



**Aged Care**  
Standards and Accreditation Agency Ltd

## **Decision to Accredit Resthaven Nursing Home Paradise**

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Resthaven Nursing Home Paradise in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Resthaven Nursing Home Paradise is 3 years until 14 March 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 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: Resthaven Nursing Home Paradise

RACS ID: 6938

Number of beds: 40      Number of high care residents: 40

Special needs group catered for: 

- People with dementia or related disorders

Street: 61 Silkes Road

City: Paradise      State: SA      Postcode: 5075

Phone: 08 8336 5444      Facsimile: 08 8365 1028

Email address: paradise@resthaven.asn.au

### Approved provider

Approved provider: Resthaven Incorporated

### Assessment team

Team leader: Jane Anderson

Team member: Mary Dunn

Date of audit: 15 December 2008 to 17 December 2008

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

**Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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**Executive summary of assessment team's report**

**Standard 3: Resident lifestyle**

<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply

**Standard 4: Physical environment and safe systems**

<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

**Accreditation decision**

<b>Agency findings</b>
Does comply
Does comply
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<b>Agency findings</b>
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### **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.



Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of Home	Resthaven Nursing Home Paradise
RACS ID	6938

### **Executive summary**

This is the report of a site audit of Resthaven Nursing Home Paradise 6938, PARADISE SA 5075 from 15 December 2008 to 17 December 2008 submitted to the Aged Care Standards and Accreditation Agency Ltd on 24 December 2008.

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

The assessment team considers the information obtained through the audit of the home indicates 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 Resthaven Nursing Home Paradise.

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

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

The assessment team recommends there should be six support contacts 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 believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

# Site Audit Report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 15 December 2008 to 17 December 2008.

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 Anderson
Team Member:	Mary Dunn

## Approved provider details

Approved provider:	Resthaven Incorporated
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## Details of home

Name of home:	Resthaven Nursing Home Paradise
RACS ID:	6938

Total number of allocated places:	40
Number of residents during site audit:	40
Number of high care residents during site audit:	40
Special needs catered for:	People with dementia or related disorders

Street:	61 Silkes Road	State:	SA
City/Town:	PARADISE	Postcode:	5075

Phone number:	08 8373 0211	Facsimile:	08 8373 0976
E-mail address:	rhearn@resthaven.asn.au		

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Resthaven Nursing Home Paradise.

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

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

The assessment team recommends there should be six support contacts during the period of accreditation and the first should be within six months.

### **Assessment team's reasons for recommendations**

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

### **Audit trail**

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

### **Interviews**

	<b>Number</b>		<b>Number</b>
Chief executive officer	1	Residents	3
Board president	1	Relatives	2
Executive manager corporate services	1	Care coordinator	1
Executive manager residential services	1	Clinical nurse	1
Senior manager clinical services	1	Registered nurses	1
Senior manager residential services	1	Personal carers	3
Manager residential care services	1	Coordinator housekeeping services	1
Quality and infection control officer	1	Lifestyle staff	2
Occupational health and safety coordinator	1	Housekeeping staff	1
Executive manager human resources	1	Maintenance staff	1
Autumn care project officer	1	Catering staff	2
Continence nurse advisor	1		



### Sampled documents

	Number		Number
Residents' files and care plans	4	Personnel files	8
Computerised assessments, observations, progress notes	6	Resident agreements	2
Medication charts	12	Restraint assessments	4
Wound care charts	5	Lifestyle assessments and plans	7

### Other documents reviewed

The team also reviewed:

- Vision, mission and values statements, policies and procedures, strategic plan 2005-2010, organisational charts, business continuity plan
- Continuous improvement folder, activity report, action requests and log, audits, surveys, audit schedules, results of audits, surveys, performance measures for falls, skin tears and infection control, incident/injury report forms and collated incident data, project information and data, statistics and graphs, continuous improvement flow charts, management and department reports, corporate continuous improvement information
- Legislation list, State and Commonwealth correspondence, recall information, nursing registrations and staff lists, police check staff lists
- Education folders, questionnaires, attendance sheets, evaluation sheets, education schedule, information session handouts, completed individual questionnaires, credentialing packages, electronic staff training records, education and competency certificates, education pamphlets and information
- Comments and complaints folder, comments and complaints forms and log, correspondence and emails, cards and complimentary letters, comments and complaints action requests
- Permanent and temporary orientation information, staff handbook job descriptions, duty statements, rosters, performance appraisal documents, staff availability notices, leave sheets, signed staff and volunteer confidentiality statements, contracts of employment, staff handbook, recruitment policies and procedures, self learning program for registered nurses new to aged care, induction checklist for new and agency staff
- Meeting schedules minutes of various corporate, management, staff and resident meetings, including Quality and Safety Committee minutes, communication book, handover sheets, diaries, contractor and emergency lists and contact numbers, memoranda folder
- Residents' welcome and information package, pamphlets and posters outlining resident privacy and complaints mechanisms, resident newsletter 'Paradise News' and surveys
- Social and personal history forms, activity schedules, activity information and participation choices, activity surveys, evaluation sheets and results, lifestyle information, participation sheets, church schedules, individual activity sheets, resident communication book, consent forms, volunteer information package and induction documentation

- List of nurse initiated medications, resident medication management reviews, self medication information sheet 'A guide for residents. Why you need to know about your medicines, guide for staff administering topical medications dated 10 October 2008, individual resident's pharmacy reviews, psychotropic medication audit November 2008
- Brochures on 'restraint minimisation – information for registered nurses' and 'making decisions about restraint in aged care' for residents and relatives, four step restraint assessment tool
- Resident assessment and screening tools, resident nursing assessment database, interim care plan, various progress notes, six month care plan reviews, general practitioner notes, resident weights and other observations, various care plans, behaviour care plans, including identified triggers and required behaviour minimisation strategies, restraint authority, bowel and bladder charts and physiotherapist reviews and exercise plans, podiatrist assessment and progress notes, palliative care information, daily handover sheets
- Medication ordering forms, narcotic drug register, pharmacy procedures and delivery documents
- Clinical monitoring data and reports, wound care photographs, fluid and diet information and lists, infection control guidelines and management flow chart
- Emergency procedures folder and wall charts, fire suppression and monitoring systems, log and service records, preventative and corrective maintenance schedules, equipment and service provider lists, contract and service provider information, triennial fire safety certificate dated 16 November 2005, 1999 building certification instrument documentation and score, resident mobility and evacuation lists, laminated instruction sheet for chief fire warden at the fire panel, safety data sheets, asbestos register, contractors log book, induction process and badges, fire log record
- Maintenance request forms, pigeon hole, maintenance procedure manual, preventative maintenance schedule and work instructions
- Safe work operating procedures for some equipment, equipment information folders containing manufacturers handbooks, purchased goods list, occupational health safety and welfare housekeeping audits and schedule, cleaning audits, food hygiene audits and results, food and equipment temperature charts, hazard reports, material safety data sheets
- Infection control information, data and analysis, infection control training records, infection control resource folders
- Housekeeper guidelines, cleaning schedules and instructions, cleaning routines and schedule review report
- Local council's mock audit of the home's food safety plan and inspection of food safety with remedial action reports, Eastern Health Authority inspection dated 13 December 2007 with report on completion of remedial actions, dietary guidelines, meal plating and sizing information and descriptions, textured modified food descriptions, special nutritional needs, menu with four week cycle, weekly selection records, dietician report on the proposed summer menu 2008/09 with resident feedback, standard recipes
- Response to corporate housekeeping survey 2008, surface swabbing results, records of temperature checks for kitchen and pantry refrigerators, freezer and medication refrigerator, calibration records for refrigerator and freezer, record of cool room cleaning, schedules for daily and weekly room cleaning.

## Observations

The team observed the following:

- Internal and external living environment including hairdressing facilities and gardens, earthmoving equipment on building site for a new facility, building plans on display
- Interactions between staff and residents
- Activities in progress for groups and individuals
- Meal distribution, morning and afternoon tea being served and residents being assisted
- Storage of medications, medication trolley, medication rounds, nurses station, dressing trolley, medical and continence supplies, stock of toiletry supplies
- Computerised resident documentation
- Storage of staff files, resident files and care plans, archived documentation storage
- Equipment storage and availability for resident and staff use, hand-washing facilities
- Staff room with noticeboards displaying occupational health and safety, continuous improvement and education information, staff 'pigeon holes'
- Resident information, including comments and complaint information, activity calendars and notices and the day's menu on dining area noticeboard, community information
- Suggestion box and 'we want to hear from you' forms
- Kitchen, laundry, general stores areas, locked chemical store, cleaners' trolleys and supplies, clothes labelling machine, colour coded equipment and description posters, chemical posters, tags for faulty equipment
- Manual handling, infection control and chemical safety posters
- Evacuation and assembly information and maps, resident and visitor emergency information in residents' rooms
- Staff using the hand-held phone system to communicate across the home, hand-washing facilities and staff washing hands and wearing personal protective equipment, first aid kits in various areas
- Fire extinguisher tags with last test in September 2008, fire indicator panel and mimic panel, fire suppression equipment, entry and exit point lighting, site maps displayed
- Visitor and contractors sign in and out books with identification tags
- Resident lifestyle resources, communal resident computer in activity area
- Personal belongings in residents' rooms
- Residents mobilising with and without staff intervention and assistance
- Fenced areas to maintain safety, including around the adjacent building site, key pad locks, personal nurse call pendants
- Various manual handling and chemical safety posters.

## **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

Resthaven Nursing Home Paradise uses a continuous improvement framework to monitor compliance with the Accreditation Standards and identify opportunities for improvement. An organisational strategic plan and site business plan guides the continuous improvement direction of the home with directed projects monitored through site and organisational meeting processes. The home’s framework incorporates audits, surveys, incident and hazard reports, continuous improvement suggestions, comment and complaint mechanisms, meeting processes and education sessions. The home’s Quality and Safety Committee meet each month with a representative membership, to discuss a range of topics through a standing agenda. Deficits are identified, actioned and monitored and information is disseminated at relevant staff, management and resident meetings. Residents and staff are aware of and contribute to the continuous improvement processes.

Examples of continuous improvement activities and achievements in management systems, staffing and organisational development in the last 12 months include:

- Increasing resident attendances at resident and building meetings by providing residents reminders during meal times. While reminders on noticeboards were posted in the communal area, residents told us they would not always remember that the meetings were on. Residents told us they are satisfied with how they are reminded.
- Improving information available to residents and representatives and monitoring of their satisfaction with the home’s services, by initiating an informal meeting with new residents and representatives one to two months after entering the home. Following suggestions by residents and representatives, additional information about security gates is being added to the residents’ information handbook. In addition, the home has initiated a staff information sheet in the resident welcome pack that introduces key staff. Key staff names and photographs ensure residents and representatives can easily identify key staff. The information provided gives brief descriptions of their roles, responsibilities and contact details, informs residents and representatives about the relevant person to speak with about their specific concerns and questions and how to contact them.
- Adjusting staff hours to suit the changing needs of residents, following feedback from staff, residents, focus group information and an external audit. A call bell audit was undertaken and these are now being conducted each month to monitor call bell equipment and efficiency of staff practice. Increases in staff hours during identified peak times have reduced resident waiting times. Call bells are now linked to the portable phone system to alert staff to residents’ needs. Staff duty statements have been reviewed to identify an efficient work flow and to provide staff with adequate work guides. A resident survey conducted in November 2008, indicates residents and representatives are generally satisfied with changes.

## 1.2 Regulatory compliance

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

### Team's recommendation

Does comply

The organisation has processes to identify changes to legislation, professional standards and guidelines, notify management and staff, and confirm changes are implemented at the site. Corporate action, including consultation with the home's management is taken if policies and procedures require review to reflect legislative changes. Staff and residents are informed about policy and procedure changes where appropriate, through meetings, newsletters, memoranda, notices and education sessions. For instance, the new corporate orientation process now includes mandatory reporting and elder abuse information and questionnaires, to assess staff understanding of their responsibilities.

## 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

Corporate and site specific processes provide management, staff and volunteers with opportunities to maintain and increase their knowledge and skills, understand the mandatory needs of their roles and responsibilities and undertake specified training where appropriate. Site and corporate education planners are based on the care and lifestyle needs of residents, legislated requirements, staff development opportunities and staff requests. Staff attendances and training evaluations are monitored to maintain required staff skills, such as computer use and continuous improvement, and to provide appropriate facilitators for sessions.

## 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

The home has processes to identify, action and record comments and complaints and monitor complainant satisfaction. Residents and representatives are provided information about internal and external complaint mechanisms when they enter the home. Suggestion boxes and comment and complaint forms are available for use. Brochures about external complaint mechanisms are available in different languages. Regular resident meetings and annual focus groups provide forums to discuss concerns, compliments and complaints, and management provide updates and information about current concerns and projects. External advocacy agencies provide sessions to inform residents and staff about their services and facilitate meetings between

residents, families and the home. Information about comments and complaints is collected, collated and discussed at the Quality and Safety Committee meeting to identify trends and opportunities for improvement. Residents and representatives are generally satisfied they have access to complaints processes and that their concerns are investigated and answered.

### **1.5 Planning and leadership**

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

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

Does comply

The organisation's vision, mission and values statements, which are displayed in the home are documented in various organisational documents, staff and resident handbooks, the strategic and business plans, newsletters, and on the organisation's website.

### **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

Corporate recruitment, orientation and induction processes identify and orientate appropriate staff to the organisation. Site orientation includes 'buddy' shifts for all new staff. Temporary or contracted staff are orientated to the home's processes and the education program supports the identified skills and knowledge needs of staff. Policy and procedure documents, staff handbook, job descriptions, and work instructions guide staff in their roles and responsibilities. A base roster is adjusted to meet residents' changing needs and the needs of the home. For instance, additional hours were introduced to support residents' consistent behaviour needs and peak care need times. Feedback mechanisms and clinical indicators are used to monitor rostering effectiveness. Planned and unplanned leave is managed by authorised staff. A registered nurse is available in the high care area at all hours of the day. Specialist services are conducted through the registered nurse or contracted external providers.

### **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

Internal and corporate processes provide for adequate goods and equipment to residents and staff. Delegated staff are responsible for the appropriate supply levels and condition of equipment and goods, within budgetary constraints and the home's policies. Credit and recall processes are in place. New or improved equipment is identified, risk assessed and trialled where possible and feedback provided on fitness for purpose. Safe work instructions are developed and maintained and maintenance programs monitor equipment safety and effectiveness. Internal and external audits, surveys, meetings, incident and hazard reporting, monitor equipment and inventory outcomes and opportunities for improvement. Residents, representatives and staff are satisfied with the goods and equipment available to provide 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 organisation and home have processes to provide management, staff and residents with access to sufficient, accurate and appropriate information. Scheduled meeting and reporting processes facilitate relevant information sharing between management, staff and residents, including information on the current building program. Policies and procedures are available via a touch screen database, plus internal communication via email, SMS messaging and computer intranet. There is a system of secure storing, archiving and retrieving information, including computerised care documentation. Staff are satisfied they have sufficient information available to them to meet residents' needs. Residents have access to information to assist them to make decisions about their care and lifestyle on entry to the home, and on an ongoing basis.

### **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 home has processes for maintaining the standard of service provided by external contractors and suppliers based on resident and organisational requirements. Corporate processes identify and contract suitable external providers according to set criteria, including police checks and organisational requirements. Written agreements detail the type and quality of service to be delivered. Regular performance assessments and stakeholder feedback monitors contractor suitability and address issues when performance is not satisfactory. The home uses preferred provider lists to identify suitable contractors. Residents, representatives and staff are satisfied with external provider services.

## **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

Audits, surveys, comments and complaints mechanisms, meetings and informal discussions are monitored by staff and management to identify opportunities for improvement and to monitor the Accreditation Standards. Clinical indicator information is monitored to identify trends and provide individualised care for residents. Scheduled audits are completed according to the audit schedule and non-compliances actioned. Continuous improvement activities are monitored through the Quality and Safety Committee. Information is disseminated to staff, residents and representatives through relevant meetings, feedback processes, including newsletters and individual discussions.

Examples of continuous improvement activities and achievements in health and personal care over the last 12 months include:

- A corporate initiative to review restraint practices and reduce the use of restraint commenced at the home in March 2007. The project incorporated organisational research, identifying alternatives to restraint and clinical pathways to guide registered nurse decision making, identifying and improving staff knowledge and understanding, and developing an information pamphlet and education package for families and representatives. Restraint minimisation is promoted by the organisation and is now a component of the corporate induction training. The home has continued to reduce restraint in the home through these initiatives.
- A clinical procedure manual has been introduced to provide care and nursing staff with appropriate current practice procedures determined by the organisation. The manual has been developed by the organisation to ensure all staff have access to current practice information.
- The home commenced a pear juice trial to reduce the 'as required' aperients to improve the comfort of residents. The juice is now provided to several residents to assist their natural bowel action, improve resident comfort and maintain residents' dignity.

### **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



Corporate and site specific processes identify, action, review and disseminate information about legislation, regulations and guidelines. Corporate officers identify changes through professional and business associations, contractors and government notices. A legislation list is corporately maintained and provided to management. Policy documents, which are corporately reviewed, are linked with relevant legislation. Information about legislation changes is disseminated to staff and residents through meetings, education sessions, newsletters and payroll slip notices. Staff practices are monitored through corporate and site specific processes, including resident and representative feedback mechanisms, clinical indicators and audits. For instance routine audits monitor nursing registrations and corporate processes ensure allied health registrations are current. The home has processes to action non-compliances, including education and disciplinary actions.

### **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 education schedule is developed each year and added to as needs and opportunities are identified. For instance, training is provided for specific care needs, such as continence products and use, clinical effectiveness and palliative care. The education schedule and other training information is available in staff areas. Enrolled nurse credentialing is conducted each year and records maintained. Training and education information is disseminated to relevant staff, residents and representatives. Staff practices are monitored through results of audits, surveys, management information and observation by senior staff. Staff are encouraged to participate in training sessions and further staff development through a corporate staff development fund and adjustments to rosters.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences when entering the home and on an ongoing basis. Residents’ needs and care strategies are regularly reviewed and evaluated in consultation with residents, representatives and care staff. Information regarding each resident’s care needs is documented in care plans that are easily accessed by staff. Handover sheets, alerts on the computerised resident care database and a diary are used to assist staff communication in day-to-day resident care. The home uses a range of health professionals to direct and assist in providing appropriate care for residents. Clinical audits are scheduled and trends are identified. Residents and their representatives are satisfied with the consultation, care and services provided and how their care needs are managed.

## 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

The home has assessment processes to identify resident’s specialised nursing care needs and appropriate care plans are implemented. Registered nurses attend to all specialised nursing care, including complex wound management, bowel and pain management. Enrolled nurses and carers work within their role and function, reporting to the registered nurse when changes in residents’ health or care needs require re-assessment. Residents are referred to general practitioners and external specialists when additional expertise is required. Specialised care needs are evaluated regularly in consultation with residents and representatives, and care plans updated. Residents and representatives are satisfied the specialised nursing care they receive is according to their needs and preferences.

## 2.6 Other health and related services

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

### **Team’s recommendation**

Does comply

The home has processes for referring residents to health specialists in accordance with their assessed needs and preferences. A physiotherapist, podiatrist, continence nurse advisor and several general practitioners visit the home on a regular basis. Referrals to other health professionals and services such as a speech pathologist, occupational therapist, dietitian, dentist and palliative services are initiated in consultation with residents and their representatives as required. Residents are assisted to attend external appointments when necessary. Referrals and care recommendations are documented in electronic resident files and carried out. Residents and their representatives are satisfied with the referral arrangements to allied health and medical practitioners, and the care provided.

## 2.7 Medication management

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

### **Team’s recommendation**

Does comply

Registered nurses and credentialed enrolled nurses administer medications from blister packs prepared by a contracted pharmacist. A registered nurse assesses residents’ medication administration needs on entry to the home and then at regular intervals. ‘As required’ medication is administered in consultation with a registered nurse who reviews its ongoing use of and effectiveness. Change to the medication regime is discussed with the medical practitioner as appropriate. A Medication Advisory Committee monitors and reviews current medication practices, incidents and changes to legislation. Review processes, including incident reporting and internal audits are used to

monitor and maintain safe and correct administration, supply and storage of medications. Residents and their representatives are satisfied that medications are managed safely and correctly.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

The home has processes for identifying, assessing, planning, managing and reviewing the effectiveness of strategies used to manage residents’ pain. Staff are aware of non-verbal signs of pain in residents with cognitive impairment, and use appropriate assessment tools. Processes to address pain, include medication and alternative therapies. Strategies for managing pain describe residents’ specific needs and preferences, such as repositioning, massage, hot packs and pressure relieving devices. Registered nurses monitor residents’ use and the effectiveness of ‘as required’ pain relieving medications and implement further assessments where indicated. Nursing staff refer to external specialists where appropriate. Residents and representatives are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively as required.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

The home has a process in place to maintain the comfort and dignity of residents at the end of their life. On admission or soon after, residents and their representatives are asked to provide information on end of life wishes. The organisation has completed a project to increase staff and residents’ knowledge and use of advanced directives. The home encourages all residents and their representatives to discuss and complete a ‘Good palliative care order’. Emotional and spiritual support is included in palliative care plans that guide staff practice. Staff have training in palliative care and specialist palliative care services are consulted when required. Appropriate equipment is available. Staff, the chaplain and social worker support families and the resident during this time. Families are appreciative of the palliative care provided at the home.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Nutrition and hydration based on residents' needs, likes and preferences is provided by the home. Assessment processes, including body mass index plus consultation with the resident or their representative, identify nutrition or hydration risk factors. Dietary requirements, portion sizes and food and fluid preferences are documented and are available to all staff who serve meals or drinks. Changes are promptly communicated to the catering staff. Requirements for assistance with meals are noted. Residents with swallowing difficulties are assessed by a speech pathologist and food consistency modified accordingly. Residents with specific dietary needs are accommodated and menu selection modified to suit individual preferences. Dietary supplements are implemented when inappropriate weight loss is identified. The nutritional content of the home's menu is reviewed by a dietician and recommendations have been incorporated. Residents and representatives are satisfied with the home's approach to meeting their nutrition and hydration needs.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

The home has processes for identifying, assessing, reporting and reviewing resident skin impairment and implementing strategies to maintain residents' skin integrity. Planned skin care strategies, incorporating preventive measures and specialised equipment are regularly reviewed and evaluated by nursing staff. Staff receive relevant training and report changes in skin condition to the registered nurse. Incident forms are completed where a break in residents' skin integrity is observed. Incident causes are analysed to identify trends or opportunities for improvement across the home and action taken to improve individual care needs. Data is collated each month, including photographic evidence of wound progression. Referral to an external specialist is arranged as required. Residents and representatives are satisfied with the care provided in relation to their skin care.

## **2.12 Continence management**

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

### **Team's recommendation**

Does comply

The home has processes for assessing residents' continence history, bladder and bowel patterns, mobility and the level of assistance required to promote and maintain effective continence. Regular care plan reviews and staff feedback assist in monitoring the effectiveness of the planned continence management strategies and any changes that occur. The organisation's continence nurse advisor visits the home each week to assist staff to plan and evaluate programs for residents and provide specific services for residents' continence care needs. A training plan is in place to improve staff knowledge and understanding of continence practice. Urinary tract infections are monitored and strategies implemented to minimise or prevent their recurrence. Residents and their representatives are satisfied with the care they receive to meet their continence needs.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

The home assesses and plans behaviour management strategies to meet the individual needs of residents with challenging behaviours. The triggers of residents’ behaviour are identified and strategies to redirect residents’ are based on their personal interests or needs at that time. Strategies are developed in consultation with residents, their families and staff and include one-to-one activities, lifestyle programs and adapting the environment. Staff have easy access to the residents’ behaviour care plans and provide feedback on the effectiveness of the strategies. The home seeks advice from external specialists including the organisation’s project officer dementia service as required. Regular dementia training is provided. The effectiveness of individual strategies is regularly reviewed in consultation with all parties. Minimal restraint is used wherever possible to address residents’ safety needs. Residents and their families are satisfied with the home’s approach to managing challenging behaviour.

### **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

Residents’ mobility and dexterity needs and falls risk is assessed using a multidisciplinary approach. Strategies such as mobility aids, appropriate manual handling and exercise programs assist to maintain or improve residents’ mobility and dexterity. Progress is monitored and regularly reviewed. Daily handover information and care plans are easily accessible for care staff to be aware of each resident’s mobility needs, manual handling precautions and support individual and group activities to optimise mobility. A physiotherapist provides assessment, treatment programs and exercise plans for staff to follow. The home has environmental inspections, hazard reporting and a responsive maintenance system to correct any safety hazards. Falls data is monitored and analysed and addressed in consultation with care staff, residents and allied health professionals. Residents and their representatives are satisfied with the home’s approach to maintaining residents’ mobility and dexterity, including the mobility assistance and aids provided by the home.

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

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

#### **Team’s recommendation**

Does comply

The home has processes for assessing residents' oral and dental hygiene needs, planning care and meeting ongoing needs and preferences. Care plans, which are regularly reviewed and evaluated, indicate whether residents have their own teeth or dentures and the strategies to support resident oral hygiene needs. Care staff assist residents to attend to their daily oral hygiene needs. Two dentists visit the home as required and provide staff training in oral and dental care, including dentures. Residents are supported to access dental care of their choice and are referred for speech pathology assessment for swallowing difficulties. Residents' diet and oral and dental care is modified according to assessed needs. Residents and representatives are satisfied with the oral and dental care provided by the home.

## **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

### **Team's recommendation**

Does comply

Resident sensory deficits are comprehensively assessed as a component of the home's admission, and communication management care plans are reviewed every six months. Strategies are identified and monitored to facilitate greater sensory access. This includes large font posters, playing and cue cards, altered telephone systems and a range of condiments. Lifestyle activities include strategies to stimulate residents' senses. Care staff are aware of individual resident's sensory needs and how to manage them. Residents and representatives are satisfied with home's approach to managing residents' sensory loss.

## **2.17 Sleep**

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

### **Team's recommendation**

Does comply

The home has processes to assess and review residents' natural sleep patterns, including day time naps. Individualised management plans include residents' sleep habits and sleep preparation needs. Residents' preferences to promote sleep, such as sleeping position, hot drinks, night-lights and television and radio habits are recorded in care plans and assist staff to support residents' settling routines. Sleep disturbances are investigated and strategies are implemented to manage them. Residents and representatives are satisfied with the assistance given to enable them to 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 recommendation**

Does comply

Continuous improvement activities and achievements are monitored and evaluated through care and lifestyle assessments and reviews, clinical and management information, scheduled audits and surveys, individual discussions and observation of lifestyle results. A risk management approach is used to identify and action suggestions, to provide and support expected results. Residents and representatives are familiar with and participate in the home’s continuous improvement system.

Examples of continuous improvement activities and achievements in the resident lifestyle in the last 12 months include:

- Developing a DVD, video and magazine library in the activity hall to provide residents with a constant store of entertainment. Bookshelves and lists have been developed to house the items to provide better access and storage.
- Following the lack of clear understanding about lifestyle processes and roles, the lifestyle team developed an information booklet to advise staff about resident lifestyle. This includes an overview of diversional therapy and goals of lifestyle, how care and nursing staff can assist residents with activities and the activities individual residents participated in both in groups and individually.
- Changing resident group lifestyle activity timeframes until the afternoon following resident and representative comments and results of resident participation at group activities. Individual activities are provided primarily for residents in the mornings to assist in stimulating or entertaining them. New group activities initiated in the afternoons, following residents’ comments about some activities being ‘boring,’ include cooking and small concerts. Resident surveys and individual conversations indicate residents and representatives are generally satisfied with the new activities.
- Purchasing a large plasma television for residents in the communal lounge area to accommodate sensory requirements and provide more residents with a view to the television.

#### **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

Delegated management receive information about changes to legislation, regulations, standards of practice and guidelines. Changes are actioned where appropriate and discussed at the various meetings where appropriate. Processes are in place to provide quality care and services for residents, such as specific activities for residents with dementia and provide activities to promote and support cultural and leisure activities. Staff practices are monitored through audits, feedback mechanisms, clinical and management information and observation by senior staff. Meetings are used to disseminate information about how the changes will impact on staff practices and audits provide information about the maintenance of legislated and expected practices.

### **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

Corporate and site specific inductions, job descriptions and procedure manuals guide staff and contract personnel in their roles and responsibilities. A training needs analysis is used by corporate training officers to identify actual and perceived training needs and requests by staff. For instance, dementia training has been identified as mandatory for all staff and is now provided through corporate training processes. The site specific training plan is developed each year based on identified needs, staff requests and site mandatory sessions. This includes advanced directives and grief and loss, in addition to specific lifestyle training and network meetings for lifestyle staff. Attendances at training sessions are recorded and monitored. Evaluation feedback is used to measure the receptiveness of staff to the training environment, facilitator and training content and identify opportunities to improve staff training.

### **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

Care and lifestyle assessments identify specific emotional needs of residents when they enter the home. Strategies and interventions are actioned to enable residents to maintain their preferred level of participation in their daily lives, where appropriate. This may include having their meals in their rooms, referrals to the chaplain or social worker and small group activities with close friends. Volunteers and community visitors provide individual visits and staff encourage residents to participate in a variety of activities. Residents are encouraged to bring personal items to decorate their areas, with items of comfort and familiarity. Friendships are fostered between residents with similar interests and memorial services are provided for residents to celebrate past residents' lives. Cultural and theme days are organised to provide familiar environments. Residents and representatives are generally satisfied their emotional needs are identified and appropriate assistance provided where required.



### **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

Care and lifestyle assessments provide information about residents' individual independence needs and preferences. Physiotherapy assessments and individual exercise plans, group exercises and some physical games are provided to routinely promote mobility and dexterity. The home encourages independence through assistance to participate in community, the home's leisure activities and daily activities of living, including folding laundry. Communication and sensory assistance through provision and maintenance of aids and considerations of specific needs, such as hearing and visual needs, assists residents to participate in the home's activities. Eating aids promote independence and dignity and residents are not rushed. Residents and representatives are generally satisfied their individual independence needs are identified and supported.

### **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

Assessment, consultation and communication processes identify individual dignity and privacy needs and preferences of residents. Specific needs, while generally identified and known by staff are not always documented in care and lifestyle plans. Staff, residents and representatives are provided information about privacy and confidentiality. Education sessions about elder abuse and mandatory reporting have been conducted for staff and volunteers. Residents are accommodated in mainly shared rooms. Established staff practices to protect residents' dignity and privacy, are used and are monitored through feedback mechanisms. Small communal rooms are available for residents and families to meet privately. Some activities include consideration of specific sensory, mobility and behaviour needs of residents. Resident files and information is stored securely. Residents and representatives are generally satisfied residents' privacy and dignity is considered and preserved.

### **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' individual histories, interests and preferences are identified when they enter the home. This information is used to add to the activity planner where appropriate. Individual activities are facilitated by staff or volunteers and used to encourage resident participation. Lifestyle assessments identify residents' preferences for group sizes and types of activity, sensory, mobility, cognitive and cultural needs. This information, along with observation, is used to prepare a lifestyle plan with care goals and strategies to assist the residents achieve their goals. The review process includes all feedback mechanisms. Suggestions and complaints are actioned and results are reported to residents meetings and relevant site meetings. Residents and representatives are generally satisfied with the range of activities and the support provided by staff.

### **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

Lifestyle assessments identify specific needs, preferences, cultural backgrounds and routines of residents when they enter the home and on an ongoing basis. The corporate multi-cultural officer provides requested information and resources about residents' specific language and cultural needs. Scheduled services from different denominations and chats are provided in the home and residents are assisted to attend religious services in the community. Visiting clergy information and dates are provided on noticeboards throughout the home and staff have access to other ministers and religious communities, when needs are identified. Specific cultural days, such as Remembrance day, Mothers day, religious celebrations, national days and residents' birthdays are celebrated. Passed residents' are remembered through individual memorials and through the annual memorial services. Residents and representatives are satisfied with the range of religious services provided, the support to attend and the observance of their cultural needs and preferences.

### **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

Care and lifestyle information gathered from residents and representatives, when they enter the home and on an ongoing basis is used to develop strategies to enable residents to participate in choice and decision making. Residents are generally informed about care and lifestyle practices and routines to consider and make choices about. For instance, the choice about the provision of bed rails at night for safety, preferences for sleeping, maintaining 'risky' activities and rights to refuse. Authorised representatives are identified and consulted regularly. Resident meetings, surveys, comment and complaint mechanisms, annual focus group and individual discussions are provided for residents and representatives to voice their opinions and concerns. Information is disseminated to residents and representatives through

newsletters, posters and meetings. Residents and representatives are generally satisfied they are supported to make their decisions and that these do not impinge on other residents.

### **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

Residents and representatives are provided information about the home and the services they provide prior to and on entry to the home. Corporate services provide individual resident agreement consultation and review most aspects in detail with them. This includes internal and external comment and complaint mechanisms, rights and responsibilities, level of services and fees and charges. Security of tenure is generally discussed in the home. Management and staff consult with residents and representatives about possible room or facility moves, to assist resident transfer to suitable accommodation as their care and preference needs change. Residents and representatives are generally satisfied with the information provided and the processes used to assist them to understand their rights and responsibilities and feel secure in their tenure.

## **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**

Audits and surveys are conducted by corporate personnel and the home’s staff to monitor processes and services in the home. Site specific and corporate meetings identify and monitor deficits in occupational health and safety, infection control and housekeeping needs. Issues are actioned and monitored until resolved. Feedback mechanisms, such as comment and complaint processes, focus groups, resident meetings, continuous improvement forms and informal chats are used to identify opportunities for improvement and monitor compliance with the Accreditation Standards.

Examples of continuous improvement activities and achievements in physical environments and safe systems in the last 12 months include:

- Internal audits, staff comments and incident reporting processes identified a need to improve manual handling outcomes for residents and staff. Manual handling risks have been reduced following the review of equipment, work practices and duty statements and care plan information. Results of actions initiated, included reduced manual handling risks by motorising laundry and medication trolleys, developing a trolley to easily move beds and a tool to easily open large catering containers, purchasing smaller linen bags to reduce injury and inappropriate staff practices, introducing pictorial information in care plans about how to safely manoeuvre residents’ legs into beds and safe working procedures for specific tasks, such as rubbish collection.
- Developing fire warden and other emergency role cards to prompt staff action. The cards were developed following feedback from a mock drill. The cards provide information about the appropriate actions to be taken by specific roles during an emergency to minimise the risk of panic and disorganisation. This means that staff pick up and follow the directions detailed on the cards specific to their assigned roles. Staff said this gave them more confidence in emergency situations.
- Improving the comfort of residents following residents and representative complaints about the air temperature. Housekeeping staff now monitor air conditioning temperatures through observation of and asking residents. Residents and representatives said temperatures had improved.

### **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

Corporate and site specific processes identify changes to legislation, notify management and staff and confirm changes are implemented. Routine corporate, site and external audits, surveys and training questionnaires, generally identify and monitor legislation, regulation and guideline compliance. For example, recent food safety and fire triennial audits identified gaps in maintaining legislative requirements. Action plans were developed and implemented to resolve all deficits within the prescribed timeframes and reaudits are scheduled. Hazard and incident processes and workplace audits monitor the safety and comfort of the home. Standing legislative compliance is included on all routine meeting agendas to disseminate information.

#### **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

Mandatory training days are scheduled and contain information and practical sessions for all staff, including individual manual handling needs, food safety and hygiene, fire and emergency procedures and infection control. Mandatory attendances are monitored through a corporate database. Quality projects, such as increasing the participation in staff immunisation, include education components to assist the promotion of the topic and staff understanding. New equipment training sessions provide practical safety use and instruction. Corporate training session evaluations have been recently used to change the fire and emergency training approved provider for the organisation. Staff are satisfied with range of topics and the assistance to support their identified training needs and requests.

#### **4.4 Living environment**

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

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

Does comply

The home has processes in place to provide a safe comfortable environment consistent with residents' care needs. Residents are encouraged to personalise their areas with furniture and personal items. There is a central dining and activity room, garden outlooks and a large function area adjacent to the home. Residents and their representatives have been consulted on the current building program for a new two storey home next to the existing building. The home maintains a corrective and preventive maintenance program, including testing of electrical equipment. The living environment is monitored by the home's environmental audits, and incident and hazard reporting system. Where restraint is required for resident safety, assessment, consultation and monitoring occurs with residents and representatives. Residents and representatives are satisfied with the safety and comfort of the living environment, including residents' rooms and communal areas.

#### **4.5 Occupational health and safety**

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

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

Does comply

The homes' management has systems and processes in place to generally provide a safe working environment that meets regulatory requirements. Policies and procedures guide staff with safe practices. Staff are provided with equipment fit for the purpose, which is regularly maintained through the planned preventative and corrective maintenance programs. Personal protective equipment is provided and is used by staff who are aware of its effective use. There are corporate initiatives to encourage staff health including preventive physiotherapy, health checks during safety week and support programs for injured workers. Occupational health and safety incidents are reported, investigated, followed up and collated to indicate any trends. Staff are satisfied that they have a safe working environment.

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

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

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

Does comply

The home's management has implemented systems to provide a safe environment and work systems that minimise fire, security and emergency risks in the home. There is a fire safety program, including mandatory training of all staff. Regular maintenance programs are undertaken in the home plus maintenance of the security, fire and emergency services are contracted to external services and ongoing electrical testing of equipment. The fire panel and several mimic panels identify the location of the fire and staff communication is quickly enabled through the cordless phone system. The home has a Triennial Fire Safety Certificate and meets the safety requirement of the 1999 Certification instrument. Residents, representatives and staff are aware of their responsibilities and actions in response to an emergency event.

#### **4.7 Infection control**

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

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

Does comply

The home monitors resident and staff infections. The manager residential care services is responsible for coordinating the home's infection control system. All staff have access to and use personal protective equipment in their work processes. There is an appropriate waste and sharps disposal system and pest control programs are in place. Refrigeration temperatures are consistently monitored throughout the home and there is a food safety program in place. The organisation has a business contingency plan, which includes infectious gastroenteritis and pandemic influenza outbreak procedures and provides for

the availability of appropriate equipment throughout the home. Infection control training is included in corporate and internal inductions. Housekeeping staff have adequate infection control systems and practices in place and maintain a clean environment. An infection control surveillance program monitors the incidence and trends infections. Residents, their representatives and staff are satisfied with the practices employed to reduce the possibility of infections in the home.

#### **4.8 Catering, cleaning and laundry services**

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

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

Does comply

The home has processes for providing hospitality services consistent with residents' individual needs and preferences. The on-site kitchen provides residents variety of choice with a seasonal menu. Residents are consulted in menu development and review process. The coordinator housekeeping services monitors the home's food safety plan and incorporates resident feedback into the menu review, along with recommendations from dietician reviews. Specific food requirements and preferences are catered for, and menus can be adjusted to cater for special diets or culturally specific foods as required. Residents' personal clothing and general linen is laundered at the home and a clothes labelling service is provided to minimise lost items. Cleaning schedules provide appropriate cleaning of residents' rooms and communal areas. All hospitality staff have regular training in infection control, chemicals and manual handling, including induction training for new staff. Material safety data sheets are readily available to staff. Audits, inspections and resident feedback processes monitor efficiency and satisfaction with hospitality services. Staff are satisfied their work environment assists them to provide services to meet residents' needs and wishes. Residents and representatives are generally satisfied with the catering, cleaning and laundry services provided.