at the home.

## **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

Carey Bay Village is actively pursuing continuous improvement in relation to Physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system.

Examples of improvement activities in relation to Accreditation Standard Four include:

- The internal living environment for residents has been improved through the purchase of new lounge furniture and dining room tables, new curtains and the ongoing painting program. A generous donation by the auxiliary has enabled the installation of large screen wall mounted televisions to ensure the home is digital ready. The completion of the bed replacement program has seen all beds now electric which has improved the comfort for residents and the safety of staff.
- In response to staff feedback a new outdoor pergola has been constructed in the garden which includes new outdoor furniture and cushioning. The pergola has a wide doorway which facilitates the entry of large wheeled chairs enabling all residents to enjoy this outdoor area. Residents and their visitors are enjoying this fresh new outdoor living space.
- An audit identified the ‘other emergency colour chart’ needed updating and staff required education in what to do if an emergency occurred. An updated colour coded poster was implemented at all key desks and telephone points throughout the home. Education on what to do in an emergency and use of the posters was discussed during staff meetings. Staff are now more aware of the posters and the procedures to be implemented when required.
- The safety issue of electrical cords on the floor under resident beds led to the installation of electrical conduit to tidy the cords. Adhesive clips which are attached to the rear of the bed head secure the remote control cord and hold the other cables up off the floor.
- The catering department has made improvements in response to identified gaps during an audit. These include new shelving in the cool room and purchase of a thermo insulated food service system. This has improved food safety and the temperature of meals served to residents.

### **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

Carey Bay Village has systems in place to manage regulatory compliance related to living environment. Refer to expected outcome 1.2 Regulatory compliance for a description of the



home's overall system.

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

- The home meets the requirements for occupational health and safety.
- The home meets regulatory requirements for fire and safety. An annual fire safety statement is on display.
- The home implements a food safety program and a NSW Food Authority License is on display.

#### **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

Carey Bay Village has education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for a description of the home's overall system.

Examples of education activities relating specifically to Accreditation Standard Four include: Compulsory occupational health and safety training, manual handling training, personal protective skills training, fire safety and evacuation training, implementing the food safety program, providing a homelike environment and other emergencies (use of the colour coded emergency poster).

#### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".*

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

The home meets this expected outcome

The home has a system in place to ensure a safe and comfortable environment for residents. The home has a preventative maintenance program to ensure the building, grounds and equipment are maintained in a satisfactory and safe condition. Formal inspection reports, maintenance records and risk assessments show hazards are identified and managed. Preventative maintenance schedules ensure ongoing maintenance of the environment and daily maintenance requests are actioned. Preventative processes include equipment checks and electrical appliance inspections. Residents are accommodated in shared and single rooms. Residents are able to bring in furniture and other personal effects to decorate and personalise their rooms. An agreeable temperature for residents is maintained with air conditioners and heating. All residents' rooms and bathrooms are fitted with nurse call alarms. The home has a number of courtyard and verandah areas allowing access to outdoor areas and the gardens. There are sheltered outdoor areas with seating to encourage residents outdoors. The residents said that they are very happy with the environment, security and hospitality services provided and comments included "I like it here- we have our independence", and "I feel very safe here- I can lock my room at night and the girls will come quickly if I need them".

#### **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 has a system to ensure that management and staff are actively working together to provide a safe working environment that meets regulatory requirements. A review of documentation confirms the system involves audits, inspections, and a hazard and accident reporting system. Training in safe work practices and procedures is held and a return to work program is available. Occupational health and safety (OH&S) matters are addressed at OH&S committee meetings with issues transferred to improvement action plans as appropriate. Staff members are trained in OH&S consultation. Policies, procedures and notices inform staff. OH&S training is given to all staff during orientation and is mandatory annually. An external supplier provides education in safe chemical handling. The team observed safe work practices, personal protective equipment and clothing, and first aid kits are readily available. Staff interviewed said they have attended mandatory education and demonstrated awareness of OH&S practices.

#### **4.6 Fire, security and other emergencies**

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

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

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks which include regular maintenance checks of fire fighting equipment, alarms and systems by an external company. Fire and emergency policies, procedures and notices inform staff. Staff interviews and documentation demonstrated staff awareness of procedures and attendance at mandatory fire training. Fire safety information sessions are conducted at resident meetings to provide residents with regular updates. Checks by the team noted regular fire fighting equipment inspection and testing and an annual fire safety statement displayed. The home has a documented disaster plan and the team observed current resident evacuation kits, evacuation plans, signage, and emergency exits free from obstruction. The in-charge person carries a folder with contact numbers for all emergency and contracted services should the need for evacuation occur. Preventative processes include environmental audits, appropriate electrical appliance inspections and a designated smoking area. Security measures for the home include regular rounds by a security guard, night lighting and lock up procedures. A call bell system operates to make staff aware of resident emergencies. Residents and representatives interviewed stated they are satisfied with their security and they feel safe in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Documentation, staff interviews and observation of staff practices demonstrated the home has an effective infection control program. Use of personal protective equipment and colour coded equipment was observed. Staff interviewed demonstrated awareness of infection control principles. The home accesses infection outbreak information from the local community, general practitioners and government departments. An outbreak kit is available with guidelines, procedures and supplies of personal protective equipment. Staff practices are monitored and hand washing assessments are conducted annually. Infection statistics

are recorded, analysed and reviewed monthly. Infection control training is given at orientation and annually. A food safety program, cleaning schedules, and laundry practices are observed to follow infection control guidelines. External providers are used for collection of contaminated waste and pest control services. Hand wash basins, sanitising gels, sharps' containers and spill kits are readily accessible. An influenza vaccination program is available for residents and staff onsite.

#### **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

Documentation, staff interviews and observation confirmed that processes, policies, and procedures are in place for all aspects of hospitality services. Observation and interviews demonstrated they are conducted in accordance with infection control and OH&S guidelines. Audits and surveys provide feedback to staff. Residents and representatives interviewed generally expressed satisfaction with hospitality services provided.

##### **Catering**

Meals are prepared off site at the home's central kitchen. The four weekly rotating menu is reviewed by a dietician. A food safety program is in place, food preferences, allergies, and special dietary needs are identified and communicated to catering staff. Interviews with staff confirmed education and awareness of safe food handling. Feedback is received on a daily basis via meal feedback forms and is also given directly to the catering staff.

##### **Cleaning**

Cleaning services are conducted according to set schedules and as required. Detailed resident room cleaning and extra cleaning programs are in place. Residents' rooms and common areas were observed to be clean. Results of staff interviews demonstrated a working knowledge of safe chemical use and infection control. The team observed colour coded cleaning equipment in use.

##### **Laundry**

Laundering services for residents' personal items, linen and towels are conducted on-site. Observation and staff interviews confirmed laundry operations are in accordance with infection control guidelines. A labelling service is provided for residents' clothes and processes are in place to minimise missing items. Procedures are in place for delivering residents' personal items and linen. The team observed linen storage and available supplies.