Kilbride Nursing Home

RACS ID 2434
70 Glendower St
GILEAD NSW 2560

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 15 September 2017.

We made our decision on 15 August 2014.

The audit was conducted on 08 July 2014 to 15 July 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>
Introduction

This is the report of a re-accreditation audit from 08 July 2014 to 15 July 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 08 July 2014 to 15 July 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>Patricia Hermens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Catherine Shands</td>
</tr>
<tr>
<td></td>
<td>Rodney Offner</td>
</tr>
</tbody>
</table>

Approved provider details

<table>
<thead>
<tr>
<th>Approved provider:</th>
<th>Kenna Investments Pty Ltd</th>
</tr>
</thead>
</table>

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Kilbride Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>2434</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of allocated places:</th>
<th>164</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of care recipients during audit:</td>
<td>161</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>128</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>N/A</td>
</tr>
<tr>
<td>Street/PO Box:</td>
<td>70 Glendower St</td>
</tr>
<tr>
<td>City/Town:</td>
<td>GILEAD</td>
</tr>
<tr>
<td>State:</td>
<td>NSW</td>
</tr>
<tr>
<td>Postcode:</td>
<td>2560</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 4633 1100</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>02 4621 3111</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:kilbride@kennedyhealthcare.com.au">kilbride@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>Kennedy Health Care Group (KHCG) General manager</td>
<td>1</td>
</tr>
<tr>
<td>KHCG Executive care manager</td>
<td>1</td>
</tr>
<tr>
<td>Care manager</td>
<td>1</td>
</tr>
<tr>
<td>Assistant care manager</td>
<td>1</td>
</tr>
<tr>
<td>Support care manager</td>
<td>1</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>4</td>
</tr>
<tr>
<td>Care staff</td>
<td>17</td>
</tr>
<tr>
<td>Administration assistant</td>
<td>1</td>
</tr>
<tr>
<td>Team leaders</td>
<td>2</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapy aides</td>
<td>2</td>
</tr>
<tr>
<td>Endorsed enrolled nurse</td>
<td>1</td>
</tr>
<tr>
<td>Care recipients</td>
<td>25</td>
</tr>
<tr>
<td>Care recipient representatives</td>
<td>5</td>
</tr>
<tr>
<td>Diversional therapist</td>
<td>1</td>
</tr>
<tr>
<td>Recreational activities staff</td>
<td>4</td>
</tr>
<tr>
<td>Low care manager</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1</td>
</tr>
<tr>
<td>Fire officer</td>
<td>1</td>
</tr>
<tr>
<td>Cleaning staff</td>
<td>2</td>
</tr>
<tr>
<td>Maintenance staff</td>
<td>2</td>
</tr>
<tr>
<td>Laundry staff</td>
<td>2</td>
</tr>
<tr>
<td>Work Health &amp; Safety officer</td>
<td>1</td>
</tr>
<tr>
<td>Chef &amp; catering staff</td>
<td>3</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>28</td>
</tr>
<tr>
<td>Wound charts</td>
<td>4</td>
</tr>
<tr>
<td>Care recipient information sheets</td>
<td>12</td>
</tr>
<tr>
<td>Medication charts</td>
<td>4</td>
</tr>
<tr>
<td>Restraint authorisation and consent and review forms</td>
<td>2</td>
</tr>
<tr>
<td>Dietary requirement forms</td>
<td>4</td>
</tr>
<tr>
<td>Accident and incident reports</td>
<td>14</td>
</tr>
<tr>
<td>Personnel files</td>
<td>5</td>
</tr>
<tr>
<td>Improvement logs</td>
<td>15</td>
</tr>
<tr>
<td>Nurse initiated medications</td>
<td>8</td>
</tr>
<tr>
<td>Bowel charts</td>
<td>10</td>
</tr>
<tr>
<td>Menu preference forms</td>
<td>9</td>
</tr>
</tbody>
</table>

## Other documents reviewed

The team also reviewed:

- Behaviour management program ‘Dos and Don’ts’, restraint monitoring forms, review of restraints form, behaviour assessment charts, wandering charts, behaviour management program

- Blood sugar level monitoring charts, vital observation charts, personal care monitoring charts, ‘what if’ folder, weight monitoring charts

- Care plan evaluation summary

- Care recipient admission package, handbook, consent forms, newsletters and agreements

- Care recipient four week cyclic seasonal menu, initial assessment data, care recipients likes and dislikes, and special dietary needs information, dietician menu review report, food safety program, kitchen daily operation sheets and cleaning records

- Care recipient list

- Certification instrument 1999 status report, annual fire safety statement of compliance, fire safety maintenance contractor records, emergency evacuation site plans, emergency procedures colour coded flip charts, building security protocols (including staff lock up procedures)

- Clinical indicator data
• Comments and complaints 2014 (including policy, register, complaint forms and associated documentation). Aged Care Complaints Investigation Scheme and Advocacy brochures

• Comprehensive medical assessments, care recipient care directives, oxygen/suction checking book

• Compulsory reporting register and forms

• Continence pad allocation list

• Education records – program/calendar 2014, notices, attendance records, competency records, training certificates

• Electronic communication systems (including e-mail, Internet, Intranet and various electronic systems such as the education data base)

• Family conference forms, family conference schedule

• Hair dressing request forms

• Handover report

• Human resource records - including staff handbook, recruitment information, job descriptions, duty statements, performance appraisals, police probity check registers and forms for staff/volunteers/contractors, professional registration records, staff rosters and staffing report

• Infection control material (including manual, monthly summary and trend data, temperature records for food (delivery, serving, fridge/freezers/cool rooms and medication fridges, food safety plan, current NSW Food Authority license and audit report 2013-14, outbreak management program, care recipient influenza vaccination records)

• Legislation alert service material

• Leisure, lifestyle and activities documentation including diversional therapy manual, activities program, resident participation records and evaluation of activities

• Maintenance records - preventative and corrective (including 2014 maintenance program, maintenance request log book and work records)

• Manual handling instruction chart, range of movement exercises, physiotherapy assessment stats, laser treatment records, pain management records, physiotherapy treatment records, falls monitoring chart, range of motion exercises

• Medical officers’ communication log, physiotherapy communication book, staff diary, AIN handover to RN sheets

• Menus with modified food textures, meal plans, kitchen working list, drink trolley list, assisted drink chart, enteral feeding regime, fluid balance monitoring chart, food intake monitoring charts,

• Missing clothing report
- Oral health flowchart, daily oral health check, oral care monitoring chart,
- Pain monitoring charts, pain rating scales
- Palliative care checklist
- Pathology pick up register, pathology results
- Pharmacy order forms, ordering guidelines, schedule 8 register, medication review reports, self-medication administration forms, psychotropic register, staff signature register, procedure for cleaning medication trolleys and fridges
- Physiotherapy assistant statistics, manual handling instruction charts, exercise activity evaluation
- Planning documentation (including mission, vision and values). Organisation chart and management reports
- Policy and procedural manuals
- Preferred suppliers/contractors information re suppliers contracts and agreements
- Quality management system: continuous quality improvement documentation, quality plans, quality indicator reports, audit results and reports, resident and relative feedback survey results and Kilbride Nursing Home’s self-assessment documentation for re-accreditation
- Smoking risk assessment forms
- Transfer forms
- Vaccine temperature monitoring charts, specimen and medication fridge daily temperature check charts, vaccine consent forms, flu vaccine register, vaccine received register
- Various committee meeting agendas and minutes 2013-2014 (including managers, staff and care recipients)
- Work Health and Safety (WH&S) system records (including incident and accident/hazard reports, summaries and trend data, WH&S environmental safety inspections, chemical information, material safety data sheets (MSDS), manual handling instructions, risk assessments, return to work information.
- Wound care – special instructions, skin tear flow chart, repositioning and pressure area care monitoring charts

**Observations**

The team observed the following:

- Activities in progress, activity resources
- Care recipients suggestion boxes
• Cleaning in progress (including use of equipment, trolleys and wet floor warning signage board). Cleaning room environments, equipment and staff practices, linen stocks

• Dining rooms at meal times (the serving and transport of meals, staff assisting care recipients with meals and beverages, assistive devices for meals)

• Employee of the quarter nomination forms in foyer

• Equipment, archive, supply, storage and delivery areas (including clinical, medication and linen stock in sufficient quantities)

• Fire safety system equipment (including fireboard, extinguishers, hose reels, fire blankets, sprinkler system, emergency exits, fire egresses and emergency evacuation areas)

• Kitchen/servery staff practices, environment, selection of foods, food storage areas

• Living environment (internal and external) including newly built and refurbished areas, hairdressing salon

• Mobility equipment, lifters, grab rails, walking belts, commodes, slide sheets, shower chairs, mobility aids

• Notice boards & information stands (containing care recipient activity programs and notices, menus, memos, staff and care recipient information including the charter of care recipients’ rights and responsibilities, comments and complaints information)

• Notices informing care recipients, representatives and staff of the re-accreditation audit

• Personal protective clothing and equipment in use, first aid kits, spills kit, hand washing facilities – signs, sinks and hand sanitiser dispensers, infection control resource information, waste disposal systems (including sharps containers, contaminated waste bins and general recycling waste bins/skips).

• Secure storage of current care recipient and staff files

• Security systems (including phones, care recipient call bell system, external lighting, visitors sign in and sign out book and identification badges)

• Short small group observation in lounge room

• Staff practices and courteous interactions with care recipients, visitors and other staff

• Staff work areas (including clinic/treatment/staff rooms, utility rooms, reception and offices)

• Language cards

• Secure storage of medications and medication trolleys, emergency medication stock supply and stock list, medication administration rounds, medication fridge

• Wound management 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 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

The home utilises a continuous improvement system which includes quality management and performance review mechanisms. Improvements are identified through a number of avenues including: care recipients/representatives meetings, staff meetings, audits, surveys, family conferences, benchmarking, improvement logs, incidents and staff performance appraisals. Part of this system also includes ensuring compliance with the Accreditation Standards through the audit program which covers a significant number of expected outcomes. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Care recipients, representatives and staff report that they have opportunities and are encouraged to participate in the home’s continuous improvement activities through providing feedback and making suggestions for improvement through the home’s feedback mechanisms.

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

- The organisation identified the need to develop a formal system whereby staff can be formally recognised for their contribution in delivering quality care to care recipients. Consequently staff nomination forms and information flyers were developed and two staff award functions have been held. Twenty staff members have been nominated for an award during the past year. Management report this staff recognition initiative has improved morale, teamwork and contributed to the delivery of quality care.

- The organisation identified the need to ensure there are appropriately skilled and qualified staff to ensure services are delivered in accordance with the Accreditation Standards. Therefore a scholarship program was developed and made available to staff whereby they are supported to gain appropriate qualifications relating to aged care. Currently two staff members are on the scholarship program with the intended outcome being that they will gain their registered nursing qualifications.

- It was identified that a staff member did not feel confident to effectively carrying out their responsibilities regarding completing required documentation. Consequently management introduced into the orientation program for assistants in nursing and general service officers training regarding effectively completing documentation. Management report staff are now more competent in carrying out their responsibilities regarding effectively completing required documentation.

- Management identified there needed to be a more efficient and effective system for the recording and monitoring of information relating to staff education in particular recording of staff attendances at training sessions. As such a new computerised staff education attendance monitoring system was introduced whereby management can readily identify details as to what education staff members have undertaken and whether staff have successfully completed required mandatory training.
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 organisation has adopted an effective system to manage regulatory compliance. The results of our observations, interviews and document review revealed that policies and procedures have been developed by the organisation to ensure that they embrace regulatory compliance. The home is notified of change through legislation alert services that it subscribes to and action is taken as required to ensure that the home remains compliant with legislation. Monitoring of quality indicators, audits of compliance, education and competency assessments are assisting management and staff to ensure that required standards are maintained and enhanced.

Examples of responsiveness to a change in legislation are that the organisation considered the implications of the Aged Care Amendment (Security and Protection) Bill 2007 and implemented the necessary changes. For example, the introduction of Federal criminal record checks for staff/volunteers and contractors. In addition, the home’s policies and procedures had been reviewed in light of the Accreditation Grant Principles 2011.

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

Systems in place have ensured that management and staff have the knowledge and skills to perform their roles effectively. The results of our observations, interviews and document review reveal that maintenance of staff knowledge and skills is underpinned by the staff orientation and education programs. These programs familiarise new staff with the home’s policy and procedures and provide all staff disciplines with education on a range of issues relevant to aged care. The internal education programs, together with the external education available, support staff to provide care and services in accordance with the requirements of the four Accreditation Standards. The effectiveness of the training provided is being measured through audit results, observation, staff appraisal and various competency skills tests.

Education sessions and/or courses that relate to this Accreditation Standard that have been attended by management and/or staff include policies and procedures, communication/customer focus, elder abuse/mandatory reporting, bullying and harassment and information technology systems. Numerous other topics are provided through seminars and workshops such as industry association conferences/meetings and professional development programs.
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

The home provides a choice of well-publicised complaint mechanisms that can be used by stakeholders including care recipients, relatives and staff. The results of our observations, interviews and document review reveal that stakeholders are aware of and feel comfortable to use these mechanisms, which include both internal and external complaint mechanisms. For example, the care recipients’ meetings, staff meetings, use of the staff grievance procedure, use of the home’s comments complaints and suggestions forms, and external complaints bodies including the Aged Care Complaints Investigation Scheme. Complaints received are documented together with details of the investigations conducted and action is taken to resolve concerns and complaints in a timely manner. Complaints are reported to the KHCG’s head office.

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 organisation has documented the home’s vision, mission, values, philosophy, objectives and commitment to quality. The results of the team’s observations, interviews and document review revealed that these statements are clearly communicated to all stakeholders. They are posted on the walls of the home and are included in the home’s key documentation including the policy and procedure manuals and the care recipients and staff handbooks. In addition, the home has effective mechanisms for communication, planning and review, and integration of services. For example, there are committee and reporting systems and planning and budget processes that underpin the provision of services. In addition, the KHCG supports facility managers through the provision of some centralised services such as payroll, policy and procedure development, purchasing, WH&S and management of external service contracts.

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 appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of care recipients. The results of our observations, document review and interviews revealed that the home achieves this through the effective implementation of its human resource policies and procedures. These handle staff recruitment, orientation, staff performance and competency assessment. Staff records are
maintained including job descriptions, duty lists, registration details and probity checks. The staffing budget has been formulated to meet the specific needs of the site, but staffing levels are monitored and adjusted on an ongoing basis in accordance with the care recipients’ needs. For example, care recipient and relative feedback, staff feedback, and the results from the performance monitoring system are considered. The staff care recipient ratios were provided and examples of staff adjustments as a result of care recipient identified need were noted in a number of areas. Reward and recognition strategies exist to ensure the home continues to maintain sufficient numbers of appropriately skilled and qualified staff. For example, a collective agreement, accessibility to training for career path progression purposes and a staff awards system.

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 that are ensuring that appropriate stocks of goods and equipment are available at all times. The results of our observations, interviews and document review reveal that appropriate stocks of goods and equipment such as medical supplies, food, furniture and linen are maintained. To achieve this the home utilises effective policies and procedures for budgeting, purchasing, inventory control, assets management and maintenance.

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

There are systems in place that effectively manage the creation, usage, storage and destruction of all records, including electronic records. The results of the our observations, interviews and document review revealed that the home effectively disseminates information to management, staff and care recipients/representatives relating to legislation, care recipient care, organisational information and other matters that are of interest to them. This is achieved through the KHCG Intranet, e-mail, data management and reporting applications, memos, noticeboards, meetings, a clinical record system, information packages (including care recipient and staff handbooks), education sessions, meeting minutes and policy and procedure manuals. Information is managed in accordance with the organisation’s privacy policy. A privacy officer has been appointed.

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

All externally sourced services are provided in a way that meets the home’s needs and quality goals. The results of our observations interviews and document review revealed that the home
has an effective system in place to identify preferred and major suppliers of goods, equipment and services. In addition, the performance of major or regular suppliers is measured against agreed objectives contained in documented external service agreements or contracts. Contracts and/or simple service agreements are in place with suppliers of services such as fire system maintenance, physiotherapy, pharmaceutical and continence. There are mechanisms to track and resolve ongoing problems with suppliers.
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 information about the home’s continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

- Management and staff identified through accident and incident reports that there was a need to develop and implement a range of strategies to ensure that the incidence of skin tears was minimised. Following consideration of care documentation, falls prevention meeting discussions and detailed analysis of accident and incident reports the home purchased an additional 30 electric hi-lo beds and increased the use of limb protectors. Management reported that since the introduction and use of this equipment together with appropriate prevention strategies there has been a significant decrease in the incidence of skin tears.

- Management and staff identified there was a need to ensure all care recipients are as free as possible from pain and as such a new procedure was introduced whereby every care recipient has a weekly pain assessment. Management report this new procedure has resulted in care recipients’ issues relating to pain management being identified more readily and appropriate strategies can be implemented so care recipients can be as free as possible from pain.

- Management and staff identified the need to improve the way palliative care is delivered. As such a review of all care recipients’ care documentation was undertaken with the result that the home introduced a sticker system whereby staff can be alerted to care recipients’ end of life wishes. Also end of life matters are now discussed at the six week care recipient family conferences. Management stated the outcome of these changes is an improved awareness between staff and families regarding care recipients’ end of life wishes and the home can more effectively deliver required palliative care services.

- The organisation identified the need to improve the quality of oral and dental care provided by the home and as such introduced a new oral and dental assessment procedure and care plan. All care staff received education on the new procedure as well as on use of new oral and dental products. Management report care recipients’ oral and dental health has improved since these changes have been implemented.

- Following a review by the organisation of its behaviour and restraint policies a new restraint monitoring form was introduced. Staff received education concerning use of the new form and management monitored its implementation. Management report the new
form has enabled more effective monitoring of care recipients on restraint and more clearly defined staff responsibilities.

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 results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Health and Personal Care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to a change in legislation is the action taken by the home to review its practices in accordance with the Department of Health and Ageing requirements. For example, the home implemented the requirements of the Aged Care (Residential Care Subsidy – basic subsidy amount) Determination 2008 (No 1), i.e. the home implemented changes associated with the introduction of the Aged Care Funding Instrument (ACFI).

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

For details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions and courses that relate to this Accreditation Standard that have been attended by staff include dementia, medication management, pain management, mobility, behaviour management, nutrition and hydration, continence management, use of equipment and ACFI. The effectiveness of education is measured through observation, audits, survey and care recipient feedback. In addition, staff members that administer medication complete medication administration competencies.
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 systems and processes to assess, identify, monitor and evaluate care recipients’ individual care needs to ensure they receive appropriate clinical care.

Individualised care plans are formulated, reviewed and monitored by a registered nurse three monthly and six monthly depending on care recipient care needs and more often if required. Care is planned in consultation with care recipients/representatives, the care recipient’s general practitioner and allied health professionals and clinical reassessments are completed if a care recipient’s condition or care needs change. Clinical performance is monitored through regular audits and staff have a sound understanding of the clinical care process.

There is a system for recording and reviewing accidents and incidents. The home has appropriate supplies of equipment and resources are maintained in good working order to meet the ongoing needs of care recipients. Care recipients/representatives expressed satisfaction with the care recipients receive stating it is appropriate and meets their needs and preferences.

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

There are systems to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. A registered nurse reviews care plans which document care recipients’ specialised nursing care needs and guide staff in the provision of care. The specialised nursing care needs of care recipients are identified when they first enter the home through clinical assessments conducted by a registered nurse, review of their medical history and consultation with general practitioner and family. Staff said they have access to external specialised services using a referral system including wound, asthma, palliative care and stoma therapy. Resource materials on specialised nursing care were observed and staff confirmed they have access to adequate supplies of equipment for the provision of care recipients’ specialised nursing care needs. Care recipients/representatives say they are satisfied with the nursing care provided for specialised needs.

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 assessments, the care recipient’s medical history and consultation with care recipients/representatives provide information on the care recipient’s needs to access
specialists or other health related services. Examples of health specialists visiting the home include podiatry, dietetics, speech pathology and optometry. Referrals to external appointments are arranged and staff said care recipients are accompanied by family members or transport is provided by the home with an escort as required. The care recipients’ care plans and progress notes are reflective of health specialists’ recommendations and ongoing care interventions. Care recipients/representatives are satisfied with the access and availability of other health specialists and related services.

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 policies and procedures for the safe and correct management of medication and all staff responsible for administering medications are appropriately trained. The home has two medication administration systems supplied by a pharmacy including pre-packed devices for care staff to administer. Observation identified staff store medications safely and correctly. Staff report medication incidents which are documented, investigated and followed up by management. A pharmacist conducts medication reviews and results are provided to the care recipient’s general practitioner for review. Regular audits of the medication system are undertaken to ensure safe and correct administration. Care recipients/representatives said they are satisfied with the home’s management of the care recipients’ medication.

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. Staff use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows staff provide a range of interventions to prevent and manage care recipients’ pain including clinical and emotional needs. Alternative approaches include massage, heat packs, regular repositioning and use of pressure relieving devices. Staff liaise regularly with general practitioners and allied health personnel to ensure the effectiveness of pain management interventions are followed up and referrals to other services are arranged as needed. Care recipients/representatives report care recipients are as free as possible from pain and staff respond in a timely manner to care recipients’ 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 home provides end of life care for care recipients which respects their privacy and dignity and ensures their comfort. An assessment and care planning process supports care staff to identify the care recipients’ needs and preferences for end of life care in consultation with care recipients/representatives. Strategies and interventions vary depending on care recipient’s wishes, diagnosis and condition including pain management, spiritual support, nutrition and hydration, mouth care and pressure area care. The home discusses end of life care with care recipients/representatives during family case conferences and further discussion takes place when appropriate. Staff at the home receive education about managing the palliative care needs of care recipients. They have access to specialised equipment as required.

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’ special dietary needs and preferences are identified when they first enter the home and include swallowing difficulties, special diets and individual preferences.

Information about care recipients’ dietary needs that include food allergies, special diets and food and drink preferences are recorded and available for staff to access. A four week rotating seasonal menu is provided and is reviewed by a dietician. Care recipients’ weights are monitored and recorded monthly, nutritional screening occurs and the registered nurse liaises with the care recipients’ general practitioner, dietician or speech pathologist as needed. Care recipients were observed being served and assisted with meals and drinks. Staff could discuss the provision of nutritional supplements, special diets, modified food textures and assistive devices used for care recipients with specific requirements. Care recipients/representatives interviewed are satisfied with the choices offered and the quality of the meals.

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 a system to ensure care recipients’ skin integrity is consistent with their general health through initial and ongoing assessments and care planning. Care staff observe and report changes such as redness, skin tears or bruising to the registered nurse. The registered nurse has oversight of the provision of skin and wound care management. Care staff confirmed they assist care recipients to maintain their skin integrity by using equipment such as pressure relieving mattresses and providing regular pressure care, use of emollients, limb
protectors, repositioning and safe manual handling practices. Podiatry and hairdressing services are available at the home. Monitoring of accidents and incidents including wounds, skin tears, bruises and other skin related issues are captured through the incident reporting system. Care recipients/representatives say they are satisfied with the skin care provided at the home.

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. Continence assessments provide information for care planning including toileting schedules, dietary interventions and the use of continence aids and equipment as needed. The effectiveness of continence and bowel management programs is monitored on a daily basis by care staff who report any anomalies, including signs of urinary tract infections, to the registered nurse for follow up. The continence product supplier provides information to staff on the appropriate use of continence aids. Staff ensure care recipients have access to regular fluids, appropriate diet and medications as ordered to assist continence. Staff confirmed there are adequate supplies of continence aids available. Care recipients/representatives say they are satisfied with continence management provided by the home.

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

Clinical assessments, consultation with care recipients/representatives and monitoring of behaviour identifies triggers and interventions to ensure the needs of care recipients with challenging behaviours are managed effectively. The home has secure perimeter doors and interventions in place for care recipients who are at risk of absconding. Acts of aggression are reported and reviewed to identify causes and the effectiveness of ongoing treatment strategies. Documentation shows there are referrals to specialist services to assist with managing challenging behaviours. Staff receive education in managing challenging behaviours as part of their induction to the home. The home uses restraint minimisation as deemed necessary. Staff were observed to be interacting with care recipients in a calm and patient manner. Care recipients/representatives generally 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 systems to ensure care recipients are assisted to maintain optimum mobility and dexterity for as long as possible. A physiotherapist provides assessment and therapy planning for new care recipients and the review of care recipients whose condition has changed. Individual programs are implemented by the physiotherapy aides and activity staff and include exercises and massage. Documentation shows falls incidents are reviewed, monitored and reported at the falls committee meetings. Equipment to assist care recipients to mobilise is maintained in good working order and the physiotherapy aides conduct education for staff. Care recipients/representatives are satisfied with the attention to the mobility and dexterity of care recipients.

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 home has a system to ensure care recipients’ oral and dental health is maintained. Care recipients’ needs and preferences are assessed and care plans developed and evaluated on a regular and as required basis. Staff arrange appointments for care recipients to access dental services in the community. Swallowing difficulties and pain are referred to the general practitioner or allied health services for assessment and review. Oral care products are provided by the home and staff assist care recipients to maintain oral and dental care in accordance with their needs and preferences. Education is provided for care staff and care recipients/representatives say they are satisfied with care recipients’ 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

The home has a system to assess, monitor and evaluate care recipients’ senses to ensure they are managed effectively. Assessments identify deficiencies in vision, hearing, taste, smell and touch and consultation with care recipients/representatives provides additional information for care planning to effectively manage any sensory losses. Staff are able to explain the necessary care provided for care recipients who have visual or hearing loss including the cleaning and fitting of glasses and hearing aids. The home supports care recipients with the use of resources including talking books and large print books.

Documentation shows care recipients are referred to vision and hearing services. Care recipients/representatives say 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

Strategies are implemented to assist care recipients to achieve natural sleep patterns. Clinical assessments identify individual sleep patterns and care recipients are encouraged to maintain their usual bed time and to rest through the day if they choose. The registered nurse reviews care recipients who experience sleep disturbances and medications to assist with sleeping are prescribed at the discretion of the care recipient’s general practitioner. Care recipients who are unable to sleep are offered a warm drink and quiet environment to help them settle. Care recipients/representatives say they are satisfied with the way sleep is managed.
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 the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

- Care recipients requested a kiosk be established where they could purchase cards, sweets, ice creams and other items of interest and that the kiosk be incorporated into the weekly activities program. The home established a kiosk where residents can purchase a range of items including those requested. Staff feedback is that residents very much enjoy purchasing items from the kiosk and it enhances their feeling of independence.

- Staff observed some care recipients from non-english speaking backgrounds had difficulty communicating with staff and as such identified there needed to be a review of communication cue cards. Staff also spoke to care recipients’ families to gain additional information on how to improve communication processes. Consequently additional cue cards were introduced which covered a range of care topics. Staff advised the new cue cards have assisted greatly with communication processes between staff and those care recipients from non-english speaking backgrounds and has enhanced care recipients’ ability to make choices and receive appropriate support.

- An evaluation of activity programs identified some care recipients with impaired hearing and/or vision had difficulty participating in bingo activities. Consequently recreational activity staff reviewed the size of bingo cards and how numbers were called with the result the size of bingo cards was increased and the person calling bingo now shows numbers around the room so all care recipients in the room can clearly see them. The result of these improvements is more care recipients participate in bingo activities.

- The organisation identified the need to update the home’s resident and relative handbook. Consequently the handbook has been updated so it reflects current legislative requirements and the home’s operational policies and practices. This improvement provides care recipients and their representatives with comprehensive information on services provided and other important matters.
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 results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Care recipients’ Lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to a change in legislation is the action taken by the home to implement policy and procedures to manage mandatory reporting and investigation of care recipient abuse in line with changes to the Aged Care Act.

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

For details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions attended by staff that relate to this standard include but are not limited to elder abuse and elder abuse reporting, communication, care recipients rights, leisure and lifestyle, confidentiality, privacy and dignity.

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

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. There are systems to ensure each care recipient receives initial and ongoing emotional support through the entry processes. These include pre-admission interviews and tours, the provision of a resident and relative handbook, assessment of individual needs (including linguistic cultural and spiritual), care planning, family conferences and evaluation of care provided. In addition, orientation to the home and discussion of the resident agreement occur prior to entry and there is close contact by staff during the settling-in period. Staff welcome visiting families and friends and care recipients are encouraged to go on outings. Care recipients are encouraged to bring in personal items and photographs to help create a homelike atmosphere. Staff provide care recipients with emotional support, such as the provision of one-to-one interaction by the pastoral care worker, recreational activities officers
and care staff. Care recipients and representatives are satisfied with the ways in which staff provide information prior to entry, assist the care recipient to adjust to life within the home and for their ongoing emotional support.

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

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Strategies to enable care recipients’ independence to be maximised are identified and documented in the individual care recipient’s record. Care recipient preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon and programs are displayed in communal areas to facilitate independence. The home welcomes visits from care recipient representatives, volunteers and community groups and care recipients are free and encouraged to participate in life outside the home. Staff encourage and assist care recipients to achieve maximum independence by including care recipients in decision-making in relation to personal care and health care choices through family conferences. Telephone connections or access is available to allow independent communication; arrangements are made to enable care recipient to vote at elections and for care recipients to visit medical and allied health professionals off site if desired. Care recipients and their representatives expressed satisfaction that they are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team’s findings

The home meets this expected outcome

Staff recognise and respect each care recipient’s privacy, dignity and confidentiality. Staff demonstrated an awareness of privacy and dignity issues in their daily practices, such as addressing care recipients by their preferred names, knocking prior to entering rooms and by their demeanour in day to day interactions with care recipients. Confidential care recipient records and belongings are stored securely. There are areas of the home where care recipients can be with their friends and relatives in private. Care recipients and their representatives are satisfied that their right to privacy, dignity and confidentiality is recognised and respected.
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

The home has systems to encourage and support care recipients to participate in a range of activities of interest to them. Soon after entry to the home, care recipients and/or their representatives are consulted in relation to the care recipient’s past and current leisure interests and activities and this information is recorded by the recreational activities staff.

Care recipients’ communication, functional and cognitive abilities are assessed and documented on entry to the home and on an ongoing basis. Recreational activities staff develop and display a weekly activities program which is evaluated regularly and modified in response to resident feedback and changing care recipients’ needs and preferences. The activities officers provide a program of group and individual activities and resident participation is recorded. Popular activities include bingo, bus outings, exercise classes, celebration of special events, and individual visits for care recipients who do not enjoy group sessions. Care recipients and representatives are satisfied care recipient participation is encouraged and supported and the activities offered by the home are of interest to them.

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 individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Management and staff ensure care recipients’ cultural and spiritual customs, beliefs and preferences are recognised and valued. Care recipient needs and preferences are identified on entry and reviewed regularly. Care recipients are assisted and supported to maintain contact with their spiritual and cultural groups. Catholic and Baptist services are conducted regularly on-site and Anglican services have recently commenced. The recreational activities staff or care staff organise one to one visits for care recipients with clergy from other religions in accordance with their wishes. Care recipients and their representatives confirmed the cultural and spiritual needs of the care recipient are recognised and supported.

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

Each care recipient and/or their representative participates in decisions about the services the care recipients receive, and is enabled to exercise choice and control over the care recipient’s
lifestyle while not infringing on the rights of other care recipients. Care recipient personal preferences, needs and choices are identified on entry to the home, and reviewed regularly using a comprehensive range of assessments and consultation with health care professionals, care recipients and/or their representatives. The resident and relative information handbook outlines the care and services provided; care recipient’ rights and responsibilities and complaints mechanisms. Information on care recipient’ rights and responsibilities is also included in the resident agreement. Care recipients are encouraged to participate in decisions about their care and the services provided by using processes such as surveys, care recipient and relative meetings, improvement logs, family conferences and other feedback mechanisms. Care recipients and representatives are satisfied with their participation in decisions about the services the care recipient receives and the effectiveness of the home’s processes in enabling the care recipient to exercise choice regarding lifestyle.

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

The home provides a range of written and verbal information to care recipients and their representatives on their entry to the home. This includes information regarding care recipients’ security of tenure and their rights and responsibilities. The home provides an ageing in place service and care recipients are assisted to stay in the home for as long as is possible in accordance with their wishes. Agreements and the care recipient and relative handbook contain clauses which identify care recipients and their representatives are consulted about relocation within the home. Room moves are carefully considered and managed in accordance with legislative requirements. Care recipients and their representatives said care recipients feel very secure in the home and that their rights are supported through staff practices.
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 further information relating to the home’s continuous improvement system.

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

- An improvement log submitted by a care recipient’s family member identified the need to install heating in the heritage section of the home. Consequently an air conditioning system was installed whereby the temperature in care recipients’ rooms is able to be controlled providing a more comfortable living environment. Management stated the family member responsible for making the suggestion is very satisfied with the new air conditioning system which provides an improved living environment.

- At a staff meeting it was identified staff were unsure how to appropriately use new cytotoxic and contaminated waste bins. Following a review of infection control waste procedures those care recipients who are on cytotoxic medication had blue boxes placed in their rooms to alert staff to follow appropriate infection control procedures. Following this improvement an evaluation of infection control staff practices was undertaken which identified staff are more aware of required procedures and follow them.

- The organisation identified the need for safe work practices and procedures to be developed for all contractors on site and as such a work health and safety officer was employed by the organisation to develop these work practices and procedures. It is intended that with these new work practices and procedures will improve staff safety.

- Management on visiting another aged care home sighted the use of care recipient photos attached to their diet cards and following staff consultation introduced the same system into the home. Staff stated as a result of this improvement they can now more readily identify care recipients’ preferences when serving meals and drinks.
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

Results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of the home’s responsiveness to legislative requirements is the assessment of the building using the 1999 Certification Assessment tool. In addition, the home monitors the performance of the external catering contractor’s food safety program which is audited externally in accordance with the Food Safety Act. The home has also comprehensively reviewed its policies and procedures in light of changes to the Work Health and Safety (WH&S) 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

For details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Education sessions attended by staff that relate to this standard include but are not limited to manual handling (theory and practical), infection control (including outbreak management), and fire safety training (theory and practical). Staff had completed a range of work health and safety training (including incident and accident reporting and hazard identification). They have also attended first aid, equipment use, chemical handling and food safety training. The majority of this training has been identified as compulsory and staff attendance is monitored. Staff competencies are carried out in various areas including manual handling, fire safety, and infection control.

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 results of our observations, interviews and document review revealed that the home provides a safe and comfortable environment consistent with care recipients’ needs and expectations. For example, care recipient/representative interviews revealed that they are
satisfied with the quality of the living environment. Around 30 care recipients reside in spacious single rooms with ensuite bathrooms. The remainder reside in single or multi bedded rooms with access to either ensuite or communal bathrooms. All care recipients have access to appropriately furnished communal living and dining areas. A comfortable temperature is maintained within the building. Large windows and doors provide care recipients with views of the external environs which include well maintained landscaped gardens and paved garden courtyard areas that are accessible to care recipients.

The safety of the environment is underpinned by the identification of the care recipients’ care needs on admission as well as monitoring of their environmental needs on an ongoing basis. Environmental audits and the planned preventative and corrective maintenance systems ensure that the environment (grounds, building and equipment) is well maintained.

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

Systems and processes enable the home to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. The home undertakes regular environmental audits and hazards are identified and addressed. There is compulsory education for all staff in workplace safety including manual handling. Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities, and we observed safe practices in operation.

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 environment and safe work practices are minimising fire, security and emergency risks. The results of our observations, interviews and document review revealed that there are well publicised and clearly understood emergency and fire evacuation procedures. The home has appropriate fire warning and firefighting equipment, which is regularly assessed against the relevant Australian Standard. When assessed under the 1999 Certification Assessment Instrument the building's fire safety score exceeded the mandatory minimum score of 19 out of 25. Emergency exits are clearly marked and free from obstruction. Fire prevention measures in place include education, competency assessment, environmental safety inspections, safe storage of chemicals, an electrical equipment checking/tagging program, and a no smoking policy with designated outdoor areas provided for care recipients and staff. Security systems include lock up procedures, numeric coded key pad locks, outdoor security lighting and appropriate fencing. Staff wear identification badges authorising them to be on site and a sign in/sign out book is maintained for visitors and contractors. Emergency numbers and phones are available for staff use. All care recipients have access to emergency buzzers in their rooms, bathrooms and communal areas and/or via pendant.
4.7 Infection control

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

Team’s findings

The home meets this expected outcome

The home has an effective infection control program in place. The results of our observations, interviews and document review revealed that the program operates organisation-wide and incorporates an infection control surveillance and reporting system, a hazard risk management system and a waste management system. Procedures for the management of outbreaks exist. An accredited food safety program operates in the kitchen and appropriate sanitisation techniques are used in the laundry. Preventative measures include education for all staff disciplines, an effective cleaning program, and a care recipient vaccination/immunisation program. In addition, appropriate equipment, staff practices and workflows are minimising the risk of cross infection. Staff associated with the provision of care, catering and cleaning services demonstrated an awareness of infection control as it pertains 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

Hospitality services are provided in a way that enhances care recipients’ quality of life and the staff’s working environment. The results of our observations, interviews and document review revealed that:

- Care recipients choose from a variety of meals prepared by staff in the onsite kitchen using the fresh cook method. The four-week seasonal rotating menu has been reviewed by a dietician and provides care recipients with choice and variety. Care recipients have input into menus on entry, their likes and dislikes are recorded and monitored on an ongoing basis through the care recipient committee, the comments and complaints system, and satisfaction surveys. Care recipients/representatives’ interviewed indicated that their likes and dislikes, special dietary needs and expectations re quality and quantity of meals are identified and met.

- Planned cleaning programs carried out by the home’s cleaning staff are ensuring that cleaning standards are maintained. Care recipients and staff confirmed that a clean and hygienic environment is maintained at all times.

The onsite laundry service employs effective systems for the storage, identification, laundering and delivery of linen and care recipients’ personal clothing. Care recipient interviews revealed that they are satisfied with the laundry services provided. Their personal items are returned to them promptly and in good condition.