Bankstown (Multicultural) Aged Care Facility

RACS ID 0538
74 Chiswick Road
GREENACRE NSW 2190

Approved provider: Kenna Investments Pty Ltd

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 30 October 2017.

We made our decision on 18 September 2014.

The audit was conducted on 12 August 2014 to 14 August 2014. 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>Quality 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>Quality 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>Quality 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>Quality 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

Bankstown (Multicultural) Aged Care Facility 0538

Approved provider: Kenna Investments Pty Ltd

Introduction

This is the report of a re-accreditation audit from 12 August 2014 to 14 August 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality 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
Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 12 August 2014 to 14 August 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of three 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>Toby Hammerman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Jane Satterford</td>
</tr>
</tbody>
</table>

Approved provider details

| Approved provider: | Kenna Investments Pty Ltd |

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Bankstown (Multicultural) Aged Care Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0538</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>150</td>
</tr>
<tr>
<td>Number of care recipients during audit:</td>
<td>134</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>106</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>22 bed special care unit</td>
</tr>
<tr>
<td>Street/PO Box:</td>
<td>74 Chiswick Road</td>
</tr>
<tr>
<td>City/Town:</td>
<td>GREENACRE</td>
</tr>
<tr>
<td>State:</td>
<td>NSW</td>
</tr>
<tr>
<td>Postcode:</td>
<td>2190</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 8709 9200</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>02 9707 4388</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:bankstown@kennedyhealthcare.com.au">bankstown@kennedyhealthcare.com.au</a></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>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care manager</td>
<td>1</td>
</tr>
<tr>
<td>Assistant care manager</td>
<td>1</td>
</tr>
<tr>
<td>General manager</td>
<td>1</td>
</tr>
<tr>
<td>Executive care manager</td>
<td>1</td>
</tr>
<tr>
<td>Support care manager/human resources/infection control coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Registered nurses (RN)</td>
<td>8</td>
</tr>
<tr>
<td>Assistants in nursing</td>
<td>12</td>
</tr>
<tr>
<td>Group focus meeting with AIN's and general service officers (GSO)</td>
<td>22</td>
</tr>
<tr>
<td>Medication competent care staff</td>
<td>2</td>
</tr>
<tr>
<td>Support care manager/ education coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Workplace health and safety group consultant</td>
<td>1</td>
</tr>
<tr>
<td>Care recipients (residents)</td>
<td>26</td>
</tr>
<tr>
<td>Representatives</td>
<td>6</td>
</tr>
<tr>
<td>Diversional therapist</td>
<td>1</td>
</tr>
<tr>
<td>Recreation activity officers</td>
<td>3</td>
</tr>
<tr>
<td>Visiting pastor</td>
<td>1</td>
</tr>
<tr>
<td>External Pharmacist</td>
<td>1</td>
</tr>
<tr>
<td>Cook, catering and kitchen staff</td>
<td>4</td>
</tr>
<tr>
<td>Laundry staff</td>
<td>2</td>
</tr>
<tr>
<td>Cleaning staff</td>
<td>2</td>
</tr>
<tr>
<td>Maintenance/fire safety officer</td>
<td>1</td>
</tr>
</tbody>
</table>

**Sampled documents**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care recipients’ files</td>
<td>15</td>
</tr>
<tr>
<td>Summary/quick reference care plans</td>
<td>15</td>
</tr>
<tr>
<td>Medication charts</td>
<td>30</td>
</tr>
<tr>
<td>Personnel files</td>
<td>8</td>
</tr>
</tbody>
</table>
Other documents reviewed

The team also reviewed:

- Accident/incident reports, care recipient clinical and staff incidents, monthly clinical indicator reports, trend analysis and benchmarking reports

- Care plan evaluation schedule

- Care recipient information package, resident accommodation agreement, resident/relative handbook

- Care recipients’ lifestyle documentation – care recipients’ social profiles and care plans, activity calendars, participation records, activity evaluations, photographs of care recipients’ participation in activities

- Catering – NSW Food Authority licence and report, diet summary sheet, special diet requests, dietary information lists, menus – four week rotating, daily menu preference lists, kitchen communication book, order book, food safety manual, delivery monitoring records, temperature monitoring records and recording systems, audits and results, kitchen cleaning schedule, duty lists, daily menu

- Cleaning and laundry – room and task cleaning schedules, work procedures, rosters, protocols for infection control and other specialised procedures, training records

- Clinical care assessments – nutrition, mobility, hygiene, toileting including bladder and bowel, sleep, oral/dental, skin, communication, sensory loss, behaviours including wandering, verbal and physical, safety, medication and complex health care.

- Clinical care observations, monitoring and treatment charts including bowels, specialised care charts, blood pressure, temperature, weight, repositioning, wound charts, catheter care including catheter and, behaviours, pain, food and fluid records, supplement administration charts and mini care plans

- Clinical policies, procedures, manuals and flowcharts

- Comments and complaints forms, thankyou folders and brochures about the external complaints scheme in 16 languages

- Continuous improvement documentation including continuous improvement plan, improvement logs, internal and external audit schedules and audit results, external benchmarking reports

- External services including approved suppliers and contractor list, contractor criminal history certificates, service agreements, supplier performance feedback form

- Fire security and other emergencies including fire safety equipment service records, audits, emergency flip charts, emergency response and disaster management plan, fire safety statement

- Human resource management including new employee package, orientation program and checklist, employee handbook, statutory declarations, visa status, job descriptions and duty statements, signed confidentiality of information, performance appraisals, rosters, daily allocation sheets, staff availability, agency staff orientation
• Infection control information including gastroenteritis outbreak management plan and line listing, outbreak management resources, care recipient vaccination program, monthly infection control monitoring and trend analysis, pest control service reports

• Information systems and processes including electronic information, organisational website, organisational chart, policies and procedures, complaint forms folder, care manager’s monthly reports, meeting schedule, agendas and minutes, newsletters, memoranda, staff and resident feedback surveys, communication diaries, information flyers

• Inventory and equipment and external services – approved supplier lists, service provider agreements, stock monitoring and delivery systems

• Maintenance records – planned maintenance program and routine maintenance request and implementation records, preventative schedules for external contractor visits

• Mandatory consolidated reporting registers for alleged or suspected elder abuse and where the discretion not to report has been exercised; missing persons incidents and attached incident forms

• Medication charts, external medication management education program, medication incidents and missed medication, and medication management audits and register of drugs, drug refrigerator temperature monitoring charts

• Self-assessment report for re-accreditation and associated documentation

• Staff education including education calendar, training needs analysis, mandatory and non-mandatory education attendance records, education evaluations, competencies including medication competencies, educational resources

• Staff, allied health and volunteer police certificate records

• Workplace, health and safety (WH&S) information including electronic inspection audits and checklist, risk management system, hazardous chemical register

Observations

The team observed the following:

• Activities in progress including board games, quizzes, skittle games, newspaper reading, one on one interactions and participating in exercise classes

• Archive rooms, document destruction bins

• Daily menu and servery list of care recipients menu choice

• Dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, including care recipients seating, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals in their rooms

• Displayed notices including re-accreditation audit notices; activity programs; Charter of care recipients’ rights and responsibilities

• Equipment and supply storage areas including supplies of clinical stocks, medication, continence aids and oxygen cylinder storage, linen stock in sufficient quantities and
equipment available and in use for manual handling such as hand rails, ramps, walk belts, mobile walkers and walking sticks

- Fire and emergency evacuation egresses unobstructed, evacuation ‘grab bag’, resident evacuation list, photographic evacuation identification and pouches/lanyards
- Firefighting equipment checked and tagged, fire indicator panel, fire evacuation signs and diagrams, sprinkler system, smoking area
- Hairdressing salon
- Indoor and outdoor living environment
- Infection control resources including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak resources, personal protective and colour coded equipment, waste management
- Interactions between staff, care recipients and representatives
- Key pad locks, nurse call system and staff response, security cameras
- Manual handling and mobility equipment, manual handling charts in care recipients’ rooms
- Medication management including medication rounds; medication trolleys and medication refrigerators,
- Mission and values statement on display
- Noticeboards for care recipients and staff
- NSW Food Authority Certificate displayed
- Pressure relieving equipment
- Public phone in front entry
- Quality Agency re-accreditation audit notices on display
- Secure storage of confidential care recipients’ files and care recipients’ medications and staff information
- Short observation in the dementia secure unit at afternoon quiet time.
- Sign in and out diary - residents, visitors and contractors
- Speech pathologist conducting swallowing assessment
- Staff handovers between shifts
- Staff work areas including nurses’ stations, treatment/utility rooms, staff room, reception and offices
- Treatment room containing clinical equipment and clinical supplies in use
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 care recipients, 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

Management at Bankstown Multicultural Aged Care Facility actively pursues continuous improvement across the four Accreditation Standards. The home’s quality program to identify improvement opportunities includes feedback mechanisms, scheduled audits, surveys, incident and clinical indicator reporting and input from meetings. Management maintains an electronic plan to log identified opportunities for continuous improvement for implementing, actioning and evaluating. The effectiveness of the continuous improvement system is monitored through the home’s continuous improvement and other committee meetings by reviewing data from audits, incidents and clinical indicators, group reporting and benchmarking. Care recipients/representatives and staff stated they have opportunities to make suggestions and are aware of ongoing improvements in the home.

Examples of recent improvements implemented in relation to Accreditation Standard One include:

- Management identified care recipient hard copy clinical documentation files required an upgrade. New hard cover folders with laminated dividers were purchased in June 2013. Staff were allocated to audit the old files and transfer the previous three months information. New lockable shelving has also been installed in nurses’ stations for file storage. Staff commented on the improvement in accessibility and consistency of information in care recipient clinical documentation.

- The home has re-named the low care area and associated documentation to ‘wing four’. This is in response to aged care reforms introduced by the Australian Government effective of 1 July 2014 with the removal of the distinction between low and high level care in permanent residential aged care. Management stated planning is in progress to assess future requirements, equipment and staffing to accommodate these changes for care recipients.

- The staff annual mandatory education and training program consisted of four core topics. Fire awareness, equipment and evacuation procedure; manual handling; infection control and reporting of elder abuse. In recognition of the changing needs of care recipients, the organisation has extended mandatory education to include managing challenging behaviours and completion of aged care funding instrument (ACFI) assessment documentation for clinical staff.
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 identifies all relevant legislation, regulatory requirements, professional standards and guidelines through subscription to a regulatory publishing service and information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is disseminated to staff through updated policies and procedures, notices, regular meetings and ongoing training. Minutes of meetings include legislative changes as a standard agenda item. Relevant information is disseminated to care recipients/representatives through care recipients’ meetings, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s continuous improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One.

- A register is maintained to ensure criminal history record checks have been carried out for all staff. Records demonstrate all staff have signed a statutory declaration identifying if they were a citizen or permanent resident of a country other than Australia and if so, had no criminal history during that time.

- The home’s policy on the prevention and reporting of elder abuse reflects current legislation. A register of reportable assaults has been established and training has been provided for staff on the mandatory reporting of elder abuse.

- A system is in place for the secure storage, archiving and destruction of personal information in accordance with the NSW Privacy and Personal Information Protection Act and regulations 2014, for care recipients’ records. To reflect recent amendments to the Act the home recently made changes to their Residents’ Agreement and Admission package which now includes information on the collection, storage and use of residents’ personal information.

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’s education and training program incorporates a range of topics across the four Accreditation Standards. This assists staff develop appropriate knowledge and skills to perform their roles effectively. Information acquired from an annual training needs analysis, review of clinical indicators, legislative changes, audits, staff requests and performance appraisals assist with development of the education calendar. Staff are required to complete a
range of mandatory education topics annually. Education and training is provided by in-service, on-line and also from external sources. Staff are requested to complete an evaluation of these sessions. The training requirements and skills of staff are evaluated on an ongoing basis through competency assessments, performance appraisal, the changing needs of care recipients and feedback. Education attendance records are maintained by the home to monitor staff attendance at mandatory and non-mandatory education appropriate to their position. Staff stated the education program offered is varied and relevant.

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

- Management leadership training; staff orientation; communication skills; training on new equipment; aged care funding instrument (ACFI) training.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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

Care recipients are informed of internal and external complaint mechanisms through: the resident/relative handbook, care recipients agreement, orientation to the home and displayed notices. Compliment, suggestion and concern forms are available in the home and brochures about an external complaint mechanism are also available in 16 different languages.

Management maintains a folder of all comments and these are all responded to in a timely manner. Four large Thankyou folders containing multiple letters and cards of appreciation are on display in the foyer. Care recipients and their representatives can also raise concerns and identify opportunities for improvement through residents' meetings and satisfaction surveys. To meet the needs of the multi-cultural population residents can also approach one of the four multi lingual recreation activity officers who act as resident advocates. Care recipients interviewed say they are aware of how to make a comment or complaint and feel confident that concerns are addressed appropriately.

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

Bankstown Multicultural Aged Care Facility’s mission and values are documented in the home’s publications. These statements and the charter of residents’ rights and responsibilities are on display in the home. The home’s strategic plan and quality objectives are integral to the promotion of quality improvements in the home. The home’s philosophy of care is promoted through staff orientation and education processes.
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 corporate policies, procedures and support to facilitate recruitment to ensure selected staff meet the requirements of their roles. Human resource management is implemented through an orientation program, ‘buddy’ shifts, provision of a handbook, job descriptions, duty statements and a performance appraisal system. Management ensures sufficient and appropriately skilled and qualified staff are rostered to meet the needs of care recipients and legislated requirements. Staff from a preferred nursing agency are rostered if required. Personnel files are securely stored at the home and include a confidentiality of information statement signed by staff. The home’s human resource management is monitored through meeting feedback, results of clinical indicators, audits and benchmarking. Staff stated they enjoy working at the home and they are able to complete their duties on shift. Care recipients/representatives are complimentary of staff attitudes and skills.

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 a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. The home uses a list of approved suppliers and enters into service agreements to guarantee the availability of stocks of appropriate goods and equipment for quality service delivery. Maintenance records show that equipment is serviced according to a planned schedule. External tradesmen are engaged when necessary. The system is monitored by the home’s management through regular audits, surveys, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support residents’ lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

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. Care recipients/representatives are provided with information prior to entry, in an accommodation agreement, a handbook, by newsletter, notices and at meetings. Clinical care documentation shows consultation with care recipients/representatives is undertaken. The organisation’s information technology system,
documentation and publications ensure management and staff have access to current policies, procedures and information relevant to their role in the home. Orientation of new staff, a staff handbook, information on noticeboards, memoranda, handover, education and meetings are also mechanisms to ensure current information is available for staff.

Electronic information is backed up off-site, password protected and with restricted access appropriate to position. There are systems for archiving and documentation destruction to ensure confidentiality of care recipient information. Management monitors the effectiveness of the information system through reporting mechanisms, meetings, case conferences, audits and verbal feedback. Care recipients/representatives and staff stated they are kept well informed of matters of importance to them.

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

There are systems and processes to ensure external services are provided to meet the home’s care and service needs and quality goals. Service agreements with a range of external suppliers and contractors are established by corporate management and are regularly reviewed. The home has an approved suppliers and contractors listing available for staff. External suppliers and contractors are required to provide evidence of their insurance, workplace health and safety obligations, license or business registration details and criminal history certificate as required. Contractors sign a register when working at the home, are required to wear identification and are overseen by the on-site maintenance officer. All work performed is monitored for quality and effectiveness of service through inspection, audits, surveys and feedback. A range of allied health professionals and a hairdresser provide on-site care and services for care recipients. Care recipients/representatives and staff are satisfied with external services provided at the home.
Standard 2 – Health and personal care

Principle: Care recipients’ physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Two include:

- An initiative was undertaken in conjunction with the physiotherapist in July 2014 to review the daily exercise program for care recipients with higher care acuity. This was to encourage care recipients to achieve optimum levels of mobility and dexterity and maintain their independence. A taped ‘warm-up’ routine is now shown followed by a ‘top to toes’ exercise program. One recreational activity officer (RAO) demonstrates the movements while a second RAO assists care recipients to participate within their capability. The routine is not varied to assist care recipients to become familiar with the program. Attendance is recorded and improved numbers of care recipients has been noted since the new program commenced. Management will continue to review falls data for attendees to determine any impact on their falls management. Around twenty five care recipients were seen to participate in the program during the re-accreditation audit.

- From June 2014 the organisation has subscribed to an on-line pharmaceutical prescribing reference guide. This provides clinical staff with access to updates, alerts and changes in legislation to assist with safe administration of care recipients’ medication. Clinical staff report this is a helpful clinical resource.

- Review of clinical indicators in 2014 identified an increased rate of skin tears and wounds for care recipients with frail skin especially on return from hospital. Management consulted the wound care product supplier to review products currently in use at the home to ensure innovation and best practice is being achieved. The supplier has provided staff education and liaises with hospital based wound consultants regarding alternative wound care products. Clinical staff report improved wound healing is being achieved as a result of new wound care products in use.
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 regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home uses those processes to identify and implement a range of compliance measures relevant to Accreditation Standard Two Health and Personal Care.

These include:

- Implementing a system to ensure registered nurses and other health care professional registrations are maintained.
- Registered nurses and staff assisting with medications are monitored to ensure they comply with the relevant policies that reflect the Health (Drugs and Poisons) Regulations 1996 and Best Practice Guidelines in Medication Management.

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 staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Two. Care staff have achieved a minimum requirement of certificate III in aged care.

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

- Medication management/competencies; annual mandatory managing challenging behaviours; continence management; wound care; nutrition and hydration; pain management; falls prevention; swallowing difficulty; oral and dental care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a system to assess, document and review care needs. Assessments are completed on entry and a plan of care developed. Care recipients’ health monitoring is undertaken on a monthly basis or more often if required including measurement of weight and general observations. Clinical reassessments are completed if a care recipient’s condition or
care needs change and care plans are updated regularly. Clinical performance is monitored through regular audits and there is a system for recording and reviewing accidents and incidents. Care staff interviewed demonstrate a sound knowledge of individual care recipient’s care needs. Care recipients/representatives expressed satisfaction with the timely and appropriate assistance given to care recipients by care staff.

2.5 Specialised nursing care needs

*This expected outcome requires that “care recipients’ 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 systems to ensure appropriately trained staff are utilised to meet the needs of care recipients who require specialised nursing care. Care plans are in place and evaluated every three months by the assistant care manager or a registered nurse for care recipients assessed with high care needs. Care recipients with assessed low care needs have their care plans evaluated every six months by the assistant care manager or a registered nurse.

Care staff demonstrated awareness of care recipients’ individualised specialised nursing care needs. Care recipients/representatives expressed satisfaction with the level of specialised nursing care.

2.6 Other health and related services

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

**Team’s findings**

The home meets this expected outcome

Clinical documentation shows care recipients are referred to external health professionals and any changes to care following specialist visits are implemented in a timely manner.

Several allied health professionals visit the home on a regular basis including pathology services, a physiotherapist, podiatrist and a speech pathologist. Care recipients and representatives stated management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Care recipients and representatives are satisfied with the way referrals are made and the way changes to care are implemented.

2.7 Medication management

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

**Team’s findings**

The home meets this expected outcome

The home has systems and processes to ensure care recipients’ medication is managed safely and correctly. A medication incident reporting and auditing process forms part of the home’s safe system. Medication administration is completed by registered nurses using
original medication packaging in four of the five areas of the home. In Wing four, which includes care recipients assessed with low care needs, care staff who are deemed competent administer medication via a blister packaging system. We observed all medications to be locked in medication trolleys and stored in a locked treatment room when not in use. Care recipients said they receive their medication in a timely manner.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

There are systems to ensure all care recipients are as free as possible from pain. Initial assessments identify any pain a care recipient may have and individual pain management plans are developed. A pain management program includes attendance to clinical and emotional needs, pain relief through medication and alternative approaches including massage, the application of heat and pressure relieving devices. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Pain management measures are followed up for effectiveness and referral to the care recipient’s medical practitioner and other services is arranged as required. Care recipients and representatives report care recipients are as free as possible from pain and that staff respond in a timely manner to requests for pain control.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The comfort, dignity and wishes of terminally ill care recipients at the home are respected and implemented in a caring way by staff. The home has access to the local palliative care team who will liaise with the home, the family and the medical practitioner. Families are encouraged to stay with the care recipients and the home can organise a visit by clergy if this is the representative’s or care recipient’s request. End of life wishes are discussed with care recipients and representatives as appropriate. Staff were able to describe a range of additional comfort measures that may be used during end of life care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients’ nutrition and hydration status is assessed on entry to the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning. Appropriate referrals to the speech pathologist, dietician and dentist are made in consultation with the care recipients and representative and
others involved in their care. Care recipients are weighed monthly or more often if indicated and weight loss/gain is monitored with referral to general practitioners or the dietitian for investigation and treatment as necessary. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, care recipients' preferences and special requirements including thickened fluids, pureed and soft food. Care recipients and representatives are generally satisfied with the frequency and variety of food and drinks supplied.

2.11 Skin care

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

**Team’s findings**

The home meets this expected outcome

The home has systems to assess and monitor care recipients’ skin integrity. Care recipients are assessed by care staff on entry to the home. Staff monitor care recipients’ skin integrity daily during care interactions. The home uses the accident/incident reporting system to report any breaches in skin integrity. The assistant care manager/registered nurse directs and evaluates the effectiveness of wound management strategies. The home has a range of dressing products and pressure relieving aids to assist in maintaining and promoting care recipients’ skin integrity. Care recipients/representatives are satisfied with the way staff maintain care recipients’ skin integrity.

2.12 Continence management

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

**Team’s findings**

The home meets this expected outcome

The continence management system promotes the dignity, comfort and well-being of care recipients. Care recipients are assessed on entry and a plan of care developed. The effectiveness of continence programs is monitored on a daily basis by care staff who report any changes. Staff confirmed there are adequate supplies of continence aids available. The continence product supplier provides ongoing education and support. Urinary tract infections are monitored. During the visit, all areas of the home were free of odour. Care recipients say they are happy with the assistance received in managing their continence needs.

2.13 Behavioural management

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

**Team’s findings**

The home meets this expected outcome

There are systems to ensure the needs of care recipients with challenging behaviours are managed effectively. This includes initial and ongoing assessment of care recipients’ behavioural needs and the development of a care plan that includes strategies to address care recipients’ specific needs. Specialist consultations are arranged as needed. Staff are aware of any triggers leading to challenging behaviours for individual care recipients. They are also
aware of strategies used to manage these behaviours. Observation of care recipient and staff interaction shows a patient and gentle approach to behaviour management. Care recipients/representatives say the needs of care recipients with challenging behaviour are effectively managed.

2.14 Mobility, dexterity and rehabilitation

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

**Team’s findings**

The home meets this expected outcome

The home has processes to optimise care recipients’ levels of mobility and dexterity. Care recipients’ mobility and dexterity is assessed on their arrival at the home and on a needs basis. The accident/incident reporting system includes analysis of incidents to identify trends and implementation of strategies to reduce falls. The physiotherapist reviews each care recipient who has a fall during their twice weekly visits to the home. They review the need for further follow up. Care staff showed an understanding of their responsibilities in relation to optimising care recipients' mobility and dexterity. Care recipients/representatives expressed satisfaction with the home’s mobility program.

2.15 Oral and dental care

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

**Team’s findings**

The home meets this expected outcome

The oral and dental needs and preferences of care recipients are identified through assessment and consultation when they first move into the home. Staff assist care recipients to maintain their oral and dental routine including set up assistance, cleaning of teeth or dentures and soaking of dentures according to care recipients’ preference. Texture modified diets are available for those care recipients who experience difficulty chewing food. Some dentists visit the home when requested and care recipients are assisted to visit external dentists if the dentist of their choice is unavailable to come to the home. Staff demonstrate knowledge in relation to the cleaning of teeth and general mouth care. Care recipients/representatives say they are satisfied with the assistance given in managing their oral and dental care.

2.16 Sensory loss

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

**Team’s findings**

The home meets this expected outcome

Sensory loss is assessed when a care recipient moves into the home and appropriate referrals are made to ensure care recipients’ care needs are managed effectively. Staff assist care recipients to visit external optometry and audiology services as needed. The lifestyle program includes activities and resources to assist care recipients with sensory stimulation including
taste, touch and smell. Care recipients and representatives report staff are supportive of care recipients with sensory loss and promote independence and choice as part of daily care.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home has systems to assist care recipients achieve their natural sleep pattern. On entry to the home a care recipient's sleep pattern is assessed. Strategies include a quiet environment, staff offering food, a warm drink, position change, pain management and continence care. Care recipients stated they were able to have a comfortable sleep at night.
Standard 3 – Care recipient lifestyle

**Principle:** Care recipients 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 an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Three include:

- Management identified the activity program in the home’s special care unit could be improved. An activity/behaviour management questionnaire was introduced to provide staff with more detailed information regarding the individual care recipient’s social and cultural history. Activity stations with resources such as memory boxes, photographs and conversation posters have been set up. These assist staff to initiate a conversation or reminisce with care recipients. A few care recipients in the special care unit are also enjoying recently introduced art therapy. Staff commented these additional resources assist with distracting or engaging care recipients with challenging behaviours.

- The home has acquired two double seater shop riders. These are used by recreational activity staff to take care recipients for a ride on the pavements around the home. This is a popular activity both to spend time outdoors and to have one-on-one time with staff.

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 care recipient lifestyle”.*

**Team’s findings**

The home meets this expected outcome

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

- A copy of care recipients’ rights and responsibilities is displayed at various places throughout the home.

- The home’s privacy policy aligns with changes to the Privacy Principles 2014.

- In accordance with the Accreditation Grant Principles 1999 (Cth) the organisation has made care recipients and their representatives aware of this re-accreditation site audit
and of their opportunity to speak with the assessors in confidence. Individual letters were sent to all care recipients or their nominated representatives.

- Information received from the Australian Government Department of Social Services and the organisation’s peak body, relating to changes in care recipients’ financial arrangements from 1 July 2014. These have been incorporated into new agreements. An information sheet has been prepared and administration/admission staff trained to understand the legislation and direct prospective care recipients or their representatives to obtain independent financial advice where appropriate.

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 staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Three.

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

- Annual mandatory reporting of elder abuse; certificate IV in leisure and health; two lifestyle staff attended a Diversional Therapy Australia workshop.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

Staff at the home assist new care recipients and their representatives to familiarise themselves with the home. Care recipients and representatives are introduced to other care recipients and staff and oriented to their physical environment. Care recipients from diverse cultural backgrounds are welcomed by recreation staff, often from their own cultural or linguistic background. Specifically trained support care managers ensure new entries to the home and their families understand the care and services provided. Interviews, assessments and a social profile identify any specific needs relating to emotional support for individual care recipients. The home has access to the community visitors scheme, if required to provide additional support. Staff monitor care recipients and ensure they receive individualised attention during the settling stage. Staff provides continuing support to care recipients by facilitating their participation in activities and events while also respecting their independence. Care recipients are encouraged to bring their furniture and personal items such as photographs and sentimental items into the home. Representatives and visitors are encouraged to visit and made welcome. Care recipients/representatives are very satisfied with the support provided by the home.
3.5 Independence

This expected outcome requires that "care recipients 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 processes which encourage care recipients' independence and participation in community life. Care recipients' level of independence and their need for assistance are assessed on entry to the home and reviewed as needed. Care recipients are encouraged to achieve optimal independence in activities of daily living, health choices and lifestyle. The home provides an environment in which representatives, family, and community groups are encouraged and welcomed. The home promotes care recipients' links with the external community by facilitating care recipients with rides on motorised two person shop riders, voting facilities during elections and inviting of community groups to visit the home regularly. Care recipients/representatives said they are satisfied with the way in which the home encourages them to maintain their independence and their involvement with life both in the home and the community.

3.6 Privacy and dignity

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

Team’s findings

The home meets this expected outcome

Care recipients’ rights to privacy, dignity and confidentiality are recognised and respected by staff at the home. On entry to the home, care recipients are provided with information on privacy and confidentiality which is also included in the care recipient’s handbook. Consent forms relating to the disclosure of health and other personal information are also provided.

Staff are required to sign a confidentiality agreement at the time of their appointment and staff practices promote the privacy and dignity of care recipients. Staff address care recipients in a courteous and polite manner, call care recipients by their preferred names, only enter care recipients rooms with permission and ensure the privacy of care recipients who require assistance with personal care and toileting. Care recipients’ notes are stored securely. Care recipients and their representatives have access to a confidential process for reporting comments and complaints. Care recipients/representatives reported staff treat care recipients very well and respect their privacy, dignity and confidentiality.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients 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

Care recipients are encouraged and supported to participate in a wide range of interests and activities within each area of the home. Care recipients’ specific needs, preferences, leisure
interests and activities are assessed on entry to the home. A social profile care plan is formulated and is regularly reviewed. Leisure and lifestyle staff develop a monthly activities program using knowledge of care recipients’ preferences from the social histories, care recipients feedback, general discussions, and analysis of attendance records. The activities program which respects care recipients’ cultural and spiritual needs covers a wide variety of group, one on one and community activities. Activities include exercise sessions, concerts, games, painting, movies, cooking and a calendar of special events. The program is evaluated monthly to ensure the program continues to meet care recipients’ needs and preferences. Care recipients/representatives expressed satisfaction with the type and range of recreational activities provided to care recipients.

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 systems to promote care recipients’ individual interests, customs, beliefs and cultural needs. Care recipients language and specific religious and cultural practices are identified on entry to the home and care plans are created to foster these needs. The home has provisions for care recipients who do not speak English to help staff to communicate with them and many staff are able to speak languages other than English. Religious and other significant dates are celebrated including standard Easter and Christmas, Anzac day, Mother’s day and Father’s day. Church services for a variety of denominations are held in the home and a range of clergy is also available to visit care recipients. There is a chapel room available for small group devotions. We observed language boards in Arabic and other languages in care recipients’ rooms and care staff advised they have learnt a few useful words to assist with their communication. Most care recipients/representatives are satisfied with the support provided for care recipients’ cultural and spiritual needs.

3.9 Choice and decision-making

This expected outcome requires that “each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

The home has processes to acquire and record care recipients’ preferences in relation to their care, activities, and day to day routine. Care recipients and their representatives are consulted regarding care recipients’ needs and preferences on entry to the home and on an ongoing basis. Mechanisms to support this include activities planning meetings, feedback forms and through direct feedback to staff and management. Care recipients are provided with choices concerning their preferred name, personal care regimes, waking and sleeping times, and choice of medical officer. Choices are also available regarding meals, personalisation of rooms and participation in activities. Care recipients/representatives are satisfied with their involvement in decision making processes and stated all staff at the home are very approachable.
3.10 Care recipient security of tenure and responsibilities

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

Team’s findings

The home meets this expected outcome

Information is provided to explain care and services for new care recipients and/or their representative prior to entry to the home. A resident accommodation agreement is offered to each care recipient and/or representative to formalise occupancy arrangements. The agreement and resident/relative handbook includes information about their rights and responsibilities; care and services provided; fees and charges; complaints handling; their security of tenure and the process for the termination of the agreement. Care recipients/representatives are advised to obtain independent financial and legal advice prior to signing the agreement. The charter of residents’ rights and responsibilities and other relevant information is documented in the handbook and is on display in the home. Care recipients/representatives are satisfied with the information provided by the home regarding security of tenure and their rights and responsibilities.
Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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 an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Four include:

- The organisation has engaged the services of a workplace health and safety (WH&S) consultant who attends the home regularly to advise on all aspects of WH&S. The consultant has introduced a new monthly electronic inspection auditing and risk management system and will train key personnel in the home in the use of this tool. An external contractor register is included in the system to ensure contractors provide safe work method statements to the home prior to commencement of work. This results in improved environmental safety in the home.

- Management has developed a register to record and analyse all incidents relating to fire alarm activation. This followed two fire alarm incidents that resulted in costs incurred by the fire service attending the home. Management commented through improved monitoring, preventable false alarms due to faulty systems or other triggers may be prevented ensuring a safe environment in the home.
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

Refer to expected outcome 1.2 Regulatory compliance for details about the home's system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.
- The home has a NSW Food Authority licence and a food safety program as required by the Vulnerable Persons Food Safety Scheme.
- Chemicals are securely stored and material safety data sheets (MSDS) are displayed adjacent to the chemicals to which they refer in accordance with work health and safety legislation.

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 staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Four.

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

- Annual mandatory fire awareness, equipment and evacuation procedure; manual handling; infection control/hand washing; role specific safe food handling.
- Workplace health and safety; chemical safety; outbreak management.
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 care recipients’ care needs”.

Team’s findings

The home meets this expected outcome

The home accommodates up to 150 care recipients. The home has dining, lounge, and television areas and outside areas for care recipients to access. Care recipients are accommodated in single as well as in shared rooms. Observations of the home during the site audit and feedback from care recipients /representatives and staff show that management work actively to maintain a safe comfortable and clean environment that is in line with care recipients’ care needs. Identified hazards, accidents and incidents are reported, collated, discussed, analysed and actioned at monthly continuous improvement meetings. There are processes in place for maintenance issues to be reported and actioned as well as regular programmed maintenance. Care recipients /representatives stated and we observed that the home is well-maintained and kept clean and tidy.

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 provides a safe working environment consistent with workplace, health and safety (WH&S) policy and regulatory requirements. A consultant advises the organisation and oversees the home’s WH&S management. There is a system to record, analyse and review staff incidents and any identified hazards. WH&S is a standing agenda item at all of the home’s meetings. Staff receive WH&S education on orientation and on an ongoing basis.

Management monitors the WH&S system through regular inspections, audits, incident reporting and feedback. New equipment is risk assessed for safety considerations and staff training is provided as required. The home has a return to work program if required following any staff injuries. Safe work practices were observed on site and staff stated they receive 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 care recipients, visitors and staff. These include emergency and fire evacuation policy and procedures as well as regular checks of the fire indicator panel, sprinkler system and other fire safety equipment by an authorised contractor. Staff attend annual mandatory fire awareness, equipment and evacuation procedure training including a mock evacuation. There is a trained level one fire safety officer.
on staff. Fire safety and emergency flip charts are situated in close proximity to telephones and fire evacuation signs and diagrams are displayed around the home. The home has an emergency response and disaster management plan. There is an evacuation bag with a current care recipient evacuation list and photographic identification. Safe storage of chemicals is maintained in all areas and safety data sheets are available at point of use.

Safety and security measures include security cameras, key pad locks, a lock-up procedure, sign in and out registers and a nurse call system. The home’s fire safety and security system is monitored through audits and inspections. Staff stated they have received training and know how to respond in the event of the fire alarm sounding. Care recipients/representatives are generally aware to await staff instruction.

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 with infection control clinical indicators and antibiotic use collated monthly by the infection control coordinator, monitored for trends and benchmarked. Preventative measures include annual mandatory infection control education and hand washing competencies for all staff disciplines, hand sanitising cleanser availability, a cleaning regime and a care recipient vaccination program. There is a food safety program to monitor food and equipment temperatures. Outbreak management information and resources are available. The home maintains a waste management system and a pest control program. Results of infection control audits and clinical indicators are discussed at meetings and handover. Staff have access to personal protective clothing and colour coded equipment and have understanding of infection control measures 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 care recipients’ quality of life and the staff’s working environment".

Team’s findings

The home meets this expected outcome

Catering

There are systems to identify care recipients’ meal requirements and preferences on entry into the home and as care recipients’ needs change. Where care recipients have special requirements these are recorded and provision is made to provide for them. All meals are cooked on site using a four-week rotating menu, which is devised and reviewed by a dietitian. Care recipients have a choice of main course at lunch and options for the evening meal each day. Meals are prepared and plated in a central kitchen on site and the trays are transported to the dining room for serving. The kitchen and dining areas are clean and orderly with a system to ensure food served is safe. Most care recipients/representatives said they are satisfied with the variety, quantity and quality of food.

Cleaning

The care recipients’ rooms are cleaned daily and are scheduled for regular detailed high-cleaning. Common areas and bathrooms are cleaned daily. Care recipient rooms and common
areas were observed to be clean at all times during the visit. Cleaners state that they have adequate and well-maintained equipment and that they follow a documented cleaning process and schedule that is periodically monitored for quality. Care recipients/representatives interviewed stated the home is always clean and tidy.

**Laundry**

All laundry is washed in the onsite laundry. The team observed adequate stocks of linen. The home documents and monitors usage of linen to ensure a reliable and continuous supply for care recipients. The home has a system for sorting and returning lost and missing clothing items. Care recipients/representatives interviewed by the team expressed satisfaction with the laundering services.