Mount Carmel Village
RACS ID 0334
9 Dwyer Street
MAITLAND NSW 2320
Approved provider: Calvary Retirement Communities Hunter- Manning Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 18 March 2015.

We made our decision on 25 January 2012.

The audit was conducted on 4 January 2012 to 5 January 2012. The assessment team’s report is attached.

We will continue to monitor the performance of the home including through unannounced visits.
Most recent decision concerning performance against the Accreditation Standards

**Standard 1: Management systems, staffing and organisational development**

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
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</thead>
<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
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<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
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<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
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<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
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<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
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<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
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<tr>
<td>1.8 Information systems</td>
<td>Met</td>
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<tr>
<td>1.9 External services</td>
<td>Met</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
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<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
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<tr>
<td>2.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
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<tr>
<td>2.4 Clinical care</td>
<td>Met</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Met</td>
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<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Met</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Met</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Met</td>
</tr>
</tbody>
</table>
### Standard 3: Resident lifestyle

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
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</thead>
<tbody>
<tr>
<td>3.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>3.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>3.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>3.4 Emotional support</td>
<td>Met</td>
</tr>
<tr>
<td>3.5 Independence</td>
<td>Met</td>
</tr>
<tr>
<td>3.6 Privacy and dignity</td>
<td>Met</td>
</tr>
<tr>
<td>3.7 Leisure interests and activities</td>
<td>Met</td>
</tr>
<tr>
<td>3.8 Cultural and spiritual life</td>
<td>Met</td>
</tr>
<tr>
<td>3.9 Choice and decision-making</td>
<td>Met</td>
</tr>
<tr>
<td>3.10 Resident security of tenure and responsibilities</td>
<td>Met</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Introduction

This is the report of a site audit from 4 January 2012 to 5 January 2012 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct 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 4 January 2012 to 5 January 2012

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

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Wendy Ommensen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Marion Cohen</td>
</tr>
</tbody>
</table>

Approved provider details

| Approved provider: | Calvary Retirement Communities Hunter-Manning Ltd |

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Mount Carmel Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0334</td>
</tr>
</tbody>
</table>

| Total number of allocated places: | 41           |
| Number of residents during site audit: | 40          |
| Number of high care residents during site audit: | 25            |
| Special needs catered for: | nil        |

<table>
<thead>
<tr>
<th>Street/PO Box:</th>
<th>9 Dwyer Street</th>
<th>State:</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town:</td>
<td>MAITLAND</td>
<td>Postcode:</td>
<td>2320</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 4932 0350</td>
<td>Facsimile:</td>
<td>02 4932 0343</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:mgibbs@catholiccare.org.au">mgibbs@catholiccare.org.au</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Audit trail
The assessment team spent two days on-site and gathered information from the following:

### Interviews

<table>
<thead>
<tr>
<th>Interview Type</th>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General manager Hunter/Manning</td>
<td>1</td>
<td>Residents/representatives 10</td>
</tr>
<tr>
<td>Manager residential care services</td>
<td>1</td>
<td>Administration assistant 1</td>
</tr>
<tr>
<td>Clinical services consultant</td>
<td>1</td>
<td>Clinical care/lifestyle staff 11</td>
</tr>
<tr>
<td>Facility manager</td>
<td>1</td>
<td>Cleaning staff 1</td>
</tr>
<tr>
<td>Clinical care coordinator</td>
<td>1</td>
<td>Catering staff 2</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

### Sampled documents

<table>
<thead>
<tr>
<th>Document Description</th>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents’ files including assessments, care plans, progress notes, allied health reports</td>
<td>6</td>
<td>Medication charts 34</td>
</tr>
<tr>
<td>Summary/quick reference care plans</td>
<td>1</td>
<td>Medication sign sheets 30</td>
</tr>
<tr>
<td>Resident/representatives surveys</td>
<td>17</td>
<td>Medical officers notes 6</td>
</tr>
<tr>
<td>Incident reports</td>
<td>12</td>
<td>Medication incident reports 9</td>
</tr>
<tr>
<td>Restraint order</td>
<td>1</td>
<td>Wound charts 3</td>
</tr>
<tr>
<td>Personal files</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

### Other documents reviewed
The team also reviewed:
- Activities documentation including assessments and evaluations, activities monthly program displayed, activities weekly program in all residents’ rooms
- Annual care plan review
- Audit schedules and results, benchmarking, surveys and questionnaires 2011
- Cleaning program – cleaning schedules, Friday cleaning sheets, hazardous substances summary sheet,
- Comments, suggestions, compliments and complaints forms, complaints management forms, comments and complaints register
- Continence care allocations
- Continuous quality improvement logs, internal audit response report form, quality improvement register,
- Education records – education calendar, training evaluation sheets, competency testing, orientation program and handbook, questionnaires, skills audits,
- Emergency manual and procedures, disaster management and business continuity plan, disaster recovery procedure, emergency contacts
• Food service and safety program - calibration records, cleaning schedules, food and beverage preference data sheets, NSW Food Authority audit and results, ordering records, resident dietary preference forms, sanitising register, temperature checks - hot and cold food, equipment temperature checks, four week seasonal menu
• External services – allied health contracts and service agreements, criminal record checks, licensing and insurance records,
• Human resources – orientation checklist, confidentiality agreements, performance development discussion and tool, position descriptions, staff appraisals, staffing rosters, replacement details, staff orientation handbook,
• Infection control – monthly clinical key performance indicator reports including resident infections, policies and procedures including outbreak management guidelines, Legionella reports, grease trap cleaning contract, pest control contract, resident and staff influenza vaccinations records 2011,
• Information system - communications book and diaries, electronic care planning and documentation program, information management register, meeting minutes including residents, staff, medication advisory, safety council (OH&S), newsletters, notices for staff and residents, resident admission resource package and resident handbook
• Laundry services manual
• Maintenance records - reactive and preventative program, maintenance request forms, service agreements and contracts, electrical tagging records, temperature checks of the thermostatic mixing valves and warm water system
• Medication fridges’ daily temperature checks records
• Mission, vision and values on display and documented in various corporate publications including the staff and residents’ handbooks
• Monthly clinical key performance indicator reports including resident infections and incidents
• Occupational health and safety systems, workplace safety audits, OH&S risk profile, hazard reports
• Pain clinic – management folder, pain record sheets
• Policies and procedures
• Regulatory compliance – annual fire safety statement, criminal record checks and spreadsheet of expiry dates, credentialing of professional staff including visiting medical officers, contracts and service agreements with allied health professionals, mandatory reporting logs, Health Care Fire Safety Officer Re-accreditation document, NSW Food Authority License, privacy policy and consent by residents/representatives for the release of information, residential agreement
• Residential aged care end of life pathway and checklist
• Restraint authorisation and dignity of risk assessments
• Self assessment report
• Staff memoranda

Observations
The team observed the following:
• Accreditation notices on display
• Activities in progress, activities monthly calendar on display, activities weekly program in residents’ rooms
• Advanced care directives pamphlets
• Aged care investigation scheme and advocacy services brochures on display, feedback forms and locked suggestion box
• Archive room
• Charter of residents rights and responsibilities
• Chemical storage, material safety data sheets
• Cleaning in progress, trolleys, wet floor signage and stores
• Clinic room containing securely stored resident files and clinical information
- Emergency procedure flip charts and emergency evacuation box
- Equipment and supply storage areas
- Fire fighting equipment, evacuation egresses, evacuation kit
- Gentle exercises in progress
- Hairdressing room
- Infection control resources including hand wash basins, sanitising hand gel, personal protective equipment, colour coded equipment, spills kits, sharps containers, outbreak kit, waste management,
- Information notice boards, kitchen information whiteboards
- Interactions between staff and residents
- Laundry procedures, personal laundries, stocks of linen
- Living environment internal, external, grounds and garden areas
- Lunch service with staff assistance
- Manual handling equipment including three lifting machines
- Medication round in progress
- Menu for the day displayed on dining room whiteboard
- Pain clinic equipment
- Palliative care kit for residents, palliative care information kit for relatives
- Pressure relieving mattresses
- Residents libraries
- Residents’ post box in foyer
- Secure storage of resident and staff information
- Sign in and out books
- Staff room with lockers
- Staff work practices and work areas
- Storage and equipment in use
- Storage of medications
- Vital call system
- Weigh chair
- Wound care kit
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

Mount Carmel Village implements systems and processes which link to the organisational quality framework that has mechanisms and information systems for identifying opportunities for improvement across all management and service areas. Systematic and proactive assessment through internal and external audits, key performance indicators and reporting processes, as well as the collection and analysis of clinical data further supports the program. Sustainability is ensured through monitoring, evaluation and longer term review of the effectiveness of implemented changes. Mechanisms such as regional forums, meetings, surveys, feedback processes and consultation encourages all stakeholders, especially staff, residents and their representatives to have active involvement in the continuous improvement processes. Recent examples of improvement activities related to management systems, staffing and organisational development are outlined:

- It was found that a comprehensive review of each resident’s care was difficult as care staff were not always available. To overcome this issue and ensure input from all relevant staff the Annual Care Plan Review Form is printed and staff are requested to write any changes to the care planning processes on the form. Representatives are advised of the impending care review of their resident and invited to attend, those who are unable to be present may be interviewed by phone. This new system is contributing to a care plan which outlines the resident's current care needs.

- New categorised noticeboards have been implemented in the staff room to clearly display information relating to education, palliative care, dementia care and occupational health and safety. Designated staff attend three monthly regional forums relating to dementia care and palliative care and have volunteered to become champions to progress person centred care processes at the home. Information and ideas shared at the forums are brought back to the home and new initiatives implemented.

- In February 2011, just prior to the changeover of approved provider for the organisation, the staff satisfaction survey indicated that a number of staff did not consider that they would sill be working for the organisation in two years time. To further explore these concerns a number of feedback stations were established and staff were encouraged to suggest ways in which these concerns could be allayed. Information was requested regarding ways in which staff could be supported to improve team cooperation, ways in which facility communication could be enhanced and how management could be seen to be dealing fairly with people. Compulsory staff meetings are now being convened three monthly and staff are being paid to attend. Consistent information sharing and the opportunity for feedback appear to be working well for care and lifestyle staff. A new survey is being distributed in February 2012 to measure staff responses and general satisfaction.

- A comprehensive overview of the organisation and expectations relating to new staff resulted in a new orientation program being implemented. Staff are provided with a handbook. This outlines responsibilities associated with their role and they buddy with an experienced staff member to complete components of the handbook during their three
month probationary period. They also work with the manual handling facilitator on site to complete manual handling competencies. The outcome of this training is measured through skills audits and monitoring of work practices.

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

Organisational and facility based systems ensure the identification and implementation of changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced in a variety of ways. These include subscriptions to a legislative update service, through industry related newsletters, from peak bodies, from State and Commonwealth government departments, from statutory authorities and the internet. Changes to legislation are disseminated to the home’s staff via the intranet, through memos, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Auditing by external regulatory authorities, internal and external auditing processes, surveys, quality improvement activities and monitoring of work practices ensure that work practices are consistent and compliant with legislative requirements.

The following examples illustrate regulatory compliance pertaining to Accreditation Standard One:

- Changes under the Aged Care Act 1997 effective from 1 January 2009 have been implemented in regard to notification of missing residents to the Police Department and Department of Health and Ageing. The electronic critical incident reporting mechanisms at the home ensure senior management of the organisation receive this advice in a timely manner.

- Mandatory reporting guidelines regarding elder abuse are in place at the home. A critical incident reporting system and consolidated records of reportable incidents are maintained. These support notification, investigation and actions taken for alleged or proven elder abuse. Where discretion not to report is exercised, records are also maintained.

- Prospective employee’s criminal records are checked prior to engagement and there is a process for reviewing the currency of this status every three years. Volunteers assisting at the home and contracted service personnel are also required to complete criminal record checks.

- Accreditation site audits are discussed at residents’ meetings, residents’ representatives are advised by mail, information is included in the home’s newsletter and notices of impending audits are displayed prominently throughout the home. Residents and representatives interviewed during the site audit were aware of the process.
1.3 Education and staff development:
This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings
The home meets this expected outcome

Systems are in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Training needs are identified through various processes: legislative change, review of industry issues, performance development discussions, surveys, observation of work practices, results of audits, monitoring of incidents and feedback from stakeholders. From these sources, annual centralised and home specific schedules are developed. Responsive in-service education is also conducted by product suppliers and other externally sourced professionals. There is a site specific orientation program for new staff. Competency assessments and skills audits are conducted to ensure relevant staff skills are maintained. Compulsory training is provided in fire safety and evacuation, manual handling, infection control and mandatory reporting in relation to elder abuse. Records of attendance are maintained and there is a system to monitor attendance at compulsory training. Interviews with staff and review of education records highlighted the following examples of training provided in relation to Accreditation Standard One:

- Auditing and benchmarking program
- Certificate IV in business and frontline management
- Elder abuse
- How to report missing residents
- Orientation to Calvary
- Staff payroll system

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

Brochures and information explaining the internal and external complaints’ mechanisms are on display in the foyer of the home. Information is also available regarding aged care advocacy services. The processes for feedback are documented in the residents’ handbook and residential agreement. These are also discussed with residents and their representatives as part of the entry process. A register is in place, and audits and reporting mechanisms track and trend comments and complaints. A review of these demonstrates that issues are investigated, analysed and responded to in a timely manner. There is a system for making confidential complaints and for complimenting staff. Annual general surveys of service satisfaction are conducted and the results used as a basis for quality improvements. At interview residents and their representatives confirm an awareness of the mechanisms by which they may make comments, complaints, or suggestions. Staff interviews demonstrate knowledge of their role in the processes for management of complaints from residents and their representatives.
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 vision, mission and values of the organisation have been reviewed to ensure synergy following the acquisition of a number of Catholic Care homes by Calvary Retirement Communities Hunter-Manning earlier in 2011. To support this, education has been conducted across the organisation to inform staff and encourage the modelling of behaviour and delivery of care to residents, on the values demonstrated by Mary Potter who founded the Catholic Order of the Little Company of Mary. The vision, mission and values have been documented in various organisational publications, such as the staff and residents’ handbook and the residential agreement and are on display at 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

There are systems and processes in place to ensure that the home has sufficient appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home’s philosophy and objectives. Policies, procedures and forms that guide the human resources practices are accessible to all staff in hard copy and on the intranet. Staff recruitment includes criminal record and reference checks, orientation and buddy shifts at the home. Annual performance reviews through an appraisal and competency assessment program are in place. Grievance processes are documented. Position descriptions have been developed for all positions and are regularly reviewed. An electronic rostering program assists staff management. Relief arrangements include permanent part time and casual staff. Rosters are developed fortnightly in advance and a review of rosters confirmed that absent staff are usually replaced. Staffing levels are flexible and are monitored in line with residents’ specific care needs and related dependencies. Skills mix review data, observation of work practices; auditing and clinical indicators and stakeholder feedback further inform this process. An employee assistance program is in place for the support of staff.

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

Management and staff interviews and observation during the site audit confirm that there are adequate levels of goods and ready access to equipment for the delivery of quality services at the home. Budgeted processes and regional procurement systems ensure that goods and equipment are suitable for the purpose and meet the specific needs of residents. There are ordering processes and stock rotation systems for consumable and perishable items. Specific staff members have been allocated responsibility for monitoring stocks and ordering necessary supplies. Monitoring processes include risk assessments, hazard reports,
environmental and workplace audits. Preventative and reactive maintenance programs ensure service delivery supports a safe living and working environment. Chemicals are stored within easy access of material safety data sheets. Electrical tagging is conducted. New equipment is trialled prior to purchase and staff are trained in the use. Review of documentation and interviews with staff and residents indicate that all maintenance is prioritised and responded to in a timely manner.

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

Team’s findings
The home meets this expected outcome

There are effective information management systems in place. Policies and procedures are available on the intranet and are regularly reviewed. Confidential files are stored securely and systems promote the effective archiving and destruction of records. Review of residents’ files and care planning documentation indicates that clinical care plans are evaluated regularly. There is a system for consultation with residents and their representatives. A schedule of organisational forums and locally convened meetings ensures relevant information is available in a timely manner to all stakeholders. Information is disseminated through secured password protected emails and the intranet, on noticeboards, through a resident newsletter, memoranda, staff handovers, formalised feedback mechanisms and informal lines of communication. External and internal audits, surveys and the collection of data relating to the quality of care and services inform processes of assessment and continuous improvement. Document control processes are implemented. Residents and representatives interviewed were generally satisfied with their access to information which assists them to make decisions about care and lifestyle.

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

Team’s findings
The home meets this expected outcome

All externally sourced services are provided in a way that meets the home’s requirements for quality service goals. The organisation has a list of preferred service providers and suppliers. Service providers must produce evidence of licensing, safe work method statements, public liability and other insurance, are required to have completed criminal checks and adhere to appropriate behaviour if interacting with residents. Service agreements and contracts with external providers are negotiated, managed and monitored in a variety of ways which include audits and inspections, feedback from residents and staff. Supervision of the contracted clinical services by the facility manager and clinical care coordinator and observation of the work practices of contractors are important in ensuring contractual arrangements are being met. Poor performance may lead to cancellation of the contract. External contracts include (but are not limited to): pharmacy services, podiatry, physiotherapy, hairdressing, waste management, grease trap cleaning and pest control.
Standard 2 – Health and personal care
Principle: Residents’ physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team’s findings
The home meets this expected outcome

The results of the team’s observations, interviews and review of documentation revealed that the home is pursuing continuous improvement in relation to health and personal care of residents. For information regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

The following are examples of some of the improvements undertaken in relation to health and personal care of residents:

- A pain clinic was established following a clinical review of residents with diagnoses which may be generating pain. Pain assessments were completed for all residents and those exhibiting symptoms of pain had individual strategies implemented to resolve these. Interventions included, use of gel packs, massage, application of the TENS (transcutaneous electrical nerve stimulation) machine, aromatherapy and exercises. Staff are to be trained to use the foot spa which will also be made available to residents for relief of pain. A four hourly clinic is now running on a weekly basis and feedback from residents has been positive.

- Changes were implemented to the medication administration system at Mount Carmel Village at the end of November 2011. This was designed as a move to better practices which reduced the potential for medication incidents. The new system incorporates a unit dose seven blister pack with pharmacy generated medication charts and sign sheets. Care staff received education on the new system and associated practices. System review will occur at the end of February 2012 to ascertain the effectiveness and efficiency of processes, staff compliance and incident frequency. Staff feedback and comparative results when aligned with the old system will drive the evaluation.

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

Team’s findings
The home meets this expected outcome

The accreditation team’s observations, interviews and review of documentation demonstrate that an effective system is in place to manage regulatory compliance in relation to health and personal care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance relating to health and personal care includes:

- Authorities to practise credentials for registered nurses, endorsed enrolled nurses and enrolled nurses are sighted and records are maintained by the home. Contracted allied
health services managed by the organisation are also required to provide evidence of registration. These include, but are not limited to, attending medical officers, the pharmacist, the dietician, the podiatrist, and the physiotherapist.

- Registered nurses are responsible for the care planning and assessment processes and specialised nursing services implemented for all residents receiving high levels of care in the hostel.

- The home ensures high care residents are provided with services, supplies and equipment as required under the Quality of Care Principles (1997). These entitlements are advised to residents and/or their representatives in writing when their care levels change.

2.3  Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system.

Examples of training and education provided in relation to health and personal care include:

- Advanced care planning
- Certificate IV in aged care
- Continence management
- Dementia care
- Provide physical assistance with medication (and competencies)
- New medication system
- Delivering services using a palliative approach (and associated competencies)

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 provides residents with appropriate clinical care through the provision of medical offers' reviews, transferring residents to hospital as required and the initial and ongoing assessments of residents’ care needs, care planning and evaluation processes. Processes are in place to facilitate consultation with residents/representatives for residents’ care delivery and include registered and enrolled nurses’ input. Lists of medical officers’ contact details are readily available for staff and there are arrangements for contacting medical officers after hours. The home has effective written and verbal communication systems through which nursing staff, medical officers and management are informed of the care provided for residents and care issues in need of review. This includes medical officers' communication folders. The home monitors residents’ vital signs and weights monthly or more frequently when indicated. Residents' blood glucose levels are monitored according to their identified needs and medical officers’ orders. An accident and incident reporting system is in place for the identification of resident incidents such as falls, skin tears and behavioural changes. Accident and incident data is collected monthly and tabled at relevant meetings. Residents/representatives advise they are happy with the care provided by the home and express satisfaction with the medical treatment provided. Interviews also confirm
residents/representatives have opportunities for input into the care provided and are satisfied with the call bell response time.

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

Residents’ specialised nursing care needs are provided by registered or endorsed enrolled nurses with medical officer or allied health professional input as required. The home provides registered nurse coverage eight hours per day, two days per week and enrolled nurse coverage eight hours per day, five days per week. Both the facility manager and the clinical care coordinator are endorsed enrolled nurses and provide alternate on-call coverage 24 hours per day seven days per week. The residential services manager and the clinical care consultant are also available for consultation and/or assistance as required. Staff are trained in the provision of residents’ specialised nursing care needs as required. The home currently provides specialised nursing care for a resident requiring a supra pubic catheter. Monitoring of an insulin dependent diabetic who self administers their own insulin requires staff to conduct blood glucose testing twice daily. The registered nurse reviews all significant wounds weekly and where indicated for all other wounds. The team reviewed evidence of residents’ assessments, care planning and observations for the provision of specialised nursing care. Nursing staff interviews confirm they have access to sufficient supplies of equipment for residents’ specialised care needs. Residents/representatives interviewed state they believe nursing staff are skilled and competent to meet their care needs.

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

Team’s findings
The home meets this expected outcome

The home has systems for the identification of residents’ other health and related service needs. The resident handbook includes a list of other health services available. Staff interviews and documentation reviews confirm the home has a range of other health and related services visiting residents within the home. Examples include a podiatrist, a medication review service, a hairdresser, the palliative care team and pathology services. In addition, a dietician visits the home to advise staff on management of a resident’s diabetes. Dental and optometry services are available externally and there is a public hospital nearby. Documentation reviews also demonstrate that residents have access to mental health services, speech pathology and hearing services as required. Residents may visit external health services of their choice outside the home with assistance provided by relatives or staff escorts when necessary. The organisation has provided management with a four wheel drive vehicle to use in escorting residents whose needs require a larger vehicle. Residents/representatives interviewed by the team state they are satisfied with the availability of health and related services provided within the home.
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

Residents’ medication is managed safely and correctly through the home’s medication management policies and procedures. This includes regular medication chart audits, checking medication expiry dates and medication monitoring reviews completed by an accredited pharmacist. Care staff who have completed medication competencies administer medication. The home uses a seven day blister pack medication system. The team observed care staff during medication rounds administering residents’ medications following safe practices. Medications observed by the team are stored securely and are within their expiry dates. Daily medication refrigerator temperatures recorded are within normal limits. Residents’ medication charts reviewed record current medical officers’ orders with allergy status and instructions for medication administration. The home has recently changed their unit dose system to an updated system used by other homes within the organisation. The home has systems in place for two residents who self-administer their own medication, including risk assessments, their medical officers’ authorisations and locked storage areas within their rooms. The home has a medication incident reporting system and a nurse initiated medication list to guide staff. Care staff refer to the registered nurse or the endorsed enrolled nurses for permission to administer these medications. Medication advisory meetings are held, medication incidents are reported and other medication management issues are reviewed. Residents/representatives interviewed are satisfied with the medication management the home provides.

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

The home provides effective pain management for residents through initial and ongoing verbal and non-verbal pain assessments, care planning, ongoing observations by staff and accessing advice on pain management from medical officers or other health professionals. This includes referrals to a physiotherapist or involvement with a palliative care team. Pain assessments are implemented for residents to monitor the effectiveness of any changes to their pain relieving medications. Pain relief provided to residents includes the administration of pain relieving medications, provision of pressure relieving equipment, a TENS machine, a circulation booster, heat packs, repositioning, massage and emotional support. An endorsed enrolled nurse conducts a four hour pain clinic for residents each week. Currently 26 residents attend this clinic. Care staff interviews demonstrate the reporting of any changes in the resident’s condition, such as the development of pain, to the registered nurse or the endorsed enrolled nurses. Resident/representative interviews indicate residents are as free of pain as possible and treatment of residents’ pain is provided regularly or as necessary.

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 comfort and dignity of terminally ill residents is maintained through the identification of residents’ end of life wishes on entry to the home or at an appropriate stage. Assessments
and care planning and the gaining of advice from a palliative care team, if required, assist this process. Religious and spiritual representatives visiting the home are available for terminally ill residents and their representatives. Care staff interviewed state they receive education in pain management and end of life care and can describe ways in which they ensure the comfort and dignity of terminally ill residents. The home now has a designated palliative care nurse who provides 4 hours per week of palliative care support to residents and their representatives. The home has also introduced the residential aged care end of life pathway which replaces the resident’s former care plan and provides detailed information on the resident’s wishes for their terminal care. After death of the resident, staff complete a checklist to evaluate the efficacy of the care given. Visiting hours for the representatives of terminally ill residents are open and they are welcome to stay with the resident. The home will provide a fold up bed if this is required. The home has introduced palliative care kits for residents containing a vapouriser, night light, aromatherapy oils and a portable music player. An information kit is available for representatives to sensitively introduce what palliation involves and the part they may wish to play within that process. The organisation is participating in a collaborative palliative dementia care project with the area health department to improve the quality of palliative dementia care for people with end stage dementia. Specialised staff education is provided on advanced care planning, quality of life care planning and symptoms management, with an emphasis on addressing residents’ emotional needs. Resident/representative interviews indicate they are satisfied with the care the home provides when residents are unwell and require additional support.

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 through the assessment and documentation of residents’ dietary needs and the communication of these needs to the kitchen and catering staff. Provision is made for residents who require special diets, soft or pureed meals, thickened fluids, dietary supplements and dietary assistive devices. Management interviews and observations demonstrate that residents are provided with fresh fruit each day. Residents are provided with regular fluids and jugs of water are placed beside their beds when appropriate. Care staff stated they offer residents extra fluids as required and especially on hot days. The home monitors residents for adequate nutrition and hydration through staff observations and the weighing of residents each month or as often as required. Procedures are in place for the management of residents identified with significant weight loss or gain, including close monitoring of food intake and weekly weighing. Referral to a dietician is made on indication. Residents/representatives interviewed express satisfaction with the quantity and quality of food and fluids provided.

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 through assessments, care planning and evaluation processes. Assessments include the identification of residents’ risk of developing pressure areas and takes into account the resident’s past history of skin integrity. Residents are provided with podiatry, hairdressing, massage and nail care as required. Residents with skin integrity breakdown have wound treatment charts completed.
that record the treatments provided and the condition of their wounds. The home has a wound care kit which identifies appropriate treatment for various wounds. The home’s wound care supplier provides staff education on the treatment of wounds including complex wounds. Monthly data is maintained to record the number of pressure areas, skin tears and abrasions being treated within the home. Observations demonstrate that the home has equipment in use to maintain residents’ skin integrity such as pressure relieving mattresses, bedrail guards, adjustable beds and padded limb protectors. Neutral body wash liquids and moisturisers are used for all residents unless otherwise indicated by their medical officer. “Soap sensitive” residents have their personal clothing washed at the home on a specific wash cycle using a PH sensitive liquid. Care staff advise that they assist residents to maintain their skin integrity through reminding those who are mobile to regularly change their positions and to mobilise by following safe manual handling practices. For immobile residents, care staff advise that they provide residents with regular pressure area care, application of emollient creams, massage and the employment of correct manual handling procedures. Padded hip protectors are available for residents at high risk of falls and with a history of skin tears. Residents/representatives interviewed are satisfied with the skin care provided.

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

Team’s findings
The home meets this expected outcome

Residents’ continence is managed effectively through the home’s assessment processes, care planning and provision for residents’ individual toileting and continence management needs. This includes the distribution of residents’ continence aids and information to staff about residents’ continence needs. Care staff report that they have access to adequate supplies of continence aids for residents. A representative from the home’s continence aid supplier is available to provide staff with advice as required. Strategies are in place for effective bowel management for residents including fibre in their diets, fruit, the encouragement of fluids, completion of daily bowel charts and the administration of medications regularly or as necessary. All residents have monthly urinalyses performed and systems are in place to monitor and treat residents for urinary tract infections. Residents/representatives interviewed expressed satisfaction with residents’ continence management.

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 needs of residents with challenging behaviours are managed through assessment processes, care planning and strategies implemented by staff. Care strategies are identified in consultation with residents/representatives, medical officers and/or mental health specialists when the need is identified. Individualised behaviour management plans are developed for residents. The home is fitted with a key pad locking system for the safety and security of residents. Residents are provided with a range of recreational activities to support their individual needs including a sensory program for residents with significant cognitive impairment. Wanderers’ identification charts and sighting charts are completed for residents identified to be at risk of absconding. The home has restraint policies and procedures for the use of chemical and physical restraint. Documentation reviews demonstrate that restraint authorisations for residents are completed by medical officers and include consent from resident representatives. Residents/representatives report they are satisfied that staff
effectively interact and provide care for residents including residents with changed behaviours.

2.14 Mobility, dexterity and rehabilitation

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

**Team’s findings**
The home meets this expected outcome

Residents are supported to achieve optimum levels of mobility and dexterity through initial and ongoing assessments, care planning and exercise programs. Residents may visit a physiotherapist of their choice externally or a physiotherapist will call if required. The recreational activity programs include a range of gentle exercises. For resident safety there are hand rails in corridors and grab rails in bathrooms. Strategies for the prevention of residents’ falls include mobility assessments, provision of mobility aids, medication reviews, protective clothing when appropriate, exercises, monitoring footwear, foot care or podiatry, the completion of falls risk assessments and accident/incident reporting. Residents/representatives interviewed are satisfied with the way the home supports residents to achieve maximum levels of mobility and dexterity.

2.15 Oral and dental care

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

**Team’s findings**
The home meets this expected outcome

Residents’ oral and dental care is maintained through initial assessments, care planning and evaluation processes. Residents’ ongoing oral and dental care needs are monitored through staff observations and resident/representative feedback. Residents can access the dentist of their choice outside the home and staff report that local dentists provide advice for ongoing treatment for residents as required. Care staff interviews indicate that residents are provided with oral care as required such as teeth cleaning, mouth swabs and denture care. Care staff advise that denture containers are cleaned each day. Residents/representatives indicate they are satisfied with the residents’ oral and dental care.

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 provides effective management of residents’ sensory loss needs through initial and ongoing assessments, care planning and evaluation processes. Eye testing by an optometrist and an audiology service are available to all residents. Staff interviews demonstrate they assist residents with application and maintenance of hearing aids and they have access to sufficient supplies of hearing aid batteries. They also demonstrate strategies used to assist residents with vision impairment such as explaining processes. The staff assists residents with vision impairment through reading newspapers, stories and poetry during the recreational activity program. Residents with hearing impairment are seated close to the lifestyle officer during games requiring verbal input or interaction. Sensory support is also provided to residents through cooking, art, craft and music.
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

The home ensures residents achieve natural sleep patterns through assessment of their sleep patterns, care planning and staff support at night. A range of strategies are available to support residents to sleep. These include music, warm drinks and snacks, comfortable positioning, toileting and continence care, pain management, night sedation as per medical officers’ orders and an environment conducive to sleep. Residents have access to call bells for their use at night if required. The use of night sedations are monitored by the registered nurse and endorsed enrolled nurses. Residents interviewed report that the living environment is quiet at night and most sleep well.
Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home is pursuing continuous improvement in relation to resident lifestyle and this was confirmed by the team’s observations, interviews and review of documentation. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Some examples of the improvements made to resident lifestyle are outlined:

- The regional dementia services forum and the leisure and lifestyle forum researches and designs the implementation of new ideas to support residents living with dementia. As part of a new therapy for residents a doll which resembles a baby in weight and appearance was purchased and implemented with one resident. The resident responded affectionately and nurtured the doll as if it were a real baby. The doll provides comfort to the individual resident who demonstrates facial experiences of enjoyment, smiles and cuddles and communication with the doll. The doll has stimulated reminiscence and social stimulation for the wider group with residents sharing their experiences in raising their children with each other. Research shows that there is often a reduction of agitation, aggression and wandering within the group. This is yet to be measured at Mount Carmel Village.

- To acknowledge the importance of cultural diversity it was decided that Polish Day would be celebrated at the home. The resident population at the Mount Carmel Village is by and large of Anglo Saxon descent; however, there is a large Polish community in Maitland and one resident is from Poland. The resident was consulted and their family contacted for information about Polish culture and ideas for the day. A morning tea was organised and food was prepared according to Polish cuisine. Polish dancers in traditional national costume came and danced for the residents, whilst many of the residents dressed in the Polish colours of red and white. A bouquet of flowers was presented to the resident by her three great granddaughters and great grandson. A great day was had by all.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The results of the team’s observations, interviews and review of documentation revealed that an effective system is in place to manage regulatory compliance in relation to resident lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance

- All residents are issued with a residential agreement which incorporates clauses required by law such as a 14 day cooling off period, reference to the User Rights Principles (1997)
and the provision of specified care and services. The agreement is regularly reviewed to ensure that legislative requirements are met.

- The documents displayed and stored on site to inform of relevant legislation and regulatory compliance include The Charter of Residents’ Rights and Responsibilities and the residents’ handbook.

- In line with privacy legislation, residents or their representative are requested to sign releases in relation to the disclosure of health information and the publication of personal information and photographs. Staff are advised of their role in relation to The Privacy Act 1988 & The Privacy Amendment (private sector) Act 2000 and all staff sign confidentiality agreements.

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

Team’s findings
The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development.

Examples of training and education provided in relation to resident lifestyle include:

- Building on our foundations - modelling our mission, vision and values
- Certificate IV in community services (leisure and lifestyle)
- Education conducted at leisure and lifestyle forums
- Guardianship – the person responsible
- Privacy and dignity

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

Team’s findings
The home meets this expected outcome

The home has systems to ensure each resident receives support in adjusting to life in the home and on an ongoing basis. This includes assessments, care planning, management’s availability and support, visiting clergy and lay staff, staff support and recreational activities. New residents are also assisted to settle into the home through the information provided on entry to the home including the resident handbook and the residential agreement.

Management, care staff and recreational activity staff interviews demonstrate ways they provide new and ongoing residents with emotional support. Examples include identifying new residents’ likes and dislikes, providing new residents with an orientation to the home, introducing new residents to other residents, reassurance and one to one support. Volunteers and visitors from the community also assist in the emotional support of residents. Resident/representative interviews confirm they are satisfied with the way the home assists residents to adjust to life in their new home and with the ongoing care and support provided.
3.5 Independence
This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team’s findings
The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home according to their personal preferences and general health. Processes to achieve this include the assessment of residents’ abilities and staff practices to assist residents to maintain their independence. The home provides an environment in which relatives and community groups are welcome to visit. For example, relatives and community representatives are invited to join residents at special events celebrated in the home. Residents’ independence is also fostered through having personal items in their rooms, access to telephones, the provision of equipment to support independent living and newspaper deliveries. Management advise that support is provided for residents who wish to vote. The recreational activities program includes regular bus outings and occasional trips to a restaurant for lunch. Church services and communion is offered regularly at the home for residents who wish to access these. Residents are assisted to attend funerals in the community if they desire. Resident/representative interviewed expressed satisfaction with the ways the residents are assisted to achieve maximum 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 findings
The home meets this expected outcome

The home identifies and respects each resident's right to privacy, dignity and confidentiality through assessments, care planning and staff practices. For example, assessments include the identification of residents' preferred names. New residents and/or their representatives are provided with the home’s privacy policy and are requested to provide written consent for the collection and use of personal information. Staff interviewed confirm they have been informed of the need to maintain the confidentiality of resident information and described strategies for ensuring the residents’ privacy and dignity is maintained. Systems are in place for the secure storage of residents’ files and the destruction of confidential documentation. The living environment fosters the residents’ privacy through providing single room accommodation and lockable drawers. Processes are in place to support the dignity of residents receiving palliative care. Residents/representatives interviewed are satisfied with the way the staff respect and maintain residents’ privacy, dignity and confidentiality.

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

Team’s findings
The home meets this expected outcome

The home encourages and supports residents to participate in leisure interests and activities through assessment and care planning processes, providing recreational activity programs, bus outings, sing-alongs, one to one support and the celebration of special events. Leisure and lifestyle officers are employed to provide recreational activity programs five days per week. The recreational activity program includes a wide range of activities, for example,
musical activities, pet therapy, craft, art, beauty care, foot spas, cooking, bingo, games, reminiscence, poetry reading, interactive proverbs, news reading, word quizzes, arm chair exercises, gardening and shuffle board competitions between homes. Local school children visit and present singing as well as one to one interaction with the residents. Activities cater for residents’ various levels of physical and cognitive abilities. Staff report that residents who initially were isolating have found activities they enjoy and this has increased their sense of satisfaction. The home purchases books to provide the leisure and lifestyle staff with new ideas for activities and residents’ feedback is actively encouraged. Processes are in place for monitoring and evaluating the suitability of the activities provided, including residents’ attendance at activities and residents/representatives feedback through meetings and surveys. Residents/representatives are informed of recreational activities through the recreational activity programs on display and in residents’ rooms, flyers and verbal announcements. Residents/representatives interviewed are generally satisfied with the activities provided.

3.8 Cultural and spiritual life

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

Team’s findings

The home meets this expected outcome

The home has systems to value and foster residents' cultural and spiritual needs through the identification and documentation of residents' individual interests, customs, religions and culturally diverse backgrounds. The home celebrates special cultural and religious days, for example, football grand final day, St Patrick’s Day, Remembrance Day, Anzac Day, Mothers Day and Fathers Day, Valentines Day, Melbourne Cup Day, Christmas, Easter, Daffodil Day and other special events. Residents’ birthdays are acknowledged and celebrated. A Catholic priest and nuns visit the home daily to celebrate Mass and are available for residents to access if desired. Other clergy visit as required. Residents/representatives interviewed feel their cultural and spiritual needs are met.

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

Residents and/or their representatives are enabled and encouraged to participate in decisions about the care and services provided. Processes to achieve this include information provided prior to and on entry to the home, assessment and care planning processes, comments and complaints mechanisms, surveys, resident/representative meetings, provision of annual reports and opportunities to give feedback direct to management. Information that outlines the residents’ rights in relation to choices and decision making is provided for residents and their representatives in the resident handbook, the residential agreement and the Charter of Residents Rights and Responsibilities on display. Management, staff and resident interviews and documentation reviews demonstrate ways in which residents participate in decisions about the care they receive including choice of participation in decisions in activities, choice of doctor, choice of clothing, choice of personal items in rooms, choices of meals, choice of shower times, waking times and bed times. Resident/representative feedback indicates that residents are able to exercise choice and control over their care and lifestyles and have opportunities for input into the home’s service delivery.
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

Relevant information about security of tenure and residents’ rights and responsibilities is provided and discussed with prospective residents and their representatives prior to and on entering the home. Information about care and services, residents’ rights and feedback mechanisms is outlined in the residential agreement and the residents’ handbook. Any room changes within the home involve consultation with residents and/or their representatives. Ongoing communication with residents/representatives is through meetings, a regularly updated information folder and notices on display. Residents interviewed by the team feel secure of residency within the home and confirm awareness of their rights and responsibilities.
Standard 4 – Physical environment and safe systems

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

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

Team’s findings
The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for sources of evidence and additional information including a description of the overall system of continuous improvement.

The home has made planned improvements relating to the physical environment and safe systems including:

- The frailty of residents and their ability to participate in an “ageing in place” program necessitates greater need for regular carpet cleaning to ensure pleasant environmental living conditions are maintained at the home. An electric rotary carpet cleaner was purchased to assist this program and staff has been trained in the use.

- An environmental audit identified the need for replacement of the existing reverse cycle air conditioning unit in B wing of the home. This has enhanced the residents’ living environment and feedback has been positive regarding enhanced comfort.

- A workplace audit demonstrated a need for a handrail on the open side of the stairs to the back dock. This has been installed to enhance staff and contractors’ occupational health and safety.

- A new dryer was purchased to improve infection control guidelines through support of the clean/dirty flow of processes in the laundry.

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

Team’s findings
The home meets this expected outcome

The results of the team’s observations, interviews and review of documentation revealed that an effective system is in place to manage regulatory compliance in relation to the physical environment and the implementation of safe systems. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance related to the physical environment and the safe system includes:

- The Annual Fire Safety Statement certifying that fire equipment is appropriate and suitably serviced is current and on display.

- The NSW Food Authority licence, under the legislation governing food services to vulnerable persons has been received.
The home has occupational health and safety staff representatives who have completed occupational health and safety consultative education. All managers and clinical care coordinators attended education on changes to occupational health and safety legislation which became effective on 1 January 2012. Plans are in place to set up an occupational health and safety forum at the regional level to meet new OH&S legislation.

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

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development.

Education sessions and activities that relate to this standard include:

- Apply first aid – first aid certificates
- Chemical awareness training
- Fire awareness and evacuation procedures
- Food safety program – HACCP (hazard and critical control points)
- Follow basic food safety practices
- Healthcare Fire Safety Officer - re-accreditation
- Infection control
- Manual handling

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

Residents' needs are identified on entry and residents and their representatives are advised of care and services available at the home. Mechanisms, such as surveys, newsletters, quality improvement logs and meetings, allow residents and their representatives to have input into their living environment. The home is built on two levels and encompasses panoramic views of the surrounding countryside from all of the rooms. Accommodation consists of large single rooms with en-suite bathrooms; there is a large communal dining room on the lower level and a number of recreational and sitting rooms with adjacent servery areas across the four wings. Large windows and glass doors provide adequate lighting during daylight hours. Garden courtyards provide pleasant private areas for residents and visitors to sit outside during the day. Residents are invited to bring small items of a personal nature to decorate their rooms. Hand rails in the wide hallways, grab rails in the en-suite bathrooms and toilets, mobility aids, lifting equipment and access to a nurse call system contribute to the safe living environment. Internal temperatures are comfortably maintained by reverse cycle air conditioning systems. To ensure safety and security for all residents and staff all external doors to the building are locked at dusk and the building is monitored by a security patrol service at night. All residents interviewed expressed satisfaction with their living environment and the sense of security provided at the home.
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 an occupational health and safety system including comprehensive policies and procedures. Trained occupational health and safety (OH&S) staff members, who are representatives of different work areas, assume responsibility for monitoring the living and working environment and reporting hazards. Accident and incident data is presented, analysed and trended at staff meetings. The home monitors work practices which support a ‘no lift policy’, mechanical lifters are available, and staff complete manual handling training during orientation and annually. Personal protective clothing and equipment is available to all staff and was observed being used appropriately. Safe work practices which reflect regulatory compliance are documented and monitored. All staff are encouraged to report unsafe work practices. An OH&S risk profile has been formulated and is being actioned. Identified risks are recorded in the maintenance request book, prioritised for repair and actioned in a timely manner by the contracted maintenance services. There is a return to work program in place at the regional level and the manager is scheduled to complete training early in 2012.

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 in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. An emergency procedures manual is in place and a site specific disaster recovery manual outlines procedures in the event of an emergency evacuation and re-location of residents. A disaster box includes necessary equipment for use in an evacuation and a residents’ evacuation list is maintained. The home is equipped with fire warning and fire fighting equipment, extinguishers, fire blankets and hose reels all of which are regularly checked and maintained by external contractors. A staff member is trained as a fire safety officer level one. Staff confirm and records substantiate that compulsory annual education in fire safety and evacuation is convened. All staff interviewed are able to explain their role in the case of a fire or other emergency. Staff wear identification badges. There is a sign in/sign out register for residents, representatives, contractors and visitors. The home has security measures such as surveillance camera review of the front entrance, a night patrol security service, lock-up procedures, outdoor lighting and two staff at night.

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

Document review demonstrates the home has an infection control policy and program. Infection control key performance indicators and antibiotic usage are monitored, documented and analysed for trends on a monthly basis. Preventative measures include mandatory education for all staff disciplines, hand washing instruction and competency testing, an effective cleaning regime and a staff and resident vaccination program. Staff practices are
monitored to minimise the risk of cross contamination. The effectiveness of the home’s infection control program is monitored through audits and benchmarking with results discussed at meetings and at staff handovers. Staff interviewed stated they receive infection control education and have access to personal protective clothing and colour coded equipment. Spills kits are available throughout the home. Staff are able to demonstrate an awareness of infection control as it pertains to their work area. An outbreak kit is available in the clinical store room and regional managers also have extra supplies which can be accessed at short notice when required. An outbreak management resource folder is available in the carers’ room. Residents with specific infections have their linen and clothing washed separately using a very hot cycle. Staff are able to demonstrate correct infectious waste practices.

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

Catering

On entry to the home each resident has a food and beverage data sheet compiled. There are systems in place to ensure that residents’ food preferences are met and communication between care and catering staff support any changes to clinical nutritional requirements. A four week rotating seasonal menu is offered and food is freshly cooked each day. The cook advised that a dietician has reviewed the menu in relation to its nutritional value and some changes in line with resident preferences have been implemented. Catering staff have attended safe food handling training and implement these principles in the kitchen. Residents and their representatives provide comments about the catering services verbally to staff, through the comments and complaints system and at residents’ meetings. Interviews with the residents and their representatives indicated general satisfaction with the food service, confirmed that there is adequate quantity and variety of food available and that they are provided with alternatives if the menu is not to their liking on the day.

Cleaning

The living environment was observed to be clean and fresh. Cleaning work schedules and duties list guide the cleaning staff, who demonstrated a working knowledge of the home’s cleaning requirements, infection control practices and safe chemical use. The cleaning roster ensures all rooms, communal areas, hallways and offices are cleaned thoroughly according to a specific schedule. The team observed colour-coded cleaning mops, cloths and buckets and personal protective clothing in use in all areas. The cleaners’ storage areas were locked and the cleaning trolleys were not left unattended. Residents and their representatives interviewed by the team are very satisfied with the level of cleanliness of their rooms and of the home. Regular audits of the building and the cleaning service are undertaken and actions implemented to address any shortfalls.

Laundry

A contracted linen service manages the laundering of flat linen and all residents’ clothing is laundered on site. Care staff explained the laundering process and the labelling system in place to reduce loss of personal clothing. There is a system for distribution of residents’ clothes. The team observed the dirty and clean laundry flow and processes operating in accordance with the home’s infection control guidelines. All chemicals are auto dosed into the washing machines. Mops are washed on a separate cycle at the end of the cleaner’s shift. Residents and resident representatives interviewed stated all clothes are generally cleanly laundered and returned in a timely manner.