



Standards and Accreditation Agency Ltd

Decision to Accredit Helping Hand Ingle Farm

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Helping Hand Ingle Farm in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Helping Hand Ingle Farm is 2 years until 4 March 2011.

The Agency has found the home complies with 41 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

While the assessment team recommended non-compliance in expected outcomes 2.2 regulatory compliance 2.5 specialised nursing care needs, the Agency found the home compliant in these expected outcomes, based on further information submitted by the Approved Provider.

In making its decision about the period of accreditation, the Agency considered the home's compliance history, recognition by the Approved Provider of the site audit findings, and necessary action required to address the non-compliance.

The shortened accreditation period will provide the home with an opportunity to rectify the areas of non-compliance and ensure a full review is carried out by the Agency within a reasonable timeframe.

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

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

Matters of non-compliance have been referred to the Secretary, Department of Health and Ageing, in accordance with the Accreditation Grant Principles 1999.

ACTIONS FOLLOWING DECISION

Subsequent to the site audit decision, the Agency has undertaken support contacts to monitor the home's progress and has found that the home has since rectified the earlier identified non-compliance.

Chris Schubert
Acting Assessment Manager
SA and NT

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

MOST RECENT AGENCY FINDINGS

Since the accreditation decision the Agency has conducted a support contact. The Agency's latest findings are below.

Standard 1: Management Systems, Staffing and Organisational Development	
Expected Outcome	Agency's latest findings
1.1 Continuous improvement	Compliant
1.2 Regulatory compliance	Compliant
1.3 Education and staff development	Compliant
1.4 Comments and complaints	Compliant
1.5 Planning and leadership	Compliant
1.6 Human resource management	Compliant
1.7 Inventory and equipment	Compliant
1.8 Information systems	Compliant
1.9 External services	Compliant
Standard 2: Health and Personal Care	
Expected Outcome	Agency's latest findings
2.1 Continuous improvement	Compliant
2.2 Regulatory compliance	Compliant
2.3 Education and staff development	Compliant
2.4 Clinical care	Compliant
2.5 Specialised nursing care needs	Compliant
2.6 Other health and related services	Compliant
2.7 Medication management	Compliant
2.8 Pain management	Compliant
2.9 Palliative care	Compliant
2.10 Nutrition and hydration	Compliant
2.11 Skin care	Compliant
2.12 Continence management	Compliant
2.13 Behavioural management	Compliant
2.14 Mobility, dexterity and rehabilitation	Compliant
2.15 Oral and dental care	Compliant
2.16 Sensory loss	Compliant
2.17 Sleep	Compliant

Standard 3: Resident Lifestyle	
Expected Outcome	Agency's latest findings
3.1 Continuous improvement	Compliant
3.2 Regulatory compliance	Compliant
3.3 Education and staff development	Compliant
3.4 Emotional support	Compliant
3.5 Independence	Compliant
3.6 Privacy and dignity	Compliant
3.7 Leisure interests and activities	Compliant
3.8 Cultural and spiritual life	Compliant
3.9 Choice and decision-making	Compliant
3.10 Resident security of tenure and responsibilities	Compliant
Standard 4: Physical Environment and Safe Systems	
Expected Outcome	Agency's latest findings
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

Home and Approved provider details

Details of the home

Home's name:	Helping Hand Ingle Farm				
RACS ID:	6147				
Number of beds:	51	Number of high care residents:	Nil		
Special needs group catered for:	Nil				
Street:	Shackleton Avenue				
City:	Ingle Farm	State:	SA	Postcode:	5098
Phone:	08 8386 6080		Facsimile:	08 8396 2707	
Email address:	bkerr@helpinghand.org.au				

Approved provider

Approved provider:	Helping Hand Aged Care Incorporated
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Assessment team

Team leader:	Susan Smith
Team member:	Adrienne Copley
Date of audit:	8 December 2008 to 11 December 2008

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does not comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does not comply
2.2 Regulatory compliance	Does not comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does not comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does not comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

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Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	Helping Hand Ingle Farm
RACS ID	6147

Executive summary

This is the report of a site audit of Helping Hand Ingle Farm, Shackleton Avenue, INGLE FARM SA 5098 from 8 December 2008 to 11 December 2008 submitted to the Aged Care Standards and Accreditation Agency Ltd on 25 December 2008.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through the audit of the home indicates the home complies with:

- 39 expected outcomes

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcomes:

- 1.8 Information Systems
- 2.1 Continuous Improvement
- 2.2 Regulatory Compliance
- 2.5 Specialised nursing care needs
- 2.7 Medication Management

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Helping Hand Ingle Farm.

The assessment team recommends the period of accreditation be one year.

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be four support contacts during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 39 of the 44 expected outcomes of the Accreditation Standards.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 8 December 2008 to 11 December 2008.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team Leader:	Susan Smith
Team Member:	Adrienne Copley

Approved provider details

Approved provider:	Helping Hand Aged Care Incorporated
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Details of home

Name of home:	Helping Hand Ingle Farm
RACS ID:	6147

Total number of allocated places:	51
Number of residents during site audit:	50
Number of high care residents during site audit:	35
Special needs catered for:	People with dementia and related disorders

Street:	Shackleton Avenue	State:	SA
City/Town:	INGLE FARM	Postcode:	5098

Phone number:	08 8386 6080	Facsimile:	08 8396 2707
E-mail address:	accreditation@helpinghand.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Helping Hand Ingle Farm.

The assessment team recommends the period of accreditation be one year.

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be four support contacts during the period of accreditation and the first should be within three months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 39 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

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

Interviews

	Number		Number
Care manager	1	Residents	4
Care services manager - Metro division	1	Relatives	3
Clinical nurses	2	Lifestyle coordinator	1
Registered nurses	1	Nursing unit program manager	1
Resident liaison officer	1	Director care strategy and environment	1
Enrolled nurses	3	Laundry staff	1
Wound nurse / enrolled nurse	1	Cleaning staff	4
Manager hotel services	1	Chef	1
Care staff	6	Housekeeping team leader	1
Administration assistant	1	Food services team leader	1

Sampled documents for residents from both high and low level care RACS numbers

	Number		Number
Residents' files	11	Medication charts	11
Resident file with special alert sticker for advanced directives	1	Care review charts and reassessments	11
Two page summary care plan and intervention/action plans	11	Bowel charts	11
Lifestyle plans	10	Good palliative care plans	3
Physiotherapist assessment,	10	Podiatry assessments and	7

plans and reviews		plans	
Occupational therapist reviews and plans	2	Speech pathologist reviews and plans	3
Dietitian review and plans	3	Wound charts	5
Legal documents, enduring power of guardianship and attorney	4	Guardianship board documents	1
Restraint assessments	6	Restraint authorisations and reviews	3

Other documents reviewed

The team also reviewed:

- Quality improvement framework, plan, logs and audits, audit schedule, audits and results, action forms, comments and complaints log, resident and representative survey and results
- Job descriptions, appraisal schedules for nursing, care and hotel services staff, nursing staff registration documents, hotel services performance development plan, rosters for nursing, care and hotel services staff, allocation sheets, duty lists, training folders for 2008 and 2009
- Volunteer information package, handbook, police check forms, storage of personal information
- Staff qualifications database, registered and enrolled nurses registration certificates
- Helping Hand intranet and website, 'Aged care channel' education schedule
- Corporate policy manual
- Resident admission package, resident agreement (permanent and respite), resident orientation checklist, representatives' information brochure
- Nursing bulletins, appointment diaries, whiteboards with care information, general practitioners communication folder and processes, referral forms
- Activity programs schedules and advertisements, memories folders, residents' photographs
- Certification assessment instrument report
- Incident reports and monthly summaries with analysis, trending and action plans 2008
- Minutes of various meetings, including Quality Improvement, Safety and Wellness and Values Committees, resident and staff meetings
- Continence pad allocation register
- Phrase cards for cultural and linguistically diverse residents
- Emergency procedures manual, emergency codes notice, daily allocation sheet for fire warden for the day, hazard and risk identification forms
- Local council food safety assessment for the café dated 26 November 2007, and the kitchen dated 23 November 2007
- Main kitchen cold room, freezer and food, serveries and nurses' stations fridges temperature monitoring records
- Catering services documentation regarding residents nutrition and hydration needs, likes and dislikes, five week menu
- Metropolitan Fire Service Triennial Fire Safety Survey report, survey clearance and certificate

Observations

The team observed the following:

- Internal and external living environment, including secure dementia unit, external courtyards and gardens, chapel and large activities hall
- A vision and goals statement displayed in the main entrance
- Action and hazard identification forms displayed around the home
- Activities in progress, including carpet bowls, crafts
- Equipment storage areas, including toiletries and continence aids
- External complaints mechanisms and advocacy services information and brochures, noticeboards with fliers, advertisements and activity program notices
- Interactions between staff and residents and representatives
- Library, videos, games, craft materials
- New furnishings, including bedspreads and curtains
- Refurbished kitchens and pantries
- Residents mobilising, residents immobile in their rooms and in communal areas
- Suggestion boxes
- Nurses stations and treatment rooms with specialised nursing equipment, including palliative care box, gastro outbreak kits, various resources and noticeboards, whiteboard with care information and reminders
- Medication storage and trolleys, medication rounds
- Main kitchen and work practices, including infection control processes, sign off sheets, colour-coded chopping boards, new bain maries, cold room and freezer and storage processes, dry storage and supplies
- Sluice rooms with macerators and disposable items
- Hand-washing facilities and antibacterial hand gel, carers trolleys with care plans in plastic secure containers
- Personal protective equipment and staff practices in their use
- Laundry and practices, including infection control and gas emergency shut off valve
- Cleaners' room and trolleys with equipment and supplies, cleaning schedules and sign off lists
- Fire monitoring and suppression equipment, evacuation plans and emergency response manuals throughout the home

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Ingle Farm Aged Care is one of seven homes in the Helping Hand Aged Care Inc. group of aged care facilities and is co-located with Ingle Farm. While the home has two residential aged care numbers (RACS) residents with high and low level care needs are intermingled throughout the home. The same systems and processes are used and staff work across all areas of the home. The home uses corporate and local processes for identifying opportunities for improvement and monitoring compliance with the Accreditation Standards. These include suggestions and feedback from residents, representatives and staff, action and hazard forms, comments and complaints, an auditing program and incident collection and collation. Improvement opportunities are logged, monitored and followed up by management and committees. Residents, representatives and staff are aware of the home’s processes for offering improvement suggestions and how they can provide input into improving management systems, staffing and organisational development. The home demonstrated improvements related to management systems, staffing and organisational development including:

- As part of a corporate education initiative, the home has introduced a continuous professional development program, including a commercially available televised program that includes ‘live’ education sessions for staff. These education programs are downloaded for staff to view at convenient times. Each staff member has received a log book in which they record their education and training.
- Combining care documentation, specifically progress notes into one folder for each smaller wing rather than locating documents in individual resident files as a result of staff feedback. This was trialled with staff indicating it has made it easier to access residents’ progress notes.
- Creating team leader positions for housekeeping, food services and maintenance to manage and supervise staff as the hotel services manager is responsible for and works at two other of the organisation’s services.
- Increasing the number of care and hotel services staff to enable care workers to spend more time with residents in response to resident, representatives and staff concerns and suggestions.
- Management identified the need to develop and implement a schedule and guidelines for conducting staff performance appraisals as a result of feedback from the home’s managers.
- The care services manager – metro division introduced a single daily roster for all staff to reduce the number of rosters from five to one and to simplify the layout when the revised shifts were introduced in August 2008 that staff say is easier to read.

- The home has introduced a hazard and risk reporting form that includes rating the hazard or risk based on the consequences and likelihood of occurrence as a result of the organisation's desire to improve the hazard management process.

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The organisation advises the home about changes and updates to regulatory requirements, and new and revised policies and procedures. The home has processes for informing residents, representatives, staff and volunteers. Compliance is monitored using audits and staff performance reviews. Processes are in place for monitoring criminal records for relevant personnel, advising residents and representatives of the accreditation site audit within the legislated timeframe, and maintaining an asset register. Permanent staff are aware of recent changes to compulsory reporting legislation, and this information has been incorporated into agency staff induction information. Residents and staff are aware of regulatory requirements relating to management systems, staff and organisational development.

1.3 Education and staff development

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

Team's recommendation

Does comply

Organisational and site specific requirements, feedback from residents and staff, incident review and management discussions are used to identify education and training needs. The home encourages and supports staff to attend internal and external professional development opportunities. The organisation has introduced a professional development program for all staff that includes 'live' education sessions through a website audio-stream television channel. Scheduled annual performance appraisals are used to identify future professional and skill development planning. Attendance records are maintained. Education has been provided on various topics related to management systems, staffing and organisational development, including frontline management certification, leadership skills and compulsory reporting of sexual and physical assault. Staff are satisfied they are encouraged and supported in their professional development and education.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents and their representatives are informed of their rights and processes for making a complaint or registering a concern on entry to the home, in the resident handbook, residential care services agreement, and from invited speakers to residents meetings. Information brochures about external complaints mechanisms and internal complaints and suggestions forms are displayed and readily available throughout the home. Locked suggestion boxes are located throughout the home for residents, representatives and staff to use. Issues raised through the organisation's toll free phone number are conveyed to the care manager for action. There are processes for collating and reviewing comments and complaints data, and linking the information to the continuous improvement process. Residents and representatives indicated they are generally satisfied with actions taken and with the responsiveness of management and staff.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's recommendation

Does comply

The organisation has documented its mission and vision, values, philosophy and commitment to quality in its strategic plan, quality improvement framework, policy manual and in resident information documents.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's recommendation

Does comply

The home has processes for recruiting, selecting and monitoring staffing levels and skill mix. There are processes for reviewing, varying and increasing staffing levels in response to feedback from residents, their representatives and staff, and to meet residents' changing needs. The home recently increased staff hours and revised rosters for nursing, care and hotel services staff in response to resident and staff feedback. A new single page allocation roster records nursing and care staff rostered to each shift, staff on leave, the replacement staff, and re-allocation to a different area of the home to ensure appropriate skill mix. Job descriptions and duty lists guide staff in the duties of the individual work roles. A database is maintained of all staff's qualifications, registrations and licences. Permanent staff attend corporate and local induction, and

temporary staff are oriented to their duties at the commencement of the shift. Staff are generally satisfied they have enough time to provide the care and services required. Residents and representatives are generally satisfied with the number and skills level of staff to provide the required care and services.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has a system to facilitate the availability of an adequate supply of goods and equipment for care and services. The home considers various factors when considering the required goods and equipment. This includes;

- legislative requirements specific for residents with high and low level care needs
- increasing care needs of residents
- staff feedback
- occupational health safety and welfare requirements

Designated managers and staff take responsibility for specific stock control and ordering. The home has a corrective maintenance program and a corporately driven preventative maintenance schedule. External contractors are resourced for specific equipment maintenance and as required. Staff participate and provide feedback during trials of new equipment prior to purchase. Staff, residents and representatives are satisfied there are adequate stocks of goods and equipment available to provide care and services.

1.8 Information systems

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

Team's recommendation

Does not comply

While the home has corporate and site specific information systems, they are not effective and are not consistently used. Organisational and site-specific policies and procedures do not reflect current staff practices or regulatory requirements in relation to the provision of specified care and services. Clinical care information, including assessments, care plans, care reviews and incident reporting processes are not consistently completed.

1.9 External services

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

Team's recommendation

Does comply

The home has corporate and site-specific processes to ensure external services are provided to an agreed standard and quality. Externally contracted service agreements are managed by the corporate office. Management and designated staff have a documented list of preferred suppliers and contractors readily available. Designated managers in consultation with relevant staff evaluate the effectiveness of the service provided and liaise with the corporate office to address identified deficiencies. External services may be terminated should they not meet the requirements of the home and other services resourced. Services contracted externally include linen services, gardening and allied health. Staff, residents and representatives are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does not comply

While the home has a continuous improvement framework, including the self assessment for the accreditation site audit and audit tools, they have not been used effectively to identify compliance issues related to Standard Two, health and personal care. The home does not have a system to monitor compliance with specified care and services required for residents with high level care needs. Clinical incident data is not consistently use to monitor care and identify opportunities for improvement. Medication management audit tools do not monitor compliance with medication management, including the requirements under the *Controlled Substances Act 1984* and specified care and services.

2.2 Regulatory compliance

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

Team's recommendation

Does not comply

Management could not demonstrate they have systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. This includes 'Quality of Care Principles 1997, Schedule 1 Specified care and services for residential care services, Part 3, Care and Services – to be provided for residents receiving a high level of residential care, item 3.8 Nursing services'. Management, senior nursing staff, registered and enrolled nurses are not aware of their legislated responsibilities under this legislation.

2.3 Education and staff development

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

Team's recommendation

Does comply

Organisational and site-specific requirements, feedback from residents and staff, incident review and discussions at the Multidisciplinary Committee meetings are used to identify education and training needs. The home encourages and supports staff to attend internal and external professional development opportunities. Scheduled annual performance appraisals are used to identify future professional and skill development. Attendance records are

maintained. Education has been provided on various topics related to health and personal care, including intensive education and training in managing residents requiring dialysis, wound management, behaviour management for residents and 'sit and stand' transfers. Staff are satisfied they are encouraged and supported in their professional development and education.

2.4 Clinical care

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

Team's recommendation

Does comply

The home has processes to assess, identify, plan, action, evaluate and monitor appropriate clinical care for residents. While the home has documented corporate and site specific policies and procedures, they do not reflect current staff practices or regulatory requirements. Information is collected from various sources at the time of entry and an interim care plan, which is a two page summary plan covering all care domains is implemented. Registered nurses and enrolled nurse with input from care staff complete assessments across all care domains, over a 21 day timeframe. The two page summary care plan is then updated based on the assessment information, and residents' needs and preferences. Additional care plans, which are called intervention/action plans are developed and implemented for additional or more in-depth care needs not included on the summary care plan, such as behaviour management, pain management, skin care and personal hygiene. Residents and representatives are offered a family conference after they have settled in and on an ongoing basis, which includes a discussion about health and personal care needs and preferences.

Care reviews are scheduled every three months to designated registered and enrolled nurses, but are not consistently completed as scheduled. The home uses a specific tool, which is called the quarterly care review, which does not reflect an evaluation of care other than to tick if the assessment is current and the care plan reflects current care needs. This tool does not include sensory loss for taste, touch and smell. Registered and enrolled nurses then reassess residents using specific assessment tools across care domains. The home does not document consultation with residents and or representatives other than when the care plan is initially generated. Residents and representatives indicated they are not consulted on a regular basis about their care plans but are satisfied they are kept informed and discuss care on an ongoing basis. The home uses a modified assessment, care planning and evaluation process for residents who enter the home for respite.

Regular audits, observation and supervision of staff and formal and informal feedback from staff, residents and representatives are used to monitor staff practices. The nursing bulletin, handover, progress notes, communication book, appointment diary, multidisciplinary team meetings and allied health referral forms are used to monitor and communicate information about residents' changing needs and preferences. Residents and representatives are generally satisfied with the clinical care provided.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does not comply

While the home has appropriately qualified nursing staff, these relevant nursing staff are not consistently meeting residents’ specialised nursing care needs. Enrolled nurses complete assessments, develop care plans and evaluate effectiveness of care interventions for residents with high-level care needs. Enrolled nurses are initiating and administering medications, including those listed under the specified care and services for residents receiving a high-level of care in the ‘*Quality of Care Principle 1997*’. Enrolled nurses are managing complex wounds, including enteral feeding tubes and care.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The home has processes to identify residents’ needs and preferences and referrals are made to appropriate allied health specialists. Registered and enrolled nurses complete assessments and generate referrals to general practitioners and allied health professionals, including dietitian, speech pathologist, physiotherapist and podiatrist. These services are provided in the home with the external providers completing assessments, developing care plan strategies and evaluating care interventions. Processes are in place and consistently used to monitor staff practices and communicate residents’ changing needs and preferences. Residents and representatives are satisfied with the home’s referral processes.

2.7 Medication management

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

Team’s recommendation

Does not comply

Management could not demonstrate that medications are managed safely and correctly. While the home has corporate policy and procedures for medication management, including nurse initiated medications, registered and enrolled nurses do not consistently follow them. Registered and enrolled nurses are initiating medications not following organisational policy and procedure and the listed approved medications.

Medications, such as, ‘as required’ pain medication is not consistently evaluated for effectiveness. While medication incidents are reported, they are not consistently reported to the registered nurse at the time the incident is identified. Follow-up, actions and outcomes are not consistently documented on the incident form and in the progress notes. Not all residents are satisfied with the home’s medication management.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has processes to assess, identify, action, evaluate and monitor residents’ pain care needs. Registered and enrolled nurses complete assessments, which include non-verbal indicators. Assessment information is used to develop care plans. The home promotes and uses and evaluates alternative pain management therapies, including heat packs, massage, repositioning, and pressure relieving devices. The home does not regularly evaluate ‘as required’ pain medication. Processes are in place and used to monitor staff practices and communicate residents’ changing needs and preferences. Residents and representatives are satisfied with the home’s management of pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home has processes to facilitate the provision of residents’ terminal care wishes and preferences. On entry to the home the resident liaison officer consults with residents and or representatives about their end of life wishes. Should this not be identified at this time, this is followed up at a later date. The resident liaison officer, management and nursing staff are sensitive to residents and representatives comfort in discussing end of life wishes and respect their choice not to discuss the topic. A designated sticker that is highly coloured is placed on the resident file when documented advanced directives are in place. Another specific sticker is placed on the resident file when a ‘Good Palliative Care Plan’ is in place. Palliative care plans are added to the existing care plan, which is updated across all care domains accordingly. The home resources local palliative care services as required. The home has a palliative care kit and provides an accommodation area for family members who do not live locally or who wish to stay on site. The kit includes sound system and medication infusion pump and is readily available. Staff are satisfied they have access to appropriate goods and equipment necessary to provide palliative care. Representatives are satisfied with the palliative care provided.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Entry assessment, care evaluation and monitoring processes are consistently used to identify, plan, action and monitor residents' nutritional and hydration requirements. Registered and enrolled nurses complete assessments, including risk assessments, develop care plans and evaluate the effectiveness of care interventions. Registered and enrolled nurses make referrals to the speech pathologist and the dietitian as required, in consultation with the resident, representative and general practitioner. Registered and enrolled nurses monitor residents' weight each month and more frequently as needs identified. Nutritional supplements are introduced to assist in healthy weight management and to assist wound healing. Residents' weights and nutritional concerns are discussed at the multidisciplinary meetings, where actions and outcomes are discussed. Residents' hydration needs are met with the provision of jugs of fluid in their rooms and on dining room tables, as well as morning and afternoon tea, supper and drinks with each meal. The housekeeping team leader visits residents and representatives on entry and obtains information about the resident's nutrition and hydration needs and preferences, including likes and dislikes. Registered and enrolled nurses advise the catering service of any changes in residents' dietary requirements through a referral form. Residents and representatives are satisfied with the home's response to nutritional and hydration needs.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation

Does comply

Entry assessment, care planning, evaluation and monitoring processes are consistently used to maintain residents' skin integrity consistent with their general wellbeing. Skin assessments, including a pressure risk assessment are completed and individualised skin care plans developed and implemented. The wound nurse develops and evaluates wound management care plans for simple and complex wounds. A wound clinic is resourced at a local public hospital. Pressure relieving devices and practices are available and used. Processes are in place and used to monitor staff practices and communicate residents' changing needs and preferences, including analysing and trending skin tear and wound healing times. Residents and representatives are satisfied with the skin care provided.

2.12 Contenance management

This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation

Does comply

The home has a continence management system that identifies individual resident needs, plans appropriate care and evaluates the effectiveness of care interventions. Registered and enrolled nurses complete assessments, develop care plans and evaluate the effectiveness of care. Continence assessments identify residents' individual needs and preferences, including assistance and continence aids required, frequency of assistance and toileting. Care plans are

developed from this information. The home resources the organisational nurse specialist continence for support and staff education. Processes are in place and used to monitor staff practices and communicate residents' changing needs and preferences. Residents and representatives are generally satisfied with the home's continence management.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home has processes to identify, plan, action and monitor behaviours of concern. Behaviour assessments are completed to identify the behaviour of concern, triggers or causes and effective strategies. Individualised care plans are developed and implemented from this information. Mental health specialists and behavioural advisory services are resourced. The home uses restraint, which includes bed rails and lap sash. Adverse events, including physical aggression incidents are monitored, reported and trends identified with action plans being developed and generally implemented. Processes are in place and used to monitor staff practices and communicate residents' changing needs and preferences. Residents and representatives are satisfied with the home's approach to behaviour management.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

The home has processes to assess, identify, plan and evaluate residents' mobility, dexterity and rehabilitation needs. Registered and enrolled nurses assess residents' abilities on entry to the home and include relevant strategies on the interim care plan. The physiotherapist assesses residents on a needs basis on entry to the home. A physiotherapy management plan is developed, including individualised exercise programs, which are included with the care plans. Assistive devices are resourced and provided to assist residents to be as independent as possible, including walkers, walking sticks and wheelchairs. Care staff generally provide and or support residents with their exercise programs. Processes are in place and used to monitor staff practices and communicate residents' changing needs and preferences, including trending falls and skin tear data. Residents and representatives are satisfied with the home's approach to optimising mobility, dexterity and rehabilitation.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home has processes to identify concerns and monitor residents’ oral and dental health. Oral and dental health assessments are completed to identify residents’ individualised needs and preferences. Care plans are implemented based on this information. External dental services visit the home and provide oral and dental health care reviews. Residents are supported to attend external dental appointments. Residents and representatives are consulted and offered labelling of dentures to reduce the risk of losing them. Processes are in place and used to monitor staff practices and communicate residents’ changing needs and preferences. Residents and representatives are satisfied with the oral and dental care.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The home generally assesses, identifies, and plans care for sensory losses. The initial health assessment is generally used to identify residents’ individualised needs and preferences for sensory losses in vision, hearing, taste, touch and smell. Care plans are generally implemented based on the assessment information. Care plans include specific strategies to address identified losses, preferences and needs, including assistive devices particularly for vision and hearing. The care review tool does not include a reassessment or evaluation of residents’ sensory losses in taste, touch and smell. The home is progressively working toward the completion of initial sensory loss assessments for taste, touch and smell for those residents that have not yet been assessed and reassessment of residents that did have the initial health assessment. External vision and hearing specialist services are resourced. Processes are in place and used to monitor staff practices and communicate residents’ changing needs and preferences. Residents and representatives are satisfied with the home’s management of sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

The home has systems and processes to promote natural sleep patterns for residents. Individualised needs and preferences are identified during assessment processes and included in care plans. This includes environmental needs and preferences to assist residents to sleep or rest during the day. Non-pharmacological strategies are promoted, which include warm drinks, repositioning and general comfort needs. General practitioners generally review pharmacological strategies used for sleep promotion. Residents and representatives are satisfied with the home's approach to promoting natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home uses corporate and local processes for identifying opportunities for improvement and monitoring compliance with the Accreditation Standards. These include suggestions and feedback from residents, representatives and staff, action forms, an auditing program and scheduled and informal evaluations. Improvement opportunities are logged, monitored and followed-up by management and relevant committees. Residents, representatives and staff are aware of the home’s processes for offering improvement suggestions and how they can provide input into improving resident lifestyle. The home demonstrated improvements related to resident lifestyle including:

- The home has combined the Contenance, Behaviour and Multidisciplinary Committee meetings into one meeting as a result of discussion between the members of the committees so all disciplines could share information about residents’ health status and how this might impact on their lifestyle needs and wishes.
- The lifestyle coordinator compiled a health information folder to provide nursing and lifestyle staff with information about residents’ diagnoses. Members of the three committees found they were discussing residents’ health status in isolation and now say that the combined meeting assists in identifying issues that may impact on residents’ lifestyle and ability to participate in the home’s social activities.
- An increase in the number of residents able to have access to their own telephone in their rooms was possible as a result of the home upgrading the telephone system.
- The lifestyle coordinator arranged for male residents to visit another of the organisation’s homes to meet and socialise with other male residents as a result of feedback in a resident lifestyle survey
- The home has introduced a card group for residents who expressed an interest in this activity.
- The home has introduced the screening of movies on a Saturday afternoon as a result of feedback about the lack of social activities on the weekend.
- The lifestyle coordinator is planning a cultural day for each month in 2009 to expand on cultural activities held during the last six months in response to a suggestion from a resident and lifestyle staff.
- The home has installed a large pull-down screen and audio equipment in the main hall following feedback from residents, representatives and staff.
- The home has had an Australia Post letterbox installed in the home following feedback from residents.
- The home has built raised garden beds in the special care unit to enable residents to continue their gardening activities as a result of discussions between the nursing and lifestyle staff about residents decreasing mobility.

- Changing the process for serving meals in the café for the residents 'restaurant lunch event' to reduce the waiting time for the meal to be served following feedback from residents about the temperature of the meals being served.

3.2 Regulatory compliance

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

Team's recommendation

Does comply

The organisation advises the home about changes and updates to regulatory requirements, new and revised policies and procedures, and the home has processes for informing residents, representatives, staff and volunteers. There are systems in place to monitor and maintain regulatory compliance relating to the provision of lifestyle and activity programs, confidentiality of resident information, and provision of agreements that assist residents to understand their rights and security of tenure. Processes are in place for criminal checks for people volunteering in the home. Residents and staff are notified of changes, and are aware of the regulatory requirements relating to resident lifestyle.

3.3 Education and staff development

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

Team's recommendation

Does comply

Organisational and site-specific requirements, feedback from residents, representatives and staff, incident review and management discussions are used to identify education and training needs. The home encourages and supports staff to attend internal and external professional development opportunities. Education has been provided on topics related to resident lifestyle, including a dementia specific program, manual handling of wheel chairs for volunteers and lifestyle programs through the commercially available televised program.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has processes to identify and respond to residents' emotional support needs on entry to the home and on an ongoing basis. Information about what to expect when residents enter the home is explained prior to and on the day of entry. A staff member acts as an advocate for residents and maintains regular contact with them and their representatives to assist them settle in to their new environment. There are processes to monitor residents during times of increased emotional need. Other health practitioners or the chaplaincy team are available to residents if needed. Residents and their representatives are satisfied with the way staff assist residents to adjust to their new environment and on an ongoing basis.

3.5 Independence

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

Team's recommendation

Does comply

There are processes for assessing each resident's individual needs for independence on entry to the home and on an ongoing basis. Residents are encouraged to continue with interests outside the home and some residents have enjoyed local and overseas holidays with families and friends. Strategies are in place for residents with cognitive and communication difficulties to maintain their independence and continue with activities in which they participated in prior to entering the home. Residents participate in external community activities held in the home with many of the participants being friends and former neighbours. Male residents are assisted to visit another of the organisation's homes to socialise with other male residents. Residents can easily and safely mobilise independently around the internal and external home environment. Residents and their representatives are satisfied with assistance given to maximise residents' independence and to maintain friendships and other contacts.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Information is included in the organisation's admission package, policy and procedure documents and the staff code of conduct about residents' right to privacy, dignity and confidentiality. The home has processes for identifying and implementing strategies to meet residents' individual privacy and dignity preferences. Furniture and personal items are appropriately arranged to provide privacy for residents sharing accommodation. There are private lounge and dining areas where residents can spend quiet times and for families and friends to stay with residents during sickness and end-of-life journey. Surveys are used to monitor respect for residents' privacy. Residents' files are stored and archived securely to maintain confidentiality. Residents and their representatives are satisfied with the way staff respect their individual privacy and dignity needs and wishes.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home has processes for identifying, assessing and supporting all residents to participate in their preferred interests and activities. Feedback from residents and scheduled and informal surveys are used to evaluate the effectiveness of the programs. Individual and group activity plans are monitored and revised to meet residents' changing needs and preferences. Information about the home's general and special care unit social activities are displayed around the home and a copy is given to each resident. The home has a large number of volunteers who facilitate and assist with the wide range of community activities and who provide individual support to residents with cognitive and communication difficulties. Residents and representatives are satisfied with the varied activity programs provided at the home.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has processes for identifying, implementing and evaluating the cultural and spiritual beliefs, values and preferences of each resident. Residents are encouraged and assisted to continue celebrating cultural and spiritual events of significance to them. Cultural events such as Anzac Day and days of sacred significance are included and displayed in the general and special care unit activity programs. Residents have access to the home's chaplaincy team and are assisted to maintain contact with their own minister or pastoral carer. A chapel is on site that is available at all times for formal services or quiet meditation. A values committee has been established to promote the values of the organisation. Residents and representatives are satisfied with the way the staff support their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents and representatives are encouraged and assisted to participate in decisions about the care and services provided to them, including participation in the activity and social programs, independence, meals and cultural and spiritual preferences. Information about residents' abilities to participate in decision making is identified and reviewed, and included in care plans so staff can assist when required. An interpreter service is available to residents that do not speak or understand the English language. Written information is provided to residents and their representatives about resident's rights and responsibilities, and the advocacy services available to assist them. Residents and representatives are satisfied with the way they are encouraged and are able to make decisions and choices about issues that affect their daily life.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The organisation has processes, including an interview with the corporate admissions officer and the provision of written information prior to entry to the home to explain residents' rights to safe and secure tenure. The home's admission staff remind residents and their representatives about this information on entry to the home. Staff are aware of their responsibilities to protect these rights. The resident agreements include information about fees and charges, and security of tenure. The home arranges speakers from external agencies and advocacy groups to provide information about avenues for discussing rights in the event of a concern about security of tenure. Processes are established for negotiating changes in accommodation when residents care needs change. Residents and representatives are aware of and understand their rights and responsibilities, and are satisfied with the information provided and the processes used to assist them.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home uses corporate and local processes for identifying opportunities for improvement and monitoring compliance with the Accreditation Standards. These include suggestions and feedback from residents, representatives and staff, action and hazard and risk reporting forms, auditing program and incident collection and collation. Improvement opportunities are logged, monitored and followed up by management and relevant committees. Residents, representatives and staff are aware of the home’s processes for offering improvement suggestions and how they can provide input into the physical environment and safe systems. The home demonstrated improvements related to the physical environment and safe systems, including:

- Implementing a manual handling ‘train the trainer’ program with five staff (four clinical and one maintenance) successfully completing the training as a strategy to reduce staff workplace injuries and lost time, and provide ongoing training.
- Reviewing and changing the chemical supply company to reduce the number of chemicals and suppliers, and to provide a safer working place for staff
- Purchasing a ‘cutter’ to reduce the likelihood of repetitive strain injury and the storeroom being rearranged following a review of staff practices by a consultant physiotherapist
- Installation of macerators in two of the three residential areas to improve infection control practices following feedback from clinical staff.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation advises the home about changes and updates to regulatory requirements, and new and revised policies and procedures, and the home has processes for informing residents, representatives, staff and volunteers. There are systems in place to monitor and maintain regulatory compliance relating to the physical environment and safe systems. These include food safety, building code compliance, occupational health and safety regulations and monitoring and maintaining fire safety systems. Residents and staff are notified of changes, and are aware of the regulatory requirements relating to the physical environment and safe systems.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes to select and ensure staff have the appropriate knowledge and skills for the relevant work roles. Organisational, site-specific and legislative requirements, and feedback from staff are used to identify education and training needs. The home encourages and supports staff to attend internal and external professional development opportunities. Education has been provided on various topics related to physical environment and safe systems, including safe food handling, occupational health and safety, fire and emergency procedures and manual handling. Some staff have completed the infection control 'transmission prevention' program on the televised program and the chef attended a seminar on nutrition and special diets.

4.4 Living environment

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

Team's recommendation

Does comply

The home generally has systems to facilitate, monitor and maintain a safe and comfortable living environment for residents and staff. The home consists of two major wings that have three smaller wings in each and a separate building, which is the secure dementia unit. Each of the smaller wings and the secure dementia unit is named. Residents' have either single or double share rooms with ensuites. Most residents have personalised their rooms. Each major wing has a dining room with kitchen/servery, lounge and quiet areas. The secure dementia unit has a kitchen/servery and dining area, lounge and quiet areas located throughout the unit. The secure unit's kitchen/servery storage cupboards contents and electrical appliances posed a safety risk to wandering residents. Measures were put in place during the audit to reduce the risk to residents.

Reception staff secure the main entrance to the home at a specific time. All other major external doors to each wing are secured with keypad access to exit. An intercom and closed circuit television monitors these doors and visitors out of hours. These doors are connected to the fire alarm system and will automatically unlock in the event of a fire alarm. There are external garden and courtyard areas, including the secure dementia unit. Air-conditioning is provided by split system reverse cycle systems. Residents who are able to manage the controls are provided with them, otherwise staff will adjust the environmental temperature for the resident. Communal areas are air-conditioned with reverse cycle ceiling systems.

The home uses restraint, such as bed rails and lap sashes. The current organisational policy and procedures do not reflect current practices. Care and nursing staff are unclear about organisational monitoring requirements but indicated a sound knowledge of mechanisms they use to monitor that residents are safe and comfortable while restraint is in use.

There are routine and maintenance programs and corporately driven and monitored preventative maintenance schedules. The home generally monitors, identifies and rectifies incidents and hazards and plans improvements through reporting mechanisms, internal and external audits. Residents and representatives are satisfied with the level of comfort and security of the living environment.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home's management is actively working to maintain a safe working environment for staff and residents that meets regulatory requirements. Organisational policies and procedures, and site-specific duty statements and work schedules guide and direct staff. The home has hazard identification, risk management, injury prevention and reporting processes. The site health and safety representatives and care manager are members of the Safety and Wellness Committee. The Safety and Wellness Committee monitor results of workplace inspections, audits, incidents and hazards. Staff injury prevention is promoted with training and education resulting in a low staff injury rate. The home has monitoring systems, including, environmental audits, workplace inspections, supervision and monitoring staff practices and external audits. Staff are aware of their obligations under occupational health safety and welfare legislation.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems to monitor, detect and respond to risks associated with fire, security and other emergencies. Emergency procedures manuals and universal colour coded emergency response charts, evacuation plans and appropriate fire fighting equipment are readily available to staff. The home provides regular mandatory fire training for staff. Staff confirm they are aware of their responsibilities with fire, security and other emergencies. The home meets the safety requirements of the Commonwealth 1999 certification instrument and has a current South Australian Metropolitan Fire Services Triennial Fire Certificate. The home has monitoring systems, including internal and external audits. Residents are regularly informed of their responsibilities in the event of fire through resident meetings, and are reminded by a laminated sign behind their room door. Residents and representatives are generally aware of what to do in the event of fire and refer to the laminated signs.

4.7 Infection control

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

Team's recommendation

Does comply

The home has policies, procedures, plans, practices and equipment available to monitor, identify and control infection. This includes:

- outbreak management plans for gastroenteritis, including a gastroenteritis outbreak resource box
- organisational pandemic influenza management plans
- food safety plan
- adequate hand-washing facilities throughout the home
- personal protective equipment, such as disposable gloves, overshoes, gowns and aprons, goggles and masks
- temperature monitoring and recording of food deliveries, cooked food, cold room and freezer, dishwasher and servery fridges
- pest control and waste management
- sharps containment and disposal.

The care manager has overall responsibility for the home's infection control program with support from the clinical nurses. Staff are provided with education on infection control. The home monitors infections and the environment through various systems, including environmental audits, and identifying, recording, collating and trending resident infections with preventative measures for improvements. Improvements include installing macerators in sluice rooms, the provision of antibacterial hand gel in the activities kitchen/servery and colour-coded mops and cleaning cloths. Resident infection rates are generally low. Staff indicated they have personal protective equipment readily available and understand their responsibilities in their use. The home implemented an organisational wide program at the home to increase resident and staff vaccination rates against influenza. The home has had an increase in staff having the influenza vaccination this year. Most residents have had influenza vaccinations.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has systems and processes to provide and monitor quality hotel services, including catering, cleaning and laundry for residents and safe work environment for staff. Residents' food preferences and needs are identified on entry to the home and on an ongoing basis. Meals are prepared and cooked fresh on site Monday to Friday with a 'cook-chill' process being used on weekends. The five week rotating menu remains mostly unchanged except for seasonal changes and changes based on resident feedback. The dietitian reviews the menu and provides recipes and suggestions for high protein nutritional supplements. Residents are offered several alternatives at each meal and are able to have breakfast at anytime from 8.15 to 10am. Residents

that are able to complete their selection from the menu each week are provided menu forms, for those that are unable to complete the menu themselves the housekeeping team leader visits them individually. The chef or housekeeping team leader attends resident meetings where the menu is a standing agenda item.

Laundry services for linen are outsourced to an external service provider. Residents' personal laundry, table cloths, cleaning cloths and mops are laundered on site by hotel services staff. The home has recently upgraded the washing machine and tumble dryers. The newly contracted chemical company provides chemical training to relevant staff. Material safety data sheets are readily available in all hotel services areas. Staff, residents and representatives are satisfied with the hotel services provided.