



Aged Care
Standards and Accreditation Agency Ltd

Decision to Accredit St Sergius Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit St Sergius Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of St Sergius Nursing Home is 3 years until 10 June 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:	St Sergius Nursing Home		
RACS ID:	2819		
Number of beds:	148	Number of high care residents:	115
Special needs group catered for:	<ul style="list-style-type: none">Russian specific and Slavic community		

Street/PO Box:	1 Gilbert Street				
City:	CABRAMATTA	State:	NSW	Postcode:	2166
Phone:	02 9727 9844		Facsimile:	02 9724 6265	
Email address:	ahughes@stsergius.org.au				

Approved provider

Approved provider:	Russian Relief Association of St Sergius of Radonezh
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Assessment team

Team leader:	Margaret McCartney
Team member/s:	Ruth Heather
Date/s of audit:	17 March 2009 to 20 March 2009

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

Accreditation decision

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

Accreditation decision

Agency findings
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Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	St. Sergius Nursing Home
RACS ID	2819

Executive summary

This is the report of a site audit of St Sergius Nursing Home, RACS ID 2819, 1 Gilbert Street CABRAMATTA NSW from 17 March 2009 to 20 March 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be three (3) years.

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 17 March 2009 to 20 March 2009.

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

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

Assessment team

Team leader:	Margaret McCartney
Team member:	Ruth Heather

Approved provider details

Approved provider:	Russian Relief Association of St Sergius of Radonezh
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Details of home

Name of home:	St. Sergius Nursing Home
RACS ID:	2819

Total number of allocated places:	148
Number of residents during site audit:	138
Number of high care residents during site audit:	115
Special need catered for:	Russian specific and Slavic community

Street/PO Box:	1 Gilbert Street	State:	NSW
City/Town:	CABRAMATTA	Postcode:	2166
Phone number:	02 9727 9844	Facsimile:	02 9724 6265
E-mail address:	ahughes@stsergius.org.au		

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be three (3) years.

Assessment team's recommendations regarding support contacts

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

The assessment team recommends there should be three (3) support contacts during the period of accreditation and the first should be within six (6) months.

Assessment team's reasons for recommendations

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

Audit trail

The assessment team (the team) spent four (4) days on-site and gathered information from the following:

Interviews

	Number		Number
President of the board	1	Residents	22
Director of care	1	Representatives	8
Deputy director of care	1	Recreational activity officers	5
Hostel coordinator	1	Physiotherapist	1
Educator	1	Physiotherapy aides	2
Documentation coordinator	1	Podiatrist	1
Registered nurses	5	Laundry staff	2
Assistants in nursing/care service employees (care staff)	12	Cleaning contract manager	1
Maintenance supervisor	1	Cleaning staff	1
Aromatherapy staff member	1	Catering staff	4

Sampled documents

	Number		Number
Residents' care files (including assessments, care plans, resident care meetings progress note reports, medical officers reports, hospital discharge letters and reports, diagnostic test results, medication monitoring reviews, and pathology reports)	17	Medication charts/medication identification charts	26
Work sheets/quick reference care plans	20	Pain management records	6
Wound treatment charts	23	Patch application history sheets	2
Bowel care charts	36	Restraint authorisation forms	22
Diabetic monitoring sheets	26	Restraint record sheets	17
Residents' observation records	29	Wandering residents' identification forms	3
Input/output charts	2	Sighting charts	3
Personnel files	8	Administration of oral medications competencies (care staff)	5
Food charts	7	Administering medications assessments (registered nurses)	4

Other documents reviewed

The team also reviewed:

- Accident and incident register book
- Accident and incident reports – staff and resident
- Accident and incident summaries
- Activities offered to residents list
- Aged care certification assessment instrument
- Aged care funding instrument assessments
- Air mattress allocations
- Annual reports
- Aromatherapy care plans
- Aromatherapy creams resident use lists
- Assistants in nursing folders
- Audit schedule
- Audits
- Bed making lists
- Bed rail protectors use list
- Behaviour management plans

- Blister pack checking records
- Blood glucose level monitoring lists
- Blue bath schedule
- Bowel management policy
- Bus outings likes and dislikes (low level care)
- Buzzer checklists
- Catering - food safety plan
- Catering – internal and external audit
- Catering – microbial food sampling reports
- Catering - NSW Food Authority licences
- Catering – resident food and diet lists
- Catering – temperature records
- Certificate of aromatherapy training module two (2003)
- Church service lists
- Cleaning – monthly schedule
- Cleaning – tool box training schedule
- Cleaning programs – nurses
- Clinical podiatry folder
- Comments and complaints register and folder
- Communication diaries
- Concert plan for 2009
- Consents for influenza vaccine
- Continence aid allocation records
- Continuous improvement logs
- Daily management records (including, but not limited to, hair care, nail care, showers, and oral care)
- Diabetes emergency information and other management guidelines
- Diabetic monitoring sheets
- Dieticians menu review (August 2008)
- Director of care daily report
- Director of care monthly reports to board
- Diversional therapy daily activity record summaries
- Doctors' communication folders
- Education – competencies
- Education – compulsory training records
- Education – evaluations
- Education – external education records
- Education – staff attendance records
- Education – staff education records
- Education - staff needs analysis
- Education calendar
- Educational referrals
- Elder abuse policy
- Emergency folder
- Emergency medication book
- Employee of the month nomination form
- End of life / palliative care form
- Essential oils care information
- Eye care reports
- Facsimiles
- Fire equipment maintenance records

- Guidelines for report writing
- Handover list including residents' allied health visits
- Handover sheets
- Hazard identification forms
- Hearing aid lists
- Hip protector lists
- Hypo kit checking list
- Infection control data
- Interim occupation certificate (2 February 2009)
- Items for cardio pulmonary resuscitation kit list
- Job descriptions and duty statements
- Linen change lists
- Local medical officers signature register
- Maintenance – contractor / internal maintenance schedule
- Maintenance – preventative maintenance schedule
- Maintenance – service dockets and contracts / agreements
- Maintenance - thermostatic mixing valve records and instructions
- Mandatory reporting register and folder
- Manual handling charts
- Material safety data sheets
- Medication incident reports
- Medication incidents for 2008 report
- Medication incidents for 2009 report
- Medication management audits (2008)
- Medication management policies, procedures and various instruction sheets
- Medication refrigerator temperature records
- Meeting minutes including: management meetings, registered nurse meetings; resident/relative meetings; assistants in nursing/care service employee meetings; occupational health and safety and infection control meetings; catering meetings; recreational activity officer meetings; continuous improvement meetings; and medication advisor committee meetings
- Meeting schedule
- Memorandum folders
- Memories of the past book (low level care)
- Menu
- Mobility lists
- Newsletters
- Nurses physiotherapy worksheets
- Optometrists treatment folder
- Palliative care resident list
- Personal hygiene charts
- Pest control records
- Pharmacy agreement (to October 2009)
- Pharmacy orders
- Photographs including: residents' wounds, and residents participating in recreational activities
- Physical observations sheets
- Physiotherapy - hip protectors and usage list
- Physiotherapy – list of residents on intensive physiotherapy exercise program
- Physiotherapy - residents with mobility aid/equipment list
- Physiotherapy communication book

- Physiotherapy mobility lists
- Physiotherapy notification list
- Physiotherapy record and physiotherapy assessments
- Physiotherapy worksheets
- Physiotherapy/exercise programs for residents
- Plan for continuous improvement
- Podiatry book, lists and podiatry assessments
- Podiatry debriefing report
- Police check records
- Policies and procedures and flow charts
- Preferred contractors lists
- Pressure area care charts
- Pressure area sores (2008, 2009)
- Pressure ulcer management guidelines
- Privacy consent forms
- Professional registrations
- Psychotropic medication use audits and reports (2008, 2009)
- Recreational activity officer religious events plan for 2009
- Recreational activity officers duties list
- Recreational activity officers meeting agenda
- Recreational activity program evaluation forms (low level care)
- Recreational activity weekly programs (high level care and low level care areas)
- Referrals to the physiotherapist and to other allied health professionals
- Registered nurse/carer specimen signature records
- Residency agreement
- Resident behaviour management strategies sheets
- Resident birthday and name day lists
- Resident dietary analysis assessments
- Resident dietary supplement list
- Resident infection control sheets – monthly
- Resident information booklet
- Resident outing details
- Residents on hydrotherapy program list
- Residents on physical restraint lists
- Residents who participate in activities lists
- Residents with indwelling catheter/supra pubic catheter lists
- Residents with percutaneous endoscopic gastrostomy/naso-gastric tube feeding list
- Residents' religion lists
- Residents' wearing glasses lists
- Risk register and risk management policy
- Roster
- Roster changes book
- Schedule eight registers
- Sensory stimulation room instructions
- Service agreements and contracts
- Sharps container checklist
- Shower lists
- Special care item usage records
- Spills kit checklist
- Staff competency matrix (2009)
- Staff handbook

- Staff handover sheets
- Survey sheets and reports
- Tagging and testing of electrical equipment records
- Tea trolley list
- Toileting programs
- Vaccination records – staff and resident
- Walking exercises
- Weekly blood glucose level/blood pressure and weight charts
- Weekly blood glucose level/blood pressure and weight list
- Wound care folders x 3
- Wound clinic report

Observations

The team observed the following:

- Activities in progress
- Activity programs (on display)
- Announcement for the Accreditation site audit (on display)
- Bedrail guards in use
- Blue bath
- Call bells in resident rooms and en-suites
- Cardiopulmonary resuscitation kits
- Charter of Residents' Rights and Responsibilities (English and Russian) on display
- Chemical store area
- Cleaners communication book
- Cleaning in progress
- Clinical and wound care stores
- Colour coded cleaning equipment
- Community visitors scheme sign in book
- Complaints brochures – external mechanism (on display)
- Contaminated waste bins
- Contenance aid pictorial reference in resident wardrobe
- Contractors book – sign in / out
- Dated and rotated food stock
- Education equipment and resources
- Emergency medication supplies
- Employee of the month photographs on display
- Equipment and supply storage areas
- Fire safety equipment including, tagged fire fighting equipment, fire panels, detectors, exit signs, sprinkler system, and evacuation plans
- Hand sanitiser available to visitors
- Hand washing facilities and signage
- Hand washing sanitisers
- Handrails in corridors and bathrooms
- Hydrotherapy bath
- Interactions between staff/staff and staff/residents and their representatives
- Key code locks
- Lifts between floors
- Linen supplies
- Living environment (outdoor areas, dining/lounge areas, resident accommodation, en-suite facilities and communal bathrooms)
- Manual handling instructions sheet in resident wardrobe

- Medical officers visiting the home
- Medication crushing equipment in use
- Medication rounds completed by care staff and registered nurses
- Medication storage
- Menus (on display)
- Mobility aids in use
- New document store
- Notice boards and signage (staff and resident areas)
- Outbreak kits
- Oxygen cylinder storage
- Personal protective equipment
- Philosophy and mission statements on display
- Photographs on display
- Pressure relieving chairs and air mattresses in use
- Quiet room
- Register of residents absence
- Resident evacuation information - labels and relevant information
- Residents participating in exercises
- Residents participating in lunch
- Residents watching Russian television programs
- Security measures including gates and key pad / swipe card access
- Sharps' containers
- Signs about complaints and elder abuse in English and Russian
- Smoking areas
- Spill kits
- Staff delivering residents' meals to rooms
- Staff handovers x 2
- Staff practices – cleaning, nursing, laundry and activities
- Staff work areas –offices, nurses' stations, treatment rooms, bathrooms, utility rooms, cleaners' rooms, physiotherapy gym, meal preparation/servery areas, staff room, education room, and laundry
- Storage of resident information
- Suggestion box
- Swipe card locking systems for dementia specific area and in the lift
- Tagging of electrical equipment
- Televisions in communal areas
- Tray card system for identifying residents and their dietary requirements
- Vending machine
- Visitors sign in and out books
- Waste storage
- Wound dressing trolleys
- Yearly planners on display

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement in a systematic manner, as a part of the home’s planning and reporting processes. Areas for improvement are identified through resident, staff and committee meetings, surveys, the complaints’ process, suggestions, reporting of incidents and accidents, results of internal and external audits, clinical data and verbal feedback. Strategies are developed and documented in the home’s plan for continuous improvement and in meeting minutes. Once completed improvements are evaluated to ensure the actions taken have been effective. The director of care is required to report continuous improvement activities to the home’s board of management each month. Staff interviewed are aware of systems for continuous improvement and confirm they are involved in continuous improvement activities such as audits and inspections. Staff also advise that they contribute to suggestions for improvement through meetings and directly to the home’s senior staff. Interviews with residents/resident representatives confirm feedback has resulted in improvements for residents.

The home has made improvements in relation to Accreditation Standard One - Management Systems, Staffing and Organisational Development, including:

- The home has obtained funding for the provision of English classes for staff in 2009. Staff state that the classes are assisting them to understand the documentation they use in their every day work.
- A new nurse call system has been installed throughout the high level care areas. This has enabled the call bell system in the existing building to link up with the call bell system in the recently completed building extension which provides low level care accommodation for residents. Residents moved into the new building the week prior to the Accreditation site audit. Please refer to expected outcome 4.1 Continuous improvement for further details.
- To recognise staff that excel in their work an ‘employee of the month’ award has been instituted. Employees can be nominated by co-workers, residents and/or visitors. The employee of the month has their photograph displayed in a prominent position and is awarded a gift certificate. The management team believe this and other initiatives have contributed to improved staff moral.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place to receive, identify and ensure compliance with relevant legislation, regulatory requirements, standards and guidelines. The organisation is a member of an industry association and receives information through this avenue and a variety of government information services. The president of the board and the director of care monitor the home’s adherence to regulatory requirements. Changes to policies and procedures resulting from changes to regulatory compliance are communicated to staff through memoranda, meetings, via noticeboards and staff education programs. Staff interviewed confirm they are informed of changes to policies and procedures arising from changes to legislation, regulatory requirements, standards or guidelines. The team notes examples of the home’s monitoring and compliance with legislation and guidelines in relation to Accreditation Standard One - management systems, staffing and organisational development including:

- There is a system and process in place to ensure all staff, contractors and volunteers have current police checks.
- Residents and resident representatives were notified of the Accreditation site audit via meetings, notices on display and newsletters.
- The home has policies and procedures for the mandatory reporting of resident assault. Staff have received training to ensure they follow the home’s procedures and interviews confirm staff are aware of the legislative requirements in relation to the reporting of sexual and physical assault.

1.3 Education and staff development

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

Team’s recommendation

Does comply

The home has a system in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. The review of documentation and interviews with management and staff demonstrate that training needs are identified through staff appraisals, an annual training needs analysis, competency assessments, observation of work practices, the results of audits, the monitoring of accidents and incidents, and issues raised at staff meetings. An annual education plan is developed from this information. Compulsory training includes manual handling, infection control, occupational health and safety, and fire safety. This is confirmed through a review of education documentation and attendance records. Records of attendance are maintained and there is a system to monitor attendance at compulsory training sessions. The home has a recruitment procedure and orientation program for new staff. An educator is currently employed in the home for three days per week. The home uses the aged care channel, guest speakers, qualified staff and external education opportunities to ensure a wide variety of training is provided. All staff

interviewed report they have access to internal and external education on a regular basis and undertake competency assessments on an ongoing basis.

Review of the education plan and attendance records for 2008 and 2009 confirms that the home has provided education in relation to Accreditation Standard One. Examples include, but are not limited to: elder abuse; aged care funding instrument; duty of care/negligence, the Accreditation Standards, and instruction in the use of new equipment.

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 internal and external mechanisms in place for residents, resident representatives and other interested parties to put forward comments, suggestions and complaints. Information on internal and external complaints' options is included in the resident information booklet which is available in English and Russian as well as in the residency agreement. External complaints information brochures are available in a variety of languages and are accessible to residents and visitors in various places throughout the home. There are suggestion boxes which enable stakeholders to make an anonymous complaint if they so choose. The home's board and management team maintain an 'open door' policy and regular resident/relative meetings provide a forum for comments, suggestions and complaints to be raised. Residents/resident representatives and staff interviewed are aware of the home's comments and complaints' systems and confirm that management and staff are approachable and respond to feedback in a timely manner.

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

Observations demonstrate the home's philosophy and mission are on display in English and Russian. The home's vision, philosophy, values and objectives are also documented in various documents and the home's philosophy and objectives are recorded in the residents' information booklet. Staff interviews confirm they are aware of the home's commitment to quality and that they are involved in quality initiatives.

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

The home has systems and processes in place for the home to have appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. The home has processes for recruitment and orientation including a 'buddy system' for new staff as confirmed through the review of recruitment and orientation documentation and interviews. When staff are not able to work, replacements are found using part time or casual staff, as evidenced through the review of rosters. Management report they adjust staffing levels based upon residents' care needs and staff and resident feedback. Staffing levels are also being reviewed in relation to increased bed numbers and the building extension. Staff are encouraged to pursue further education and this is demonstrated by a number of staff participating in the certificate IV in aged care and attendance at external training opportunities. Staff are required to have completed certificate III in aged care prior to commencing employment at the home. Management are committed to providing ongoing education to all staff as evidenced by the education program in place and the resources made available to staff. The director of care has recently had the duties previously completed by the former general manager added to their role. Residents/resident representatives are positive about the staff and the care they provide, indicating that staff come promptly when called, are responsive to residents' needs, are knowledgeable and have a caring attitude towards the residents.

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

Staff and residents state that they have access to appropriate and adequate goods and equipment to ensure quality service delivery. The home has a preventative maintenance schedule to ensure that equipment is in safe working order. There is a process for reporting the breakdown of equipment and hazards through continuous improvement logs. The home employs a maintenance supervisor and has service agreements with external providers for the maintenance of systems and equipment. Various staff and management have responsibility for the purchasing and receipt of goods and equipment. Equipment needs are identified through input from staff and equipment is trialled prior to purchasing. Observations demonstrate that sufficient stocks of appropriate goods and equipment are available throughout the home.

1.8 Information systems

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

Team's recommendation

Does comply

The home has systems in place for the creation, storage, archiving and destruction of documentation within the home. The home's communication system comprises of policies and procedures, newsletters, staff meetings, residents/relatives meetings, handovers and communication books, noticeboards, residents and employee handbooks, orientation and training sessions, memorandum, a clinical documentation system, and the director of care's rounds. The computers throughout the home are password protected. Processes are in place to consult with residents and/or their representatives and to keep them informed of activities within the home. The home has a system of surveys and audits to provide information regarding resident and staff needs and the quality of care provided. Staff are required to sign an acknowledgement that they have read and understood the staff handbook which includes a confidentiality statement to maintain the confidentiality of resident information. The team observed that resident and staff files are kept in secure storage. Residents/resident representatives report they receive adequate information relevant to their needs and that they are satisfied with the way the information is communicated to them. Staff confirm they receive and have access to relevant information to perform their roles effectively.

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 a system in place to ensure that all externally sourced services are provided in a way that meets the home's needs and quality goals. The outsourced services include fire services and equipment, pharmacy, cleaning, kitchen and laundry services, maintenance of kitchen and laundry equipment, plumbing, lift services, pest control, waste management, and computer services. The home has a preferred supplier list and service agreements with its major contractors. The home seeks feedback from residents and staff in relation to external services through meetings, continuous improvement logs and surveys. The home regularly monitors and evaluates the performance of external services to ensure efficiency and effectiveness of the services, as well as compliance with relevant regulations and the home's policies and procedures. Performance issues identified are communicated to contractors to address them and rectify any problems. Staff and residents/resident representatives express satisfaction with the quality of the services currently being provided by external contractors.

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

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement.

The home has made planned improvements in relation to Accreditation Standard Two - Health and Personal Care including:

- The home has recently contracted a new company to conduct medication reviews. A plan for the regular review of all residents' medications is now in place including audits and reviews of psychotropic medications. The company also provides regular training for staff ensuring they have current knowledge about medications and their impact on residents.
- To improve and maintain residents' mobility and dexterity the physiotherapist's office has been moved to the new 'service area' in the home making the physiotherapist accessible to the high and low level care residents. A new area adjacent to the physiotherapist's office has been allocated for the development of a gymnasium. Fund raising has been used to purchase a treadmill and cycle for the gymnasium which also has parallel bars and pullies installed.
- A new company has been contracted to supply continence products and services to the home. Management report this is to improve and ensure appropriate and adequate education for staff, support and liaising with continence link nurses, and support with the review and management of residents' continence.

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

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system in relation to this expected outcome.

Evidence that there are systems in place to identify and ensure regulatory compliance relating specifically to Accreditation Standard Two - Health and Personal Care include:

- The home monitors the currency of the professional registration for registered nurses and endorsed enrolled nurses. The team verified this through the review of registration documentation.

- The home has a policy and procedure in place for missing persons which reflects the new legislative requirements.
- The home provides information for residents and their representatives on the specified care and services to which they are entitled under the Quality of Care Principles 1997.

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

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of course documentation and attendance lists for 2008 and 2009 confirms that education relating to health and personal care has been provided for management and staff. Examples include, but are not limited to: mental health – dementia, depression and delirium; pain identification and management; medication management; wound care and prevention; resident comfort during a heat wave; behaviour management; palliative approach in residential aged care; oral hygiene; hip and limb protectors; physiological changes in the elderly; responding to behaviours; physical restraint; and assistance for staff to complete certificates III and IV in aged care.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home provides residents with appropriate clinical care through the provision of medical officers’ reviews, transferring residents to hospital when indicated, and the initial and ongoing assessment of residents’ care needs, care planning and evaluation processes. A documentation coordinator has recently been recruited to assist staff to complete residents’ aged care funding instrument assessments. Processes are in place to facilitate consultation with residents/resident representatives for residents’ care delivery. Processes are also in place for registered nurse input into residents’ care delivery. Lists of medical officers’ contact details are readily available for staff, and arrangements for contacting medical officers after hours are in place. The home has effective verbal and written communication systems through which nursing staff, medical officers, and management are informed of the care provided for residents or care issues in need of review. This includes worksheets in the high level care areas outlining residents’ care needs. 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 changed behaviours. Accident and incident data is collated monthly and tabled at relevant meetings. Residents/resident representatives advise they are happy with the care provided by the home and express satisfaction with the

medical treatment given. Interviews also confirm residents/resident representatives have opportunities for input into the care provided as desired.

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

Residents’ specialised nursing care needs are provided by registered nurses with medical officers or allied health professionals’ input when required. The home provides registered nurse coverage 24 hours per day seven days a week. Assistants in nursing are also available to assist with nursing care when appropriate. The home has access to clinical nurse consultants and health professionals for advice and staff training for the provision of residents’ specialised nursing care needs as required. For example, management report that a clinical nurse specialist has recently provided staff with an in-service on cardiopulmonary resuscitation. The home currently provides specialised nursing care for residents including: catheter care, percutaneous endoscopic gastrostomy tube feeding, complex wound care, and insulin dependent diabetic management. 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/resident representatives interviewed state they believe the nursing staff are skilled and competent to meet all 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 recommendation

Does comply

The home has systems in place for the identification of residents’ other health and related services’ needs. The residents’ information booklet includes a list of other health services available for residents. 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 physiotherapist, a podiatrist, a medication review service, dental services, optometry services, a hairdresser, the palliative care team, the mobile X-ray, and pathology services. Documentation reviews also demonstrate that residents have access to aged care mental health services, speech pathology, and hearing services as required. A staff member is available to provide residents with aromatherapy. Residents can choose to visit external health services of their choice outside the home with assistance provided for their transportation by resident representatives or staff escorts when necessary. Residents/resident representatives interviewed by the team state they are satisfied with the availability of other 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 recommendation

Does comply

Residents’ medication is managed safely and correctly through the home’s medication management policies and procedures, regular medication chart audits, checking medication expiry dates, and medication monitoring reviews completed by an accredited pharmacist. Registered nurses administer residents’ medications in the high level care areas and care staff give residents their medications in the low level care areas. The staff use a seven day unit dose blister pack medication administration system. The team observed registered nurses and 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 and are filed with sheets providing residents’ photographic identification, allergy status and instructions for medication administration. Schedule eight registers are correctly maintained. The home has a medication incident reporting system and a nurse initiated medication list to guide staff. Medication advisory committee meetings are held through which medication incidents are reported and other medication management issues are reviewed. Residents/resident 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 recommendation

Does comply

The home provides effective pain management for all 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 the physiotherapist or accessing advice from a palliative care team. Pain management record charts are implemented for residents when their pain relieving medications are changed to monitor its effectiveness. Patch application history charts are used to monitor their times of application and removal. Residents have pain relief provided including, the administration of pain relieving medications, provision of pressure relieving equipment, hydrotherapy, repositioning, physiotherapy, emotional support, and the application of medicated ointments. Care staff interviews demonstrate that they report any changes in the residents’ conditions, such as the development of pain, to the registered nurses. Resident/resident representative interviews indicate residents are as free as possible from pain and treatment for the 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 recommendation

Does comply

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 a later stage when appropriate, assessments and care planning, and the gaining of advice from a palliative care team when required. Priests visiting the home regularly are available to provide support for terminally ill residents and their representatives. Care staff interviewed in the high level care areas describe ways in which they ensure the comfort and dignity of terminally ill residents. Care staff working in the low level care areas advise that residents requiring palliative care are generally transferred to the high level care area to receive the care they need. The home arranges for terminally ill residents to have single room accommodation when indicated and as can be arranged. Visiting hours for the representatives of terminally ill residents are open and they are welcome to stay overnight. Resident/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 recommendation

Does comply

The home has systems in place to provide residents with adequate nourishment and hydration through the assessment and documentation of residents’ dietary needs and the communication of these needs to kitchen and catering staff. Meals are cooked fresh on site and provision is made for residents who require special diets, pureed meals, thickened fluids, dietary supplements, and dietary assistive devices. The home follows a four weekly rotating menu which provides Russian specific meals to meet the residents’ cultural needs and preferences. The menu has been reviewed by a dietician. Management interviews and observations demonstrate that residents are provided with fresh fruit each day. Residents are provided with regular fluids and have water jugs beside their beds when appropriate. Care staff interviewed report they offer residents extra fluids during their rounds and management report residents received extra fluids on hot days. A handover list recording the allied health services provided for residents shows that a number of residents have been seen by a speech pathologist. The home monitors residents for adequate nutrition and hydration through the weighing of residents each month, and staff observations. Procedures are in place for the management of residents identified to have weight loss including the implementation of food charts and weekly weighing. Residents/resident representatives interviewed express satisfaction with the quantity and quality of the food and drink provided.

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 systems for maintaining residents’ skin integrity through assessment, care planning and evaluation processes. Assessments include the identification of residents’ risk of developing pressure area sores. Residents are provided with podiatry, hairdressing, massage, nail care, aromatherapy, and pressure relieving equipment as required. Residents with skin integrity breakdown have wound treatment charts completed recording the treatments provided and the condition of their wounds. Photographs of residents’ wounds are also used to monitor the healing process for residents with complex wound care needs or skin integrity breakdown which requires monitoring. Photographs reviewed demonstrate that the home’s wound care has been effective in healing these residents’ wounds. Data is maintained to record the number of pressure area sores being treated for residents within the home each month. Observations demonstrate that the home has equipment in use to maintain residents’ skin integrity including numerous air flow mattresses, bedrail guards, slide sheets, and water chairs. Care staff advise they assist residents to maintain their skin integrity through providing regular pressure area care, applying emollient creams, and following safe manual handling practices. Pressure area care sheets completed by care staff in the high level care areas record the regular repositioning of residents. Residents/resident 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 recommendation

Does comply

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 informing staff of residents’ continence aid needs through pictorial references. Care staff report 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 diets, providing prunes with breakfast, encouraging fluids, the completion of bowel care charts each shift, and the administration of medications regularly or as necessary. Systems are in place to monitor and treat residents for urinary tract infections. Residents/resident representatives interviewed express satisfaction with residents’ continence management. Residents in the low level care areas report they are very happy to now have their own toilets as provided in their en-suite bathrooms.

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 needs of residents with changed behaviours are managed through assessment processes, care planning, and strategies implemented by staff. Care strategies are identified in consultation with residents/resident representatives, medical officers, and/or mental health specialists when the need is identified. Individualised behavioural management care plans are developed for residents when indicated. The home is fitted with swipe card and key coded locking systems for the safety and security of residents. A 16 bed secure low level care dementia specific area provides a safe environment for residents. Residents in this area are also provided with a range of recreational activities to support their individual needs. Wanderers’ identification charts and sighting charts have been completed for residents identified to be at risk of absconding from the previous low level care areas in which the residents were accommodated. Management advise that the new building provides a securer living environment for these residents than the buildings from which the residents have recently been moved. 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. Care staff complete restraint record sheets to monitor the times of application of the restraint for residents. Audits are completed on the home’s use of psychotropic medications. Residents/resident 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 recommendation

Does comply

Residents are supported to achieve optimum levels of mobility and dexterity through initial and ongoing assessments, care planning, and exercise programs. A physiotherapist visiting the home three days a week assesses new residents for their mobility and transfer needs, and develops exercise programs for residents. Physiotherapy aides and care staff provide residents with exercises based on the physiotherapist’s instructions. The recreational activity programs also include exercise groups to provide residents with a range of gentle exercises. The physiotherapist advises they also assist with residents’ pain management, and the provision of splints and other aids for residents’ care delivery. The home provides handrails in corridors and grab rails in bathrooms. Strategies for residents’ falls’ prevention include: physiotherapy assessments; provision of mobility aids; medication reviews; the use of hip protectors when appropriate; exercises; monitoring footwear; foot care or podiatry; the completion of falls’ risk assessments; and accident and incident reporting. Pictorial manual handling/transfer charts identifying residents’ needs are stored in residents’ wardrobes for quick reference by staff. The home is currently developing a gymnasium for resident use. Residents/resident representatives interviewed are satisfied with the way the home supports residents to achieve optimum levels of mobility and dexterity.

Several residents interviewed in a low level care area advise that they continue to go for independent walks outside of the home to maintain their mobility.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral and dental health 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/resident representative feedback. A dental service visits the home or residents can access the dentist of their choice outside the home. Documentation reviews demonstrate that a number of residents have been attended to by dental services including those visiting the home and a dental clinic at a local hospital. Care staff interviews indicate that residents are provided with oral care when indicated such as teeth cleaning, mouth swabs and denture care. Care staff also advise that residents’ denture containers are cleaned each day. Management advise that residents are requested to have their dentures labelled prior to entry to the home. Residents/resident 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 recommendation

Does comply

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 visiting the home is offered to all residents. An audiology service also visits the home or residents are assisted to access external audiology services when the need is identified. Care staff interviews demonstrate they assist residents with the application and maintenance of hearing aids and they have access to sufficient supplies of hearing aid batteries. Care staff interviews also demonstrate strategies used to assist residents with vision impairment such as explaining procedures and informing residents of the location of the food on their plates. The home assists residents with vision impairment through reading newspapers and stories during the recreational activity program. Sensory support is also provided for residents through the application of aromatherapy creams, cooking activities, and music. Management advise that residents in the high level care areas have their glasses labelled. Residents/resident representatives interviewed are satisfied with the care provided for residents’ sensory loss needs.

2.17 Sleep

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

Team’s recommendation

Does comply

The home ensures residents achieve natural sleep patterns through the assessment of their sleep patterns, care planning, and staff support at night. A range of strategies are available to support residents to sleep including: music; warm drinks and snacks at night; comfortable positioning; toileting and continence care; pain management; night sedation as per medical officers’ orders; and an environment conducive to sleep. Care staff advise that residents can choose the times for going to bed and rising. Residents in the low level care areas have single room accommodation to assist in providing a quiet living environment conducive to sleep. Residents have access to call bells and the home is staffed with a registered nurse and care staff to assist residents at night. This includes one care staff specifically located in the low level care dementia specific area to support residents if they are unsettled during the night. Audits are completed to monitor the home’s use of psychotropic medications including the use of night sedation. Residents/resident representative interviews indicate that residents achieve natural sleep patterns. Residents interviewed report the living environment is quiet at night and they 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

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement.

The home has made planned improvements in relation to Accreditation Standard Three - Resident Lifestyle including:

- To better capture information from residents and resident representatives about end of life wishes and palliative care needs the forms for gathering this information have been reviewed and simplified. Feedback gathered by the home has confirmed that staff and residents find the new forms easier to use.
- Residents in the dementia specific area have recently had classes in simple mathematics (arithmetic) added to their activity program and plans are underway to introduce English speaking classes for the residents.
- To ensure residents and their representatives have access to information about security of tenure and advocacy services, educational sessions have been provided by a residents’ advocacy service during 2008. The advocacy service is scheduled to visit the home again in 2009.

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

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system in relation to this expected outcome.

Evidence that there are systems in place to identify and ensure regulatory compliance relating specifically to Accreditation Standard Three - Resident Lifestyle includes:

- The Charter of Residents’ Rights and Responsibilities is on display in the home and is included in the residency agreement which is offered to all residents or their representatives.
- Residents are provided with information on the home’s privacy policy which references the Privacy Amendment (private sector) Act 2002.

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

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Reviews of course documentation and attendance lists for 2008 and 2009 confirm that education relating to resident lifestyle has been provided for management and staff. Examples include, but are not limited to: appearance, hygiene and grooming; sexuality and intimacy in dementia; learning English and staff completing certificates IV in lifestyle and leisure.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has systems in place to ensure each resident receives support in adjusting to life in the home and on an ongoing basis through assessments and care planning, management's availability and support, visiting priests, 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 residents' information booklet and the residency 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. Resident/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 support and care provided. Staff and resident/resident representative interviews also demonstrate that support is being provided to assist residents in the low level care areas to adjust to their new living environment.

3.5 Independence

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

Team's recommendation

Does comply

Residents 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 residents'

representatives and community groups are welcome to visit. For example, resident representatives and community representatives are invited to join residents at special cultural events celebrated in the home. Residents' independence is also fostered through residents having personal items in their rooms such as televisions when desired; access to telephones; the provision of equipment to support independent living; and newspaper deliveries. This includes deliveries of Russian newspapers and staff assistance to interpret non Russian newspapers. Management advise that support is provided for residents who wish to vote. The recreational activity program includes regular bus outings and shopping trips. Residents are assisted to attend a local church. Resident/resident representatives interviewed expressed satisfaction with the ways 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 recommendation

Does comply

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 interviews confirm they have been informed of the need to maintain the confidentiality of resident information and follow strategies for ensuring that residents' privacy and dignity is maintained. Systems are in place for the secure storage of residents' files and the destruction of confidential documentation. Computer access is password protected. The living environment in the low level care areas fosters residents' privacy through providing single room accommodation and lockable drawers. Residents' shared rooms in the high level care areas are fitted with privacy curtains. Processes are in place to support the dignity of residents receiving palliative care. Residents/resident representatives interviewed are satisfied with the way 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 recommendation

Does comply

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, concerts, one-to-one support and the celebration of special events. Recreational activity officers are employed throughout the home to provide recreational activities programs seven days a week. The recreational activity programs include a wide range of activities, for example, musical activities, games, reminiscence, happy hours, and bingo. The programs cater for residents' various levels of physical and cognitive capabilities. Processes are in place for monitoring and evaluating the suitability of the activities provided, including residents' attendance at activities, and resident/resident representative feedback through meetings and surveys. Evaluation sheets are also completed by residents and staff in the low level care areas. Residents/resident representatives are informed of recreational activities available

through the resident newsletters, flyers, the recreational activity programs on display and verbal announcements. Residents/resident 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 recommendation

Does comply

The home has systems in place to value and foster residents' cultural and spiritual needs through the identification and documentation of residents' individual interests, customs, religions, and cultural backgrounds. The home specifically caters for residents with Russian and Slavic cultural backgrounds. Interviews demonstrate that the home employs staff with a range of language skills to enable them to converse with residents from culturally and linguistically diverse backgrounds. The home provides a range of information in both English and Russian. The home celebrates special cultural and religious days, for example, Christmas, Easter, St Sergius day, Melbourne cup day and other special events. Residents' birthdays and name days are acknowledged and celebrated. A Russian Orthodox priest and a Roman Catholic priest visit the home regularly. Residents have access to a nearby Russian Orthodox Church with staff assistance provided for transport and escorts when required. This includes recreational activity officers remaining in the church with the residents attending church each Sunday. Observations demonstrate that the home has Russian icons on display to support residents' religious beliefs. Residents are provided with culturally appropriate meals. Plans are underway to develop a chapel in the home for resident/resident representative use. Residents/resident representatives interviewed express satisfaction with the spiritual and cultural support the home provides.

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

Residents and/or their representatives are enabled and encouraged to participate in decisions about the care and services provided. Processes in place to achieve this include: information provided prior to and on of entry to the home; assessment and care planning processes; comments and complaints' mechanisms; surveys; resident/relative meetings; provision of annual reports; and opportunities to give feedback directly to management. Information that outlines residents' rights in relation to choices and decision making is provided for residents and their representatives in the residents' information booklet, the residency 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 activities; choice of doctor; choice of clothing; choice of personal items in rooms; choices of meals; and choice of shower times, waking times and bedtimes. Resident/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 recommendation

Does comply

The home has policies and procedures in place to ensure that residents have secure tenure within the home, and understand their rights and responsibilities. New residents and/or their representatives are provided with information about their rights and responsibilities when the resident moves into the home. This information is explained and a residency agreement is offered to each resident and/or their representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. Resident/resident representative interviews indicate they are satisfied with the information the home provides regarding their security of tenure and 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 recommendation

Does comply

Refer to expected outcome 1.1 Continuous improvement for a description of the overall system of continuous improvement.

The home has made planned improvements in relation to Accreditation Standard Four - Physical Environment and Safe Systems, including:

- A new building extension has recently been completed. The extension provides accommodation for 26 low level care residents, 16 residents with dementia and 10 high level care residents. All rooms are spacious with en-suite bathrooms and there are a number of large dining and lounge areas. The new building also provides a new maintenance area, storage rooms, a board room, administrative offices, a staff room, the laundry, a hairdressing room, a physiotherapy office and gymnasium, and undercover secure parking for staff. The new building is connected to the existing high level care home allowing the sharing of resources, services and staff between all care areas.
- Fire safety has been upgraded across the whole home with the installation of a sprinkler system in the existing building and the new building.
- Security has been upgraded with a swipe card system providing a secure environment for residents. An automatic gate system has been installed increasing security especially at night and other improvements have been made to increase the overall security of the home for residents and staff.
- In response to a request from resident representatives a room in the new building has been set aside to provide overnight accommodation for residents’ representatives.

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

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system in relation to this expected outcome.

Evidence that there are systems in place to identify and ensure regulatory compliance relating specifically to Accreditation Standard Four - Physical Environment and Safe Systems includes:

- The home has a current fire safety statement on display.
- The home has guidelines, procedures and suitable equipment for the management of gastroenteritis and influenza should they occur.
- The home has a current New South Wales Food Authority licence.

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

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Interviews and review of course documentation and attendance lists for 2008 and 2009 confirm that education relating to the physical environment and safe systems has been provided for management and staff. Examples include, but are not limited to: the safe use of chemicals; fire safety awareness and evacuation; infection control; occupational health and safety; food handling and food safety; and 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 recommendation

Does comply

The home provides a variety of accommodation for residents. There is a 97 bed high level care home with four, two and one bedded rooms and communal bathrooms. The recently completed building extension provides an additional 10 high level care beds in three bed and single rooms with en-suite bathrooms, a 16 bed secure unit for low level dementia care and a 26 bed low level care area. All residents in the low level care areas have single rooms with en-suite bathrooms and a variety of lounges and dining facilities. There are a number of outdoor areas including verandas and courtyards for residents and visitors to enjoy. Observations demonstrate that all indoor areas of the home are clean and provide a comfortable temperature. Residents in the low level care areas have individual air conditioning units in their rooms which can be set to their own comfort level. Opportunities for improvements, identified hazards and accidents and incidents are reported and actioned. There are processes in place for maintenance issues to be reported and actioned in a timely manner. Observation of the home during the Accreditation site audit and feedback from residents, resident representatives and staff show management provides a safe and comfortable environment in line with residents' care needs.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home's management actively works to provide a safe working environment that meets regulatory requirements. There are systems to record, analyse and review resident and staff accidents and incidents. The occupational health and safety (OHS) committee reviews the accidents and incidents, hazard reports, risk assessments and audit results during their meetings and develops strategies to prevent reoccurrence. Committee members participate in environmental audits to ensure that the home meets regulatory requirements and the home's quality and safety standards are met. All OHS team members have attended training in OHS consultation. Interviews and review of documentation show that staff can and do highlight risks and hazards through the continuous improvement and accident and incident reporting systems and are aware of safe work practices. Personal protective equipment is readily available for staff. The team observed staff following safe work practices and staff members state they receive education in manual handling during orientation and annually.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

Systems are in place to promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as regular checks of detectors, sprinklers, extinguishers, fire doors and other fire equipment. Staff interviews demonstrate that they are familiar with the equipment and procedures and they confirm they attend regular fire safety training. There is an emergency evacuation kit in place to ensure vital information is available to staff and to identify residents. The team observed emergency flip charts with emergency procedures located throughout the building. The home has a variety of security systems in place including an evening lock up procedure, a restricted access system and an automatic front security gate. Residents have access to call bells in their rooms, in en-suites and in the bathrooms. There is a no smoking in the buildings policy and designated smoking areas are provided for residents and staff in outdoor areas. Residents and their representatives state they feel safe and secure in the home.

4.7 Infection control

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

Team's recommendation

Does comply

The home's infection control program consists of ongoing education, infection prevention strategies, tracking and analysis of infection rates and workplace audits. Strategies include: the offering of vaccinations to staff and residents; the use of colour coded cleaning equipment; and systems for the management and disposal of

contaminated waste. Documentation reviews confirm the OHS/infection control committee reviews infection data. Strategies to reduce infections are developed and staff are educated about infection management strategies. There are policies, procedures and supplies in place for the prevention of and for dealing with an outbreak. Staff interviewed are familiar with infection control practices and confirm that personal protective equipment is readily available. Staff describe and demonstrate the use of various infection control strategies. This includes: the colour coded system used during all aspects of cleaning; the use of personal protective equipment; and the food safety program and practices in place. Observations demonstrate that hand washing facilities and/or hand sanitisers are readily available throughout the home for staff and visitors. The laundry has clearly designated areas for clean and dirty linen with a process for the handling of contaminated laundry.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Catering

The home has systems to identify residents' meal requirements and preferences on entry to the home and as residents' needs change. Residents' special requirements are recorded and provided. All meals are cooked on site using a four-week rotating menu and the meals offered are of Russian or European origin. The menu has been reviewed by a dietician to ensure it provides adequate nutrition for residents. The residents are offered a three course lunch with a choice of main course and a variety of options for the evening meal each day. The kitchen is clean and orderly with a system in place to ensure the food is safe. Residents/resident representatives state they are very satisfied with the variety, quality and quantity of food provided and enjoy their meals.

Cleaning

Residents' rooms and bathrooms are cleaned regularly and there is a spring-cleaning schedule for all bedrooms in the home. Common areas are cleaned daily. Resident rooms and common areas were observed to be clean at all times during the Accreditation site audit. Residents/resident representatives interviewed state the home is always clean and tidy.

Laundry

All laundry is washed in the onsite laundry. The laundry was observed to be clean, orderly and to have processes to reduce the risk of cross infection. Observations demonstrate the home has adequate stocks of linen. There is a system for the sorting of residents' personal laundry. Residents/resident representatives express satisfaction with the laundering services provided.