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 15 June 2015.

We made our decision on 24 April 2012.

The audit was conducted on 27 March 2012 to 29 March 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>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Met</td>
</tr>
</tbody>
</table>
### Standard 3: Resident lifestyle

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</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

The Ritz Nursing Home 2539
Approved provider: Milstern Health Care Pty Ltd

Introduction
This is the report of a re-accreditation audit from 27 March 2012 to 29 March 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 27 March 2012 to 29 March 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>Jane Satterford</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Sue Brown</td>
</tr>
</tbody>
</table>

Approved provider details

<table>
<thead>
<tr>
<th>Approved provider:</th>
<th>Milstern Health Care Pty Ltd</th>
</tr>
</thead>
</table>

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>The Ritz Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>2539</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of allocated places:</th>
<th>148</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents during audit:</td>
<td>146</td>
</tr>
<tr>
<td>Number of high care residents during audit:</td>
<td>146</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Diagnosed psychiatric illness; brain injury syndromes; younger aged residents</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street/PO Box:</th>
<th>203-223 The Mall</th>
<th>State:</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town:</td>
<td>LEURA</td>
<td>Postcode:</td>
<td>2780</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 4784 1201</td>
<td>Facsimile:</td>
<td>02 4784 1282</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:The_Ritz_NH@bigpond.com">The_Ritz_NH@bigpond.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Audit trail
The assessment team spent three days on-site and gathered information from the following:

### Interviews

<table>
<thead>
<tr>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of nursing</td>
<td>1</td>
</tr>
<tr>
<td>Deputy director of nursing</td>
<td>1</td>
</tr>
<tr>
<td>Registered nurse/systems</td>
<td>1</td>
</tr>
<tr>
<td>Registered nurses/education/infection control</td>
<td>2</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>3</td>
</tr>
<tr>
<td>Clinical nurse educator</td>
<td>1</td>
</tr>
<tr>
<td>Team leaders/specialist staff/recreational activity officer</td>
<td>7</td>
</tr>
<tr>
<td>Care staff</td>
<td>7</td>
</tr>
</tbody>
</table>

### Sampled documents

<table>
<thead>
<tr>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents’ files</td>
<td>15</td>
</tr>
<tr>
<td>Summary/quick reference care plans</td>
<td>15</td>
</tr>
<tr>
<td>Accident/incident forms</td>
<td>10</td>
</tr>
</tbody>
</table>

### Other documents reviewed

The team also reviewed:

- Accident and incident summaries
- Activities documentation including visual communication folder, activities program, under 50s folder, outings information, program evaluations, resident lists
- Audits internal and commercial, benchmarking reports
- Business plan, education plan, quality plan
- Comments, complaints and compliments folder
- Committee meeting agendas and minutes including management, staff, combined safe systems resident action group, medication advisory
- Communication books and diaries
- Consolidated reportable incidents register, elder abuse and reportable resident absences
- Continence care folders
- Contract cleaning service manual duty statements and cleaning schedule
- Emergency manual - disaster management and business continuity plan
- External contractor service reports and audits
- External service provider agreements
- Fire protection equipment maintenance records and inspection reports and audits, annual fire safety statement 8 August 2011
- Food safety program, temperature records - food, equipment
- Four week seasonal menu, dietician review March 2012
- Human resources documentation including recruitment information, orientation program and checklist, staff handbook, position descriptions, duty statements, performance appraisals, competency assessments
- Infection control program including manual, audits, monthly data collection, resources, infection report summaries
- Maintenance supervisor manual, maintenance request book, corrective and preventative maintenance programs, warm water system records, electrical equipment tagging and testing records, equipment service reports
- Material safety data sheets booklet
- Medication management medication reviews
- Memoranda
- Monthly clinical indicator reports and trending
- NSW Food Authority audit and results 7 June 2011
- Nursing care plan schedules and programs
- Observations and daily status folders
- Organisational chart
- Pest control service reports and log
- Physiotherapy documentation including assessments, care plans, resident mobility plans and profiles folder, manual handling instruction charts
- Plan for continuous improvement, improvement logs
- Policy and procedure manuals and flowcharts
- Registered and endorsed enrolled nurses professional registrations and specimen signatures
- Regulatory compliance - newsletters and circulars
- Resident agreement
- Resident and staff vaccination programs
- Resident dietary profile sheets, thickened fluid instructions
- Resident pre-admission enquiry package, resident handbook
- Roster
- Self assessment report for re-accreditation and associated documentation
- Staff criminal history checks, statutory declarations
- Staff education calendar, mandatory and non-mandatory attendance records
- Surveys - staff, resident/relative, meal suggestions
• Temperature monitoring for medication refrigerators; schedule eight register
• Work health and safety (WH&S) information including inspection and hazard reports environmental audits

Observations
The team observed the following:
• Accreditation Agency re-accreditation audit notices on display
• Activities calendar on display
• Activities in progress including art therapy, singing, bingo, bus trips, residents playing electronic games
• Archive room
• Charter of residents’ rights and responsibilities on display
• Cleaning in progress, trolleys, wet floor signage and stores
• Emergency procedure flipcharts, resident identification sheets and tags with photographs, evacuation resources
• Equipment and supplies, storage areas, rotation of stock
• Fire and safety including fire board, equipment, evacuation egress plans
• Infection control resources including notices, hand wash basins, sanitising hand gel, personal protective equipment, colour coded equipment, spill kits, sharps’ containers, outbreak resource boxes, waste management
• Information notice boards
• Interactions between staff, residents and visitors; staff response to a clinical emergency
• Internal and external complaints forms on display, locked suggestion box
• Kitchen information - resident information sheets, nutritional supplements list, food safety resident photograph album
• Laundry, stocks of linen, delivery of resident personal laundry, labelling machine
• Living environment - internal and external
• Meal and drink services with staff assistance; menu on display
• Medication administration rounds and storage areas including schedule eight medications
• Mobility and manual handling equipment in use
• NSW Food Authority licence expires 21 October 2012
• Philosophy, mission, vision and values statements on display
• Photographs of resident activities on display
• Resident nurse call system
• Safe chemical storage, material safety data sheets (MSDS) at point of use
• Secure storage of resident and staff information
• Sign in and out books; keypad locks
• Staff handover
• Staff work practices and work areas
• Treatment room, clinical supplies and trolleys
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 Ritz Nursing Home has a continuous improvement system to identify improvement opportunities and monitor performance against the four Accreditation Standards. The home uses improvement logs, scheduled audits and a range of quality activities to identify improvements. Improvement opportunities are developed, actioned and evaluated on continuous improvement work plans. Quality improvements are monitored through monthly clinical indicator reporting, surveys, incident and complaint mechanisms, commercial audits and benchmarking and meetings. Stakeholders are provided with feedback on improvement actions taken as appropriate. Residents/representatives and staff are satisfied the home actively pursues continuous improvement.

Examples of improvements in relation to Accreditation Standard One include:

- Feedback from some care staff was they would appreciate management training to assist them in their roles at the home. As a result, four staff with certificate IV in aged care are enrolled in certificate IV in frontline management. Staff say they are finding the course challenging and interesting.

- For improved communication, a copy of the education and meeting program for each month is attached to staff payslips to inform them of upcoming sessions. Staff stated this assists them plan their attendance well in advance.

- Management are reviewing methods of communication of information for residents within the home. Newsletters are sent to relatives but are generally not read by residents. An upgrade to the public address system is being undertaken as a more effective means of informing residents of daily events such as activities.

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 has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to aged care. This is achieved through access to a variety of authoritative sources and membership of an industry peak body. Management notify staff of changes to regulations through meetings, education and memoranda. Staff are required to participate in mandatory education to meet regulatory compliance requirements and attendance is documented. The home’s system for monitoring
compliance with obligations under the *Aged Care Act 1997* and other relevant legislation includes scheduled audits, observation of staff practices and feedback.

Examples of regulatory compliance with Accreditation Standard One include:

- Residents/representatives were informed of the upcoming Accreditation Agency re-accreditation audit by posters, at meetings and by mail. Management advised stakeholders they had an opportunity to provide feedback to an assessor.
- There are systems to monitor currency of staff and contractor criminal history checks.
- The home has a system to monitor and record professional registrations and authorities to practice for registered nurses and allied health staff.
- Management ensures that all residents, staff and visitors to the home have access to internal and external comments and complaints mechanisms.

### 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

The home has an education and training program to ensure staff have appropriate knowledge and skills to perform their roles effectively. The home’s registered nurse/educator oversees the staff orientation program and ongoing education. A clinical nurse educator also mentors staff on duty. The education program incorporates a range of topics across the four Accreditation Standards provided on an in-service basis as well as from external sources. Opportunities are available for registered nurses’ professional development. Staff training requirements and skills are evaluated through review of clinical indicators, surveys, incident and complaint mechanisms, legislative changes, on duty performance, competency assessment, performance appraisal, staff request and the changing needs of residents. Records are maintained to monitor staff attendance at mandatory and non-mandatory education. Staff stated they receive opportunities for relevant education of interest and of assistance to them.

Examples of education and development attended by staff in relation to Accreditation Standard One include:

- understanding accreditation
- communication
- superannuation information
- documentation

### 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

Management encourages and supports all stakeholders to provide feedback on the services provided through meetings, brochures, surveys and notices. Residents/representatives are informed of the internal and external complaint mechanisms on entry to the home. This is
documented in the resident handbook and resident agreement. Feedback forms for internal and external complaint mechanisms and a confidential suggestion box are accessible for all stakeholders. Residents were seen making use of management’s ‘open door’ policy. Residents may also voice any issue through the resident action committee. Management stated due to the cognitive status of many residents, the written complaints system is generally not used. The home maintains a folder for comments, complaints and compliments that contains numerous compliments from relatives. Information concerning staff complaint avenues and grievance procedures is documented in the staff handbook. Residents/representatives and staff expressed no issues with complaint management at the home.

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 Ritz Nursing Home’s philosophy, vision, mission and values are communicated to all stakeholders. These statements are published in the staff and resident handbooks and are on display in the home. Staff are made aware of the home’s philosophy of care through the orientation and education processes. Policies, procedures and planning initiatives are available to direct the practices of management and staff. Management demonstrate a proactive approach to quality improvement.

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

To provide information on the specialised nursing requirements of residents, the home holds regular advertised information/application days for potential staff. Policies and procedures facilitate recruitment to ensure selected staff meet the requirements of their roles. This is implemented through processes of position description, an orientation program, ‘buddy’ shifts and duty statements. Management ensures appropriately skilled and qualified staff are employed and rostered to meet residents’ needs and legislated requirements. Registered nurses are rostered on all shifts and agency staff are not employed at the home. Staff personnel files are stored securely and contain a signed confidentiality of resident information. The home maintains registers to monitor currency of staff criminal history checks and professional registrations. The home’s human resource management is monitored through staff performance appraisals, competency assessments, surveys, audits and feedback. Staff stated they work as a team and have sufficient time to complete their duties. They expressed their dedication to residents even though their behaviour can be challenging. Residents/representatives spoke positively about the caring attitude and skills of staff.
1.7 Inventory and equipment

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

Team's findings
The home meets this expected outcome

The home has systems to order and have available stocks of goods and equipment appropriate for quality service delivery. There is an established preferred supplier directory for ordering of goods in regular use at the home. Stock levels of goods are managed and maintained by designated staff. The home has a corrective and preventative maintenance program to ensure equipment is monitored and replacement needs are identified. Approved external contractors are used for specialised equipment service and repair. There is a stock rotation system for food goods. Management monitors the inventory and equipment system through audits and inspection, review of incident forms and requests from residents and staff. Residents/representatives and staff stated, and observation confirmed, there are plentiful supplies of goods and equipment available for use at the home.

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

The home has effective information management systems. Residents/representatives are provided with information in a pre-entry package, the resident agreement, a resident handbook, at meetings and by public address system. The home’s electronic information technology system, documentation and publications ensure staff have access to policies, procedures and information relevant to their role in the home. Orientation of new staff, staff handbook, information on noticeboards, memoranda, handover, education and meetings are also mechanisms to ensure current information is available for staff. There are systems for the archiving and destruction of documentation to ensure resident privacy and confidentiality are maintained. Electronic information is backed up externally daily, password protected and with access appropriate to position. Feedback is sought from residents/representatives on the plans of care and service provided. Management monitors the effectiveness of the information system through meetings, surveys, audits and benchmarking. Residents/representatives commented on good communication with management. Staff stated information to assist them with their role in the home is readily available.

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 systems and processes to ensure external services are provided to meet the needs of residents and staff. A range of service agreements with external providers are established and managed by the home and are reviewed annually. External suppliers of goods and services are required to provide evidence of their current practicing licence, insurance and business registration details and a national criminal history check as needed. The home seeks commitment from external providers for continuous improvement and compliance with work health and safety provision. The home maintains a register with details
of approved contractors/tradespersons. The maintenance officer oversees maintenance requirements at the home and supervises sub-contractors on site. All work performed is monitored for quality and effectiveness of service through inspection, audits and feedback. Residents/representatives and staff are satisfied with external services provided at the home.
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

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system.

Examples of improvements in relation to Accreditation Standard Two include:

- For improved resident oral and dental care, the home engaged the services of a mobile dental service. Preliminary care plans and consents from resident/representatives have been obtained and the service is booked to attend the home in April 2012. Staff stated residents can become distressed on attending dental appointments in the community. The home will also participate in an associated university based research project in oral and dental care.

- A new light weight mobile digital weight chair has been purchased. Staff stated this will provide improved accuracy of resident weight monitoring and will automatically provide a body mass index (BMI) reading if required.

- Through analysis of incident data, management identified a decrease in resident to resident assaults and aggressive behaviour since December 2011. The decrease is attributed to an altered initial resident review process following an incident. There is improved initial clinical investigation such as checking for urinary tract infections and bowel function and discussion with medical officers. As a result, clinical staff are not over-utilising automatic referral to the visiting psychiatrist for changes in behaviour as previously.

- In response to recent changes in legislation, the home reviewed the medication review process undertaken by the pharmacist. The home adjusted the process as a result of this review and now formally advises the treating medical officer of the outcome of the review and also communicates this information to the home. This change in process has ensured all relevant health professionals are informed of the outcome of the review.

- Some residents refused to wear continence aids at night and others were having ‘accidents’ resulting in residents having disturbed and uncomfortable nights. In response to this, the home consulted the external provider and introduced the trial of a particular unobtrusive continence aid. The trial has been successful and was therefore introduced in a more formal manner in March 2012.
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 has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Two include:
- The home has a system to manage unexplained resident absences in accordance with regulatory requirements.
- Planning activities and specialised nursing care needs for residents receiving high level care are undertaken by a registered nurse as per the Quality of Care Principles 1997.

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

Team’s findings
The home meets this expected outcome

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Two: Health and personal care. This includes recent on-site training for seven care staff in certificate III and eleven care staff in certificate IV in aged care.

Examples of education and training attended by staff in relation to Accreditation Standard Two include:
- visiting psychiatrist - resident case studies
- dementia - mental health team
- Parkinson’s disease
- continence management
- schizophrenia
- palliative care
- wound care
- pain management
2.4 Clinical care
This expected outcome requires that “residents receive appropriate clinical care”.

Team's findings
The home meets this expected outcome

The clinical care provided to residents is appropriate for their individual needs and preferences. The system includes an assessment on entry to the home as well as regular evaluations of the care provided. This information is used to develop a summary care plan in the first instance and then more comprehensive care plans which are reviewed by qualified staff to ensure they are consistent with resident care. The home monitors resident clinical care through staff discussion, resident consultation and internal audits, the results of which are discussed at regular meetings. Individual care needs and preferences of residents are documented, regularly reviewed and staff are familiar with residents’ needs and preferences. The majority of residents/representatives are very satisfied with the level of consultation which occurs as well as the health and personal care provided.

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 specialised nursing care needs of residents are identified and met by appropriately qualified nursing staff. These needs are initially identified prior to entering the home, confirmed when the resident is assessed and then documented in the care plans. Consultation occurs with residents/representatives formally and informally to ensure the specialised nursing care is consistent with residents’ needs. A range of specialised care is provided including pain management, diabetic management, wound care and oxygen therapy. Expert advice and support is also provided by the palliative care team, continence consultant, psychiatrist and medical officers, for example. The home also undertakes competency assessments and monitors staff to ensure they have the specialised skills required. Residents/representatives are very satisfied with the specialised nursing care provided.

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

Team’s findings
The home meets this expected outcome

The home ensures referrals are arranged for appropriate health specialists in accordance with assessed needs and preferences. A wide range of health and related services are available for residents to access. The home has a dedicated staff member to transport residents to appointments external to the home, including appointments at short notice. Examples of referrals to other services include psychiatry, podiatry, younger people in aged care program, aboriginal services, as well as the local mental health services. Records of these visits are maintained in the resident records and communicated to relevant staff. Residents/representatives are satisfied with the referrals made to appropriate specialist services and spoke very positively about the transport assistance provided.
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

The home demonstrates the management of medication is safe and meets legislative requirements as well as professional standards and guidelines. A prepacked medication system, packed by an external pharmacist, is in use and only appropriately qualified and competent staff can administer medications. The resident medication profile includes a current resident photograph, their date of birth, as well as any allergies. Staff sign relevant documentation after giving medications to residents and the storage trolley is locked when not in use. The pharmacist conducts regular medication management reviews and communicates these results to the treating medical officer and the home. The system also includes regular disposal of medication with the support of the pharmacist when required. Medication management in-service is provided by internal and external educators. Medication incidents are monitored by management and the medication advisory committee oversees the medication management program. Residents/representatives are satisfied with the way the home manages medications.

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

Team’s findings
The home meets this expected outcome

The pain management system ensures all residents are as free as possible from pain. Initial pain assessments are conducted as required and there is a reassessment process when new pain is identified or the existing pain control strategies are not working well enough. Pain management strategies are based on pain assessments conducted by nursing staff as well as the physiotherapist. Care plans and progress notes reflect the details of individual strategies to assist with pain management as well as referrals to external consultants. Heat packs, massage therapy and medications as required, are part of the pain management strategies provided by the home. There is also a system to monitor and document the effectiveness of the pain management strategies provided. Residents/representatives are generally satisfied with the pain management interventions provided.

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

Team’s findings
The home meets this expected outcome

The comfort and dignity of terminally ill residents is maintained using a range of strategies. Care conferences occur on a regular basis and advance care directives are implemented as required. The local palliative care team provide support and advice in consultation with the resident’s treating medical officer. Preferences relating to spiritual, physical and cultural needs are identified, reviewed and documented and as these needs change, so too does the care provided. Education in palliative care is provided internally as well as externally and special equipment is available to ensure the interventions meet residents’ increasing care needs during the palliative phase. We were advised that the home has “done very well, under sometimes very difficult circumstances”.

Home name: The Ritz Nursing Home
RACS ID: 2539
Date/s of audit: 27 March 2012 to 29 March 2012
2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has an ongoing review and evaluation system to ensure residents receive adequate nourishment and hydration. Residents are assessed for swallowing on the first day in the home and a dietary profile is developed. This information is communicated to care as well as catering staff and is reviewed on a regular basis including when residents’ needs and preferences change. Residents’ weights are monitored on at least a monthly basis and graphed if required. Unplanned, adverse changes in weights result in more frequent monitoring of weights and intake, supplements and/or referrals to the dietician, speech therapist or medical officer, for example. The menu has been assessed by a dietician, caters for residents with special needs and there are alternatives available for residents if required. Residents/representatives are generally satisfied with the home’s approach to meeting residents’ nutrition and hydration needs.

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 system which ensures residents’ skin integrity is consistent with their general health includes a range of strategies supported by external consultants. Residents’ skin care needs are identified on entry to the home as well as on an ongoing basis. Assessments include risk of skin integrity breakdown, nutritional status, level of mobility as well as falls risk. Individual strategies based on these assessments are included in the residents’ care plans which are reviewed at least every three months. In addition, once a month, staff undertake a comprehensive review of each resident’s general health. Staff observe and report changes to residents’ skin integrity to team leaders as required and/or the registered nurse. Wound care is documented on wound assessment forms, is frequently reviewed by a registered nurse and photographs are taken regularly to monitor response to the interventions. There is an accident/incident reporting system which includes skin tears, wounds and infections which are monitored and reported on a monthly basis. Data is also benchmarked through a commercial auditing system. Residents/representatives are satisfied with the strategies implemented to maintain or improve residents’ skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The system available ensures residents’ continence is managed effectively. The continence coordinator, with the assistance of registered nurses, oversees residents’ continence management. Assessments are conducted on entry to the home and the care is reviewed at least quarterly as well as when residents’ needs change. An external consultant is available to assist with the processes, equipment and staff education. A range of continence aids is available, including for after hours or if resident care needs change unexpectedly. Staff are familiar with individual resident needs and preferences, independence with toileting is
encouraged and skin integrity is monitored. Bowel charts are maintained and aperients are provided when required and as prescribed. The bowel management program includes specific strategies to support individual needs and preferences of residents. Residents/representatives are generally satisfied with the way the home manages residents' continence needs.

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

There are a number of strategies used by staff to ensure the needs of residents with challenging behaviours are managed effectively. Care plans reflect a range of assessment information and are developed in consultation with staff, external service providers, the treating medical officer and representatives as required. Episodes of challenging behaviour are recorded, monitored and evaluated by the registered nurse in consultation with the medical officer and psychiatrist who visits the home at least every fortnight. The psychiatrist is also involved if required, prior to a potential resident entering the home. Staff know which residents have challenging behaviours and are familiar with the individual approaches required for residents to ensure these behaviours do not escalate. We observed staff approach residents exhibiting challenging behaviours in a calm, supportive manner and using a variety of interventions. There is an array of activities used by the recreational activities team to prevent and assist with the management of challenging behaviours. Residents/representatives are very satisfied with the interventions and the way in which staff approach and manage 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 demonstrates optimum levels of mobility and dexterity are achieved for all residents. On entry to the home, the resident assessment is undertaken by the registered nurse and visiting physiotherapist. The physiotherapist attends the home each week for a varied amount of time depending on the needs of residents. Residents are assessed by the physiotherapist following a fall and they also provide education on a monthly basis. A mobility nurse assists staff to implement the management plan developed by the physiotherapist which is regularly reviewed. Strategies include, for example, individual and group exercises, various types of walking frames, massage, nerve stimulation machines, checking footwear and application of hot packs. Manual handling instruction charts are developed, as required to assist staff with resident transfers. Residents/representatives are satisfied with the strategies used to promote the mobility and dexterity of all residents.
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 an ongoing assessment and evaluation system to ensure that residents’ oral and dental health is maintained. Information from initial and ongoing oral assessments is included in the care plan which is reviewed at least quarterly. Staff know the individual needs and preferences of residents including resident practices regarding the cleaning of teeth and dentures. Monitoring residents oral and dental care is an integral component of the care provided, particularly those residents with challenging behaviours. External referrals are evident within the clinical documentation and the home has recently arranged for on-site dental reviews to occur. Oral and dental care education is also available for staff. Residents/representatives are satisfied the systems in place ensure residents’ 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

Residents’ sensory losses are identified on entry to the home and are reviewed on a regular basis. If these needs change, the strategies implemented are reviewed and adjusted in the care plan to ensure sensory losses are managed effectively. This information is communicated to staff during handover, clinical notes and/or through the communication diaries. Recreational activity officers have implemented programs and have resources available to stimulate residents’ senses including taste, touch and smell. These strategies include the use of pictures or writing to communicate, encouraging residents to be involved in cooking sessions, the use of large print books and pets as therapy such as the home’s miniature horse, guinea pigs, birds and rabbit. Specialised equipment is maintained in good working order and external referrals are undertaken as required. Residents/representatives are satisfied with the management plans implemented by staff for residents with sensory losses.

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

There are processes to ensure residents are able to achieve natural sleep patterns. When residents enter the home a sleep assessment is conducted. This information is used to develop a care plan which outlines the individual needs and preferences of the resident and is regularly reviewed. Residents are generally satisfied that the environment is conducive to them achieving uninterrupted sleep. When residents are unsettled during the night, call bells are used to alert staff, hot drinks and food are available, warmth and comfort is checked, diversionary strategies are offered as required and if needed, medication management is provided. When residents experience ongoing sleeping difficulties, which are identified through monitoring of residents, they are referred to the medical officer if required.
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

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system.

Examples of improvements in relation to Accreditation Standard Three include:

- Three groups of residents accompanied by staff went for a five day holiday at a rural retreat in 2011. One resident spoke of enjoying trout fishing in the dam and camp fires in the evening. Following positive resident feedback, management anticipates resident holidays will remain a regular annual event.

- A number of the younger residents appreciate the opportunity to “keep busy.” This may involve being part of the work detail that assists with sweeping up, gardening, care of the home’s animals and volunteering weekly at a Salvation Army workshop. One resident described their special role to welcome each new resident and assist them settle into the home.

- Following a recreational activity officer suggestion, a new weekly activity of going for a game of pool at a local hotel has been introduced. Residents are risk assessed for this activity and accompanied by staff. Permission from medical officers is sought before alcohol is purchased for any resident. Feedback from residents is this is popular activity and is an opportunity to socialise with members of the local community.

### 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 has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Three include:

- Residential agreements are offered which include information such as security of tenure and residency rights and responsibilities according to current legislative requirements.

- The home has a system for the compulsory reporting and recording of alleged or suspected resident assault in accordance with regulatory requirements.
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 has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Three: Resident lifestyle.

Examples of education and development attended by staff in relation to Accreditation Standard Three include:

- elder abuse and mandatory reporting
- understanding grief and loss
- recreational activity staff – safe food handling
- recreational activity staff – behaviour management

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

A resident of the home meets and greets new residents as part of the process to ensure each resident receives support in adjusting to life in the new environment. In addition to this, the visiting chaplain is available initially and on an ongoing basis. The emotional state and needs of residents are identified on entry to the home and on a regular basis. If required the resident is also reviewed by the medical officer and/or psychiatrist. The social, cultural, spiritual and family details, if available, are documented and used to create individualised plans of care for each resident which are regularly reviewed. We observed staff interacting in a supportive manner with residents and encouraging participation in activities programs whilst respecting their independence. Residents/representatives are satisfied with the way the home assists residents to settle into the home as well as the support provided on an ongoing basis.

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’s systems are based on a community approach and ethos. This ensures residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. There are regular bus outings, residents also walk to several local businesses, some residents participate in a volunteer program external to the home, a few residents participate in holidays away from the home and residents are also encouraged to go on outings with friends and relatives. Community
groups, as well as relatives and friends, visit the home. Residents/representatives are satisfied with the encouragement and assistance provided to residents to ensure their independence. We also observed staff using strategies which encouraged residents to maintain their independence in activities of daily living.

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

Systems and processes ensure each resident’s right to dignity and confidentiality is recognised and respected. Resident records and personal information is securely stored and access is restricted to these areas. We observed staff address residents in a polite and attentive manner. Staff were seen to knock on residents’ doors before entering and respected the dignity of each resident as they provided daily care. We also observed staff ensuring residents’ privacy is maintained throughout the various activities conducted in the home. Staff are required to sign a confidentiality agreement on commencement with the home and are given information on the expectation of the home in terms of privacy, dignity and confidentiality. Residents/representatives are satisfied with the way in which the home ensures residents’ privacy, dignity and confidentiality is maintained.

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

A wide range of activities is offered to residents and they are supported and encouraged to participate in those activities of interest to them. These activities include, but are not limited to, art therapy, pottery classes, bus outings, evening activities, and entertainment as well as individual activities. Social profiles are completed on entry to the home; care plans are developed based on this information and are reviewed regularly. Records are maintained on the type of activities offered as well as participation numbers and residents are encouraged to provide feedback on new and ongoing activities. Formal evaluations of the activities on offer are also undertaken on an annual basis. Residents who choose not to participate are provided with one on one activities which interest them. Notices are displayed with current and upcoming activities and with the verbal prompts from staff, residents are kept informed of what is happening within the home. Residents are very satisfied with the activities on offer within the home.

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

There are processes to ensure individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Residents’ cultural, spiritual and leisure interests are documented when residents enter the home and are reviewed regularly. Provision is made
for the celebration or recognition of culturally and spiritually significant events and there are multiple themed events which occur within the home. Regular and varied religious services or support are also available for residents who choose to participate. The menu is adjusted when required to ensure this is consistent with residents’ individual needs. Residents/representatives are satisfied with the level of support provided to residents in relation to their customs, beliefs and interests.

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/representatives are supported in their right to exercise choice and decision making whilst recognising the needs of others within the home community. We observed residents have included personal belongings in their rooms whilst taking into account the needs of others. Residents are provided with information to promote their ability to make informed choices, encouraged to undertake activities that they are capable of doing as well as supported in those decisions. Community support services are offered to residents who are encouraged to be involved and make decisions about their lifestyle in an environment away from their home. There is also regular consultation with residents as well as their representatives, both formally and informally, to ensure residents continue to be involved in their care and what occurs within the home. Residents have an awareness of their rights and responsibilities and the need to take into consideration the needs of others within the home.

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

Residents and their guardian or person responsible are provided pre-admission information by the home regarding details of tenure as well as the fees and charges. Details of residents’ tenure are included in the residential agreement which is offered to residents/representatives on entry to the home to meet the requirements of the Aged Care Act 1997. Information on the processes for making complaints and residents’ rights and responsibilities is contained in the resident handbook provided. Residents gave examples of management assisting them when they requested a room change to share with a partner.
Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system.

Examples of improvements in relation to Accreditation Standard Four include:

- Painting the home’s internal non-masonry walls with an intumescent product was completed in November 2011. Management stated this additional fire safety measure of applying fire retardant paint was a major undertaking due to the size of the home.
- As an environmental improvement, the home has installed three 5,000 litre water tanks to collect building run off in addition to existing water tanks. Run off is used in the garden or is available for emergencies.
- For improved security at the home, pre-coded keypad pass keys have been issued. This allows staff access through the main gate and to designated areas of the home, appropriate to position. Management stated staff and visitors to the home are alert to the risk of residents attempting to abscond and clear signage is on display as a reminder.
- Management reviewed the contents of the home’s evacuation resource supplies. In addition to bottled water, a supply of continence aids has been included to ensure resident comfort and dignity needs could be met in the event of an evacuation.

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 has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Four include:

- A current fire safety statement meets regulatory requirements.
- The home has a food safety program that was audited by the NSW Food Authority in June 2011 and holds a current NSW Food Authority licence for vulnerable persons.
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 has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Four: Physical environment and safe systems.

Examples of education and training attended by staff in relation to Accreditation Standard Four include:

- annual mandatory fire awareness and evacuation procedure - 100 per cent staff attendance 2011-2012
- annual mandatory safe chemical use
- annual mandatory manual handling with the physiotherapist
- infection control and hand washing
- food safety for catering staff
- training for a second health safety representative - changes to work health and safety law 1 January 2012

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

Management actively works to provide a safe and comfortable environment consistent with residents’ care needs. The Ritz Nursing Home has a heritage listed building and gardens. Care and accommodation is provided for 148 residents with high care needs in a secure environment. Accommodation is offered in shared and some single rooms with mainly shared bathrooms. The home has communal dining rooms, activity areas and lounges. There are extensive grounds and outdoor areas for resident use. For resident safety and ease of mobility there are hand rails in corridors and grab rails in bathrooms. There is a lift to assist resident access the home’s upper level. Maintenance programs and a regular cleaning schedule ensure that the home’s environment is well maintained. The safety and comfort of the living environment is monitored through feedback from meetings, audits, environmental inspections, incident and hazard reporting and observations by staff. Residents/representatives state they find the home comfortably furnished and repairs required are generally attended promptly.
4.5 Occupational health and safety

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

Team’s findings
The home meets this expected outcome

The home has systems to provide a safe working environment consistent with policy and regulatory requirements. There is a system to record, analyse and review resident and staff incidents and identified hazards. The combined safe systems committee meets quarterly and has trained staff representation from all areas of the home. Management monitors the work health and safety (WH&S) system through audits, regular inspections, risk assessments and feedback. Staff attend mandatory training in manual handling with the physiotherapist. New equipment is risk assessed for safety considerations and staff training is provided if required. Safe work practices were observed on site and staff stated they receive regular relevant education.

4.6 Fire, security and other emergencies

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

Team’s findings
The home meets this expected outcome

The home has systems to promote the safety and security of residents, visitors and staff. These include emergency and fire evacuation policy and procedures as well as regular checks of the fire safety panel and other fire safety equipment by an external contractor. Fire site inspections and audits are also conducted by one of the six trained fire officers on staff at the home. Fire safety and emergency flip charts are situated in close proximity to telephones and evacuation egress plans are displayed. The home has a smoking policy and a strictly supervised, designated smoking area since approximately 50 per cent of residents smoke. The home has an emergency management plan with arrangements for two potential receiving centres if required. Resident identification sheets and tags with photograph and resources are maintained to assist in the event of an emergency. Safe storage of chemicals is maintained in all areas and current material safety data sheets are available at point of use. Safety and security measures include a secure perimeter fence, coded keypad pass keys, a lock up procedure, closed circuit television security, night patrols, sign in and out registers and integrated nurse call bells and distress alarms. There is an integrated system to assist staff identify residents known to display aggressive behaviour. Staff know how to respond in an emergency situation or in the event of the fire alarm sounding.

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 infection control policy and program overseen by a registered nurse/infection control coordinator. Infection control clinical indicators and antibiotic use are documented and monitored on a monthly basis. Preventative measures include infection control education for all staff disciplines, hand washing instructions, sanitising hand gel available, an effective cleaning regime and a staff and resident vaccination program. There is a food safety program in the kitchen that monitors food and equipment temperatures. Resources for the management of outbreaks are available. The home maintains a waste
management system and a pest control program. The effectiveness of the home’s infection control program is monitored through trend analysis of clinical indicators, audits and commercial benchmarking with results discussed at meetings and handover. Staff stated they have access to personal protective clothing and colour coded equipment and demonstrated an awareness of infection control relevant to their work area.

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 has systems and processes for all aspects of hospitality services conducted in accordance with infection control and WH&S guidelines. Hospitality services are monitored through the complaints system, audits, surveys and meetings. Residents/representatives are generally satisfied with the hospitality services offered by the home.

Catering
Fresh cooked meals are prepared in the home’s on-site kitchen with an alternative choice available to the main meal offered. Dietary information or changes, allergies and special requirements such as diabetic, vegetarian and texture modified are identified and communicated to catering staff. There is a four weekly rotating seasonal menu that has been reviewed by a dietician. Catering staff receive training and are aware of safe food handling requirements.

Cleaning
Cleaning is conducted by a contract cleaning service seven days a week according to set schedules or as required. Residents’ rooms, bathrooms and common areas were observed to be clean with minimal malodour. Cleaning staff demonstrated a working knowledge of safe chemical use and infection control. Colour coded cleaning equipment and stocks of necessary products are readily available.

Laundry
All laundry services are provided by the home’s on-site industrial laundry. A cold and/or hot water ozone system is in use in washing machines. The home has a labelling machine to reduce the likelihood of loss of personal items and a housekeeper provides a repair service. Linen storage and available supplies were observed throughout the home.