



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Elizabeth Lodge (Rushcutters Bay)

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Elizabeth Lodge (Rushcutters Bay) in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Elizabeth Lodge (Rushcutters Bay) is three years until 5 October 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Elizabeth Lodge (Rushcutters Bay)				
RACS ID:	0476				
Number of beds:	126	Number of high care residents:	29		
Special needs group catered for:	• 14 bed dementia specific unit				
Street/PO Box:	46 Bayswater Road				
City:	RUSHCUTTERS BAY	State:	NSW	Postcode:	2011
Phone:	02 9361 3967		Facsimile:	02 9361 0930	
Email address:	evelyn.yeung@arv.org.au				

Approved provider

Approved provider: Anglican Retirement Villages

Assessment team

Team leader: Jane Satterford

Team member/s: Kathleen McDonagh

Date/s of audit: 28 July 2009 to 30 July 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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Agency findings
Does comply
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Elizabeth Lodge (Rushcutters Bay)
RACS ID	0476

Executive summary

This is the report of a site audit of Elizabeth Lodge (Rushcutters Bay) 0476 46 Bayswater Road RUSHCUTTERS BAY NSW from 28 July 2009 to 30 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Elizabeth Lodge (Rushcutters Bay).

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 28 July 2009 to 30 July 2009

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

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

Assessment team

Team leader:	Jane Satterford
Team member/s:	Kathleen McDonagh

Approved provider details

Approved provider:	Anglican Retirement Villages
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Details of home

Name of home:	Elizabeth Lodge (Rushcutters Bay)
RACS ID:	0476

Total number of allocated places:	126
Number of residents during site audit:	118
Number of high care residents during site audit:	29
Special needs catered for:	14 bed dementia specific unit

Street/PO Box:	46 Bayswater Road	State:	NSW
City/Town:	RUSHCUTTERS BAY	Postcode:	2011
Phone number:	02 9361 3967	Facsimile:	02 9361 0930
E-mail address:	evelyn.yeung@arv.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Elizabeth Lodge (Rushcutters Bay).

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Group general manager	1	Residents	16
Regional general manager	1	Representatives	6
Facility manager	1	Volunteer program manager	1
Care manager	1	Volunteer	1
Regional risk and compliance manager	1	Regional building manager	1
Registered nurse	1	Maintenance/fire safety officer	1
Registered nurse/infection control coordinator	1	Hairdresser	1
Activities officers	2	Chair of occupational health and safety committee (OH&S)	1
Music therapist	1	Catering supervisor	1
Care staff	10	Catering staff	5
Physiotherapist	1	Cleaning staff	2
Workplace trainers	2		

Sampled documents

	Number		Number
Residents' files (including assessments, care and lifestyle plans, progress notes and associated documentation)	12	Resident leisure and lifestyle assessments and care plans	10
Medication charts	12	Personnel files	5
Weight and body mass index (BMI) charts	70	Signed resident agreement pages	12

Other documents reviewed

The team also reviewed:

- Accidents and incidents analysis and benchmarking printouts 2008 and 2009
- Activities program
- Activities safety check list
- Advanced care directive folder
- Annual fire safety statement 14 August 2008
- Appliance maintenance and testing records
- Audits internal and surveys folders
- Behaviour management plans
- Building handbook
- Care communication folder
- Chemical register and material safety data sheets (MSDS)
- "CHEQuE" program folder
- Cleaning schedules
- Clinical benchmarking data
- Clinical monitoring records
- Committee meeting minutes including; general staff, medication advisory, occupational health and safety, servery staff, general staff, continuous quality improvement, registered nurses, residents, residents' council, relatives forum
- Communication diary
- Community volunteer kit including handbook and participants guide
- Continuous improvement folder
- Continuous improvement register
- Contracts for provision of asset maintenance and services folder
- Daily 'lock down' check list
- Daily 24 hour handover reports
- Daily water temperature monitoring records
- Dementia specific unit one to one activities list and activity participation records
- Electrical tagging electronic external services record
- Elizabeth Lodge website
- External services folder for local providers
- Feedback forms folder and register
- Feedback response and management form
- Fire evacuation procedures
- Fire service maintenance logbooks and test records of fire detection system
- Food safety licence 24 October 2008
- Food safety program, manual, cleaning schedules, temperature monitoring and food sanitising records
- Hazards and incidents maintenance repairs register
- Hazards and risk identification assessment register
- Infection control manual
- Infection control surveillance data
- Job descriptions
- Maintenance log folder
- Maintenance request "pink slips"
- Medication incident reports, external benchmarking and internal/external medication audit results
- Meeting schedule 2009
- Monthly maintenance task sheets
- Music therapy folder including music therapy care plans, feedback and resident response forms

- New equipment commissioning check list
- Newsletter
- Organisation chart
- Outbreak management folder
- Palliative care guidelines
- Police checks
- Preventative and routine maintenance schedules and records
- Procedure manual lifestyle and care
- Professional signatures register
- Psychotropic drug usage report and benchmarking results
- Quality plan for continuous improvement
- Register of reportable assaults, missing residents and serious complaints
- Registered nurses, medical officers and allied health authorities to practice
- "Resi action" folder 2009
- Resident "take a closer look" admission checklist and orientation
- Resident activities calendar 2009
- Resident activities feedback folder 2009
- Resident activity attendances 2009
- Resident activity participation record
- Resident agreement low and high level care
- Resident consent form
- Resident diary of recent events
- Resident influenza vaccination records
- Resident information folder including photograph
- Resident information handbook
- Resident orientation and admission package
- Resident sign in/sign out book
- Resident spiritual and cultural details 2009
- Residents oral supplement list
- "Rhythm of life" resident social care plan
- Roster and availability folder
- Safe work methods manual; garden, internal and external
- Safe work practice statement
- Self medicating resident's competency assessments
- Special events calendar
- Staff certificate three in aged care work folder
- Staff coaching and mentoring log
- Staff education and development; mapping, planning and implementation folder
- Staff education resources information folder
- Staff education training calendar and posters 2008/2009
- Staff education improvement plan and workplace trainer continuous improvements 2009
- Staff handbook
- Staff individual training record folders and attendance for mandatory education 2009
- Staff information pack including "at the heart of everything" DVD
- Staff memos folder
- Statistical data (infections, accidents, incidents, falls)
- Volunteers information database printout including police checks requirement
- Wanderers identification bands check list
- Wanderers identification forms
- Weight loss decision making framework
- Wound assessments and management plans

Observations

The team observed the following:

- Activities in progress including “Christmas in July” lunch and dementia specific activities
- Aged care complaints brochures on display
- Confidential suggestion box
- Daily activity program notice board
- Emergency response flip charts
- Equipment and supply storage areas
- Evacuation diagrams
- Feedback forms
- Fire safety systems and equipment
- First aid kits
- Infection control resources including; hand washing facilities, hand sanitising gel, appropriate signage, spills kits, sharps containers, outbreak management resources , contaminated waste bins, personal protective and colour coded equipment
- Information posters regarding influenza outbreaks
- Interactions between staff, residents and visitors
- Key pad entry and security access within the home
- Living environment including; residents’ single rooms with emergency call bell and communal internal and external areas
- Material safety data sheets (MSDS) at point of use
- Medication rounds
- Menu on display in dining room
- Mobility aids including mechanical lifters, walking frames, pelican belts and slide sheets
- Music therapy in progress
- Occupational health and safety (OH&S) – wet floor safety signage in use
- Public telephone privacy booth
- Resident amenities including internet access, hairdressing salon, resident laundries, recreation rooms, library, pool table, exercise equipment and kiosk
- Resident mail and communication boxes
- Secure storage of resident medications and clinical files
- Spiritual care resource box
- Staff and residents’ noticeboards and wall plaques
- Staff work areas including; administration, clinical, kitchen and laundries
- The Charter of Residents’ Rights and Responsibilities on display
- Video surveillance of entry points
- Vision, mission and values on display
- Workplace trainers schedule

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement across the four Accreditation Standards. Management provides a variety of formal and informal mechanisms for residents, representatives and staff to provide feedback on all areas of service delivery. These include: the comments and complaints system, resident and staff surveys, internal audits and meetings. Audits and other quality activities are conducted as per the Anglican Retirement Villages’ (ARV) continuous improvement policy. Improvement strategies identified are managed using continuous work plans, actioned through the home’s continuous quality improvement (CQI) meetings and improvement initiatives are evaluated on completion. A continuous improvement register is maintained by the home. Management uses the audit system and commercial benchmarking to monitor and evaluate compliance with continuous improvement activities and provides feedback to stakeholders through the meeting forum, newsletters, memorandums and noticeboards.

Recent improvements relevant to Accreditation Standard One include the following examples:

- Management identified the need to improve the career pathway for care staff both to facilitate their professional development and to improve staff retention rates. New staff positions with a resident focus have been developed and established to improve care outcomes for residents. New staff appointments include; two palliative care champions, one dementia care specialist, and four” buddy” trainers to assist with the orientation of new staff. These positions are remunerated at a higher level. Feedback from one of the new appointees was that they appreciate this opportunity and that the additional training, education and support gives them confidence in their role.
- The care manager at the home has attended a comprehensive training program in regulatory requirements and aged care funding to acquire additional knowledge specific to the aged care industry. Feedback has been positive in that the additional training complements the care manager’s extensive clinical experience to assist in fulfilling the position.
- In response to an incident of a resident’s unexplained absence from the home, a new brightly coloured sign in/sign out register has been provided for residents. Management remind residents through meetings and notices about the importance of this issue to assist the home’s compliance with legislative requirements.
- A resident council has been formed to further involve resident participation and decision making regarding events at the home. The council meets monthly and the facility manager comments that this additional meeting forum is a useful source for capturing improvement opportunities.
- A new staff handbook has been developed and an “at the heart of everything” DVD explaining and exploring ARV’s core values. All new and current staff sign that they have

received a copy. Feedback from staff is that they like the personalised message and delivery of the DVD. Staff are invited to reflect on the content of the DVD by completing a summary.

- Management identified that the staff communication diary was not an effective system to inform staff of daily events at the home. A care communication handover folder has been introduced for registered nurses to record resident clinical and personal care issues, information on new admissions and for management to include department of health updates and memos. All staff are required to read the information and sign in the folder on commencement of their shift to ensure that they have received updates.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to receive, identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to aged care. ARV has systems to ensure changes to policy, procedures and practices are updated as information is received from a variety of authoritative sources and through membership of peak bodies. The facility manager is informed of changes by email or intranet for implementation at the home. The facility manager also has access to information from government departments, subscription to relevant journals and publications, through attendance at professional meetings, and information accessed via the internet and intranet. Resource material is available for staff at the home and they are notified of changes to regulations through meetings, intranet, education and memorandums to be read and signed. The home’s regulatory compliance is monitored through observation of staff practices, audits, the reporting and suggestion mechanisms and open discussion. The overall management of regulatory compliance is monitored through ARV’s risk management team.

Examples of regulatory compliance relevant to Accreditation Standard One include:

- The home maintains a register to monitor that all staff, volunteers and relevant contractors undergo a national criminal history check.
- Management ensures that all residents, staff and visitors to the home have access to internal and external comments and complaints mechanisms.

1.3 Education and staff development

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

Team’s recommendation

Does comply

The home has an orientation, training and education program to ensure that management and staff have the appropriate knowledge and skills to perform their roles effectively under the guidance of ARV’s learning and development department. The annual education plan incorporates a range of topics across the four Accreditation Standards which are provided on an in-service basis as well as from external sources. Training needs are identified through staff performance appraisals, continuous improvement activities, feedback and the changing needs of residents. In addition the education plan focuses on specific areas requiring regular updating as well as mandatory education requirements determined by legislation. Strategies to ensure that management and staff have appropriate knowledge and skills to perform their

roles effectively also include: a staff orientation program and a 'buddy' system when staff commence work at the home. The knowledge and skills of staff are evaluated on an ongoing basis at the home through audits, surveys, competency assessments, annual performance appraisal and feedback. Education training records are maintained by the home's work place trainer in individual folders and on an electronic database to ensure that staff attend mandatory sessions and non-mandatory education appropriate to their position. The work place trainer reports to both the facility manager and the learning and development department. The home has resource material available for staff. Staff reported satisfaction with the education program and that there are opportunities to advance their skills. Residents stated that the staff are professional and well skilled when undertaking their duties. Examples of education attended by staff in relation to Standard One include:

- Elder abuse and mandatory reporting
- Documentation and aged care funding instrument (ACFI) training
- Teamwork.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents and representatives stated that they are aware of how to make a comment, complaint or give a compliment. Residents and representatives are informed of the internal and external complaints mechanism when they move into the home as documented in the residents' handbook and resident agreement. Management encourage and support all stake holders to provide feedback on the services provided through resident/relative meetings, surveys, brochures and notices. A suggestion box and feedback forms are accessible for residents. The facility manager maintains a complaints register to document comments/complaints including verbal complaints that include a complaint log number, the nature of the complaint, the date and the outcome. This ensures that actioning and feedback can be provided in a timely manner. Comments/complaints are a standing agenda item at CQI meetings. Information concerning staff complaint avenues and grievance procedures is contained in the staff handbook. Staff grievances are dealt with according to ARV's grievance policy. There is an organisational complaints management flowchart involving senior management for any "significant" complaints. The team noted that the home received 30 internal complaints in 2008 and 33 internal complaints to date in 2009 which have been appropriately actioned and resolved. For the four externally reported incidents documented from 2008 to 2009 the matters have been resolved satisfactorily and the home was found not to be in breach of its responsibilities under the aged care act. There are a number of cards and letters complimenting staff on their care and kindness. Residents, representatives and staff commented that they are able to talk to management and that feedback regarding complaints is given in person or through meetings.

1.5 Planning and leadership

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

Team's recommendation

Does comply

ARV's mission, vision and values of servant hood, stewardship and people are documented in the home's publications including the resident and staff handbooks and are on display in the home. The home's commitment to quality is evident through the management team's continuous quality improvement initiatives, through policies, procedures and planning that guide the practices of management and staff. The home encourages and fosters team work and provides opportunities for staff to advance their skills. Community involvement in the home is appreciated and encouraged.

1.6 Human resource management

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

Team's recommendation

Does comply

Residents and representatives reported that there are sufficient staff to provide services to meet their needs and that the services are delivered by staff that are knowledgeable about their duties. Staff feedback confirmed that they have sufficient time and guidance in addition to relevant education to ensure the necessary skills to undertake their duties. Human resource management policies and procedures in use at the home have been developed by the ARV human resources department. The home's overall approach to human resource management guides a program of staff recruitment, job description, orientation, a "buddy" system, duty lists, competency assessment and annual performance appraisal. Appropriately skilled and qualified staff are employed and rostered to meet the needs of residents and legislated requirements. Regular review of the roster and staffing levels in terms of staff numbers and skills in relation to changing resident needs is maintained. The team was told that the level of staff retention at the home is good and there is a pool of available staff to cover shifts if required. Staff stated that they enjoy working at the home and expressed a commitment to the residents. Residents and representatives commented that the staff are "very good" and are "always happy and smiling".

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems to ensure appropriate stocks of stationary, clinical care products, hospitality supplies and equipment fit for the intended purpose are available at all times. ARV has a centralised computer system of approved providers with agreements in place for the purchase of regular items. The home maintains agreements with some local suppliers of goods and services. Goods and equipment are checked for quality on delivery and damaged goods are returned to the supplier. New equipment is risk assessed for maintenance needs and occupational health and safety considerations and staff training is provided if required. Reactive maintenance requests are logged through the home's "pink slip" system. Equipment is maintained through a corrective and planned preventative schedule and there is a capital

works allocation for building maintenance. Approved external contractors are used for specialised equipment service and repair. Chemical supplies are labelled, stored correctly and MSDS are available. Management monitors the inventory and equipment system through audits, surveys, review of incident and hazard reports, and verbal comments from residents and staff both informally and at meetings. Observation of storage areas and feedback from staff and residents confirmed that the home has adequate levels of goods and equipment for safe delivery of care and services.

1.8 Information systems

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

Team's recommendation

Does comply

The home has systems to disseminate information to staff, residents and representatives relating to management, clinical care, residents' lifestyle and the physical environment. The home and the ARV organisation have documented policies and procedures guiding the management of clinical, financial and staff information that are regularly updated. The resident and staff handbooks, the resident agreement, staff orientation program, information on noticeboards, newsletters, email, intranet, memorandums and meeting minutes are mechanisms to ensure that all stakeholders receive accurate and timely information. Staff use assessments, care planning tools, and communication at handover to ensure that residents' care and lifestyle needs and preferences are identified, interpreted and supported. Information to ensure that care and support is provided consistently to residents is contained in clinical files and communication books. Care conferences are conducted to gain feedback from the residents and representatives on the plans of care and service provided. There are secure systems for the generation, storage, archiving and destruction of documentation to ensure that each resident's dignity, privacy and confidentiality are maintained. Staff sign a confidentiality agreement on commencement of their employment. Electronic information is backed up daily, password protected and accessed by key personnel only. The home monitors the effectiveness of the information system through surveys, audits and verbal feedback.

1.9 External services

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

Team's recommendation

Does comply

The ARV procurement department maintains a record of approved providers for external services and holds copies of their business registration, insurance and liability details, certification of currency, police checks and qualifications, which are reviewed annually if applicable. The home maintains service agreements with some local preferred providers. Service agreements with external contractors are maintained to ensure that the level of service provided meets the criteria and needs of the home. All external service providers are required to meet relevant standards such as occupational health and safety legislative requirements. Management monitor and review external services as part of the home's quality system, and this includes through audits, inspections, surveys and comment/complaints from staff and residents.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

As a result of the home's continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team notes improvements have been made relating to Accreditation Standard Two: Health and personal care. Resident feedback indicated a high level of satisfaction with care provision.

Recent continuous improvement initiatives include the following examples:

- Clinical staff identified improvement opportunities for resident pain management. The visiting physiotherapist conducts complex pain management assessments and has trained care staff on the safe use of heat gel packs. Staff commented that residents who are resistant to taking medication for pain management are often responsive to the use of heat gel packs. The outcome for residents is improved pain management options and staff commented that residents are inclined to return to exercise classes sooner.
- A visiting psycho geriatrician attends the home for a recently established weekly clinic. Staff feedback is that this allows better management of residents with challenging behaviour, an improved review of their medication management and the in-house location allows an increased number of residents to receive specialist care.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Two: Health and personal care include:

- The home maintains a register to monitor that registered nurses, general practitioners and allied health providers who attend residents at the home have current authorities to practice.
- An accredited pharmacist provides a comprehensive pharmacy service at the home as per the guidelines of medication management in residential aged care services.

2.3 Education and staff development

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

Team’s recommendation

Does comply

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Two: Health and personal care. This includes: all care staff have achieved or are working towards attaining certificate three in aged care.

Examples of education attended by staff in relation to Standard Two include:

- Wound care for carers
- Clinical assessment
- Diabetes
- Senior first aid.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems in place to ensure residents receive appropriate clinical care. Documentation review including resident clinical files shows a comprehensive program of assessments is completed for each resident and progress notes clearly record care provided. Care plans are written by the care manager and are reviewed every twelve months or when resident care needs change. Care is planned in consultation with the resident and/or representative, the resident’s medical practitioner and allied health professionals. Staff demonstrate a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources to meet the ongoing and changing needs of residents. Residents and representatives are satisfied with the clinical care provided and representatives are informed of changes in the resident’s condition and care needs.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

There are systems in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Specialised nursing care needs are also identified and addressed by the home as resident care needs change. External specialist health professionals including ARV’s clinical nurse consultants in dementia and palliative care can be accessed to assist and educate staff on the management of specialised nursing care needs. The home has access to the local area health service for referral including the diabetic clinic, wound management, palliative care and the psycho-geriatric unit; a clinical

psychiatrist visits the home every week. Specialised care is provided as per medical and clinical orders. There are appropriate resources and well maintained equipment to provide specialised nursing care. Residents and representatives are satisfied with the specialised nursing care provided to residents.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s recommendation

Does comply

Documentation including resident files shows the home refers residents to external health professionals in consultation with the resident’s medical practitioner. Any changes to resident care following specialist visits are clearly documented and implemented in a timely manner. External health professionals visit the home and residents are supported to attend external appointments. Residents and representatives advised management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents and representatives are satisfied with the way referrals are made and the way changes to resident care are implemented.

2.7 Medication management

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

Team’s recommendation

Does comply

Management demonstrates that resident medication is managed safely and correctly. Delivery of medication via a blister packaging system, a current pharmacy contract and locked storage of medication promotes safe and correct management of medication to residents. Pharmacy and medical officer protocols have been established in the home and staff practices are consistent with policy and procedures evidenced through audits and training. Residents who wish to self medicate are assessed by the care manager as competent. Staff advise they complete an annual medication competency and receive ongoing education relevant to medication management. Internal and external audits, benchmarking and medication reviews are in place to ensure medication management is safe and correct and inappropriate administration of medication is addressed in a timely manner. The medication advisory group meet on a six monthly basis to review legislation changes, medication and pharmacy issues. Residents and representatives are satisfied that their medications are managed in a safe and correct manner.

2.8 Pain management

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

Team’s recommendation

Does comply

Pain management is provided through the identification, assessment, exploratory investigations and evaluation of pain levels which are completed on admission and as required. Focus assessments include the identification of pain through non-verbal and verbal cues. Interventions to manage and minimise pain levels are clearly documented in the residents’ care plans and evaluated by the care manager, the organisations’ clinical consultant and the medical practitioners. The home provides a range of treatment options for residents’ pain management including medication, heat gel packs, massage and physical therapy. Staff education in relation to pain management has been conducted and staff interviewed demonstrated an understanding of individual resident’s pain management

requirements. Residents and representatives interviewed reported satisfaction with the care and assistance given by staff to manage their pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home can demonstrate that the dignity and comfort of residents who are terminally ill is maintained within the scope and resources of the home. Some residents may require relocation to a higher needs facility, dependent on their care needs. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of residents are considered in care planning and pastoral care is provided as requested; staff at Elizabeth Lodge has access to ARV’s palliative clinical consultant; the care manager and registered nurses have had training in palliative care and advanced care directives. Residents and representatives appreciate that palliative care services and end of life care was available within the resources of the home and the local area services when required.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home has systems and processes in place to ensure residents receive adequate nourishment and hydration. Resident nutrition and hydration needs are recorded on moving into the home and fully assessed through the initial assessment process. Care plans show updates as nutrition and hydration needs change. Appropriate referrals to the speech pathologist, dietician and dentist are made in consultation with the resident and/or representative and others involved in their care. Residents are weighed and weight loss/gain monitored with referral to medical practitioners or allied health for investigation as necessary. The home provides modified cutlery, assistive devices, nutritional supplements and assistance for residents as required. Resident dietary preferences and allergies are identified and communicated to kitchen staff. Residents and representatives are happy with the frequency and variety of food and drinks supplied for residents.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin integrity is assessed on moving into the home through the initial assessment process. Staff monitor residents’ skin care as part of daily care and report any changes in skin integrity to the RNs for assessment, review and referral to the resident’s medical practitioner as needed. The homes’ reporting system for accidents and incidents includes skin integrity and is monitored monthly. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of residents. Staff receive ongoing training in skin care and the use of specialist equipment such as lifting devices used to maintain residents’ skin integrity. Residents have access to a physiotherapist, podiatrist, hairdresser and other external health professionals as necessary. Residents and representatives reported staff pay careful attention to residents’ individual needs and preferences for skin care.

2.12 Continence management

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

Team’s recommendation

Does comply

There are systems in place to ensure residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff assist residents with their continence programs and monitors residents’ skin integrity. Staff are trained in continence management including the use of continence aids and toileting programs and can access external professionals including the continence advisor and stoma nurse when required. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are appropriate supplies of continence aids to meet the individual needs of residents. Residents and representatives stated they are satisfied with the continence care provided to residents.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has systems to effectively manage residents’ with challenging behaviours. Documentation and discussions with management and staff show residents’ behavioural management needs are identified by initial assessments and individualised behaviour care plans formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the resident and/or representatives, the psychiatrist and other specialist services to ensure the appropriate care and safety for all residents and staff at the home. The behaviour management team (BAM) at the local area health service conduct weekly clinics at the home. The home has recently implemented a new “CHEQuE” program in the dementia specific unit and while the program has not yet been evaluated, staff report reduced episodes of aggression and anxiety. Staff receive ongoing education in managing challenging behaviours and work as a team to provide care. Staff were observed to use a variety of management strategies and resources to effectively manage residents’ with challenging behaviours and to ensure the residents’ dignity and individual needs were respected at all times. Resident and representatives are satisfied with how the needs of 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 recommendation

Does comply

The home has systems to ensure that optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments by the physiotherapist, the development of mobility and dexterity plans and mobility programs. Individual programs are written by the physiotherapist and designed to promote optimum levels of mobility and dexterity for all residents. Falls prevention measures includes regular exercise classes, gym equipment set up for resident use , hip protectors, monitoring of foot wear , the provision of hand rails and a well lit and clutter free environment. All falls incidents are documented and analysed. Residents and representatives report appropriate referrals to the physiotherapist and podiatrist are made in a timely manner. Staff are trained in falls prevention, manual

handling and the use of specialist equipment. Assistive devices such as mobile frames, pelican belts, mechanical lifters and wheelchairs are available. Residents and representatives are satisfied with the homes approach to mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

There are systems in place to ensure residents’ oral and dental health is maintained. Oral and dental health is assessed when a resident moves into the home and documented on resident care plans. Residents are referred to specialist oral and dental services or the local hospital dental service. Staff receive education in oral and dental care and assists residents to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Residents and representatives stated residents are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The home has a system in place to identify and address sensory loss of individual residents. Hearing aids and glasses are cleaned regularly and residents are prompted and assisted to wear them as necessary. Consultation with appropriate health professionals occurs as required and as requested by residents and representatives. The activity program addresses the needs of residents with sensory loss and referral is made to external agencies to provide goods and services to vision and hearing impaired residents. Residents and representatives stated that staff facilitate resident participation in the living environment.

2.17 Sleep

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

Team’s recommendation

Does comply

The home has systems in place to ensure that sleep patterns are assessed on entry to the home and at times when sleep difficulties are identified individual sleep management strategies are developed depending on residents’ needs and preferences. The home has an environment of single rooms enabling choice of retiring and waking time and allows for music and low light environments. A call bell system is in place that identifies resident’s rooms and alert staff to any night time requests or disturbances. Residents are offered snacks and fluids as requested or assessed as needed. Residents and representatives were highly satisfied with the home’s approach to sleep management.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team notes improvements have been made to Accreditation Standard Three: Resident lifestyle. Resident feedback indicates a high level of satisfaction with their lifestyle. Recent continuous improvement initiatives include the following examples:

- The “resi action” group has been formed to provide residents who would like to be involved with a sense of responsibility and ownership within the home. Roles involve; visiting other more socially isolated residents and organising activities on weekends, working in the kiosk, running the library, watering the garden, and assisting with afternoon tea. The team observed residents enjoying their involvement and staff comment that the strategy to match a resident with a suitable and meaningful activity provides them with a sense of purpose.
- In response to a resident request regarding difficulty with being able to go out to purchase cosmetics, a company visits the home for make-up sales. This has proved to be a popular service with about 30 residents attending and will remain as a regular event.
- The “CHEQuE” (cognition, health, environment, quality, engagement) program was introduced to the dementia specific unit in April 2009. The aim of the program is to identify and enhance care practices within the dementia unit and to facilitate best care. Expressions of interest were sought from staff to attend advanced dementia training to create new dementia care specialists positions to build on best practice and to implement the program. A social care plan the “rhythm of life” and a personal diary of recent events have been introduced to each resident’s room. These have been found to be useful tools to assist staff and for representatives to record family events or special days when reminiscing or reassuring residents. The door to each resident’s room has their photograph and is painted their favourite colour to assist with orientation. The program is not fully evaluated but feedback from staff is that the program and individual strategies they have been trained to employ are already resulting in a calmer atmosphere and improved resident involvement in activities.
- To improve resident privacy during clinical based services, the home’s clinic has been renovated and re- developed to include a private treatment room. This allows residents to be assessed and treated by their medical practitioner in an appropriate environment.

3.2 Regulatory compliance

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

Team's recommendation

Does comply

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Three: Resident lifestyle, include:

- Providing a resident agreement for signing on entry to the home that meets the requirements of the *Aged Care Act 1997* and the *User Rights Principles*.
- Staff obligation to maintain confidentiality of residents' information and to respect residents' privacy is included in the staff handbook. All staff sign a confidentiality agreement when they commence employment at the home.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Three: Resident lifestyle.

Examples of education attended by staff in relation to Standard Three include:

- ARV is providing the opportunity for an activities officer at the home to complete a diploma course in diversional therapy.
- One staff member has completed further dementia training to implement the "CHEQuE" program.
- Delirium and depression
- Mental health issues for older people.

3.4 Emotional support

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

Team's recommendation

Does comply

The home is able to demonstrate that each resident receives emotional support in adjusting to life in the home and on an ongoing basis. Residents attend a pre-admission interview if possible to assist with determining their individual needs. Relevant information regarding a resident is gathered prior to admission from relatives, social workers and health professionals if indicated. Assessments are completed on entry to the home including social

history, hobbies, interests, spiritual and emotional needs. Residents and representatives are orientated to all aspects of life in the home by key personnel, and care and recreational staff spend one-to-one time with residents during their settling in period and thereafter according to need. Chaplaincy and pastoral care services are available, and there is an active volunteer program to encourage additional social interaction for residents. A recreational and lifestyle care plan is developed following a settling in period that identifies individual strategies for emotional support and is regularly reviewed and evaluated. Emotional support is also offered to relatives by the staff. Feedback about residents' levels of satisfaction with the provision of emotional support is gained informally and through surveys, meetings and care conferences. Residents and representatives are satisfied with the emotional support offered by 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 recommendation

Does comply

Residents' preferences, abilities and capability for independence and lifestyle needs are assessed on entry to the home, and documented on care plans. The care plan is regularly reviewed to ensure resident's changing needs in relation to maximising their independence is met and that correct levels of assistance and encouragement are provided by staff with activities of daily living. Health care interventions to maintain as much independence as possible include exercise, physiotherapy and activity programs. The activity program helps facilitate community access by regular bus trips, community entertainers and an active volunteer program. Residents' independence is also enhanced with access to television, newspapers, support in maintaining financial independence and assistance to discharge civil duties to vote in elections if they wish to do so. Staff can demonstrate that they encourage and assist residents to maintain their independence within their individual capability. Some residents have personal key access to the building to re-enter after lock-up. Resident independence is monitored through care conferences, the meeting forum and surveys. Residents and representatives are satisfied with the home's approach in encouraging and assisting them to maintain their independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents and representatives confirm that residents' privacy and dignity is respected at all times and that staff are particularly considerate when attending to personal care. The team's observation of staff and resident interaction showed that staff respect the privacy of residents by knocking on doors before entering their room and by addressing residents by their preferred name and title if indicated. The team observed residents who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather. Information about residents is securely stored and only accessible to authorised personnel. On entry to the home residents or their representatives sign a form to give consent in relation to the use of information and photographs. Resident privacy and dignity is monitored by the home through survey and a privacy audit. Residents and representatives are satisfied that residents' privacy, dignity and confidentiality are recognised and respected.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents and representatives expressed satisfaction with the activity program that is held over seven days a week. The home has an assessment process that captures the leisure preferences of residents. All residents or their representatives are interviewed about their previous recreation and leisure experiences and religious affiliation. The home's two activities officers are on-site five week days per week and weekend activities are organised by some of the residents. A weekly activity program is on display in the home and a copy given to each resident. The program takes into account cultural and theme days and residents' preferred activities. The activity program caters for group and individual activities including weekly bus outings, friendship groups, bingo, quizzes, craft, memory games, reminiscing group, exercise classes, wii interactive video games, massage and movie nights. There is a documented and evaluated music therapy program that demonstrates a positive response from attending residents. Residents provide feedback on the program at resident meetings, through surveys, audits and through informal discussion. The recreational activity team maintains participation records for each resident providing data for planning and assistance with matching activities to residents' needs. This information is regularly evaluated to ensure that the program continues to meet the lifestyle needs of the residents. The activities officers state that residents who prefer not to participate in organised activities have extra one-to-one time if they prefer this. There is a separate "CHEQuE" activities program for residents in the dementia specific unit. Residents and representatives reported that they are satisfied with the range of activities on offer, are asked for their ideas and can choose whether or not to participate. Residents were observed participating in activities during the team's visit that included exercise, music therapy, art therapy, reading in the library, bingo, cooking and a "Christmas in July" lunch with entertainment for 165 residents and guests. The team notes that the home has a range of resources to provide the delivery of varied and suitable resident activities.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home is able to demonstrate that individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. New residents have their social and cultural needs assessed on entry to the home and a care plan is developed. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held within the home by ministers from different denominations. This includes; a weekly Anglican service, monthly Catholic mass and bi-weekly communion and a visiting Rabbi. The home maintains a spiritual care needs resource box for use by staff to provide spiritual comfort for residents if required. Provision is made for the celebration of special national, cultural and religious days, for example, birthdays, Mothers' Day, Christmas, Easter, Chinese New Year, Bastille Day and ANZAC Day. The home monitors their support of residents' cultural and spiritual needs through audits, resident and staff surveys and by documenting resident attendance and participation at cultural and spiritual events. Residents and representatives confirmed that residents are encouraged and supported to continue with their own interests, customs and beliefs.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home's intent is to accommodate resident preferences and reconcile these with its values and duty of care in accordance with the charter of residents' rights and responsibilities. Resident meetings (including a resident council), surveys, access to the internal and external complaints mechanism and input into care planning are avenues by which residents and representatives can participate in decisions regarding the services provided and are able to exercise choice and control in relation to their lifestyle. The initial assessment process on entry to the home and on an ongoing basis documents for example a residents preference for diet/meals, choice of medical officer and the level of involvement in activities. The team observed staff consulting with residents about their day-to-day wishes and preferences.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home demonstrates that residents have secure tenure in the home and understand their rights and responsibilities. Residents are provided with information about the home and services available to them at the pre-admission and admission processes and details are documented in the resident handbook and the resident agreement. Residents and representatives are advised to obtain independent legal or financial advice and are assisted to access the services of an interpreter service prior to signing the resident agreement if required.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team notes improvements have been made to Accreditation Standard Four: Physical environment and safe systems. Resident feedback indicates a high level of satisfaction with their environment.

Recent continuous improvement initiatives include the following examples:

- To enhance the physical environment for residents, the home’s dining room has been renovated and includes an alcove that forms a private dining area for residents and their visitors. Carpet has been replaced by practical vinyl flooring and the residents participated in the choice of the colour scheme.
- To improve the residents living area and to provide a safe and secure environment, the home’s dementia specific unit has been redeveloped to provide a more appropriate design. The team observed the unit to be secure and comfortable for the residents.
- As an improved infection control measure anti-microbial hand cleansing pumps have been installed throughout the home. Additional signage alerts visitors regarding the importance of cleaning hands to prevent the spread of community based infections from entering the home.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Four: Physical environment and safe systems include:

- Management monitors and maintains occupational health and safety guidelines and procedures that comply with regulations.
- The home displays a current fire safety certificate with fire safety and emergency equipment servicing in line with applicable registrations.
- To ensure compliance with manual handling legislative requirements all staff regularly undertake manual handling education.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Four: Physical environment and safe systems. This includes mandatory and compulsory training in fire awareness and evacuation procedure, infection control, manual handling and occupational health and safety. Additional education includes; incident reporting, workplace injury and risk assessment. Training in these areas is held regularly, and staff attendance is monitored by the home.

4.4 Living environment

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

Team's recommendation

Does comply

The home is located in a nine storey building with lift access between floors. Residents are accommodated in personalised individual rooms with en-suite bathrooms. The living environment is clean, well furnished, well lit and has heating and cooling systems in place. There is a library and a number of lounge rooms that provide the opportunity for residents to socialise in small groups whilst larger groups are able to meet within the larger community and dining rooms. The building is well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through resident meetings, audits, surveys, comments and complaints, incident/accident reports and observations by staff. Management is actively working to provide a safe and comfortable environment consistent with the residents' care needs and the residents and representatives interviewed expressed their satisfaction with their living environment.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has systems to provide a safe working environment consistent with regulatory requirements. There are systems to record, analyse and review resident and staff accidents and incidents, to help prevent further occurrences. There is an occupational health and safety (OH&S) committee. Interviews and review of documentation show that staff can and do highlight risks and hazards through the maintenance and problem identification review forms. Personal protective equipment is readily available to staff and the team observed staff using this equipment appropriately. Environmental audits are conducted to ensure that the home meets regulatory requirements and the home's quality standards. OH&S team members have attended training in OH&S. The team observed safe work practices during the three days on site and staff members interviewed by the team indicated they receive education in manual handling. Staff induction includes training in manual handling and occupational health and safety.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

Systems are in place to promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as regular checks of detectors, extinguishers, fire doors and other fire equipment. Staff interviews demonstrated that they are familiar with the equipment and procedures and staff confirmed they attend regular fire safety training. The building was assessed under the 1999 Certification Assessment Instrument and has met the fire requirements of the Department of Health and Ageing. There is an emergency evacuation kit in place to ensure vital information is available to staff and to identify residents. The team observed emergency flip charts with emergency procedures located throughout the buildings. The home has a variety of security systems in place including the resident call bell system, an evening lock up procedure, key coded entry/ exit doors, a front security gate and video surveillance of the entry. Each resident has access to call bells in their bedroom and in their bathroom. There is a no smoking policy in the buildings and designated smoking areas are provided for residents and staff in the grounds. Residents and representatives stated they feel safe and secure in the home.

4.7 Infection control

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

Team's recommendation

Does comply

The home ensures that its infection control program is effective through clear policies and procedures, education and monitoring of staff practice and results. The infection control coordinator oversees the program which includes: mandatory training in infection control, hand washing competencies, a vaccination program for residents and staff, the provision of hand washing facilities, hand sanitising pumps, personal protective equipment, an outbreak policy, waste management, and pest control. A food safety program is used in the kitchen and the team observed that colour coded equipment is used for cleaning and personal protective equipment is used by staff. The program is monitored through audits, an infection register, risk assessment and evaluation, benchmarking, analysis and reports. Staff associated with catering, cleaning and laundry services as well as care staff demonstrated awareness of infection control as is relevant to their work area.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation

Does comply

Catering

Processes are in place at the home to ensure that hospitality services enhance the residents' quality of life and the staff's working environment. These processes include a food safety system, cleaning schedules, temperature monitoring and the provision and maintenance of equipment related to hospitality services. The kitchen operates a cook/ chill food system in conjunction with the ARV central kitchens and follows a four week rotating summer and winter menu. Breakfast is served in resident rooms and meal trays are taken to residents who are unable or choose not to attend the dining room. Catering staff have attended safe food handling training and implemented these principles in the kitchen. Systems ensure that

residents' food preferences and allergies are identified, and communication between care and catering staff support any changes to clinical nutritional requirements.

Cleaning

The living environment was observed to be clean and cleaning programs were outlined to the team and noted to be in place. Elizabeth Lodge uses a contract cleaning company that has well developed OH&S and IC systems including outbreak management cleaning protocols; the on site cleaning staff interviewed demonstrate a working knowledge of the home's cleaning schedules, practices and safe chemical use. Chemicals used in the home were safely stored and material safety data sheets were available and accessible. The cleaning roster ensures all residents' rooms and common areas are cleaned according to a set schedule. The team observed colour-coded cleaning equipment in use in all areas.

Laundry

The linen is laundered off site by the organisations' central laundry service and only residents' personal clothing is laundered at the home. Chemicals are auto dosed into the machines and sanitisation of the machines is part of this process. Each resident's clothing is washed separately to eliminate the possibility of misplaced clothing and washing machines are available to allow residents the choice of washing their own clothes. The team observed the laundry operating in accordance with the home's infection control and occupational health and safety guidelines.

Residents and representatives interviewed by the team indicated that they are satisfied with the catering, cleaning and laundry services provided. They informed the team that if they have any issues relating to these services that they are comfortable communicating them to management or staff.