



The **Aged Care**
Standards and Accreditation Agency Ltd

Decision to Accredite Amity Grand at Dural

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Amity Grand at Dural in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of Amity Grand at Dural is 3 years, until 19 April 2010.

The Agency has found that the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the "Agency Findings" column preceding the executive summary of the assessment team's site audit report.

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

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

Rodney Offner
Accreditation Decision Maker
NSW/ ACT

Information considered in making an accreditation decision

The Agency has taken into account the following, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

Service and Approved Provider Details

Service Details

Service Name: Amity Grand at Dural

RACS ID: 570

Number of beds: 100 Number of High Care Residents: 100

Special Needs Group catered for:

Street/PO Box: 1 Stonelea Court

City: DURAL State: NSW Postcode: 2158

Phone: 02 9653 9700 Facsimile:

Email address:

Approved Provider

Approved Provider: Amity Group Pty Limited

Assessment Team

Team Leader: Mrs Patricia Hermens

Team Member/s: Mrs Janelle Allan

Ms Carol Lowe

Ms Kim Short

Date/s of audit: 27/03/2007 to 28/03/2007

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

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

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 made findings different from these recommendations.



The **Aged Care**
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	Amity Grand at Dural
RACS ID	570

Executive summary

This is the report of a site audit of Amity Grand at Dural 570, 1 Stonelea Court, DURAL NSW 2158 from 27 March 2007 to 28 March 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 3 April 2007.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Amity Grand at Dural.

The assessment team recommends that the period of accreditation be 3 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be two support contacts during the period of accreditation and the first should be within 12 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 44 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 27 March 2007 to 28 March 2007.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of four 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:	Mrs Patricia Hermens
Team Member/s:	Mrs Janelle Allan
	Ms Kim Short

Approved provider details

Approved provider:	Amity Group Pty Limited
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Details of home

Name of home:	Amity Grand at Dural
RACS ID:	570

Total number of allocated places:	100
Number of residents during site audit:	96
Number of high care residents during site audit:	96
Special needs catered for:	Dementia, extra services

Street/PO Box:	1 Stonelea Court	State:	NSW
City/Town:	DURAL	Postcode:	2158

Phone number:	02 9653 9700	Facsimile:	
E-mail address:	Davidf@amitygroup.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Amity Grand at Dural.

The assessment team recommends that the period of accreditation be three years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be two support contacts during the period of accreditation and the first should be within 12 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 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

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

Interviews

List types of people	Number		Number
Amity Services regional manager	1	Residents	7
Aged care services manager (ACSM)	1	Relatives	5
Assistant aged care services manager (AACSM)	1	Admissions coordinator	1
Training and development officer	1	Recreational activities coordinator	1
Registered nurses	3	Cleaning company representative and cleaning staff	3
Care staff	7	Chef and catering staff	2
Physiotherapist - Consultant	1	Property services manager	1
Physiotherapist	1	Maintenance staff and fire officer	1
Physiotherapy assistants	2	Laundry staff	2
Recreational activities officer	2		

Sampled documents

List documents	Number		Number
Resident files (incl. "this is your life" database, care plans, assessments)	14	Staff files	14
Education and training plans	17	Signed respite agreements	2
Education evaluations	16	Signed consent forms	4

Individual staff training records	6	Resident daily care schedules	20
Signed resident agreements	6	Wound charts	15
Signed resident privacy statement	3	Medication charts	20
Education attendance sheets	27	Nursing care plans	9
Activity attendance sheets	13		

Other documents reviewed

The team also reviewed:

- Continuous improvement (CI) documentation 2006/07 (including CI plan [priority action work plan], CI logs and register, quality activity schedule, focus group manual, schedule and results, satisfaction surveys and internal and external audit results and associated action plans, quality indicators, The Quality Jigsaw March 2007 newsletter)
- Legislation alert service material (including Amity intranet home page regulatory compliance section, industry body newsletters and folders containing relevant legislation)
- Education records 2006/07 (including program, attendance records, competency records and staff training needs analysis audit report)
- Comments and complaints – improvement logs and confidential improvement log and register 2006/07
- Staff Handbook, letters of appointment, position statements, job descriptions, staff appraisals, professional registration records and register, probity check register and rosters
- Planning documentation (including vision, values, goals and commitment to quality statements, Amity services organisational charts [including human resource department], ACSM key performance indicator reports to Amity Services.
- Amity Management System (AMS) policies, procedural flow charts and associated forms
- Maintenance records (preventative and corrective)
- Preferred suppliers/contractors agreements (intranet records) and information pertaining to inventory and equipment
- Assessments (resident care needs)
- Charts – behaviour, blood sugar, bowel, observation, pain and supra-pubic catheter care
- Communication book/diary
- Daily care programs
- Handover sheets
- Manual handling assessments (residents)
- Medication reviews, incident forms and data
- Monthly infection monitoring lists
- Nurse allocation folders
- Physiotherapy charts (physiotherapy assistants)
- Restraint application/release charts
- Restraint authorisation
- Schedule 8 drug register
- Activities program for dementia unit and first floor and ground floor activities program, special events program 2007

- Resident handbook (and information pack)
- Incident and accident report summaries and trend data, hazard reports, and workplace safety inspections, material safety data sheets (MSDS)
- Certification instrument 1999 report, annual fire safety compliance statement 13 October 2006, fire safety maintenance contractor records, colour coded emergency procedures flip charts, resident emergency evacuation folder, emergency evacuation site plans
- Infection control material (including monthly statistics, trend data, temperature records, laundry and kitchen sanitising procedures)
- Four week cycle menu, initial assessment data and residents likes and dislike, special dietary needs information
- Cleaning programs, chemical information including material safety data sheets
- Various meeting minutes and agendas 2006/07 (including those of the continuous quality improvement/occupational health and safety/infection control committee, department meetings (diversional therapy, nursing and hospitality services), medication advisory, the resident committee, the relative committee and resident/relative focus groups).

Observations

The team observed the following:

- Living environment (internal and external, including landscaped garden courtyard areas)
- Equipment, archive, supply storage and delivery areas
- Notice boards (containing photographs, memos, staff and resident information such as education notices and the charter of residents rights and responsibilities)
- Dining rooms during lunch meal, staff assisting residents with meals, serving of meals
- Staff practices and interactions with residents, visitors and other staff (including medical officers)
- Activities in progress (individual and group, including birthday party, concert, movie session, "Pets as Therapy", reading, watching television and playing games such as quoits)
- Personal protective and colour coded equipment, sharps containers, first aid kits, spills kits, hand washing signs and washing facilities
- Medication storage
- Registered nurse administering medications
- Storage of medications

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

The home’s continuous improvement system incorporates a range of scheduled activities that enables it to seek stakeholders’ opinion for the purpose of improvement as well as assess, monitor and evaluate its performance in areas that relate to the four Accreditation Standards. This is achieved through a program of quality activities including surveys, focus groups, audits, the collection of quality indicators and the comments and complaints system. Formal review of the results of these activities occurs and improvement strategies are planned and implemented as required. The setting of performance measures assists the home to evaluate its results.

All residents interviewed indicated that they were encouraged to make decisions regarding care and services including those relating to their health and personal care, lifestyle and hospitality services. They confirmed that the home was responsive to the issues they raise through surveys, at resident meetings, in person and through the comments and complaints system.

All staff interviewed indicated that the home is open to suggestions for improvement and is responsive to issues they raise through the consultation processes available to them.

A range of quality activities measure performance in relation to expected outcomes in Standard One. Improvements are implemented based on the information obtained. Some examples of improvements are:

- Amity services has strengthened its complaint processes to ensure that all complaints are dealt with appropriately and in a timely manner. A client relations consultant (CRC) has been appointed whose role is to manage complaints received directly by Amity Services from complainants or external bodies, and those complaints that are escalated/referred by the ACSM. The CRC will closely liaison with and provide support to the ACSM during the investigation and resolution of complaints.
- A number of education and human resource related strategies have been implemented that are benefiting management and staff at the home. For example, in addition to the Amity management development program, a leadership program has recently been developed for registered nurses and there are plans in place to introduce AIN coordinator roles. The home has subscribed to the aged care channel, which has increased staff access to a wide range of aged care related education. In May 2006 Amity Services launched its “Guide to Acceptable Behaviours” manual which contains policies and procedures relating to reportable incidents, defining neglect and abuse, guidelines for handling allegations of neglect

and abuse and whistle blowing. The introduction of police background checks has strengthened staff recruitment procedures. Currently 100% of staff have had a background check.

- In the area of information management the organisation has continued to upgrade its Amity Web Services (AWS) which is an area wide network. A suite of web applications is used to aid management of various areas including continuous improvement, hazards, confidential and improvement logs (comments and complaints), incidents and accidents and infections. For example, on line reporting of incidents is planned to commence next week. This will enable real time reporting of incidents, which will enable quicker response times by the Amity Services' occupational health and safety team. The network also provides access to corporate information including policies, procedural flow charts and associated forms, and legislation.
- The purchase of new equipment that has improved staff and residents' safety and comfort includes the provision of hot and chilled water systems, linen, crockery and cutlery, parallel bars for use in the physiotherapy program, slide sheets, pelican belts and lifter slings to ensure that 100% of residents have equipment readily available, vital sign monitors, concave mattresses, neck call bells and an additional lifter.

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 has adopted an effective system to manage regulatory compliance. The results of the team's 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.

An example of responsiveness to a change in legislation is that the organisation has considered the implications of the *Workplace Relations Act 1996* and *Amendment (WorkChoices) Act 2005* and has plans to implement a workplace agreement for its staff. In addition, the organisation has considered the implications of the *Aged Care Amendment (Security and Protection) Bill 2007* and implemented the necessary changes. For example, the introduction of criminal record checks.

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

The organisation has a range of mechanisms to ensure that management and staff have appropriate knowledge and skills. These mechanisms include a performance appraisal process, education evaluations, annual staff surveys and results of audits. Compulsory training is completed annually for fire safety and manual handling. Staff interviewed had participated in the induction program, compulsory fire training as well as other education and expressed satisfaction with it. Review of attendance lists confirmed their attendance. Education undertaken by management and staff relative to this Accreditation Standard includes topics such as complaints and suggestions procedures, stress management and computer training on the corporate "Amity management system".

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

The home provides a choice of well-publicised complaint mechanisms that can be used by stakeholders including residents, relatives and staff. The results of the team's observations, interviews and document review revealed that stakeholders are aware of and feel comfortable to use these mechanisms, which include both internal and external complaint mechanisms. For example, the residents' committee, staff meetings, use of the staff grievance procedure, use of the home's improvement logs/confidential improvement logs and external complaints bodies including the Aged Care Complaints Resolution Scheme. All complaints received are documented together with details of the investigations conducted and action is taken that ensures that concerns and complaints are resolved in a timely manner. For example, the home's review mechanisms indicated that 100% of improvement logs raised were actioned within 48 hours, whilst 98% raised resulted in the author of the log being satisfied with the outcome.

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 the home's vision, values, goals and commitment to quality and these are clearly communicated to all stakeholders. The results of the team's observations, interviews and document review revealed that these statements are posted on the walls of the home and included in the home's key documentation including the policy and procedure manuals, resident handbook and the staff handbook. In addition the home has effective mechanisms for communication, planning

and review, and integration of services. For example, there are high levels of stakeholder consultation, robust committee and reporting systems, as well as strategic planning and budget processes that underpin the provision of services.

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 appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. The results of the team's observations, documentation review and interviews revealed that this is underpinned by the effective implementation of human resource policies and procedures. These cover staff recruitment, orientation, performance review through an annual appraisal process and competency assessment program, and the maintenance of staff records (that include 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 residents' needs. Amity services uses a resident acuity scale or model to score resident functional needs and uses a formula to work out the number of staff required. Resident and relative feedback, staff feedback and the results from the performance monitoring system are also considered. A number of examples of staff adjustments as a result of resident identified need were provided.

Reward and recognition strategies have been implemented to ensure the home continues to attract and maintain sufficient numbers of appropriately skilled and qualified staff. For example, a staff achievement award system is in place and all staff have access to training for career path progression purposes. Further work in this area is planned.

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 systems in place that ensure that appropriate stocks of goods and equipment are available at all times. The results of the team's observations, interviews and document review revealed that the maintenance of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved through the implementation of effective policies and procedures for budgeting, purchasing, inventory control, assets management and the maintenance of equipment through a corrective and/or annual planned preventative maintenance program.

1.8 Information systems

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

Team's recommendation

Does comply

There are systems in place that effectively manage the creation, usage, storage and destruction of all records, including electronic records. The results of the team's observations, interviews and document review revealed that the home effectively disseminates information to management, staff and residents/resident representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through the AWS intranet web site, e-mail, data management and reporting applications, memos, noticeboards, meetings, resident clinical records, information packages (including resident and staff handbooks), education sessions, meeting minutes and policy and procedure manuals. Information is managed in accordance with the home's privacy policy.

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

All externally sourced services are provided in a way that meets the home's needs and quality goals. The results of the team's 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 and to review major or regular suppliers' performance 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, pharmaceutical and food supplies. There is a mechanism to track problems with suppliers so that this information is available at the time of reviewing contracts. For example, the ACSM, administration officer and maintenance officer monitors the performance of external contractors in relation to whether the service agreement conditions are consistently met. The ACSM reports on service provider/contractor performance through a monthly report to Amity Services. In addition, a supplier survey enables the service to provide feedback to Amity Services.

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 comply

The results of the team's observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments relating to resident and staff feedback and details regarding the system see expected outcome 1.1 Continuous improvement.

A range of quality activities including numerous stakeholder surveys, reviews, audits and quality indicators measure performance in relation to all expected outcomes in Standard Two. Improvements are implemented based on the information obtained. Some examples of improvements are:

- Staff skills and knowledge have improved ensuring that they are commensurate with the changing resident acuity or changing service delivery requirements. For example, training has been provided on the use of a low level laser which is being used for pain and wound management.
- A number of quality projects have been completed. These include a project that has improved residents' nutrition and hydration levels by increasing the variety of snacks for residents on a puree diet. In addition, a malnutrition screening tool (MST) has been introduced with good result. One hundred percent (100%) of residents have been screened using this tool which has facilitated the quick identification of individuals who are malnourished or at risk of becoming malnourished. This has enabled attention and resources to be focused on those residents that need nutrition support, expedited the provision of nutritional support and ensured consistent delivery of nutrition care. Another project undertaken has seen residents' care documentation improved. A number of quality projects are currently in progress. These include the implementation of “The Palliative Approach”, a dementia program and a falls prevention program.

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 comply

The results of the team's 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.

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

The home has a range of mechanisms to ensure that staff have appropriate knowledge and skills. These are described under expected outcome 1.3 Education and staff development. Education conducted for staff relevant to this Accreditation Standard includes topics such as use of resident monitoring systems, low level laser therapy, restraint, continence management, pressure area care, multiple sclerosis (including bladder management), resident classification scale documentation, wound management, malnutrition screening tool, what is dementia, pain management and bowel management.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems in place to assess, identify, monitor and evaluate residents’ care needs on entry to the home and on an ongoing basis. Review of documentation and interviews with residents/representatives confirmed these systems are effective and that residents are regularly seen by their treating medical practitioners. Residents/representatives interviewed by the team expressed a high level of satisfaction with the care provided and advised that they are able to have input into care planning either informally or during family conferences. The AACSM advised that family conferences have not previously been undertaken on a regular basis, however a schedule is being implemented to ensure these are undertaken six to eight weeks post entry to the home and on an annual basis or as resident care needs change significantly. Staff training addresses issues relating to resident care and where appropriate consultants are accessed to support staff and provide advice regarding specific care issues. The home has a system of reviewing care plans on a two monthly basis and documenting in the progress notes on an exception reporting basis, at least weekly. The provision of care is monitored via audits, surveys, collection of key performance indicators and the comments and complaints mechanisms. When indicated residents are transferred to hospital for emergency treatment or to meet their specific care needs.

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 comply

The home has systems in place to identify and meet residents specialised nursing care needs. These include initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with residents and their representatives and with input from other health professionals as required. Registered nursing staff are on duty 24 hours per day to undertake specialised nursing care as

required. The home has access to consultants for advice regarding residents' specialised care needs. Residents/representatives interviewed by the team expressed a satisfaction with the nursing care provided by the home. Staff training is provided to address specific care needs. Current specialised care needs include enteral feeding, catheter care, stoma care, the management of insulin dependent diabetics and the administration of oxygen. The home has established links with hospitals in the area, for example Hornsby Hospital provides Geriatric Rapid Acute Care Evaluation (GRACE) medical triage assistance to aged care facilities between the hours of 8am and 10 p.m. to facilitate the provision of appropriate care to residents with acute medical conditions. There are mechanisms in place to ensure specialised care equipment is calibrated and maintained in working condition.

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

There are systems in place to ensure referral to appropriate health specialists occurs in accordance with residents' needs and preferences. Referral occurs, as the need requires with transport provided by resident representatives or other appropriate transport as arranged by the home, including an escort if necessary. The home also organises health and related service referrals including, but not limited to, optometry, podiatry, speech pathology, physiotherapy, dietitian, psychogeriatrician, clinical psychologist, dental, palliative care services, hairdressing, massage and beauty therapy. The team sighted several documented examples of resident referral to appropriate health specialists. Residents/representatives interviewed by the team confirmed the use of medical and allied health services and the home's assistance with care recommended by health and other related services.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

Does comply

Systems are in place at the home to ensure residents' medication is managed safely and correctly. This includes secure and correct medication storage, incident reporting, and auditing of systems in place. Medications are dispensed to the home in single dose, seven day, blister packs and are administered by registered nurses. The team observed safe and correct medication administration and staff displayed understanding of the home's medication management system, policies and procedures. Residents/representatives interviewed by the team advised that they were satisfied with the care provided, including the management of medication. An accredited clinical pharmacist attends the home on a regular basis and undertakes medication reviews, audits; and provides staff education. Review of medication charts indicated that they were generally appropriately documented and contained relevant information. Registered nurses have completed competency assessments relating to the safe administration of medications. There is a medication advisory committee in place, which meets on a regular basis. A random check of medications indicated that all

medications in use were within the expiry date. The use of psychotropic medication is monitored and regularly reviewed.

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 systems in place to identify, manage residents' pain and evaluate pain management strategies that ensure residents are as free as possible from pain. This includes initial and ongoing pain assessments using observation, discussion, and pain assessment forms. A range of pain relieving strategies is used including aromatherapy, massage, anti-inflammatory creams, exercise, change of position, analgesia and low level laser therapy (the AACSM advised that they received training in the use of the equipment and has trained other registered nurses). Referrals to health professionals are available as required. Residents/representatives interviewed by the team confirmed that pain management in the home appropriately meets their needs and pain relief can be accessed as required. The team noted that pain charts also included the documentation of the efficacy of pain management strategies. Care staff were able to describe their role in pain management, including the identification and reporting 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 systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. Where possible, residents' end of life wishes are identified and documented on entry to the home or shortly thereafter. The home has access to area palliative care services. Residents are supported to remain at the home in the event of requiring palliation. Staff interviewed by the team felt adequately supported in issues of grief and loss and advised that they have received education relating to palliative care. At the time of the site audit report there were no residents receiving palliative care. A new initiative has been the setting up of a palliative care kit containing a CD player, relaxation music, aromatherapy oils, moisturisers and mouth care equipment and other relevant items.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home has systems in place to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents' dietary preferences and requirements and the communication of this information to the kitchen and care staff. A rotating menu is provided with special diets available as required. Weighing is undertaken monthly or more frequently if indicated and the implementation of the

malnutrition screening tool (MST) to monitor residents' nutritional status has facilitated the management of resident nutritional management. Additional nourishing fluids and dietary supplements are provided when a need is identified. Specialists, such as a dietitian and/or speech pathologist, are involved in individual care as required. Residents/representatives interviewed by the team expressed satisfaction with meals and confirmed they are able to have input into menus via resident meetings, surveys, comments and complaints mechanisms and directly approaching management. One resident also told of occasions when special items were cooked for them. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning, afternoon tea and supper. The team observed staff members making additional hot drinks for residents on request. In hot weather additional fluid rounds are supplied. Residents are provided with jugs of water and glasses on their bedside lockers. Special cutlery and crockery are available for residents with impaired dexterity.

2.11 Skin care

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

Team's recommendation

Does comply

There are systems in place for maintaining residents' skin integrity including initial and ongoing assessments, care planning and regular evaluation. The home monitors accidents/incidents including wound infections and skin tears and acts appropriately on trends identified. The home has access to a podiatrist, massage therapist, and hairdressing services are available three days weekly. Care staff were able to describe the systems in place for reporting changes in skin integrity. A range of dressing products and aids to maintaining or promoting skin integrity are available for use as required, including the provision of special mattresses and cushions, and the use of low level laser therapy, limb protectors and moisturising and emollient creams. If required the home is able to access wound consultants for advice and education. The team observed that photographs were taken to monitor wound healing processes with more complex wounds and the AACSM reported the benefits of the use of low level laser therapy for one resident with a decubitus ulcer. Education is provided to staff relating to the maintenance and promotion of skin integrity and a reduction in skin tear rates has been attributed to the provision of additional manual handling equipment and staff training.

2.12 Continence management

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

Team's recommendation

Does comply

There are systems in place to ensure that residents' continence is managed effectively, including, assessment on entry to the home and on an ongoing basis; evaluation of management strategies such as scheduled toileting; and the use of continence aids. The home's external continence aid supplier can be accessed as required for advice and the provision of staff training. Two care staff members have been appointed as link nurses in relation to continence management. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff. Urinary tract infections are in the key performance indicators monitored and where indicated

preventive strategies are implemented. Residents/representatives interviewed by the team stated general satisfaction with care, inclusive of 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 systems in place to effectively manage the needs of residents with challenging behaviours including initial and ongoing assessment of residents’ behavioural needs and the development of a care plan that includes strategies to address residents’ specific needs. The home is secure with alarms or keypads provided on external egress routes. There is a 19 bed secure dementia unit which has a pleasant secure outdoor area. All episodes of challenging behaviour are recorded, monitored closely and evaluated regularly to determine the effectiveness of interventions used and identify the need for further strategies to be developed. A psychogeriatrician and clinical psychologist are available as required to assist with planning and evaluation of behaviour management programs. The team noted that the home was generally calm during the Accreditation site audit and they observed staff members implementing strategies to manage residents’ behaviours. Residents/representatives interviewed by the team expressed satisfaction with the care provided including the manner in which residents with challenging behaviours are managed. The home only uses physical restraint as a last resort for resident safety. Authorisations for restraint use were noted to be in place and documentation was signed that indicated that physical restraint is released two hourly (when applied) and residents are walked and/or taken to the toilet during the release time. Psychotropic medication use is monitored and generally only prescribed for diagnosed clinical conditions. The activity program includes special strategies to manage residents with challenging behaviours during the "sundowner" period. Complementary therapies are used as an adjunct to the management of challenging behaviours including massage, music therapy and aromatherapy. Additional nursing hours have been provided to ensure adequate coverage of the dementia unit and the activity program has been reviewed to cover the "sundowner" period.

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

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The system includes initial and ongoing assessment of residents’ mobility, dexterity and rehabilitation needs, assessment by the physiotherapist as soon as possible after entering the home and the development of a care plan and individual exercise regime if required. The physiotherapist attends the home 16 hours weekly and physiotherapy assistants are employed sixty hours per week over seven days to assist in carrying out programs which are evaluated by the physiotherapist on a regular basis. A new form has been implemented to facilitate communication between the physiotherapy aids and the physiotherapist. The home’s program includes, but is not limited to, passive/active exercises during activities of daily

living, group exercises and individual one-on-one exercise programs. The team observed residents using mobility aids and handrails suitably placed throughout the home. An accident and incident reporting system is in place which includes analysis of incidents to identify trends and implementation of strategies to reduce falls. Aids to dexterity such as special plates and cutlery are available if required.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation

Does comply

There is a system in place to ensure residents' oral and dental health is maintained including initial and ongoing assessment of residents' oral and dental needs. Assessments occur through staff observation and referral to dentists and/or specialists are arranged as per residents' needs and preferences. One resident advised the team that dental appointments were to be arranged for them. Day-to-day oral care is attended as per residents' care plans and review of daily care schedules indicated that care staff sign regarding the assistance with oral care and hygiene. Residents/representatives interviewed by the team confirmed that care staff assist with personal hygiene needs. Aids to oral and dental care are provided, such as tooth brushes, toothpaste and mouth swabs.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

The home has a system in place to ensure that residents' sensory losses are identified and managed effectively. This system includes initial and ongoing assessment of residents' sensory needs. A plan of care is developed incorporating these needs and other specialists are involved as required. Residents have access to large print books, "talking books", audio tapes, communication boards, large button and loud tone phones. Optometry and audiology services can be accessed as required and on a regular basis. Care staff were able to describe their roles in maintaining sensory aids such as spectacles and hearing aids. Residents/representatives interviewed expressed satisfaction with the care provided, including the management of sensory loss. The activity program incorporates sensory stimulation, such as hand massage, aromatherapy, foot spas, music therapy and cooking. The team observed the use of tactile mats in the dementia unit.

2.17 Sleep

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

Team's recommendation

Does comply

The home ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements and sleep assessments, the implementation and evaluation of strategies, accommodation in single rooms and the

reduction of noise and light at night. Strategies used include offering warm drinks or snacks, reduction of noise and light, massage, relaxing soft music, appropriate continence and pain management, change of position, one-to-one time, and night sedation if ordered by a medical officer. Residents/representatives interviewed by the team reported that they are assisted to achieve natural sleep patterns. Residents' sleep needs are re-assessed if necessary. For example, if there have been changes in behaviour.

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 results of the team’s observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities including numerous stakeholder surveys, reviews and audits to measure its performance in relation to all expected outcomes in Standard three of the Accreditation Standards. A review of the results of these activities indicated that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- The therapy program has been enhanced through the addition of a massage therapist who attends three days a week to provide relaxation and remedial massage. This service is available to all residents but primarily is aimed at those who for various reasons are unable to attend other activities held at the home. Other recent improvements include the use of the company bus, which is enabling residents to participate in activities in the community. For example, bus trips and visits to shopping centres.
- The provision of additional equipment to supplement the activities program has improved resident lifestyle. For example, an overhead projector and screen has been installed in the main function room for resident entertainment purposes. Over 100 DVD movies including a range of musicals and concerts are available for resident use. A large seawater aquarium and coffee making machines for the use of visitors have been installed in the main ground floor function room. A computer has been placed in the library/lounge for the use of residents who wish to access the Internet and communicate with relatives and friends by e-mail. Children’s play equipment for the use of visiting families and additional sun protection has been provided on the terrace behind the main entertainment area. A 1950 Westminster tea set for high tea, a shuffleboard set and additional games have also been purchased.

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 results of the team's observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Residents' Lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

A recent example of responsiveness to a change in legislation is the action taken by the home to amend its practices in accordance with the *Aged Care (Bond Security) Act 2006, Aged Care (Bond Security) Levy Act 2006 and the Aged Care Amendment (2005 measure No. 1) Act 2006* covering the management of bonds and arrangements for the repayment of bond balances. The home's policy and procedures and resident agreements have been amended to reflect these changes.

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

The home has a range of mechanisms to ensure that staff have appropriate knowledge and skills. These are described under expected outcome 1.3 Education and staff development. Education conducted for staff relevant to this Accreditation Standard includes topics such as behaviours associated with dementia and multi-sensory activities, client expectation and harassment training, bereavement and loss, reportable incidents, experiencing dementia and recreational documentation.

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 systems in place to ensure that each resident is supported when adjusting to life in the home. This includes providing information to the residents/representatives prior to entry; careful monitoring in the initial stages; and additional one on one time when needed. Residents are assessed on entry into the home and these assessments include information about their life history, hobbies and interests, nursing requirements, as well as likes and dislikes. This information is used to establish care plans and other documentation to assist staff when providing care and support. Special consideration has been given to ensure meaningful activities are available to residents to encourage their sense of self-worth, activities include for instance knitting blankets to be donated to charity. Staff were observed providing one on one time with residents throughout the two day Accreditation site audit.

Residents/resident representatives interviewed by the team expressed a high degree of satisfaction with the staff as well as with the emotional support they receive.

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

The home assists residents to maintain their independence and encourages family and friends to visit. The home has regular visits from a number of different church groups as well as children from a local school visiting weekly (between May – December) to entertain and visit with resident. Residents have access to mobility aids and other assistive devices to promote their independence such as grip sticks, canes, walking frames and wheelchairs. Staff encourage residents to maintain their independence with personal hygiene as well as with their meals. Meals are prepared soft or cut up when needed. The team noted residents were very active socially during the Accreditation site audit and many visitors were also observed coming and going.

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

The home has systems in place to ensure each resident's privacy and dignity is respected and their confidentiality maintained. All residents have their own room with most having an ensuite bathroom. All staff are provided a privacy statement when commencing employment and this is discussed at their induction. Staff interviewed confirmed that they respect residents' rights to privacy and dignity at all times. Residents/resident representatives interviewed by the team stated that staff always speak nicely to them and treat them well. During the assessment visit the team observed staff speaking respectfully to residents and knocking on doors before entering residents' rooms. Residents' files were also noted to be stored securely at the nurses' stations.

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 an activity program providing a wide range of leisure activities available to residents seven days per week. The home offers dementia specific activity programs residents in the dementia unit. Documentation review confirmed that residents are assessed on entry into the home and information including interests, religion, history, likes and dislikes is recorded. Information about forthcoming activities is displayed throughout the home. Residents are also prompted verbally by staff to remind and encourage them to participate. Residents/representatives interviewed by the

assessment team indicated a high degree of satisfaction with the activities on offer. The team observed staff spending one on one time with residents as well as many activities in progress throughout the two day visit.

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 values and fosters individual interests, customs and beliefs of its residents. Information about specific needs, beliefs and customs is recorded on entry into the home and updated as needed. Residents are supported to maintain cultural and spiritual links in the community and the activities program includes a variety of regular religious services. Catholic services are conducted weekly and an Anglican service is held every month. The current resident mix is predominantly Anglo-Saxon however there are residents from non-English speaking backgrounds and some of the staff from similar backgrounds are able to support these residents. The main cultural celebrations include Valentine's Day, St Patrick's Day, Easter, Christmas, Mother's Day and Father's Day. Each resident receives a card on their birthday and if they are interested their birthday is celebrated by sharing a birthday cake at morning tea. On the first day of the Accreditation audit the team observed a birthday celebration. Residents and representatives interviewed by the team indicated a great degree of satisfaction with the availability of spiritual and cultural activities.

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

The home is able to demonstrate that each resident (or his or her representative) participates in decisions about the services they receive, and are able to exercise choice and control over their lifestyle while not infringing on the rights of other people. Assessment of residents' specific needs and preferences is performed on entry to the home and on an ongoing basis. Residents have a number of choices for each meal and if a resident requests something in particular it will be sourced for them. Residents with special dietary needs such as diabetic residents are also provided for. There is a range of allied health professionals available to residents. Residents also have a choice of waking and bed time, meal time and when they have their shower. Residents/resident representatives interviewed by the team provided sound examples that demonstrate that they are given freedom of choice in their daily lives and are able to participate in decision-making forums and activities if they wish.

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 home is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. Processes including pre-admission interviews with residents and their families are conducted to assist residents to understand issues that affect their tenure in the home. The resident agreement outlines accommodation to be provided and ways of terminating the agreement. A copy of the residents' handbook is provided on entry and includes information about security of tenure and residents' rights and responsibilities. Residents/resident representatives interviewed by the team confirmed that these documents were provided and discussed with them prior to entry into the home. Residents' rights and responsibilities are also on display in the entry to the home

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 results of the team’s observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders.

For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

The home uses a range of quality activities including numerous stakeholder surveys and audits to measure its performance in relation to all expected outcomes in Standard Four of the Accreditation Standards. These include but are not limited to reviews and audits in areas covering resident satisfaction (includes hospitality services such as catering, cleaning and laundry), workplace safety, hazards, accident/incidents, environment, manual handling, and infection control.

A review of the results of these activities indicated that actions are being carried out that are resulting in improvement. Some examples of improvements made are:

- A number of improvements to the living environment have increased resident safety and comfort. For example, additional outdoor garden furniture and shade structures have been provided and a new garden with water feature has been installed. The switching of the location of the dining room with the existing lounge area on the top floor of the home has improved resident comfort and increased the number of residents utilising the dining room.
- Infection control practises have been strengthened. For example, the risk of cross infection has been decreased through the use of special break apart plastic bags that minimise handling of contaminated laundry items and the introduction of individual nail care kits for residents. A food safety program has been implemented in the kitchen.
- Resident and staff safety and comfort has been increased through the installation of a large generator which in an emergency where there is no power will ensure that the home retains basic necessities such as water. There are plans in place to install a second goods lift to cope with traffic and to provide an alternate means of moving between floors in case of lift breakdown.
- Review of the catering services and the appointment of a new chef in late 2006 has improved resident satisfaction with the catering service. The appointment of a new cleaning contractor in late 2006 has improved the standard of cleaning and resulted in increased stakeholder satisfaction.

- The laundry process has been enhanced through the purchase of a heat seal labelling machine which is being used to fix name labels to residents' clothes at no cost to the resident.

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

Results of the team's 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 responsive to legislative requirements is the assessment of the building using the 1999 Certification Assessment tool, which includes a mandatory minimum pass mark for fire and safety. In addition, the home has implemented a food safety program in response to the introduction of the *Food Safety Act*.

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 a range of mechanisms to ensure that staff have appropriate knowledge and skills. These are described under expected outcome 1.3 Education and staff development. Education conducted for staff relevant to this Accreditation Standard includes topics such as: fire safety (module 1 & 2), safe chemical handling, MRSA – infection control, occupational health and safety (general and committee training), and manual handling.

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 is providing a safe and comfortable environment consistent with residents' care needs. The results of the team's observations, interviews and document review revealed that the residents are highly satisfied with their living environment. All residents reside in well appointed spacious single rooms with ensuite bathrooms or single rooms with an adjacent shared bathroom. Residents and relatives enjoy the use of aesthetically pleasing and appropriately furnished lounge, dining and communal sitting areas located on each floor. Residents also have access to a well-appointed library, hairdressing/beauty salon private function rooms and a large entertainment

area. A full range of satellite pay television is available in communal areas with a more limited package available in each resident's room. The use of heating and cooling devices such as reverse cycle air conditioning ensures that a comfortable climate is maintained throughout the home. Large windows allow high levels of natural light to enter the building and provide views over the landscaped gardens to the mountains.

The safety of the environment is underpinned by the identification of the residents care needs on admission as well as monitoring of their environmental needs on an ongoing basis. The quality of the building, the age of the facility, environmental audits and the planned preventative and corrective maintenance systems have ensured that the environment (grounds, building and equipment) is exceptionally 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 recommendation

Does comply

There are mechanisms in place to provide a safe working environment that meets regulatory requirements. There is a recently convened occupational health and safety (OH&S) committee that meets three monthly to oversee safety within the home. All staff are trained in manual handling, OH&S, fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling such as slide sheets, mechanical lifters and electric beds. Personal protective equipment is used for staff safety and for infection control. The home monitors the working environment and the safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by management and staff. The staff interviewed showed they had a knowledge and understanding of safe work practices and were observed carrying them out.

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 environment and safe work systems are minimising fire, security and emergency risks. The results of the team's observations, interviews and document review revealed that the safety and security of residents and staff is being protected. This is achieved through well publicised and clearly understood emergency and fire evacuation procedures plus fire warning and fire fighting equipment whose performance is regularly assessed against the relevant Australian Standard. The building has been assessed under the 1999 Certification Assessment Instrument and received a fire score which exceeds the mandatory minimum score of 19 out of 25 for fire safety. Emergency exits are clearly marked free from obstruction, even and well lit, secure and large enough to facilitate transfer of residents and staff in the event of an evacuation. Fire prevention measures in place include education, competency assessment, environmental safety inspections, safe storage of chemicals, a program of

electrical equipment checking and a no smoking policy with designated outdoor areas provided for staff and residents.

The security system includes staff lock up procedures, door alarms, the use of numeric key coded electronic devices, an audio visual intercom system, and outdoor security lighting. Staff wear identification badges which indicate that they are authorised to be on site and a sign in/sign out books are maintained for visitors and contractors. Emergency numbers are available for staff who have access to phones that will operate in the case of electrical failure. All residents have emergency buzzers in their bathrooms and rooms. Their calls for assistance register on annunciator panels as well as the staff phones.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program in place. The results of the team's observations, interviews and document review revealed that the program incorporates an organisation-wide approach. This involves an infection control surveillance and reporting system, a hazard risk management system, a waste management system, a food safety program in the kitchen (including sanitisation of high risk foods), and appropriate disinfection methods in the on site laundry. Procedures for the management of outbreaks are in place. Preventative measures include education for all staff disciplines, an effective cleaning program and a staff and resident vaccination/immunisation program. In addition, appropriate equipment, staff practices and workflows are minimising the risk of cross infection. Staff associated with the provision of catering, cleaning and laundry services and care staff 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 residents' quality of life and the staff's working environment".

Team's recommendation

Does comply

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. The results of the team's observations, interviews and document review revealed that residents choose from a variety of meals prepared by a qualified Chef using the fresh cook method. The four-week seasonal rotating menu has been reviewed by a dietitian and provides residents with excellent choice and variety. Residents also have access to regular snacks and refreshments at designated times and on request. Special functions are catered for with foods such as wine, cheese and fruit platters. The dining rooms on each level are comfortable and attractive areas conducive to the enjoyment of meal times. Residents have input into menus on admission and their likes and dislikes are recorded and monitored on an ongoing basis through the resident committee, focus groups, the comments and complaints system and resident satisfaction surveys. Residents interviewed confirmed that their likes and dislikes and special dietary needs are identified and met.

Planned cleaning programs, which are carried out by contract cleaning staff, are ensuring that cleaning standards are maintained. Residents and staff confirmed that a clean attractive and hygienic environment is maintained at all times.

The on site laundry service employs effective systems for the storage, identification, laundering and delivery of linen and residents' personal clothing. Residents interviewed confirmed that they were happy with the laundry services provided. They confirmed that their personal items are returned to them promptly and in good condition.