



Standards and Accreditation Agency Ltd

## **Decision to accredit Sir Thomas Mitchell Aged Care Facility**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Sir Thomas Mitchell Aged Care Facility in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Sir Thomas Mitchell Aged Care Facility is three years until 22 May 2013.

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

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

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

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

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

## Home and approved provider details

### Details of the home

Home's name:	Sir Thomas Mitchell Aged Care Facility				
RACS ID:	0504				
Number of beds:	125	Number of high care residents:	116		
Special needs group catered for:	• Dementia				
Street/PO Box:	351 Fowler Road				
City:	ILLAWONG	State:	NSW	Postcode:	2234
Phone:	02 9543 7333		Facsimile:	02 9543 4444	
Email address:	donstm@tpg.com.au				

### Approved provider

Approved provider:	Farad Nominees Pty Ltd
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### Assessment team

Team leader:	Allison Watson
Team member/s:	Toby Hammerman
Date/s of audit:	23 February 2010 to 25 February 2010

**Executive summary of assessment team's report**

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

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

**Standard 2: Health and personal care**

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

**Accreditation decision**

Agency findings
Does comply
Does comply
Does comply
Does comply
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Agency findings
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<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
<b>Standard 4: Physical environment and safe systems</b>	
<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
Does comply
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<b>Agency findings</b>
Does comply
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Does comply

## Assessment team's reasons for recommendations to the Agency

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Sir Thomas Mitchell Aged Care Facility
RACS ID	0504

### **Executive summary**

This is the report of a site audit of Sir Thomas Mitchell Aged Care Facility 0504 351 Fowler Road ILLAWONG NSW from 23 February 2010 to 25 February 2010 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 Sir Thomas Mitchell Aged Care Facility.

The assessment team recommends the period of accreditation be three years

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 23 February 2010 to 25 February 2010

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:	Allison Watson
Team member/s:	Toby Hammerman

## Approved provider details

Approved provider:	Farad Nominees Pty Ltd
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## Details of home

Name of home:	Sir Thomas Mitchell Aged Care Facility
RACS ID:	0504

Total number of allocated places:	125
Number of residents during site audit:	116
Number of high care residents during site audit:	116
Special needs catered for:	Dementia

Street/PO Box:	351 Fowler Road	State:	NSW
City/Town:	ILLAWONG	Postcode:	2234
Phone number:	02 9543 7333	Facsimile:	02 9543 4444
E-mail address:	donstm@tpg.com.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Sir Thomas Mitchell Aged Care Facility.

The assessment team recommends the period of accreditation be three years

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Director of nursing (DON)	1	Residents/representatives	20
Deputy director of nursing (DDON)/education coordinator	1	Occupational health and safety (OH&S) committee members	4
Continuous quality improvement/clinical nurse consultant (CNC)	1	Volunteers	1
Assistant director of nursing (ADON)	2	Diversional therapist	1
Registered nurses	4	Recreation activity officers	2
Endorsed enrolled nurse/wound nurse	1	Laundry staff	3
Assistants in nursing	5	Cleaning staff	2
Administration officers	5	Maintenance staff	1
Resource and rostering officer	1	Catering staff	4

#### Sampled documents

	Number		Number
Summary care plans – in residents' wardrobe	8	Medication charts	14
Residents' files including assessments, care plans, integrated progress notes, doctors' notes, referrals to specialists allied health care professionals and reports	12	Personnel files including application for employment, criminal record certificate, contract and confidentiality agreement and job description	8
External service agreements	20	Staff education training folders	10
Maintenance logs	19	Complaints	4
Hazard alert forms	33	S8 medication checklist	10



## Other documents reviewed

The team also reviewed:

- Admissions package
- Audits and audit schedule
- Committee meeting schedule 2010
- Communication books (including nurses and care staff, visiting doctors, physiotherapist, continence nurses and activity officers)
- Complaint register
- Complimentary letter from family
- Compulsory reporting -alleged abuse incident form
- Compulsory reporting flowchart Part 1(for staff) and Part 2 (for management)
- Continuous quality improvement audit schedule 2010
- Continuous quality improvement register and work plan schedule
- Diary and handover sheets
- Education record of training and in-service register
- Education topics attended 2009 and planned 2010
- Falls prevention program
- Food safety manual
- Four week cycle menu, initial assessment data, residents likes and dislike and special dietary needs information
- Handover/communication sheet
- Incident and accident/hazard reports forms, summaries and trend data, material safety data sheets (MSDS), and manual handling instructions
- Infection control manual
- Infection control Plan 2009
- Job descriptions
- Medical practitioner agreements
- Medication management committee meetings
- Medication management policy and procedures manual
- Memorandum folder
- Menu – four week rotational with dietician's signature
- Minutes comment and compliments committee 19 February 2010
- Minutes of continuous quality improvement committee meeting
- Minutes of meetings – carers, morning tea with the DON/DDON, recreational activity officers, assistants in nursing, registered nurses, general service officers.
- Mission statement
- Observations and monthly weights
- Occupational health and safety (OH&S) housekeeping inspection checklist
- Orientation package/medication management instructions for agency staff
- Pad coordination folder
- Palliative care manual
- Pharmacy reports
- Planned maintenance master planning schedule
- Policy and procedure manuals (last reviewed February 2008)
- Procedure manuals (including clinical and complex nursing procedures
- Recreational activities (including daily activities record, external activities, RAO planning, resident and activities register, Christmas party, residents birthday and activities for residents)
- Recruitment policies and procedures
- Registered nurses and endorsed enrolled registrations
- Residents' information handbook
- Roster and staff allocation folder
- Roster change form
- Schedule eight register and check list sheets

- Self directed learning packages for registered and enrolled nurses
- Staff handbook
- Staff performance and appraisal assessment schedule
- Welcome/ Admission pack: including plain English resident agreement and other initial information to assist relative and resident adjustment to new environment
- Wound management folder

## Observations

The team observed the following:

- Access to telephones
- Activities in progress including colourful multi-cultural day with all staff dressed in their national dress
- Coffee machine for resident and visitor use
- Dining room at lunch time
- Dirty utility rooms
- Education resources and information throughout the home
- Equipment and supply storage areas
- Flu and gastro information for family and visitors
- Hand washing stations
- Interactions between residents, medical and other health and related services personnel
- Kitchen during meal preparation and post meal clean up
- Laundry clean, dirty and folding areas
- Linen storage areas and trolleys
- Living environment (outdoor areas, communal areas, resident accommodation and toilet facilities)
- Lounge/quiet room x 2 (for palliative care use when necessary)
- Manual handling equipment and instructions for use
- Medication rounds and safely stored medications
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- Notice boards (containing large print resident activity notices and large print resident committee minutes, menus, memos, staff and resident information including residents' rights and responsibilities statement, comments and complaints information)
- Nurses' stations
- Oxygen cylinders stored safely
- Personal protective clothing in all areas, colour coded equipment in the kitchen and cleaning areas, first aid kits, spills kits, hand washing sinks, wall mounted soap dispensers and waterless sanitisation liquid for hand washing, infection control resource information, waste disposal systems (including sharps containers, yellow contaminated waste bins and general waste bins)
- Picture board of activities
- Public phone in use by residents
- Residents' single ,triple and four bedded rooms
- Residents' suggestion box
- Resource room
- Secure storage of residents' files
- Staff clinical areas including medication trolleys, wound management equipment, and clinical information resources
- Staff handovers
- Staff office areas
- Staff practices and courteous interactions with residents, visitors and other staff
- Staff work areas (including kitchen, laundry, therapy, cleaning, clinic/treatment, utility and meeting rooms, staff room, reception and offices).
- Visitor sign in/out book, resident sign in/out book
- Wide uncluttered corridors

## Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

### Standard 1 – Management systems, staffing and organisational development

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

#### 1.1 Continuous improvement

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

#### Team’s recommendation

Does comply

The team reviewed documents, supported by observations and interviews, which demonstrated a range of consistent processes in place that were achieving appropriate results for stakeholders. Policies and procedures are reviewed regularly and adapted to the needs of the location and changing legislative environment. The team reviewed documentation, procedures, audits and maintenance programs that ensure improvement opportunities are identified, acted upon, evaluated and fed back to staff and residents. Typical residents/representatives comments to the team included an appreciation of the “positive attitude of the staff” and how they “treat residents as real people”. Staff interviewed by the team showed they are familiar with both the verbal and written systems for managing continuous improvement making active use of regular quality meetings and written improvement logs. The home uses an annual audit schedule that allocates the frequency of audits and ensures all areas of the Accreditation Standards are examined at least annually. The frequency of audits is adjusted when an issue is identified and needs further in-depth enquiry. Selected data is benchmarked internally for trends and the home analyses trends on key performance indicators such as infection rates. The team verified, in minutes of the quality improvement committee that issues requiring action are delegated to responsible persons, and the outcome referred to subsequent committee meetings for tracking of the implementation and evaluation process.

Recent improvements relating to Accreditation Standard one, which demonstrate the home is actively pursuing continuous improvement, include:

- The management team has produced a checklist form to be used when new policies or procedures are released and changes made to existing policies. The team was told the checklist ensures appropriate staff have read the new information, education is delivered to relevant stakeholders, the document control register is updated and hardcopies are replaced in all positions where manuals are provided for staff access.
- A document control project has commenced to review all forms in use at the home, to ensure they are relevant and if so have space for signing by the person completing the form and a space to prompt staff to date the document as required.

## **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 an efficient system in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home subscribes to an aged care specific legislation update service and a peak body service to ensure the home is up to date with regulatory requirements. The home receives regular updates from these sources and the director of nursing ensures policies and procedures are reviewed and updated and implemented at site level. The DON has developed a coversheet and checklist for all policy changes to ensure appropriate actions are taken including updating hard copy manuals and provision of extra staff education. The team verified that staff are informed of changes to regulatory requirements through meetings and ‘memos and staff practices are monitored regularly to ensure compliance with regulatory requirements. An example of the home’s responsiveness to recent legislative changes is:

- A comprehensive policy was developed on elder abuse and reporting policy using a “Reportable incidents flow chart “to clearly explain the home’s interpretation of the legislation and to list the specific requirements from all stakeholders to ensure compliance. The team was shown evidence that the reporting processes are in place and staff have been trained to use the appropriate forms should the need arise.

## **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 wide range of processes in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively through a defined recruitment processes, a standardised orientation program, pre-requisite skills for job descriptions, annual staff appraisals and an organised internal education program. The team was also shown evidence of the organisation supporting staff to attend external education opportunities and noted the large number of staff (47 in 2010) encouraged to participate in the Government funded training schemes for Certificate III and IV in Aged Care and Health Supervision. The full time educator coordinates the education program for all staff and continually revises and updates the program to reflect management and staff needs. These are identified through the staff’s performance appraisals, observations of staff practices, staff surveys, resident feedback and analysis of specific diagnoses of residents that might require more staff training. Management and staff knowledge and skills are evaluated by the use of post education quizzes on a selected number of key areas. The education calendar is now prepared six months in advance for greater flexibility and it includes, in addition to internal staff and invited lecturers, a monthly two-hour mandatory education session designed to ensure 100% attendance. Staff interviewed confirmed they are supported by the home to attend internal and external education opportunities. Residents and residents’ representatives report that staff are knowledgeable and perform their roles effectively.

#### **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 systems in place to ensure that residents have access to, and are able to use internal and external complaint mechanisms. Residents are informed of complaint mechanisms on entry (in the Welcome pack) and are encouraged and supported through meetings, posters and interviews to provide feedback. The resident handbook includes information for residents about how to make suggestions, and about the internal and external complaints resolution process. All residents/representatives reported satisfaction with their access to the complaint processes and that issues are managed by the home to their satisfaction. Staff demonstrated awareness of complaint mechanisms and they also reported instances where the residents or residents' representatives talk directly to them about their concerns or suggestions for improvement, and gave the team examples of how the complaints are dealt with immediately. Many stakeholders interviewed and a review of the minutes of carers' meetings, confirms that management views complaints as "opportunities for improvement".

#### **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 home has documented their vision, philosophy and objectives and has adopted the idea of a "safe, happy and caring environment with a high standard of person centred care" for residents as their main focus. The home's vision, mission, values, philosophy and objectives are displayed in the home, and documented in the resident and staff handbooks and in several other publications given to staff and residents. A recent change to the home's organisation chart from a lineal structure to a circular structure centred on the resident, reflects the management's emphasis on a team based approach.

#### **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 appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. The home has appointed a fulltime human resource and rostering manager who has streamlined the rostering process to ensure all shifts are filled with appropriately skilled staff and has also dramatically reduced the reliance on agency personnel, who are less familiar with the needs of residents. Rosters are prepared in advance and the team were provided with examples of allocation of staff taking into account available resources, resident care needs, resident category mix, staff availability and their skills and experience. The director of nursing stated the home adopts, as a base, sufficiency of staff norms measured from past experience and stakeholder feedback. The staffing budget has always been influenced by specific needs of the site, the current resident mix and is flexible to incorporate needs of the personal life of staff. The team was shown examples of staffing levels being monitored and adjusted in accordance with the residents'

needs, such as the addition of a diversional therapist to mentor and supervise and an enrolled nurse dedicated to implementing consistent wound care. The human resource policies and procedures draw upon the home's philosophy, objectives, and cover staff recruitment, orientation, performance review through an annual appraisal process and competency assessment program, grievance procedures and the maintenance of staff records (that includes job descriptions, duties lists, criminal record check and registration details). All residents/representatives interviewed expressed approval of staffing levels on most shifts and the personal skills of staff members. The team noted seven management and staff have been recognised and nominated for a range of excellence in aged care awards citing for example "appreciation of the professional excellence, outstanding quality of care and commitment to the welfare of 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

The home has long established and comprehensive systems in place to ensure that appropriate stocks of goods and equipment are available at all times. The team's observations, interviews and review of documentation demonstrated that appropriate stocks of goods and equipment, food, furniture and linen are achieved. Stock rotation processes, budgeting, purchasing through preferred suppliers ensures this ongoing program is effective. Staff and relatives interviewed all confirmed that there is sufficient and suitable equipment for their use. Purchasing is tightly controlled but strategically allocated to achieve efficiencies but also quality outcomes for residents and staff. For example, the approval for purchase of alginate dissolvable bags for handling contaminated laundry, while expensive per unit is justified for the reduction in handling time on the floor and the more effective infection control outcome. It was also noted that the maintenance person is responsive to stakeholder input, as is management when approval is required for purchases of equipment. There is a preventative maintenance schedule and a daily maintenance procedure to ensure that equipment is maintained in a safe operational standard. All maintenance requirements are carried out in an appropriate time frame by maintenance staff at the home. The team observed and all stakeholders reported there is sufficient and appropriately maintained equipment and stocks of goods.

### **1.8 Information systems**

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

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

Does comply

The home has effective systems in place to disseminate information relating to clinical care, leisure interests, work issues, legislative changes, other services and the environment to staff, residents and other stakeholders. Methods used to keep stakeholders informed include memos, meetings, noticeboards, handovers, the care plans and progress notes, communication books, newsletters and correspondence. Documents, including policies and procedures, are reviewed regularly to ensure continued relevance, and issues identified through quality improvement activities are documented with corrective action planned and evaluated. Care plans are reviewed regularly to ensure they are relevant to resident needs and there is a well adhered to case conference system to consult with residents' families or representatives. Systems are in place for the secure storage and archiving of records. All staff and resident/representatives interviewed stated they are regularly informed of specific information of relevance to them and expressed satisfaction with the information systems at the home.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

Externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The home has a register of preferred suppliers (both local and approved provider negotiated) and individualised written agreements with the external providers. There is an administration office responsible for managing non-conformance of suppliers when there is poor performance of the supplier and the team noted examples of a change in suppliers who did not meet the home's quality requirements. External contracts are reviewed regularly with the home's quality requirements clearly identified. The director of nursing described how they regularly review the work performed or goods supplied by external contractors to ensure they are provided in a timely manner and as requested. Satisfaction surveys show resident satisfaction with the available external suppliers (pharmacy, podiatrist and hairdresser) and kitchen, maintenance and clinical staff all confirmed they provide feedback about external contactors when necessary. In addition to the current well organised system of obtaining contracts, commitment to quality agreements and relevant registrations and indemnities, the director of nursing will consider collating all negative input of particular suppliers as part of introducing an annual review of external supplier performance.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

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

Does comply

As a result of the home's continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team noted improvements have been made in relation to Standard Two: Health and Personal Care. These include:

- To improve pain management of residents in a palliative care process where medication is administered over an extended period of time, the home researched and purchased subcutaneous butterfly cannula. The outcome has been similar to that reported in medical literature where these devices were shown to reduce redness, tenderness or inflammation at the catheter site, prevent leaking needles and catheter malfunction. The home also found this device will improve infection control, reduce the risk of needle stick injuries and also reduce the frequency of site changes.
- An accident /incident form highlighted the lack of clear wording in the home's policy and procedure for supra-pubic catheter change. The procedure was updated in line with best practice recommendations. This led to the development of a competency assessment for supra-pubic changes and observation of clinical staff during the actual procedure indicates the new procedure is effective and well understood.

### **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

The home's regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home uses those processes to identify and implement a range of compliance measures relevant to Standard two: Health and Personal Care. These include:

- The home maintains records of current professional registration of all registered nurses and other visiting health specialists and ensures appropriate confidentiality and insurance commitments are in place.
- The home has various information available and accessible to staff on legislation and guidelines relating to health and personal care. These include New South Wales Health directives, and best practice guidelines about medication management, health and personal care.



### **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 organisation's approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard Two: Health and Personal Care. The team noted that the education program, during 2009, included a range of subjects specific to residents' health and personal care that had been identified as requiring particular attention. These include pain management, palliative care, care of ileostomy/colostomy, changing of supra-pubic catheters and a series of presentations from the home's auditing pharmacist. The home has also accessed government funding to provide programs for frontline management to support them to move into supervisory roles in both administration and clinical areas.

### **2.4 Clinical care**

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

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

Does comply

Sir Thomas Mitchell Aged Care provides residents with appropriate clinical care to suit their current needs. This is provided through the provision of medical officers' reviews, and consulting with each resident/representative when doing assessments, progress notes, care planning development and evaluation. The home has verbal and written communication systems to inform care staff, medical officers and management of the care provided for residents or care issues in need of review. Care staff have access to residents' summary care plans. Individual care plans are updated on a three monthly basis or as residents' care needs change. The provision of care is monitored via audits, surveys, comments and complaints mechanism. Case conferencing is conducted shortly after admission and there after annually, resident/representative interviews confirm they appreciate their involvement in case conferencing. Any adverse health changes are identified through the various clinical monitoring processes and are reported to the residents' medical officers or the allied health services utilised by the home. All accidents and incidents are reviewed by senior nursing staff and residents' medical practitioner. Resident/representatives confirm that the care residents receive is both effective and responsive to their identified needs and preferences.

### **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 identified and met by appropriately qualified nursing staff, with medical officers or allied health services input when required. Sir Thomas Mitchell Aged Care provides registered nurse (RN) coverage 24 hours per day. All aspects of residents' specialised nursing care needs are assessed on admission and regularly thereafter. To provide continuity of care wound care trained nursing staff review all wounds on a daily basis. Specialised care needs, such as complex wound care, gastric tube management and catheter care, are directly managed or overseen by registered nurses. The home also has access to clinical nurse consultants through the local hospital for advice and/or education on the provision of residents' specialised nursing care needs. The team's observations and care staff interviews indicate the home has sufficient supplies of equipment for the provision of residents' specialised nursing care needs. Resident/representatives

interviewed report that residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff.

## **2.6 Other health and related services**

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

### **Team's recommendation**

Does comply

Sir Thomas Mitchell Aged Care ensures residents are referred to appropriate health specialists in accordance with the resident's needs and preferences. The home has systems to identify residents' needs and preferences and access relevant health and other related services. Appropriate referrals are made in consultation the resident/representative and the resident's medical practitioner. Both on-site and outpatient review is available. Examples of services visiting the home include podiatrist, physiotherapist, speech pathologist, geriatrician, optometrist, and occupational therapist. A dietician is available to review individual residents' nutritional needs. RNs schedule appointments and ensure transport is arranged for residents that choose to visit health services of their choice externally. Clinical files reviewed contain documentation related to referrals and follow up reports from other health and related services relevant to residents' care needs. Staff report this information is disseminated to the appropriate staff after each visit to health specialists and follow up recommendations are followed. Resident/representatives interviews indicate they are satisfied with the other health and related services the home provides and access to external services.

## **2.7 Medication management**

*This expected outcome requires that "residents' medication is managed safely and correctly".*

### **Team's recommendation**

Does comply

Sir Thomas Mitchell Aged Care has processes to ensure residents' medication is managed safely and correctly. The system includes a medication administration system, regular pharmacy deliveries, and secure storage of medications. A stringent auditing program identifies any issue and appropriate improvements are activated in a timely manner. Medications are administered to residents by RNs. An accredited pharmacist reviews residents' medication and the team observed written reports that resulted from this. An external pharmacist also regularly audits the medication system. A review of medication charts by the team confirmed doctors reviewed them regularly and that practices were consistent with the home's policy and procedures. Medication incidents, audit reports, and infection rates are discussed at the quarterly medication advisory committee meetings. Medication management education is provided internally and externally by the home's consultant pharmacist. RNs confirm that management requires them to demonstrate competency with medication management. Provision for residents to manage their own medication is available at the home if their doctor assesses them as competent to do so. Residents and representatives 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

Sir Thomas Mitchell Aged Care has processes to ensure all residents are as free from pain as possible. All residents have a pain assessment completed at admission. Residents who experience pain are commenced on a pain management flow chart that is monitored and

evaluated. Care plans are developed from assessments, progress notes, evaluations, and accessing advice on pain management from medical officers including pain specialists and other health professionals when required. The assessment may also include the use of a non-verbal tools for the recognition of pain in residents with dementia and direct resident and representative input. Management strategies are developed and staff undertake regular reviews of the interventions. There are systems to monitor the effectiveness of residents' pain management and interventions including the involvement of relevant health professionals and services. Pain strategies include medication, physiotherapy, heat packs, massage, exercise and pressure relieving mattresses. Resident/representative interviews demonstrate the home provides timely care to residents experiencing pain.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Sir Thomas Mitchell Aged Care can demonstrate that the comfort and dignity of residents who are terminally ill is maintained in consultation with medical staff and the local area palliative care team as necessary. The home discusses advanced care directives with the resident and their family where possible to ascertain the resident's wishes for palliation. Interviews and documentation review demonstrate that residents' palliative care treatments are recorded on care plans and progress notes. Clinical nurse consultants (CNC) from the local hospital are consulted for pain and palliative advice, and provide education for staff when needed. Analgesia, as well as skin integrity aids are utilised to minimise residents' distress and to ensure residents' comfort. Interviews indicate that pastoral care workers and a priest are available to provide support for terminally ill residents and their representatives as necessary. Staff interviews indicate they are aware of ways they can ensure the comfort of terminally ill residents through supporting the residents' physical and emotional care needs. The home offers a range of alternative therapies for pain relief, comfort and relaxation including, heat packs, and music. Residents/representatives interviewed express satisfaction with the care the home provides when residents are unwell.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Sir Thomas Mitchell Aged Care has systems to assess and document residents' dietary needs and to communicate these needs to the kitchen and care staff to ensure residents receive adequate nourishment and hydration. Residents' nutrition and hydration needs are assessed, planned and documented on the care plan. All meals are cooked on site. The residents are offered a varied, healthy and well balanced diet that is developed to also meet the likes and dislikes of the residents. Residents have input into menu planning via resident meetings, surveys, case conferences and the internal complaints mechanism. Residents are weighed monthly or more frequently if the resident's weight is fluctuating. The home uses the malnutrition universal screening tool (MUST) for assessment and monitoring of nutritional status and has access to a dietician and speech therapist. The use of dietary supplements is given on dietician and doctors instructions. The care staff can demonstrate an understanding of the residents' dietary needs, the residents' swallowing pattern and/or food refusal and report any changes to the registered nurse. Residents/representatives' feedback through meetings is taken into consideration and residents report they are satisfied with services related to nutrition and hydration.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

The skin integrity of residents is assessed on entry to Sir Thomas Mitchell Aged Care. Care plans and progress notes reviewed by the team reflect these assessments and ongoing monitoring of residents’ skin integrity. Other issues identified relate to personal care, continence, manual handling, hair, and nail care. Alterations to residents’ skin integrity are monitored with data collected and analysed. The home provides appropriate devices to manage residents’ skin integrity, for example, water chairs, moisturising creams and pressure air mattresses. A podiatrist visits the home regularly. The team reviewed documentation including residents’ wound dressing charts that identify the problem area, size and state of wound including type of treatment, photograph of wound and follow up required. Pressure areas and wound infections are monitored and reported as part of the monthly clinical indicators, audit program. Resident/representatives comment that residents’ skin integrity issues are appropriately treated and that there are referrals to appropriate specialists and allied health professionals.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Sir Thomas Mitchell Aged Care has a system for identifying, assessing, monitoring and evaluating residents’ continence needs to ensure that residents’ continence is managed effectively. The system includes individual continence assessments, the development of a care plan and toileting program if required that is regularly reviewed and evaluated. Bowel management programs and monitoring is via daily recording and reporting by care staff. Infection data, including urinary tract infections, is regularly collected, collated and analysed. Residents’ choice and maintenance of dignity is considered when determining the types of aids for residents. Staff report individual continence programs are documented and they are aware of an individual resident’s identified need. The team observed there are adequate supplies of disposable continence aids of varying types and sizes available for residents. Resident/representative interviews demonstrate satisfaction with residents’ continence management.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Sir Thomas Mitchell Aged Care ensures that the needs of the residents with challenging behaviours are monitored and managed effectively. Residents’ behavioural management needs are identified by an initial nursing and/or medical assessment. Such things as triggers and times of occurrence of challenging behaviours are noted on the ongoing focus behaviour assessment form. Challenging behaviours are managed in partnership with the resident’s family, doctor, and when necessary the psycho-geriatric team. Dementia specific programs provide meaningful activities for residents while encouraging socialisation. The home provides a secure living environment for residents with dementia that includes an outdoor courtyard where residents may wander if they choose. The team observed staff interacting

appropriately with residents with behavioural issues and reviewed progress notes and incident reports that document challenging behaviours and responses. Staff confirm there is ongoing education in managing challenging behaviours and could demonstrate how to identify and manage residents' behaviour. Resident/representatives are satisfied that behaviours of concern are addressed appropriately and that residents' distress is minimised by the approach adopted by the home.

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

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

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

Does comply

Residents' mobility, dexterity and rehabilitation needs are assessed on entry and regularly reviewed based on individual care needs and responses to treatment plans. The physiotherapist conducts assessments and develops the plan of care. Physiotherapy programs are implemented by the physiotherapist and the physiotherapy aides. Residents unable to mobilise independently are assisted to maintain dexterity by passive limb movements. Care staff are informed of a resident's mobility needs through care plans, progress notes, falls prevention information, and individual education sessions are conducted if a problem arises. The team observed residents actively involved in physio-aide programs and using mobility aids and handrails suitably placed throughout the home. An accident and incident reporting system that includes analysis of incidents helps identify trends and develop strategies which are implemented to reduce falls. Resident/representative interviews indicate residents are supported to exercise and maintain their mobility and dexterity levels.

#### **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 and ongoing assessments, and care planning processes. Residents' ongoing oral and dental care strategies are reviewed and evaluated for effectiveness every three months or as residents' conditions change. Dental consultations are arranged as required. Residents are provided with the necessary oral hygiene products and staff interviewed said that they are familiar with managing residents' oral and dental care, which includes the care of teeth/dentures and mouth. Access to a dietician and speech pathologist is available for assessment for diet and swallowing. Residents/representatives said they are satisfied with the oral care the home provides.

#### **2.16 Sensory loss**

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

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

Does comply

Residents' sensory loss needs are identified and managed through initial and ongoing assessments, care planning and evaluation processes. Care documentation reviews show sensory loss information gathered from the resident data base is documented in the individual care plan along with strategies to assist the resident to maintain quality of life despite the sensory loss. Care staff interviews indicate they implement strategies to assist residents with vision impairment and/or hearing loss. These include the placement of items in close proximity for residents with vision loss, cleaning spectacles and speaking clearly to

residents with hearing loss. Activities staff facilitate sensory programs for one-to-one and/or small groups of residents who have sensory loss. Provision is made for residents' with touch and smell sensory needs through cooking and massage. Residents/representatives indicate they are satisfied with the care provided by the home for residents with sensory loss needs.

## **2.17 Sleep**

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

### **Team's recommendation**

Does comply

Sir Thomas Mitchell Aged Care assists residents to achieve natural sleep patterns through assessments on entry to the home and at times when sleep difficulties are identified. Individual sleep management strategies are developed depending on residents' needs and preferences. These can include usual settling and rising times, pain relief, regular toileting or provision of a night continence aid, and night sedation. Residents are encouraged to participate in activities of interest to them during the day that will enhance natural sleep patterns. Residents have call bells in their rooms to call for assistance at night if required. Resident/representative interviews do not identify any problem with residents achieving natural sleep patterns, residents advise the home is quiet and conducive to sleep at night.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team noted improvements have been made in relation to Standard Three: Resident Lifestyle. This includes:

- The home uses a multipurpose room for church and other spiritual activities. Residents suggested their spiritual experience would be enhanced if the room had indications that it was a place of worship. This led to the idea of creating portable stained glass windows to be hung during church activities and removed when other events were taking place. A high school industrial arts student has accepted the challenge to design and build the stained glass windows as part of the requirements for HSC major project.
- The diversional therapist introduced a variety of new resources and activities to provide extra stimulation and encouragement to residents to participate. Residents were observed enjoying many of the new activities but the DT realised there was no current method to capture this information formally. An activities evaluation tool has now been developed to assist staff to assess resident enjoyment of each individual activity. The result to date has been a high degree of satisfaction measured on most items, with some improvements required on a small number of other items.

#### **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

The home’s regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Three Resident lifestyle. These include:

- The inclusion of privacy forms in the resident admission process and the offering of individual opportunity to opt out of inclusion in photographic displays of resident activity programs or the celebration of birthdays.
- A copy of the Charter of residents’ rights and responsibilities and a summary of the schedule of specified services under the Aged Care Act 1997 is included in the *Resident Agreement* and is displayed near the foyer and in the resident information booklet.

### **3.3 Education and staff development**

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

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

Does comply

The home's approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard Three: Resident lifestyle. The team noted that the education program, during 2009 and planned for 2010, included a range of subjects specific to resident lifestyle issues and staff have requested targeted education in 2010 on "grief and loss" and further education on "elder abuse". Educational sessions have been developed and will be implemented to further promote the home's model of 'person-centred' care that promotes resident choice, independence and dignity. Some of the recreation officers have completed the Cert IV in leisure and lifestyle which has contributed to the way staff maintain and acquire the skills to perform their roles effectively.

### **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

Sir Thomas Mitchell Aged Care provides support to residents to assist them in adjusting to life in their new environment by assessing residents for their social history, hobbies, interests and emotional needs. Staff spend considerable time with residents during the settling in period and provide care in an understanding and empathic manner. The information gained during the review of the residents previous lifestyle assists staff to understand the needs of residents and provides an opportunity to discuss their needs in the home. The team observed staff to provide appropriate interactions and support to residents, encouraging them to participate in the life of the home whilst also respecting their independence. The RAO team provides one to one visits with residents to provide emotional support. Residents/representatives interviewed expressed satisfaction with the support provided to residents/representatives during settling in and on an ongoing basis. Comments such as staff "show a genuine care for the family" and are "always helpful and very thoughtful" were reported to the team by residents.

### **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 residential care service. Residents are assessed on admission and care plans are developed to accommodate residents' individual needs. The care plans are regularly reviewed to ensure resident's changing needs in relation to maximising their independence are met. Residents are assisted to make the most of their independence through health care interventions that include daily physiotherapy and lifestyle programs. The activity program helps facilitate community access by regular bus trips to community events, as well as engaging a variety of community entertainers to come and entertain the residents. Residents' independence is also enhanced with access to television, radio, telephones and assistance is provided to vote if they wish to



do so. Staff can demonstrate that they encourage and assist residents to maintain their independence. Residents/representatives are satisfied with the home's approach in encouraging and assisting them to maintain their independence.

### **3.6 Privacy and dignity**

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

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

Does comply

All residents/representatives interviewed expressed satisfaction with the way their privacy, dignity and confidentiality is recognised and respected by staff at Sir Thomas Mitchell Aged Care. The home's privacy statement is included in the resident handbook. Staff are made aware of residents' rights to privacy, dignity and confidentiality during the orientation process and sign off on a resident privacy agreement. Staff were observed to address residents in a respectful manner by their preferred names. Residents' care plans and progress notes provide evidence of consultation with residents about their preferences for the manner in which care is provided. Residents are accommodated in four-bed, and single bedrooms with communal ablution facilities. Staff knock on residents' room doors before entering and use the screen track curtains in rooms that accommodate more than one resident when providing care. The team observed that residents who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather. Resident files are stored securely. Regular audits of staff practices and resident surveys identify any issues and these are followed up through discussion and continuing education.

### **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 express satisfaction with the activity program that is conducted from 7am to 7.30pm over seven days a week. The home has an assessment process that captures the leisure preferences of residents. All residents and/or representatives are interviewed about residents' previous recreation and leisure experiences. Staff encourage residents with similar interests to mix. Separate recreational activities programs are conducted for residents with dementia and residents who are cognitively alert. The monthly activity program takes into account significant cultural days and residents' preferred activities. Residents provide feedback on the program at the DON's morning tea, through surveys and through informal discussions. Each resident gets a copy of the monthly activity program, which is displayed on noticeboards and at the nurse's station. Specialised programs are developed for identified needs, for example, residents who have increased sensory deficits. The RAO team maintains participation records for each resident providing data for planning and assistance with matching activities to residents needs. This information is regularly evaluated to ensure that the program continues to meet the lifestyle needs of the residents.

### **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

Residents report they are satisfied with the support provided for their cultural and spiritual needs. The individual requirements of residents to continue their beliefs and customs are

identified in the assessment process on entry. Current residents at the home are predominantly of English speaking background. A number of staff members speak languages in addition to English and their expertise is utilised when required. The menu is flexible and can accommodate the preferences of residents from culturally and linguistically diverse backgrounds. Specific cultural days such as Australia Day, St. Patrick's Day, Italian Day, International Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. Residents/representatives express appreciation for the efforts of staff to entertain and please the residents on these occasions. A number of religious clergy hold services at the home and residents are invited to attend these if they wish to do so.

### **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 state they are satisfied with the choices available to them at the home. Personal care routines are arranged during staff discussions with residents and/or representatives. The menu provides choices for each meal. Residents' choice of medical officers, allied health services and alternative therapies is respected. Participation in group activities is the choice of the resident and they are asked to choose how they wish to spend individual time with staff. Residents are encouraged to personalise their rooms and/or bed space area with memorabilia and other items of their choosing. The home has a number of mechanisms in place for residents and representatives to participate in decisions about the services residents receive including discussions with staff, regular morning tea with the DON and carers meetings, surveys and through the comments and complaints processes. Feedback about matters raised is provided at residents' meetings. Residents/representatives express satisfaction with the actions taken by management on matters raised and their responsiveness to requests.

### **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 provides a "welcome" information package to new and prospective residents/representatives with details on the home and the care and services provided. The package contains a copy of the resident handbook and information on the comments and complaints process and the residents' rights and responsibilities. Staff interviewed explained that all details of funding and tenure are explained to residents/representatives and the opportunity is given for independent advice to be obtained before signing the agreement, which is written in plain English. Signed and witnessed agreements are filed securely at the home. All residents/representatives interviewed were satisfied with the information provided on the residential care service and understanding 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

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team noted improvements have been made in relation to Standard Four. These include:

- In response to an article in the Aged Care Standards Agency’s newsletter “The Standard” the home recognised the need to expand and review their current disaster plan to cover all types of contingencies including bushfire, water shortage and power outage. The quality improvement officer has produced a draft document and is currently engaged in a broad consultation process with community organisations, such as the fire brigade and water authorities. The end result will be a realistic and comprehensive document that accurately reflects current conditions.

### **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

The home’s regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Four Physical environment and safe systems. These include:

- The team observed the annual Fire Safety Statement (dated 4 May 2009) certifying that fire equipment is appropriate and suitably serviced. Two staff have current Fire Safety officer certification and both have booked refresher courses in 2010 in accordance with the appropriate legislation.
- The notification of assessment against the 1999 Building Certification Instrument (dated 31 January 2006) showed the home scoring well above the required 19 or more out of 25 in section one (safety) and a pass for the overall score.

### **4.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply

The home’s approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard Four: Physical environment and safe systems. The team noted that the education program, during 2009 and that planned for 2010, included a range of subjects

specific to safe systems. There are systems in place to support mandatory attendance for all staff to attend sessions on fire safety and evacuation, infection control, manual handling and occupational health and safety. Additionally, the home has two trained fire safety officer on staff who conduct orientation training for all staff in fire safety. All staff involved in the provision of catering services have completed courses on safe food handling and occupational health and safety representatives either have completed or are booked to attend the occupational health and safety consultant course.

#### **4.4 Living environment**

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

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

Does comply

The home is providing a safe and comfortable environment consistent with residents' care needs. The results of the team's observations, interviews and document review revealed that residents/ representatives are satisfied with the living environment that provides residents with comfortable public area and accommodation mostly in four bedded shared rooms and a small number of single rooms, all with nearby bathrooms. The home, including the dementia specific unit is a secure environment surrounded by an attractively landscaped courtyard with bushland views. The home has systems and processes to ensure daily reactive maintenance on the building and equipment occurs in a timely manner. The safety and comfort of the home is also monitored through regular environmental audits, analysis of accident and incidents, hazard reporting and a well documented preventative maintenance activity schedule.

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

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

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

Does comply

The home has occupational health and safety (OH&S) systems in place to identify hazards in the working environment and to manage issues identified through risk control audits, equipment evaluation, accident and incident reporting systems, inspections, hazard alert forms and discussion at committee meetings. Consultative processes (consistent with regulatory requirements) lead to the election of OH&S representatives and the appointment to the committee of management and staff representing different work areas. The committee members conduct work place inspection and safety housekeeping checklists in different areas of the home reports to the OH&S committee. Staff receive regular training in manual handling and other occupational health and safety issues from the in-house physiotherapist and their competency is assessed annually. The team observed staff using various equipment, such as lifters, transferring equipment and personal protective equipment. Residents/representatives, staff interviews and review of documentation demonstrates that the home monitors the safety of the environment and takes corrective action where deficiencies are identified.

#### **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 ensure the safety and security of residents and staff. Monitoring of all equipment, regular checks and testing of fire fighting and warning systems by external fire contractors, lock-up processes, fire, and emergency evacuation procedures are in place. Two staff members are qualified fire safety officers and are responsible for ensuring all new staff receive initial fire orientation training. The home is fitted with fire warning and fire fighting equipment, smoke detectors, fire and smoke doors, extinguishers and fire blankets and has appropriate equipment for the use in the event of a fire, security issue or other emergency. As a result of these measures the home achieved more than the required 19 out of a possible 25 in the fire safety section of the 1999-Aged care certification instrument. The home also provides regular training to staff and the team reviewed the process for ensuring all staff attend as required in their terms of employment. The team observed correctly orientated evacuation maps and flipcharts that are readily accessible in all areas of the home. The home has had bushfire alert in the past and has consulted with the local fire authorities to develop appropriate contingency arrangements. For example, there are special evacuation precautions including a regularly updated evacuation list to identify residents in a security emergency. Staff interviews by the team indicate a good understanding of the home's fire and emergency procedures and other security procedures and systems.

#### **4.7 Infection control**

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

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

Does comply

The home has an effective infection control program that includes staff education, provision of personal protective equipment, monitoring and analysis of infection rates, equipment maintenance and cleaning, and ongoing review of work practices. Documentation reviewed by the team confirms that the elements of the infection control program in place function exceptionally well under the coordination of the quality and infection control coordinator. Staff interviewed by the team were knowledgeable about infection control practices and could describe the manner in which equipment used for resident care is controlled and managed. Observations throughout the Accreditation site audit showed that staff put infection control principles into practice during resident care activities, in the kitchen, laundry and cleaning programs including the use of personal protective equipment and clothing and the use of colour coded equipment in all areas. Infection control audits across all service areas ensure compliance. Infection data is collected monitored and trends identified by the infection control coordinator and these are reported to the quarterly quality committee. Preventative measures include a staff influenza and hepatitis B vaccination program, implementation of strategies in the kitchen, consistent with hazard analysis and critical control point principles (HACCP) and a clearly delineated system for sanitisation, handling of contaminated material and segregation of clean and dirty clothing in the 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

The majority of residents/representatives interviewed by the team state they are satisfied with the catering cleaning and laundry services that are provided.

##### **Catering**

Food service staff interviewed state they enhance residents' quality of life by providing choice and variety of food and ensuring they implement work practices that embrace infection control and occupational health and safety. The team noted the four week seasonal rotating menu was subjected to a consultation process and was then reviewed by a dietician in relation to its nutritional value. The team noted there are effective systems to ensure resident preferences are identified and implemented, with some residents' individual preferences obtained daily and transferred to information cards on each tray or other food preference list. Food storage areas are well organised with foods correctly stored, labelled, rotated and dated. The organisation has developed a food safety manual with associated forms and has applied for all necessary licences, to ensure the home is compliant to new regulations of the Food Safety Authority.

##### **Cleaning**

The home has a planned cleaning program that ensures all public areas and resident rooms are cleaned according to a set schedule and 'spring cleaned' in rotation. Colour coded cleaning mops, buckets and cloths are used in all areas. The team observed equipment for cleaning spills throughout the service and staff that were interviewed demonstrated knowledge of their location and use. Residents/representatives interviewed and comments in meeting minutes, surveys and complaints showed a high degree of satisfaction with the work of the cleaners.

##### **Laundry**

The on site laundry service efficiently and reliably delivers clean linen and residents' personal clothing. The team observed OH&S and infection control measures in place. Most residents interviewed state clothes being laundered at the home are returned promptly and in good order. The laundry person interviewed by the team explained the laundry process and was able to clearly outline infection control procedures.