Stella Maris Aged Care Facility
RACS ID 0241
6 Coast Avenue
CRONULLA NSW 2230
Approved provider: Stella Maris Aged Care Facility

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 11 October 2015.

We made our decision on 17 August 2012.

The audit was conducted on 10 July 2012 to 11 July 2012. The assessment team’s report is attached.

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

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

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

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

**Standard 2: Health and personal care**

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

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

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

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

### Standard 4: Physical environment and safe systems

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

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

Stella Maris Aged Care Facility 0241
Approved provider: Stella Maris Aged Care Facility

Introduction
This is the report of a re-accreditation audit from 10 July 2012 to 11 July 2012 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team’s findings regarding performance against the Accreditation Standards
The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes
Audit report

Scope of audit
An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 10 July 2012 to 11 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Helen Ledwidge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Sean Mack</td>
</tr>
</tbody>
</table>

Approved provider details

<table>
<thead>
<tr>
<th>Approved provider:</th>
<th>Stella Maris Aged Care Facility</th>
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</thead>
</table>

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Stella Maris Aged Care Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0241</td>
</tr>
</tbody>
</table>

| Total number of allocated places: | 55 |
| Number of residents during audit: | 55 |
| Number of high care residents during audit: | 37 |
| Special needs catered for: | Nil |

| Street/PO Box: | 6 Coast Avenue | State: | NSW |
| City/Town: | CRONULLA | Postcode: | 2230 |
| Phone number: | 02 8522 1200 | Facsimile: | 02 8522 1211 |
| E-mail address: | Nil |
Audit trail
The assessment team spent two days on-site and gathered information from the following:

<table>
<thead>
<tr>
<th><strong>Interviews</strong></th>
<th><strong>Number</strong></th>
<th><strong>Interviews</strong></th>
<th><strong>Number</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility manager</td>
<td>1</td>
<td>Residents/representatives</td>
<td>11</td>
</tr>
<tr>
<td>Director of aged care and sub acute services, St Vincent’s and Mater Health Sydney</td>
<td>1</td>
<td>Recreational activities and diversional therapy staff</td>
<td>3</td>
</tr>
<tr>
<td>Risk manager/work health and safety coordinator (organisational role)</td>
<td>1</td>
<td>Volunteers</td>
<td>2</td>
</tr>
<tr>
<td>Aged care quality consultant</td>
<td>1</td>
<td>Pastoral care coordinator/cleaning supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Finance/payroll coordinator, systems coordinator, administrative assistant</td>
<td>3</td>
<td>Cleaning staff</td>
<td>2</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>2</td>
<td>Laundry staff</td>
<td>1</td>
</tr>
<tr>
<td>Care staff</td>
<td>6</td>
<td>Catering staff</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1</td>
<td>Maintenance staff</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapist, physiotherapy aide, physiotherapy manager</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Sampled documents</strong></th>
<th><strong>Number</strong></th>
<th><strong>Sampled documents</strong></th>
<th><strong>Number</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents’ files</td>
<td>6</td>
<td>Medication charts</td>
<td>9</td>
</tr>
<tr>
<td>Summary care plans</td>
<td>3</td>
<td>Personnel files</td>
<td>6</td>
</tr>
</tbody>
</table>

Other documents reviewed
The team also reviewed:

- Accident/incident reports
- Allied health documentation
- Annual fire safety statement
- Appliance maintenance and testing records
- Audit and survey results
- Clinical charts
- Clinical competency assessments
- Code of conduct
- Communication books
- Complaints documentation
- Computer based information systems
- Continuous improvement plan
- Education calendar, orientation program, staff training records
- External service providers' service schedules
- Family conferencing documentation
- Infection control monthly data collection reports
- Job descriptions
- Letter notifying residents and representatives of re-accreditation audit
- Lifestyle, social history and activities documentation
- Meeting schedule, agendas and minutes
- Memoranda
- Menus
- Newsletters and other publications
- NSW Food Authority Licence
- Police check register for staff and volunteers
- Policies and procedures
- Reportable incidents register
- Resident agreement
- Resident dietary information
- Residents' information package and surveys
- Self-assessment report for accreditation
- Staff handbook
- Staff roster and allocation lists
- Wound management documentation.

Observations
The team observed the following:
- Activities program in progress
- Aged care complaints scheme and advocacy service brochures on display and suggestion boxes, information pamphlets on display, internal and external comments/complaints forms
- Aged Care Standards and Accreditation Agency re-accreditation audit notices on display
- Call bell system and sensor mats
- Chapel
- Charter of Residents' Rights and Responsibilities on display
- Chemical storage areas
- Cinema and activities centre
- Cleaning in progress
- Continence and medical supplies, mobility equipment
- Dietary requirements and preferences documentation
• Electronic and hardcopy record keeping systems – clinical and administration
• Emergency exits, fire panel and location maps
• Equipment and supplies, storage areas, rotation of stock
• Fire detection and fire fighting equipment, evacuation plans, evacuation pack, emergency evacuation box, emergency procedures flipcharts
• Hairdressing salon
• Infection control resources including notices, hand wash basins, sanitising hand gel, personal protective equipment and colour coded equipment in use, spill kits, sharps containers, outbreak resources, waste management
• Information notice boards, notices, pamphlets, forms and other information on display for staff and residents
• Interactions between staff and residents
• Kiosk
• Laundry, stocks of linen, delivery of resident personal laundry
• Living environment
• Manual handling equipment and instructions, mobility equipment in use
• Material safety data sheets (MSDS)
• Meal service at midday
• Medication rounds and safely stored medications
• Menu on display
• Physiotherapy room and equipment
• Pressure relieving mattresses
• Resident personal care items
• Secure storage of resident and staff information
• Sign in/out resident and visitors’ register
• Staff access to information systems including computers
• Staff handover report
• Staff work practices and work areas
Assessment information
This section covers information about the home's performance against 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 findings
The home meets this expected outcome

The home has implemented a well developed and effective system for actively pursuing continuous improvement, including an overall structure at both local and corporate levels. At the facility level, it has a Management and Continuous Improvement Committee, which meets on a quarterly basis and involves management, care staff, and hotel services staff. Quality activities include, staff meetings, residents’ and relatives’ meetings, routine audits, surveys, benchmarking, accident and incident reporting, comments/complaints forms, data collection and other monitoring systems. Feedback on improvement actions taken is given to staff and/or residents, as appropriate.

Examples of specific improvements relating to Standard 1 Management systems, staffing and organisational development include the following:

- The home introduced, adapted and modified a complete range of new policies and procedures/forms in July 2011, when it entered into management with St Joseph’s Village. These policies and procedures provide guidance for management and staff in all relevant areas.

- As part of its equipment procurement processes, the home has purchased and installed bed sensor mats. These mats interact with the nurse call bell system alerting the care staff to the fact the resident is out of bed. Although it is too early to evaluate this system, the potential benefit is that the fall rate will be decreased.

- In April 2012, the home introduced a commercially purchased electronic incident reporting system for recording clinical and non-clinical incidents. This reporting system facilitates on-line notification to management and key personnel for investigation, implementation of control measures, compliance with legislation and provision of reports for monitoring purposes.

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

Team’s findings
The home meets this expected outcome

The home’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home monitors the regulatory environment to identify any changes in regulatory requirements and professional standards. This is achieved through updates from government and industry
bodies, an aged care specific legislation service, and staff membership of relevant professional organisations. The home also networks and management attend external education and industry conferences, and accesses the internet for various updates. Staff are advised of regulatory requirements and any relevant changes to them. This is achieved through updates to policies and procedures, memoranda, staff handbooks, induction and orientation programs, training and education, and meetings, as well as on notice boards. We sighted relevant legislation and/or legal documentation displayed in various locations such as on noticeboards in the home’s foyer, in residents’ common areas and staff work areas.

Examples of regulatory compliance related to Accreditation Standard 1 include residents and other stakeholders having access to complaints mechanisms. In addition, management conducts criminal history checks for staff, volunteers and relevant contractors, ensures the application of privacy legislation, and monitors nursing staff registrations.

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

Team’s findings
The home meets this expected outcome

It was evident from our observations, document review and interviews that management and staff have appropriate knowledge and skills to perform their roles effectively. The home has in operation an education program which is based on educational needs identified through a wide range of mechanisms. The education program is comprehensive and covers various functional areas, encompassing all four Accreditation Standards, including Accreditation Standard 1. The home’s orientation program in particular incorporates a range of topics relating to management systems, staffing and organisational development. Staff also have access to relevant external educational opportunities and where appropriate are supported to obtain formal qualifications.

We noted staff education relevant to Accreditation Standard 1 covered the organisation’s mission and values, its code of conduct, managing staff performance, bullying and harassment. Other education included the accreditation process, and resident documentation. In addition, administrative staff have participated in Certificate III in Health Administration. (See expected outcome 1.6 Human resource management for other mechanisms designed to ensure appropriate staff performance).

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

Team’s findings
The home meets this expected outcome

The home has policies, procedures and processes to ensure each resident (or his/her representative) and other interested parties have access to internal and external complaints mechanisms. Residents/representatives and staff are made aware of internal and external complaints mechanisms through the staff and resident handbooks, the residents’ agreement and complaints forms. Other mechanisms for informing residents/representatives and staff include other information displayed in the home, and residents’ meetings. There is a procedure to ensure any complaints raised are recorded for review, action, follow-up and feedback, as appropriate. Residents/representatives interviewed advised they feel comfortable approaching management about any concerns or suggestions they might have.
1.5 Planning and leadership
This expected outcome requires that “the organisation has documented the residential care service’s vision, values, philosophy, objectives and commitment to quality throughout the service”.

Team’s findings
The home meets this expected outcome

The home has documented its vision, values, philosophy, objectives and commitment to quality. These are encapsulated in its mission and values statements. These statements are published in the home’s key documentation including resident and staff handbooks. These handbooks are given to all residents/representatives on entry to the home and staff on commencement of employment. In addition, staff are made aware of the home’s vision, values, philosophy, objectives and commitment to quality through its staff recruitment, orientation and education processes, staff meetings and other communication.

1.6 Human resource management
This expected outcome requires that “there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service’s philosophy and objectives”.

Team’s findings
The home meets this expected outcome

The home has implemented a range of human resource policies and procedures. These make sure there are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the Accreditation Standards and the home’s philosophy and objectives. The home’s human resources system consists of position descriptions, duty statements, recruitment and selection processes, staff rosters, induction and orientation, training and staff development, competency assessments, and performance appraisals. We noted care and other staff have obtained qualifications and/or attended specific education relevant to their job roles. There are systems and processes to monitor and ensure staffing levels operate according to the resident mix and residents’ changing needs. Our observations, document review and interviews indicate the staffing roster is sufficient to ensure the desired quality of care, in line with the demands and workflows of the daily routine of the home.

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

Team’s findings
The home meets this expected outcome

There are policies and procedures for ensuring there are adequate supplies of inventory and equipment available for quality service delivery. The home has in operation an overall purchasing system of approved suppliers, designed to ensure desired standards are met. A stock control and ordering system is in operation, with particular staff roles having specific responsibility for particular areas of inventory monitoring and ordering. The home also has clear procedures for purchasing necessary equipment for use in various functional areas, and in response to residents' needs. We observed storerooms and functional areas such as staff areas, clinical areas, and the kitchen and laundry areas, to be well equipped, well stocked, and well maintained. Staff advised in interviews that there were adequate supplies of inventory and equipment for them to perform their job roles effectively. A routine and
preventive maintenance program is in operation, which among other things, ensures equipment is maintained and ready for use.

1.8 Information systems

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

**Team's findings**

The home meets this expected outcome

Our observations, document review and interviews indicated effective information management systems are in operation, and that these support the range of functional areas in the home. The resident information system includes administration forms, residents' handbook, resident agreements, residents' meetings, newsletters, resident assessments, care plans and clinical records. Staff information systems include the staff handbook, a range of meetings, access to computers, distribution of hardcopy materials, staff noticeboards, induction and training. We observed sensitive information is kept in secured areas to help ensure appropriate security and confidentiality of information. It is clear that residents and staff receive information appropriate to their needs.

1.9 External services

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

**Team's findings**

The home meets this expected outcome

The home has a system to ensure externally sourced services are provided in a way that meets the home’s needs and service quality goals. A range of contractors and external service providers operate within contracts and formalised agreements covering resident and care related services, fire systems and various building maintenance and services. Service agreements encompass the home’s requirements/expectations for quality service provision, relevant insurances and police checks (where appropriate). The management of the home monitors the performance of external service providers. It also takes appropriate action in order to ensure services are provided at the desired level of quality. The home also relies on feedback from residents/representatives to assess the quality of service providers such as podiatry, hairdressing, physiotherapy and other similar resident-related services. It was reported there are good working relationships with the range of external service providers and that services are being provided at desired levels.
Standard 2 – Health and personal care
Principle: Residents’ physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team’s findings
The home meets this expected outcome

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard 2.

Examples of specific improvements relating to Standard 2 Health and personal care include the following:

- The home has engaged an external wound consultant to oversee its wound management and to ensure best practices and techniques are used. The home’s management advises this professional support has resulted in a reduction in the occurrence of new wounds and an improvement in healing rates of existing wounds.

- The home has engaged a dietician to review residents who have been identified as losing weight. Although this system is still being fine-tuned, the home advises the information is assisting care staff to have a better understanding of the nutritional status of residents.

- The home has engaged a dental technician who has commenced labelling the dentures of all residents in the facility. This will ensure that, should residents lose their dentures, or place them in an unusual place, there is a high probability the staff will know to whom the dentures belong. The home also advises all residents will have the opportunity to have their dentures reviewed annually or on request.

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

Team’s findings
The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Accreditation Standard 2.

As examples of regulatory requirements related to health and personal care, we noted appropriate arrangements are in operation to ensure the correct management and administration of medications. Also the relevant registrations of nursing staff are monitored to ensure they are current. In addition, there are procedures to ensure the Department of Health and Ageing is notified when residents are reported missing without explanation.
2.3 Education and staff development

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

Team’s findings
The home meets this expected outcome

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard 2.

We noted the education program includes an extensive range of subjects specific to residents’ health and personal care, and is reinforced by competency assessments in related areas. Examples of recent relevant subjects covered include resident assessment and documentation (ACFI), skin integrity and wound care. Other examples are medication management, continence management, oral hygiene, palliative care, and various other aspects of resident care. The home’s management advised that all of its care staff have obtained a Certificate III in Aged Care, and some have obtained their Certificate IV.

2.4 Clinical care

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

Team’s findings
The home meets this expected outcome

The home has a system to assess, implement, evaluate and communicate residents’ clinical care needs and preferences so that residents receive clinical care appropriate to their individual needs and preferences. Staff regularly assess and document the residents’ clinical care needs and update individual care plans in collaboration with the resident, representatives and relevant health professionals. Collaborative care and review processes include annual family case conferences. Residents have a medical practitioner of their choice and staff monitor residents’ clinical care outcomes. Staff have the knowledge and skills to deliver clinical care consistent with documented care plans and management monitors staff performance for competence and in relation to the home’s policies and procedures. Individual residents/representatives expressed satisfaction with the extent of consultation and with the health and personal care provided to the resident.

2.5 Specialised nursing care needs

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

Team’s findings
The home meets this expected outcome

The home has documented policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents’ specialised nursing care needs. Residents’ specialised nursing care needs are met by appropriately qualified staff. Specialised care includes wound management, management of residents with difficulty swallowing, residents in pain and those with insulin dependent diabetes. Residents are referred to appropriate specialists and health professionals. For example a pressure injury prevention and wound care consultant has been providing guidance and advice concerning wound management and injury prevention. There are systems to ensure adequate supplies of appropriate stock are available, and equipment is regularly maintained to ensure the home is equipped to manage the specialised nursing care
needs of its residents. Individual residents/representatives stated they are satisfied the resident’s specialised nursing care needs are identified and met.

2.6 Other health and related services

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

**Team’s findings**

The home meets this expected outcome

Residents are referred to other health professionals of their choice when necessary. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with residents and their representatives. Residents are accompanied to appointments by family, friends or if necessary by the pastoral care coordinator and volunteers, and staff arrange transport when required. Residents have accessed specialist services including audiology, dental and dietetics, gerontology, optometry, physiotherapy, podiatry, speech pathology and pathology services. Staff update care plans and implement changes to care as appropriate as a result of referrals. Individual residents and their representatives stated they are satisfied referrals to appropriate health specialists are in accordance with the resident’s needs and preferences.

2.7 Medication management

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

**Team’s findings**

The home meets this expected outcome

There are systems to ensure medication orders are current, residents’ medications are regularly reviewed and the medication management system is monitored. Medications are administered via a blister pack system and medications are stored, administered and disposed of safely and in accordance with regulatory requirements. Pharmacy services are available daily and as needed. Registered nurses and suitably trained care staff administer medications and their skill is assessed regularly. Staff performance is also monitored through medication audits. Medication incidents are reviewed and a medication advisory committee regularly reviews the home’s incidents, audits and any pharmacy matters. Residents who have been authorised by their doctor and assessed as able to do so safely, administer their own medication and authorisations are periodically reviewed. Individual residents and their representatives expressed satisfaction the resident's medication is managed safely and correctly.

2.8 Pain management

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

**Team’s findings**

The home meets this expected outcome

There are systems to ensure all residents are as free from pain as possible. Staff assess residents' pain on entry to the home and on an ongoing basis. Care staff monitor and document residents’ pain. The efficacy of residents’ pain management is regularly reviewed by the registered nurse and the resident’s medical practitioner in consultation with the resident/representative. Education regarding pain management and palliative care is provided to staff to achieve effective pain relief for residents and minimise reliance on medication. Staff use a range of pain management strategies including massage, pressure
relieving equipment, physiotherapy, heat packs, transcutaneous electrical nerve stimulation (TENS) and medication. Pastoral care, care staff and activity staff provide emotional and psychological support to residents. Individual residents/representatives expressed satisfaction the resident's pain is managed effectively and in a timely manner.

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

Team's findings
The home meets this expected outcome

The home has policies and procedures to guide staff in the provision of palliative care and implements individual end of life wishes to meet residents' care preferences and needs with dignity and comfort. Residents are offered the opportunity to complete advance care directives and remain in the home if their palliative care needs are able to be met by the home. Residents/representatives are satisfied with the palliative care provided to past residents. There are no residents receiving end of life stage palliative care at this time. Staff have received palliative care education and have the knowledge and skills to care for palliative care residents. Staff also have access to the local palliative care team and resources to ensure best practice. The home’s pastoral care coordinator and Sisters of Mercy provide additional support for residents and families and arrange for appropriate cultural/denominational support. Individual residents/representatives expressed satisfaction with the care and the emotional and spiritual support given to the resident’s end of life needs and preferences and with the home’s approach to maintaining the resident’s comfort and dignity.

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

Team's findings
The home meets this expected outcome

There are systems to ensure residents receive adequate levels of nourishment. Each resident’s medical requirements concerning nutrition and hydration and their likes and dislikes are assessed and documented on entry to the home and on an ongoing basis. Staff monitor each resident’s nutritional status, identify significant weight changes through regular measurement of weights and refer residents to the dietician and medical practitioner for follow up as necessary. Special diets and supplements as recommended by the dietician are provided. Care staff promote adequate food and fluid intake, supervise and assist residents with their meals as necessary. Staff arrange for residents to see a speech pathologist and a dentist if indicated. Management is responsive to resident feedback regarding the home’s menu. Individual residents and representatives stated they are satisfied the resident receives adequate nourishment and hydration.
2.11 Skin care
This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings
The home meets this expected outcome

The home has a system of assessment, interventions and reporting requirements to ensure that residents’ skin integrity is consistent with their general health status. Each resident’s skin is assessed in consultation with the resident/representative and the resident’s medical practitioner and documented on entry to the home and on an ongoing basis. As part of maintaining skin integrity staff provide for residents’ specific skin, nutrition and hydration, hygiene, mobility, continence, hair and nail care needs and staff audit and review care plans regularly. Staff document and evaluate prescribed treatments, equipment and stocks of skin care and dressing materials are available to assist in improving or maintaining residents’ skin integrity. Referrals to specialists and allied health professionals such as the podiatrist and pressure injury prevention/wound care consultant are arranged when necessary and this has significantly reduced the incidence and severity of wounds, and improved the healing rate.

Staff are provided with education and resources, pressure relieving and manual handling equipment to manage residents with compromised skin integrity. Individual residents/representatives expressed satisfaction with the skin care provided to the resident.

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

Team’s findings
The home meets this expected outcome

Staff manage residents’ continence effectively which includes assessing residents’ continence, bowel and toileting needs on entry to the home and on an ongoing basis. Continence is managed through a toileting program and individualised care plans with input from the resident/representative and other appropriate health professionals. Staff monitor, evaluate and document the effectiveness of continence management strategies. Audits and a review of care plans indicates residents’ continence needs are subject to ongoing review and include measures to maintain continence, prevent constipation and identify infections.

Staff are provided with education and understand the residents’ continence needs and preferences. Staff assist residents with their continence needs as documented and provide equipment and continence aids to match the individual needs of the resident. Individual residents/representatives expressed satisfaction with the resident’s continence management.

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

Team’s findings
The home meets this expected outcome

The home has appropriate behaviour management policies, procedures and interventions to care for residents with challenging behaviours. Staff are provided with behaviour management training and perform initial and ongoing assessments to identify residents’ behaviour management needs, triggers and strategies. Staff develop and implement care plans in consultation with resident representatives, monitor and review individual resident care plans regularly to assess their effectiveness, and make changes if indicated. The home arranges referrals to specialists for example to a psychogeriatrician if necessary. Staff,
implement strategies and interventions which include attention to nutrition and hydration, spiritual support and participation in activities and these strategies are successful in maintaining a calm environment. The need for restraint is assessed and authorised and administered at a minimum form and level and in accordance with safety standards. Residents/representatives are satisfied with the way the home manages residents with challenging behaviours.

### 2.14 Mobility, dexterity and rehabilitation

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

**Team’s findings**

The home meets this expected outcome

The home has systems to assess, manage and evaluate residents to achieve optimum levels of mobility and dexterity. A physiotherapist assesses residents on entry to the home which includes a falls risk, mobility, balance and gait assessment, and devises a care plan which includes the need for equipment/mobility aids. Exercise sessions are conducted each week day by the physiotherapy aide and individual exercise programs are developed by the physiotherapist for residents with identified need. The physiotherapist identifies and documents residents’ falls risk and management, manual handling needs and changes in mobility as part of the care planning process. Staff have been provided with education on manual handling and falls prevention and management. Residents/representatives provide feedback for example through family case conferencing, resident surveys and meetings. Individual residents/representatives expressed satisfaction with the efforts made by staff to maintain the resident’s mobility.

### 2.15 Oral and dental care

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

**Team’s findings**

The home meets this expected outcome

The home has a system for the initial and ongoing management and evaluation of residents to maintain their oral and dental health. The oral and dental health of residents is assessed on entry to the home and regularly reviewed in consultation with the resident/representative and other appropriate health professionals and a care plan is developed to meet each resident’s needs and preferences. Staff arrange access to dental services when needed. Staff are provided with education regarding oral and dental care for residents and have the knowledge and skills to assist residents and deliver care consistent with the residents’ oral and dental needs and preferences. Individual residents/representatives stated they are satisfied the resident’s oral and dental health is maintained.

### 2.16 Sensory loss

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

**Team’s findings**

The home meets this expected outcome

The home has policies and procedures to assess, monitor and evaluate residents’ sensory losses to ensure sensory losses in relation to sight, hearing, taste, touch and olfactory senses are identified and managed effectively in consultation with residents/representatives.
Staff liaise with the resident’s medical practitioner to ensure that residents’ sensory needs are identified and addressed. Staff organise onsite access for residents to optometry and audiometry clinics, and speech pathology services as necessary. Staff have the knowledge and skills and links to relevant support services (such as vision and hearing impaired services) to ensure optimal support for residents with sensory losses. Residents have access to resources such as large print and talking books, and various sensory activities are facilitated by activities staff. Individual residents and their representatives stated they are satisfied the resident’s sensory losses are identified and managed effectively.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome.

The home has a system to assist residents achieve natural sleep patterns. Residents’ sleep patterns are assessed on entry to the home and on an ongoing basis. This assessment includes the residents’ preferred sleeping routines and history of night sedation. Staff document the resident’s sleep needs and preferences in the care plan which is regularly reviewed and the resident’s general practitioner is consulted if the resident has difficulty sleeping. Staff demonstrated they are aware of residents’ sleep patterns and assist residents who have difficulty sleeping by providing alternatives to sedation such as offering warm drinks and snacks. Staff strategies to optimise the resident’s sleep also include pain management, addressing emotional needs, continence management, ensuring appropriate nutritional intake and addressing environmental factors such as noise when planning care to minimise the use of night sedation. Individual residents/representatives stated they are satisfied with the home’s approach to achieving natural sleep patterns for the resident.
Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard 3. Of particular relevance to this Standard, the home gains feedback and suggestions for improvement from regular meetings of residents and residents’ representatives.

Examples of specific improvements relating to Standard 3 Resident lifestyle include the following:

- Commencing in 2011, the home introduced the services of a mobile shoe shop, whereby all residents have an opportunity to look for appropriate and comfortable foot wear without having to leave the facility. Staff of the mobile shoe shop provide support and assistance to residents on choosing appropriate shoes. Residents who purchased the shoes commented the service was valuable to them and allowed them to shop in comfort.

- Using the unique location of the home directly on the shore of Cronulla Bay, the home has commenced walks for residents along the Esplanade. Residents, including those confined to wheelchairs, are taken out by the recreational activities officers and pastoral care workers, for walks on a weekly basis, if the weather is suitable. The home advises this has improved the mobility of those residents who can walk.

- The home has introduced a monthly cultural day when the food and entertainment related to a particular culture are celebrated in the facility. The feedback from residents has been very positive.

### 3.2 Regulatory compliance

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

**Team’s findings**

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Accreditation Standard 3.

In relation to regulatory requirements for Accreditation Standard 3, we noted for example that the home has various arrangements to meet its obligations. These include privacy legislation, staff and residents’ confidentiality and privacy provisions, prudential requirements, residents’ security of tenure, and informing residents of their rights and responsibilities. In addition, the home has mechanisms in operation to ensure the appropriate reporting of suspected or alleged incidents of elder abuse.
3.3 Education and staff development

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

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

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard 3.

Induction and in-service education sessions canvass issues related to resident lifestyle. Recent sessions have included customer service, residents’ rights and responsibilities, cultural diversity, and fun and functional activities for people with dementia. Moreover, various resident lifestyle issues are covered indirectly in the staff education program in the treatment of issues relating to residents’ health and personal care. For example, privacy and dignity are aspects of continence management. In addition, staff have attended external training courses related to their specialist roles. Recreational activities officers have obtained their Certificate IV in Leisure and Health, and other staff have obtained a Certificate III in Dementia Care.

3.4 Emotional support

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

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

Residents and representatives are satisfied with the ways in which staff provided information prior to entry, welcomed and assisted the resident to adjust to life within the home and for their ongoing emotional support. Emotional support is provided to residents and their representatives through the home’s entry processes and thereafter particularly by care staff, the pastoral care coordinator and activities staff who regularly spend time with residents individually. Each resident’s social history and support needs are recorded on entry to the home and this information is used to develop a care plan with strategies to support the individual emotional needs of residents. Staff review and evaluate care in consultation with the resident, their representative, medical practitioner and other health professionals using mechanisms which include family case conferences. Residents are encouraged to decorate their room using personal items and photographs to create a homelike atmosphere. Staff welcome visiting families and friends and residents are supported to go on outings. Individual residents and representatives expressed satisfaction with the ongoing emotional and spiritual support the home provides to the resident.

3.5 Independence

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

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

The home has an effective system to assist residents maintain their independence and links with their friends and the community outside of the home. Resident needs and preferences
inform a range of strategies to enable residents’ independence to be maximised including activities of daily living and lifestyle. The home welcomes visits from resident representatives and community groups and residents are free to take social leave and participate in life outside the home. Staff assist and encourage residents to participate in decision-making in relation to health care choices and their personal care and to exercise their rights. Residents wishing and able to self administer medications continue to do so. Residents have the opportunity to vote in elections and telephone connections in resident rooms can be arranged to assist residents maintain independent communication. Individual residents and their representatives stated they are satisfied the resident is assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

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

Team’s findings
The home meets this expected outcome

The home has policies and procedures in relation to privacy, dignity and confidentiality. Information on residents’ rights and responsibilities is given to new residents and displayed in the home. The staff handbook outlines confidentiality requirements and upholding residents’ dignity, and staff sign a confidentiality agreement on commencement. Staff demonstrated they understand and respect privacy, dignity and confidentiality considerations in their daily practices such as by using appropriate door signage, addressing each resident by their preferred name, knocking prior to entering rooms and storing confidential resident records securely. There are common areas with kitchenettes and lounges on each level of the home for use by residents and visitors. Individual residents and their representatives stated they are satisfied the resident’s right to privacy, dignity and confidentiality is recognised and respected.

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

Team’s findings
The home meets this expected outcome

The home has a comprehensive individualised activity program which is offered to all residents. The home has systems to encourage and support residents to participate in a range of activities of interest to them. On entry to the home, activities staff complete the resident’s social profile in consultation with the resident and their representative to identify past interests and potential to participate in the home’s activities program. The home’s monthly activities calendar is based on resident needs, and resident feedback which is provided informally and via three monthly reviews of each resident’s activity care plan, annual surveys and resident meetings. The calendar is posted on the noticeboard and this information is also provided to relatives and residents including in large print if needed. The activities officer records resident participation and their enjoyment of activities and provides ongoing information in the resident’s progress notes, and future involvement is modified to reflect changes in resident preferences. Popular activities include sing-along’s, bingo, bus outings, exercise classes, quizzes and there are individual visits for residents who do not enjoy group sessions. Individual residents/representatives stated they are satisfied the resident’s participation is encouraged and supported and the activities offered by the home include activities of interest to the resident.
3.8 Cultural and spiritual life

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

Team’s findings

The home meets this expected outcome

The home has a system to value and foster residents’ individual interests, customs, beliefs, cultural and ethnic backgrounds. Management and staff ensure residents’ cultural and spiritual customs, beliefs and preferences are identified on entry to the home. Residents are assisted and encouraged to maintain contact with their spiritual and cultural groups according to their needs and preferences. The home welcomes residents of any spiritual preference and has a pastoral care coordinator who visits residents individually offering emotional and spiritual support, spiritual reminiscence and pastoral counselling. Spiritual care includes special retreats held for the Sisters of Mercy residents, mass is held several days a week in the home’s chapel and there is an annual memorial service for residents who passed away the previous year. Activities staff organise celebrations at the home for days of personal significance to residents, cultural festivals, national days and special dates. Staff know and understand the needs of residents from other cultures. Individual residents/representatives confirmed the individual interests and beliefs, cultural and spiritual needs of the resident are recognised and supported.

3.9 Choice and decision-making

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

Team’s findings

The home meets this expected outcome

Residents’ personal preferences and needs are identified on entry to the home, and reviewed regularly using a comprehensive range of assessments and consultation with health care professionals, residents and their representatives. Residents have the opportunity to complete advanced care directives on entry to the home and thereafter. The resident information handbook outlines the care and services provided by the home, residents’ rights and responsibilities and complaints mechanisms. Information on residents’ rights and responsibilities is also included in the resident agreement and displayed in the home. Staff encourage residents to participate in decisions and exercise choice and control about all aspects of their care and the services provided by using processes such as family case conferences, surveys, resident meetings, continuous improvement logs, and other feedback mechanisms. Individual residents/representatives are satisfied with the choices available to the resident and the resident is satisfied their decisions are respected.

3.10 Resident security of tenure and responsibilities

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

Team’s findings

The home meets this expected outcome

The home has implemented policies and procedures to ensure residents have secure tenure within the residential care service, and understand their rights and responsibilities. New
Residents (and/or their representatives) are provided with comprehensive information about their rights and responsibilities on entry to the home. A resident agreement is offered to each resident during this time 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. Interviews with residents/resident representatives indicated they are satisfied with the information the home provides regarding the resident’s 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 findings

The home meets this expected outcome

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard 4.

Examples of specific improvements relating to Standard 4 Physical environment and safe systems include the following:

- In September 2011, the home conducted a review of chemical safety in its kitchen, laundry and main chemical store room, to ensure compliance with legislative requirements for hazardous substances and dangerous goods. As a result, an upgrade of the chemical dispensing system in the main laundry was completed in May 2012. This resulted in more efficient handling and other features such as improved labelling, storage compliance, current safety data sheets and training in chemical safety. In addition, spill kits were installed in the laundry and kitchen and relevant staff were trained.

- In May 2012, the home set up a disaster and emergency equipment resources and storage cupboard, for use of emergency equipment in case of an emergency evacuation of the facility. It can also be used in the event of Stella Maris Aged Care Facility being a receiving facility of evacuees from another aged care facility.

- The home purchased a heat labelling machine to ensure residents’ laundered clothing is returned to them more reliably. Residents’ clothing is now labelled on admission to the home. This has resulted in a reduction of the amount of clothing that goes missing. The home reports that residents/representatives are now more satisfied with the current laundry system.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards, including Accreditation Standard 4 Physical environment and safe systems.

As examples of regulatory requirements related to Accreditation Standard 4, we observed on display in the home relevant regulatory information concerning the new work health and safety legislation. We also observed the installation of fire safety systems and noted the annual fire safety statement has been completed in accordance with legislative requirements. The home has also implemented various arrangements to ensure it meets food safety requirements. These include those encompassed in the NSW Food Authority’s vulnerable person’s food safety scheme and its licensing and audit requirements.
4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard 4 Physical environment and safe systems.

Particularly in relation to Accreditation Standard 4, staff have undertaken compulsory training in a number of areas. These include food safety, fire safety, manual handling, hand washing, chemical safety, and use of personal protective equipment. Training has also encompassed other facets of occupational health and safety, and infection control. In addition, hospitality staff have participated in Certificate III in Health Support Services.

4.4 Living environment

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

Team’s findings

The home meets this expected outcome

The management of the home has ongoing mechanisms that demonstrate it is continuing to improve the safety and comfort of residents. These mechanisms include regular environmental safety inspections, cleaning, maintenance and other safety related checks, warm water systems, electrical equipment checks, fire safety systems, hazard assessment, and incident and accident reporting. There are also resident feedback mechanisms, such as residents’ and relatives’ meetings and direct discussions with management, in relation to the comfort and safety of the living environment. Residents/representatives stated the home is safe and comfortable. This view was also supported by various safety monitoring and reporting data we reviewed.

4.5 Occupational health and safety

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

Team’s findings

The home meets this expected outcome

There are effective mechanisms to ensure management is actively working to provide a safe working environment that meets regulatory requirements. The safety system includes, regular staff training (including manual handling), regular safety related audits and inspections, electrical equipment checks and safe operating procedures for chemicals and dangerous goods. Also part of the safety system is access to material safety data sheets, manual handling equipment, personal protective equipment, hazard reporting, and accident and incident reporting. The home has a preventative and routine maintenance program, which helps to ensure the overall safety of the environment and equipment. Our review of data from indicator summaries and accident and incident reports shows that over a sustained
period there have been minimal incidents relating to staff safety. This indicates the effectiveness of the home’s approach to occupational health and safety.

4.6 Fire, security and other emergencies

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

Team's findings
The home meets this expected outcome

The home’s management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are documented emergency procedures in operation. Fire safety systems in the home include fire alarms, fire panel, smoke/fire doors, fire hoses and extinguishers, exit signs, and evacuation plans at every exit. The home has formal, external contractual arrangements for the monitoring and maintenance of all fire safety equipment and systems on the site. In addition, we sighted the annual fire safety statement displayed in the home’s foyer. Staff training records confirm staff participate in regular fire safety training. Staff interviewed are aware of fire safety and emergency procedures. We observed the home provides a secure environment including key pads, secured doors, lock up procedures and appropriate overnight staffing arrangements.

4.7 Infection control

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

Team's findings
The home meets this expected outcome

The home has an effective infection control program, including infection control policies, practices and guidelines. The program includes the use of standard precautions, food safety procedures, management of contaminated waste, pest management, and appropriate linen handling. The program also includes outbreak management, sharps containers, regular and appropriate use of personal protective equipment. Staff and residents have access to immunisation. Education on infection control procedures has been conducted and staff interviewed indicate they are aware of their relevant responsibilities. We observed there are appropriate infection control practices in operation in the kitchen and laundry areas. Clinical indicator data is used to monitor infection rates on a monthly basis. It was noted by the home’s management that infection rates are at minimal levels and well within normal limits for an aged care facility.

4.8 Catering, cleaning and laundry services

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

Team's findings
The home meets this expected outcome

The home’s management has implemented policies, procedures and appropriate arrangements to ensure hospitality services are provided in a way that enhances residents’ quality of life and the staff’s working environment. The hospitality services are subject to regular audits and surveys to ensure they are operating at desired levels. The catering system ensures residents’ preferences are taken into account in the food planning process, and that appropriate choices and alternatives are offered. Residents/representatives have input into menus through feedback directly to staff, satisfaction surveys and residents’
meetings. We noted the cleaning system is well organised and effective, with common areas and each resident’s room being cleaned regularly. The laundering of linen is done by a contract laundry service, off-site. Residents’ personal laundry is done on-site. Residents’ personal items are washed and returned to their owner, within a reasonable turnaround time. Interviews and survey results indicate residents/representatives are satisfied with the way in which the home provides catering, cleaning and laundry services.