

## Decision to Accredit

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit St George's Hostel in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of St George's Hostel is 3 years, until 29 September 2006.

The Agency has found that the Service complies with 44 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.

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

The Service has a well-developed and mature continuous improvement system and has maintained compliance with the Accreditation Standards during the past three years. This demonstrates that the Service has systems in place to identify and rectify deficiencies.

Wendy Bateman  
Accreditation Operations Coordinator  
Victoria and Tasmania

Please note: that in making an accreditation decision, the Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report (if any); and
- The site audit report; 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 presented to the applicant at the conclusion of the site audit (*the site audit report may take into account this information (if any) from the applicant*); 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: St George's Hostel  
RACS ID: 3357  
Number of beds: 30      Number of High Care Residents: 3  
Special Needs Group catered for: People of Non-English speaking background.

Street: 13-19 Howard Street  
City: Altona      State: Victoria      Postcode: 3028  
Meadows  
Phone: 03 9315 7811      Facsimile: 03 9315 7080  
Email address:

## Approved Provider

Approved Provider: Anglican Aged Care Services Group

## Assessment Team

Team Leader: Susan Waters  
Team Member: Gabrielle Brodbeck

Dates of audit: 08/07/2003 to 10/07/2003



## Executive summary of Assessment Team's Report

### Standard 3: Resident Lifestyle

Expected Outcome	Assessment Team Findings
3.1 Continuous improvement	<b>Compliant</b>
3.2 Regulatory compliance	<b>Compliant</b>
3.3 Education and staff development	<b>Compliant</b>
3.4 Emotional support	<b>Compliant</b>
3.5 Independence	<b>Compliant</b>
3.6 Privacy and dignity	<b>Compliant</b>
3.7 Leisure interests and activities	<b>Compliant</b>
3.8 Cultural and spiritual life	<b>Compliant</b>
3.9 Choice and decision-making	<b>Compliant</b>
3.10 Resident security of tenure and responsibilities	<b>Compliant</b>

Agency Findings
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>

### Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team findings
4.1 Continuous improvement	<b>Compliant</b>
4.2 Regulatory compliance	<b>Compliant</b>
4.3 Education and staff development	<b>Compliant</b>
4.4 Living environment	<b>Compliant</b>
4.5 Occupational health and safety	<b>Compliant</b>
4.6 Fire, security and other emergencies	<b>Compliant</b>
4.7 Infection control	<b>Compliant</b>
4.8 Catering, cleaning and laundry services	<b>Compliant</b>

Agency Findings
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>

## Assessment team's reasons for recommendations to the Agency

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

### Standard 1: Management Systems, Staffing and Organisational Development

#### 1.1 Continuous Improvement

*This Expected Outcome requires that "the organisation actively pursues continuous improvement".*

#### **Finding: Compliant.**

The team interviewed the chief executive officer, the general manager of residential services, the quality systems manager, the facility manager, nine care and hospitality staff and 12 residents and relatives. The team reviewed policies and procedures, flowcharts, plan for continuous improvement, audit schedule and audits, improvement logs, action plans and memos, orientation and education records, minutes of meetings and statistical data and summaries.

St George's Hostel is co-located with St George's Nursing Home and offers high and low care with an integrated community care program. The facility forms part of the Anglican Aged Care Services Group. The quality management system commenced in 1999 and includes well-documented policies and procedures and flowcharts covering all accreditation standards. This documentation is reviewed annually in consultation with staff and management.

There is an auditing committee and 12 staff have undergone specific auditing training. An auditing schedule and records indicate that audits take place across all accreditation standards. In addition, there is an annual 'mock' accreditation audit conducted by management personnel from central administration and other non-facility managers. Improvement logs, action plans and the plan for continuous improvement is generated from this annual audit.

Staff from all work areas also generate improvement logs, as do relatives and residents. Data indicates that in 2002 and 2003 to date, 183 improvement logs have been lodged of which 82% were from staff and 18% from residents or relatives. Records indicate that management have actioned all improvement logs in a timely manner. Follow up memos are written by the facility manager as applicable and a copy of the actioned improvement log is given to the originator of the improvement log. Improvement opportunities that require further analysis or implementation are recorded on the plan for continuous improvement.

In 2001 the organisation introduced the 'balanced scorecard', which is a strategic and operational planning framework. Key performance measures are captured from four perspectives that include the client, internal processes, learning and growth, and financial perspectives. The key performance measures from these four areas form the basis of regular monthly reporting by management to central administration. These reports include information and data on measures considering care, finance, quality, health and safety, internal processes, work cover and human resource

indicators. Continuous improvement reports are also compiled. This information is compared across the ten other residential care sites within the organisation. A systems improvement committee meets monthly at central administration to review improvement logs, actions and other processes and procedures relating to the flowcharts. The executive management team through an annual 'road show' informs all participants such as staff, residents, relatives, and volunteers of the organisation's progress, activities, and directions for the future. Forty attendees from St George's attended the last road show.

Continuous improvement is a component of the organisational orientation program, which is held monthly for all new staff. Accreditation and auditing for continuous improvement is also part of the site training plan.

Management use surveys as another means of identifying areas for improvement among residents, relatives and staff. St George's exceeded the nominated organisational benchmark satisfaction rate of 80% in 19 out of 21 questions for the 2003 resident questionnaire. Actions implemented from these results include a review of the laundry service, the introduction of the 'quality quiz' education pack and a review of the resident handbook and improvement logs. The information in these documents was revisited with all residents to ensure that access to comments, suggestions and complaints and information about resident rights is available.

St George's has mature and sustainable continuous improvement processes and can demonstrate improvements across all standards.

## **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".*

### **Finding: Compliant.**

The team interviewed the quality systems manager, the facility manager, and nine care and hospitality staff. The team reviewed document control registers, flow charts, policies and procedures, resource material, minutes of meetings and memos.

The organisation subscribes to a legislative update service and St George's has electronic access to copies of legislation, regulations and guidelines. There is a centralised system in place to review and implement all changes arising from legislation or regulatory requirements. Memos are used to convey changes to staff. Staff sign when they have read these memos. Minutes of meetings indicate that changes are discussed where applicable. Policies, procedures and flowcharts are referenced to the applicable regulatory and legislative instruments. Aged care industry bulletins are also available for staff information. Staff described and demonstrated awareness of legislation and regulatory requirements affecting their practice.

### **1.3 Education and Staff Development**

*This Expected Outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".*

#### **Finding: Compliant.**

The team interviewed the quality systems manager, the facility manager, and nine care and hospitality staff. The team reviewed seven personal staff files including the 2002 appraisal records, staff development calendar, staff nomination records, staff orientation, education, attendance, and evaluation records.

There are organisation wide and facility based orientation programs. Orientation topics include organisational and employee information including, rights and responsibilities, continuous improvement, occupational health and safety and pastoral care.

Management told the team that improvement logs, data collected from monitoring processes such as accidents and incidents, information from appraisals, staff nominations and observation of practice inform the development of the education program. A profile of each resident's needs is undertaken and this information is also used to identify training needs.

Education includes site based, organisational and professional development opportunities. Staff are encouraged to attend all levels of training. Mandatory education includes the organisational orientation program, fire and safety, 'no lift' practices, cultural diversity, first aid, and food handling for designated staff. The site training plan indicates that education sessions cover all accreditation standards.

A biannual 'Confest' is a shared education event involving staff from all ten sites within the organisation. Staff (excluding managers) are invited to share innovative programs and ideas. At the last Confest in 2001, seven staff attended from St George's and four staff presented topics which included palliative care, 'sonas' program, multicultural catering and tai chi for arthritis. Tai chi is now included on the organisational staff development calendar and is facilitated by St George's staff.

Staff were able to demonstrate that they understood the requirements of their work areas and consistently told the team that they felt valued by management and the organisation.

### **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".*

#### **Finding: Compliant.**

The team interviewed the quality systems manager, the facility manager, and 12 residents and relatives. The team reviewed records of actioned improvement logs and confidential improvement logs, 2003 resident satisfaction survey, minutes of resident meetings, the resident handbook and a resident agreement.

St George's has an internal concerns and commendation system and all residents, relatives or visitors have access to it. There is also information on the external avenues for registering complaints. Information about the system is displayed and available within the hostel and written in the resident handbook and residential agreement. Improvement logs also form part of the attachments to the resident handbook.

Residents have access to the 'open door' policy of management and confidential improvement logs can be used to register their concerns. Management stated that informal concerns expressed by residents or relatives are also captured by management, who record them.

In 2002, 101 improvement logs were closed out of which 18% were from residents or their representatives. Residents and relatives are also able to raise issues confidentially and this information is actioned and stored separately and securely. The improvement logs for 2002 and 2003 to date indicate that all logs have been actioned in a timely manner.

A 2003 resident satisfaction survey indicated that 95% of the surveyed residents were satisfied with feedback on their comments, suggestions and complaints. Minutes of resident meetings indicate that issues are canvassed openly and responsively. Discussions with residents and relatives confirmed that they are aware of the avenues for comments and complaints and management and staff are responsive to any concern or issue raised.

### **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".*

#### **Finding: Compliant.**

The team interviewed the chief executive officer, the general manager of residential services, the quality systems manager, and the facility manager. The team reviewed the organisation's mission, vision and values ethos statements, policies, procedures and flowcharts, strategic plan for 2003 – 2008, financial turnaround strategy, project reports and reviews, resident information documents including the handbook and agreement, and the charter of resident rights and responsibilities.

Through a series of focus groups, all stockholders have recently developed the displayed ethos statement after feedback and involvement. The theme of the ethos statement is that 'everyone is valued' and staff and residents said that this is how they feel living and working at St George's. The ethos statements are also written in various staff and resident handbooks and documents. The charter of resident rights and responsibilities is displayed within the service and is written in the resident documents.

Executive management told the team that strategic and financial planning is central to the organisation's plans towards building a sustainable future for the ongoing delivery of care and service provision. The organisation uses research as a planning

tool when reviewing service delivery. For example, research projects recently completed include the building plan capital works project and the review of linen and food safety.

## **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".*

### **Finding: Compliant.**

The team interviewed the quality systems manager the facility manager, and nine care and hospitality staff. The team reviewed the staff roster, seven personal staff files including job descriptions and 2002 appraisal records, staff development calendar and training records, staff handbook and minutes of staff meetings.

The roster and staff files indicate that staff have appropriate skills and qualifications and that staff levels are sufficient for the care and service provision to the residents. There are procedures or systems in place for formal recruitment, orientation and ongoing education and professional development for staff. The facility has a particular emphasis on the recruitment of multicultural staff to align with the multicultural resident focus. All staff have current position descriptions with a commitment to continuous improvement a requirement. Staff are encouraged to use the wide ranging education opportunities offered by the organisation. A review of education records indicates good levels of staff attendance at scheduled programs. Minutes of staff meetings indicate that education issues are discussed and required staff practices are reinforced.

The organisation has recently established a casual bank to enable the deployment of staff to any site within the organisation when the need arises. The service also uses a preferred supplier when staff are required from a nursing agency. The preferred supplier has met standards required by the organisation and the use of one nursing agency ensures continuity of care for residents.

Staff were observed and were able to demonstrate a good understanding of the residents' care and service requirements. Residents and relatives said that staff attend to their needs in an attentive way and beyond their expectations. A number of relatives stated that the staff were like family to them and treated their family member with great love and care. Relatives especially commented on the individualised care of the residents. Two relatives commented that staff always have up to date and detailed information on their relative's needs. They stated that the handover communication between shifts must be very thorough.

## **1.7 Inventory and Equipment**

*This Expected Outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

### **Finding: Compliant.**

The team interviewed the quality systems manager, the facility manger, the maintenance officer, nine care and hospitality staff and 12 residents and relatives. The team reviewed the purchase and stock records, minutes of meetings, maintenance records and observed the storage of supplies and equipment.

There are systems in place to trigger reorders and maintain adequate stock levels. Staff, residents and relatives confirmed that goods and services are appropriate for their needs and are available when needed. A tour of storage areas indicated that adequate supplies are maintained. Residents and relatives said that there is always plenty to eat and drink and in fact there is too much offered to eat at the evening meal. Management is currently reviewing the menu. (Refer to 4.8 Catering, Cleaning and Laundry).

Corrective and preventive maintenance procedures and schedules are in place and records indicate that maintenance issues are handled quickly and in an appropriate manner. All equipment is fit for the purpose intended and available to meet the residents' needs. Minutes of the occupational health and safety meetings indicate that safe practice issues are discussed and equipment and furniture is trialed before purchase.

## **1.8 Information Systems**

*This Expected Outcome requires that "effective information management systems are in place".*

### **Finding: Compliant.**

The team interviewed the quality systems manager and the facility manger. The team reviewed policies, procedures, flowcharts, document control registers, seven staff and five resident files, minutes of staff and resident meetings, memos and resident and staff handbooks.

The service collects and records key information as needed to meet the requirements of management, staff, residents and other stakeholders. There are well-established and integrated information management systems in place. A new information technology system has been installed to assist in this process. A document control register assists in the control and authorisation of the service's documentation.

All policies, procedures and flowcharts are reviewed annually and changes to all documentation, regulatory compliance changes, and improvement log initiatives are conveyed to staff via memos. There are specific policies related to privacy, confidentiality, retention and disposal of records, and document development and revision. A policy officer oversees all privacy-related issues for the organisation. There are formal confidentiality requirements for volunteers, contractors and staff. Resident and staff files are stored securely to ensure that confidentiality is maintained.

## 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".*

### **Finding: Compliant.**

The team interviewed the quality systems manager, building service manager, maintenance officer and the facility manager. The team reviewed the preferred suppliers' list, contractors' list, maintenance contractor manual, and resident satisfaction survey.

There are contracts in place for most externally sourced supplies. Approved suppliers also provide some products. The contracts have been awarded and reviewed using the 'balanced scorecard' approach. The organisation's requirements including service delivery, financial and quality expectations are clearly outlined in the contracts. There is a contractor's manual and the maintenance officer oversees all contractors when on site. A resident satisfaction survey indicated current satisfaction with the services that contractors provide.

## **Standard 2: Health and Personal Care**

### **2.1 Continuous Improvement**

*This Expected Outcome requires that "the organisation actively pursues continuous improvement".*

#### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, a registered nurse division one, the nursing home care coordinator, the community coordinator, an activities assistant, the executive director, the general manager residential services, the quality systems manager, three personal care workers, pastoral care worker, one volunteer and 12 residents and representatives. The team reviewed the organisational staff development calendar, attendance records, internal audits, internal audit schedule, resident satisfaction survey, improvement logs, family conference records, minutes of the pastoral care meetings, staff meetings, resident meetings, newsletters, multicultural committee meetings and the "confest" 2001 program.

The internal audit schedule covers all areas of health and personal care. Family conferences, improvement logs and a resident survey also encourages feedback for improvements to residents' health and personal care.

Recent improvement activities include family conferences that are scheduled after admission to discuss issues relating to clinical care with residents or representatives, the introduction of water coolers to encourage residents' fluid intake, and the development and trial of a new wound assessment tool.

### **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".*

#### **Finding: Compliant.**

The team interviewed the facility manager, the executive director, two facility coordinators, the nursing home care coordinator, the quality systems manager, and three personal care workers. The team reviewed staff memos and minutes of staff meetings.

A system is in place to identify and ensure compliance with relevant legislation and regulatory requirements. Qualified nursing staff are available on each shift and provide specialised nursing care. Personal care workers have a minimum of 'certificate three' in personal care. Registered staff are notified through the memo system and staff meetings to submit evidence of their current practising certificate.

Personal care workers stated that they are notified of updates through memos, minutes of meetings and verbally at handover.

### **2.3 Education and Staff Development**

*This Expected Outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".*

#### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, a registered nurse division one, the nursing home care coordinator, the community coordinator, an activities assistant, the executive director, the general manager residential services, the quality systems manager and three personal care workers.

The team reviewed the organisational staff development calendar, attendance records, evaluation forms, a resident care needs profile, and internal audits.

The facility manager stated that the resident care needs profile identifies the clinical and lifestyle needs of residents at St George's. The internal education program is then developed. Staff confirmed that management are always responsive to topics of education they have requested.

The personal care workers displayed a competent knowledge and understanding of the care duties required of them. Working parties and representatives in areas such as wound, continence, and palliative care stated that they assist staff informally in providing education and resource material.

Education attendance records and staff confirmed that they receive education in areas such as medication management, first aid, diabetes, behaviour management and grief counselling. Education sessions are evaluated for effectiveness by the attendees.

"Confest" is a biannual conference facilitated by non-management staff, in order to share innovative programs and ideas with staff from the other Anglican Aged Care Services Group sites. The last "confest" was held in 2001 and was represented by seven staff members from St George's, who presented sessions in the areas of multicultural cooking, tai chi for arthritis, palliative care and the 'sonas' program.

### **2.4 Clinical Care**

*This Expected Outcome requires that "residents receive appropriate clinical care".*

#### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, a registered nurse division one, the nursing home care coordinator, the aromatherapist, three personal care workers, one volunteer and 12 residents and representatives. The team reviewed three residents' files, care plans and condensed care plans.

A system is in place to assess residents' clinical care requirements on entry to the service. All personal care workers have input into completing the clinical assessments and developing a comprehensive care plan. A condensed care plan is also available for care staff as a quick reference for the resident's activities of daily living and any other relevant care requirements.

The facility coordinators and manager oversee the assessment and care planning process. Residents and their representatives are consulted throughout this process and attend scheduled meetings with key staff within eight weeks of admission, annually or on an 'as needed' basis. A facility coordinator stated that changes to a resident's care are verbally communicated to staff in handover, are documented in the progress notes and at times diarised.

Residents are allocated to personal care staff known as "key workers". The role of a key worker is a referral point for residents and representatives to raise questions about any issues relating to clinical care or lifestyle. "Key workers" review the care plans of their allocated residents' bi-monthly.

Personal care workers stated that they are able to go to the nursing home and refer any clinical issues of concern to the registered nurse division one in charge.

When a bed is available, residents are offered the choice to transfer to the nursing home if their care needs are no longer able to be managed in the hostel.

Residents and representatives spoke highly of the care delivered to residents by the personal care workers. They also confirmed that they are notified and consulted if there are any changes to a resident's care requirements and feel free to raise any issues or concerns they may have.

## **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".*

### **Finding: Compliant.**

The team interviewed two facility coordinators, a registered nurse division one (wound consultant), the nursing home care coordinator, three personal care workers and 12 residents and representatives. The team reviewed three residents' files and corresponding care plans, diabetic treatment sheets and wound assessments currently being trialed.

Specialised nursing care needs are identified on admission and care requirements are documented in the care plans. A registered nurse division one from the co-located nursing home administers insulin to a diabetic resident daily. Residents with diabetes have their regular blood sugar readings documented on diabetic treatment sheets and in their care plans.

A registered nurse division one in the nursing home, who is also a wound consultant, stated that she would assist personal care workers in the hostel in contemporary wound management practices.

## **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".*

### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, the aromatherapist, three personal care workers and twelve residents and representatives. The team reviewed three residents' files, corresponding care plans and the resident handbook.

Resident files indicate that residents have access to specialist services. Records show regular access and visits by a podiatrist, physiotherapist, aromatherapist and wound consultant.

Personal care staff refer residents to an aromatherapist, who visits residents at St George's fortnightly. An assessment is completed and incorporated into the resident's care plan as part of behaviour, pain and skin management. The aromatherapist reviews the management plans regularly.

Residents' files confirmed that health professionals referred to also include a dietitian, dentist, audiologist, optometrist, occupational therapist, speech pathologist and an aged psychiatric assessment team.

The resident's handbook provides a list of local doctors and associated health professionals names, addresses and telephone numbers. Representatives confirmed that residents have access to specialists as required.

## **2.7 Medication Management**

*This Expected Outcome requires that "residents' medication is managed safely and correctly".*

### **Finding: Compliant.**

The team interviewed the pharmacist, two facility coordinators and three personal care workers. The team reviewed minutes of medication meetings, audits, medication charts, three residents' files, corresponding care plans and observed staff practices.

Residents' medication is stored securely. The personal care workers administer medications from a multi-dose blister pack.

Residents' medication charts contain an attached photograph of the resident, medical details and note any allergies. An informative booklet is provided in the hostel for personal care workers to refer to, highlighting common drug interactions, medication and food interactions and the medications not to be crushed.

The pharmacist confirmed that medication reviews for new residents occur on admission and every six to twelve months.

A medication advisory committee meets in the co-located nursing home regularly. The pharmacist stated that any outcomes relevant to hostel personal care workers are relayed to them via the memo system or verbally. Personal care workers confirmed this.

## **2.8 Pain Management**

*This Expected Outcome requires that "all residents are as free as possible from pain".*

### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, three personal care workers and 12 residents and representatives. The team reviewed three residents' files and corresponding care plans.

Residents are assessed for pain when admitted to the service. Pain management is reviewed with the care plan review bi-monthly and as the need arises. Pain assessments include verbal and non-verbal cues for identifying pain.

Personal care workers articulated various ways in which they identify pain and described strategies used to assist in alleviating pain such as massage, aromatherapy, medication and heat packs.

Residents stated that their pain is managed effectively and that staff are responsive in assisting to alleviate their pain.

## **2.9 Palliative Care**

*This Expected Outcome requires that "the comfort and dignity of terminally ill residents is maintained".*

### **Finding: Compliant.**

The team interviewed the palliative care nurse, the facility manager, two facility coordinators, the aromatherapist, three personal care workers and 12 residents and representatives. The team reviewed three residents' files and corresponding care plans.

Residents' files contain documented terminal care wishes. Five personal care workers make up a palliative care committee and meet every three months. The role of the committee is to educate and provide support to staff, residents and their families during palliation. A student division two nurse is responsible to assist in palliation and is the first point of reference for staff questions and advice. Representatives on the palliative care committee have attended external education and this was confirmed through certificates sighted by the team. The palliative care nurse stated that representatives and family are able to stay overnight during palliation and meals and refreshments are provided.

Personal care workers are able to refer to a comprehensive information kit located in the staff room that provides information on external palliative care services, cultural and spiritual information, aromatherapy and its use in palliation and pain management strategies.

The visiting clergy and pastoral care workers provide grief support and counselling for residents, representatives and staff.

## **2.10 Nutrition and Hydration**

*This Expected Outcome requires that "residents receive adequate nourishment and hydration".*

### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, three personal care workers and 12 residents and representatives. The team reviewed three residents' files and corresponding care plans.

Residents' files contain completed nutrition and hydration assessments. Corresponding care plans developed from these assessments include the type of diet and texture required, assistive devices needed and assistance required for residents to optimise their ability to eat independently.

Residents' weights are recorded on admission to the service. Staff stated that if there are significant weight changes the resident's doctor is notified, high caloric drinks are offered and the resident's weight is more frequently monitored. A dietitian is referred to when necessary and consultation is recorded in the resident's progress notes.

Representatives stated that meals are plentiful and varied and if they wish for an alternative to what is offered staff are always obliging.

One resident commented that she feels free to discuss any issues she may have with management and they are acted upon in a timely manner.

## **2.11 Skin Care**

*This Expected Outcome requires that "residents' skin integrity is consistent with their general health".*

### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, three personal care workers and 12 residents and representatives. The team reviewed three residents' files and corresponding care plans.

Residents' files contain completed skin assessments. Any alteration to a resident's skin integrity is documented in the progress notes and management strategies are formulated and documented in the care plan. Pressure relieving equipment such as air mattresses, gel cushions, bed cradles, heel protectors and sheepskins are available for residents with an assessed need.

## **2.12 Contenance Management**

*This Expected Outcome requires that "residents' continence is managed effectively".*

### **Finding: Compliant.**

The team interviewed the facility manager, the continence link nurse, two facility coordinators, three personal care workers and 12 residents and representatives. The team reviewed three residents' files and corresponding care plans.

Residents' continence needs are assessed on admission. Care plans indicate toileting times and the type of continence aids required. Personal care workers also refer to times and aids required by residents on a card discreetly placed in the resident's wardrobe.

A personal care worker has recently assumed the role of 'continence link nurse'. Her role is to initiate, assist and educate staff with continence assessments and management plans and to provide product information to staff and residents. The 'continence link nurse' stated that she will be attending continence training.

## **2.13 Behavioural Management**

*This Expected Outcome requires that "the needs of residents with challenging behaviours are managed effectively".*

### **Finding: Compliant.**

The team interviewed the facility manager, the community coordinator, two facility coordinators, three personal care workers and 12 residents and representatives. The team reviewed three residents' files and corresponding care plans.

Residents' files contain a behavioural assessment and corresponding care plan. Care plans list the types of behaviours and management strategies to be implemented by staff. Strategies are evaluated on a bi-monthly basis or as the need arises. Personal care workers refer residents with challenging behaviours to a local aged care psychiatric service, to further assist staff with management strategies. This was confirmed by the team when viewing the progress notes.

The community coordinator assists with the development of management strategies for residents with challenging behaviours by providing diversional activities. A bus stop and putting green are located in the courtyard to assist residents with restless and agitated behaviours associated with 'sundowning'.

Staff were observed quietly attending to residents' needs in a professional manner. One representative who visits the service daily stated that staff always manage residents in a courteous and dignified manner.

## **2.14 Mobility, Dexterity and Rehabilitation**

*This Expected Outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".*

### **Finding: Compliant.**

The team interviewed the facility manager, the physiotherapist, two facility coordinators, three personal care workers and 12 residents and representatives. The team reviewed three residents' files and corresponding care plans.

A physiotherapist visits weekly and assesses residents on admission for their range of movement, muscle strength, dexterity, mobility and transfer capability. Detailed exercise plans are developed and personal care workers implement the plans on a daily basis. A copy of the resident's individual exercise plan is located in the resident's wardrobe. Residents are reassessed quarterly or if there is a change in a resident's condition.

Various exercise groups such as 'sonas' and tai chi are held regularly, to further encourage residents to maintain their range of movement and balance. The physiotherapist stated the importance of continuing to encourage residents to mobilise with assistance or independently to areas such as the dining room and lounge areas.

Residents were observed to mobilise independently about the facility with wheelchairs and walking frames.

## **2.15 Oral and Dental Care**

*This Expected Outcome requires that "residents' oral and dental health is maintained".*

### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, three personal care workers and 12 residents and representatives. The team reviewed three residents' files and corresponding care plans.

Residents' files contain completed oral and dental assessments. Corresponding care plans indicate individualised preferences and strategies required to maintain residents' oral and dental health.

Residents are able to continue to see their dentist or dental technician of choice. Care staff refer residents to a visiting dental service on request or if an assessed need has been identified.

## **2.16 Sensory Loss**

*This Expected Outcome requires that "residents' sensory losses are identified and managed effectively".*

### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, the aromatherapist, three personal care workers and 12 residents and representatives. The team reviewed three residents' files and corresponding care plans.

Residents' files contain completed sensory assessments. Care plans detail strategies to assist residents to optimise their level of communication.

Residents are referred to an optometrist and an audiologist on request or if a need develops. Residents' progress notes confirm that an audiologist and an optometrist have recently visited two residents.

A 'sonas' group and one-to-one sessions are held weekly by volunteers to aid residents' sensory stimulation and to activate the potential for communication.

## **2.17 Sleep**

*This Expected Outcome requires that "residents are able to achieve natural sleep patterns".*

### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, three personal care workers and 12 residents and representatives. The team reviewed three residents' files and corresponding care plans.

Residents' files contain individualised sleep requirements and preferences for retiring and rising times. Interventions to induce sleep such as warm drinks, soft music, the lights on or off and the number of pillows required are documented in the care plans.

Residents confirmed that the environment at night was quiet, dark and a comfortable temperature.

## **Standard 3: Resident Lifestyle**

### **3.1 Continuous Improvement**

*This Expected Outcome requires that "the organisation actively pursues continuous improvement".*

#### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, the nursing home care coordinator, the community coordinator, an activities assistant, the executive director, the quality systems manager, the general manager of residential services, three personal care workers, the chaplain, a pastoral care worker, one volunteer and 12 residents and representatives. The team reviewed the organisational staff development calendar, attendance records, internal audits, internal audit schedule, resident satisfaction survey, improvement logs, family conference records, minutes of the pastoral care meetings, staff meetings, residents' meetings, multicultural committee meetings and the "confest" 2001 program.

The resident satisfaction survey, residents' meetings, family conferences, improvement logs and an internal auditing schedule encourages feedback for improvements in all areas of resident lifestyle.

Recent improvement activities include the following:

- The implementation of the 'quality quiz' to involve residents and increase their knowledge of the accreditation process and continuous improvement,
- The introduction of a 'buddy system' for new residents as part of the orientation to St George's hostel,
- A weekly coffee shop held at St George's enabling residents and their families a place to meet, eat and socialise,
- Regular cultural days including food, music and customs of various nationalities to involve residents in the learning of various cultures of St George's residents,
- The resident handbook is currently being translated into a number of languages and is also being taped in languages specific to residents from non-English speaking backgrounds, and
- A pastoral care education program has been developed for volunteer pastoral care workers.

Refer to expected outcome 1.1 Continuous Improvement.

### **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".*

#### **Finding: Compliant.**

The team interviewed the facility manager, the executive director, the quality services manager, two facility coordinators, the nursing home care coordinator and three personal care workers. The team reviewed staff memos and minutes of staff meetings.

A system is in place to identify and ensure compliance with relevant legislation and regulatory requirements. Staff interviewed stated that they are notified of the Privacy Act updates through memos, minutes of meetings and verbally at handover.

The quality systems manager confirmed that policies and procedures have been developed with reference to relevant regulatory and legislative requirements. Changes to legislation are acted upon appropriately.

The facility manager stated that residents and representatives were alerted to changes in privacy legislation through residents' meetings and via a letter.

Refer to expected outcome 1.2 Regulatory Compliance.

### **3.3 Education and Staff Development**

*This Expected Outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".*

#### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, the community coordinator, an activities assistant, the executive director, the quality systems manager, the general manager of residential services, three personal care workers, the chaplain, a pastoral care worker and a volunteer. The team reviewed the organisational staff development calendar, attendance records, evaluation forms and internal audits.

The facility manager stated that the resident survey, internal audits, meetings and improvement logs identifies the lifestyle needs and satisfaction of residents at St George's. The internal education program is then developed. Staff confirmed that management are always responsive to topics of education they have requested relating to resident activities and lifestyle issues.

Education attendance records and staff confirmed that they receive education in areas such as multiculturalism, documentation and grief counselling. Education sessions are evaluated for effectiveness by the attendees.

The chaplain stated that he is currently conducting an eight week pastoral care course for volunteers and staff, which includes basic training in areas of pastoral care visiting. Topics covered in this course include dementia, depression, cultural and religious responses to ageing, dying and death and the grieving process. The organisational chaplain will provide regular inservices for pastoral care workers. One volunteer stated that she is currently undertaking this training.

"Confest" is a biannual conference facilitated by non-management staff in order to share innovative programs and ideas with staff from the other Anglican Aged Care Services Group sites. The last "confest" was held in 2001 and was represented by seven staff members from St George's, who presented sessions in the areas of multicultural cooking, tai chi for arthritis, palliative care and the 'sonas' program.

Refer to expected outcome 1.3 Education and Staff Development

### **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".*

#### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, the community coordinator, an activities assistant, three personal care workers, the chaplain, a pastoral care worker, one volunteer and 12 residents and representatives. The team reviewed three residents' files, the activities program calendar and observed staff practices.

Prior to permanent entry, residents or their representatives are provided with a welcome pack, detailing the services provided at St George's and an orientation to the facility. On permanent entry to the service, residents are 'buddied' with another resident, who assist the new resident to settle into the hostel. A welcome afternoon tea is held monthly for new residents, their 'buddies' and any family and friends they wish to invite. Residents from non-English speaking backgrounds are 'buddied' with residents able to speak a common language.

Staff detailed the many ways in which they provide ongoing emotional support to residents who are able to communicate and to residents who are communicatively impaired. Residents and representatives spoke glowingly of the emotional support provided by all members of staff at St George's hostel.

Pastoral care workers, voluntary pastoral care workers, the chaplain and volunteers also provide emotional support to residents on an ongoing basis. A nun from a local parish and a volunteer pastoral care worker stated that they will visit residents and their families at any time, or if requested will visit a resident in hospital to provide emotional support.

### **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".*

#### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, three personal care workers, the physiotherapist, the community coordinator, the activities assistant and 12 residents and representatives. The team reviewed three residents' files, completed group and one-to-one evaluation forms, the activities program calendar and observed staff practices.

Representatives and residents confirmed that residents are encouraged and assisted to maintain their physical and social independence. The lifestyle program, with the assistance of 40 volunteers, enables residents to continue to maintain and foster their links within the community. Various community visitors attend the service and these include multicultural groups, pastoral care workers, service clubs, the spastic

society and a local primary school. Bus trips occur monthly for sight seeing trips and lunch outings.

A coffee shop in the community lounge area is open weekly and provides residents, their friends and families with a place to gather and socialise in a warm and friendly environment. A variety of multicultural meals and refreshments are available and the menu changes regularly. Residents are also able to purchase a variety of sweets, toiletries and other items at the coffee shop.

Care plans highlight the assistance residents require to maintain their optimal level of independence in activities of daily living. The physiotherapist stated the importance of assisting residents to maintain their physical independence and this is also achieved through regular exercise groups and assistive devices such as self help poles, monkey bars, plate guards, cutlery aids and walking frames.

Residents are able to receive a daily newspaper and all residents have access to their own telephone line in their room if they wish.

### **3.6 Privacy and Dignity**

*This Expected Outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".*

#### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, three personal care workers, the community coordinator, the activities assistant and 12 residents and representatives. The team reviewed three residents' files and observed staff practices.

Resident and representative interviews, documentation reviews and observation of staff practices confirm that residents' privacy and dignity is maintained. All staff were observed to interact with residents in a calm and dignified manner.

Residents and representatives spoke highly of the friendly and dignified manner in which staff speak with them. Staff discussed their practices and emphasised the importance of maintaining residents' privacy and dignity.

An outdoor courtyard and three small lounge areas in the hostel enable residents and their families to spend time in private should they wish. Residents and their families were observed sitting in the lounge areas enjoying a quiet environment. All residents in the hostel have access to private rooms and ensuite facilities.

### **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".*

#### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, three personal care workers, the physiotherapist, the community coordinator, the activities assistant, two volunteers and 12 residents and representatives. The team reviewed three residents' files, completed group and one-to-one evaluation forms, the activities program calendar and observed staff practices.

Residents' files contain completed social profiles and individualised program plans. The community coordinator and activities assistant stated that social profiles are completed and programs are developed in conjunction with the resident or their representative. Residents' past and present leisure and lifestyle interests are documented and family conferences are held within eight weeks of admission with the resident, representative and the community coordinator to discuss and encourage the resident to have further input into their activities program. Activities programs are evaluated bi-monthly and reassessment occurs if the need arises.

Forty permanent volunteers, many who are bilingual, assist the coordinator in implementing resident group and individual activities. Activities are varied and include tai chi for arthritis sufferers, the 'sonas' program, card playing, various craft activities, reminiscing, poetry reading, sing a longs, bingo and a men's group facilitated by the facility manager. Activity groups are combined with the hostel and nursing home residents. The community coordinator stated that group and one-to-one activities and special events are regularly evaluated for their effectiveness.

### **3.8 Cultural and Spiritual Life**

*This Expected Outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

#### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, three personal care workers, the community coordinator, an activities assistant, the organisational chaplain, a pastoral care worker, a volunteer and 12 residents and representatives. The team reviewed three residents' files, the activities program calendar and observed groups in progress.

St George's was designed and developed in consultation with peak ethnic organisations and the local community to meet the needs of a multicultural population. There are currently 23 residents living in the hostel and nursing home from non-English speaking backgrounds.

Residents' cultural, spiritual and ethnic backgrounds are identified on admission and are detailed in the resident's care plan. The resident handbook has been translated into four different languages and is available on tape in two different languages. Bilingual staff are recruited in accordance with languages that residents speak and currently 24 different languages are spoken by the staff at St George's. Staff

confirmed that they will translate for residents at every opportunity and one staff member said she has come in especially to translate for a resident who was upset. The team observed throughout the audit staff and volunteers communicating with residents in languages other than English.

Culturally specific events are celebrated as part of the activities program and on these occasions the kitchen provides culturally specific food. Culturally specific newspapers in Polish and Maltese are distributed to residents who request them. Visitors from Greek, Polish and Maltese communities visit residents regularly.

A recently developed multicultural group consisting of staff members from all areas, a resident representative, a community representative and the community coordinator first met in June 2003. Issues discussed at the first meeting included developing a resource file for staff use, contacting local schools to involve students speaking the same language as the residents and linking them together and encouraging staff to alert residents when culturally specific television programs are shown.

The service has a non-denominational devotion room that is used for Anglican and Catholic services. A chaplain visits residents and provides Anglican services at St George's. A nun and volunteer from the Catholic Church provide a weekly service, communion, and provide visits to residents on a one-to-one basis.

Ecumenical services with a special focus on Easter, Christmas, St George's day and memorial services are held annually for residents who have passed away at the service. On the day of the audit, a funeral service, by request of the family, was taking place in the community lounge room for a resident that had recently passed away. Staff, residents and family members attended the service.

### **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".*

#### **Finding: Compliant.**

The team interviewed the facility manager, two facility coordinators, three personal care workers, the community coordinator, an activities assistant, the chaplain, a pastoral care worker, a volunteer and 12 residents and representatives. The team reviewed three residents' files, minutes of residents' meetings, improvement logs, evaluations of group and individual activities and family conference records.

Residents and representatives confirmed that staff are responsive to their choices and decisions in all areas of personal care and lifestyle. Preferences in areas of activities of daily living such as diet, hygiene and rising and retiring times are assessed on admission and noted in the care plans.

The service also captures residents' wishes and preferences through regular residents' meetings, improvement logs, family conferences, informal feedback and evaluation of various outings and activities.

### **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".*

#### **Finding: Compliant.**

The team interviewed the facility manager and 12 residents and relatives. The team reviewed six resident files including resident agreements and the resident handbook.

There is an admission process, which includes a welcome package and a tour of the facility that is conducted by volunteers prior to admission. On admission, relatives and residents participate in an orientation program. The charter of resident rights and responsibilities and complaint and comments information is prominently displayed within the service. A new resident handbook was developed in March 2002. Residents gave feedback for the design of the handbook, especially with respect to the font size and formatting layout. It is a comprehensive document and includes details on all care and services provided, including lifestyle issues and local medical and allied health information.

Residents have security of tenure and are offered agreements that include information on conditions of termination, dispute resolution, leave entitlements, fees and charges, specified care and services and rights and responsibilities. Residents and relatives said that they felt secure at St George's and that they are consulted about all aspects of their care and service provision.

## **Standard 4: Physical Environment and Safe Systems**

### **4.1 Continuous Improvement**

*This Expected Outcome requires that "the organisation actively pursues continuous improvement".*

#### **Finding: Compliant.**

The team interviewed the quality systems manager, the facility manager, the building manager, and nine care and hospitality staff. The team reviewed the plan for continuous improvement, audit schedule and audits, improvement logs, action plans and memos, and statistical data and summaries.

Systems are in place to monitor, identify and resolve issues including environmental audits, scheduled maintenance, chemical registration, hazard and incident reporting and infection control surveillance. Reviews have been undertaken in 2002 and 2003 for linen management, building compliance and cleaning. An 'elder water wise hydration project' was commenced in early 2003 and the resident urinary tract infection rate has reduced from six in February 2003 to zero in May 2003. The 2002 and 2003 resident survey for standard four indicated a 95.35% satisfaction rate.

Refer to expected outcome 1.1 Continuous Improvement.

### **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 safety of systems".*

#### **Finding: Compliant.**

The team interviewed the quality systems manager, the facility manager, and four hospitality staff. The team reviewed document control registers, flow charts, policies and procedures, incident and hazard reports and summaries, minutes of meetings, and resource material.

Staff described their roles in monitoring compliance through incident reports hazard alerts, adherence to the food safety program and work schedules. Management is providing a safe working environment.

Refer to expected outcome 1.2 Regulatory Compliance.

### **4.3 Education and Staff Development**

*This Expected Outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".*

#### **Finding: Compliant.**

The team interviewed the quality systems manager, facility manager, and four hospitality staff. The team reviewed seven personal staff files including the 2002 appraisal records, the staff development calendar, staff nomination records, staff orientation, education, attendance, and evaluation records.

All staff receive orientation and training in occupational health and safety issues, infection control precautions and fire and emergency procedures. Clinical staff have been fully trained in 'no lift' practices and all non clinical staff are trained in manual handling and risk management principles. Housekeepers and any staff handling food undertake food handling training including update training. Cleaning staff have undertaken certificate training in cleaning procedures including management of hazardous substances.

Refer to expected outcome 1.3 Education and Staff Development.

### **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".*

#### **Finding: Compliant.**

The team interviewed the facility manager, the maintenance officer, the maintenance facility coordinator, an occupational health and safety representative nine care and hospitality staff and 12 residents and relatives. The team reviewed six residents' files, incident reports, minutes of staff and resident meetings, corrective and preventive maintenance records and a building condition report. The team observed the internal and external environment.

St George's is a nine-year-old, purpose built and co located facility. It comprises five separate houses and accommodates residents in single rooms with ensuite facilities. Residents enjoy a homelike environment, as each house has its own kitchen, dining room and sitting room facilities. Furnishings and furniture is of a high standard and compliments the design of the houses. Residents were observed to be freely using the living environment 'like home'. There are no set times for breakfast and residents are assisted with breakfast at a time that suits them.

There is a café and activities room, and outdoor facilities include three putting greens, a 'bus shelter' and well designed courtyards and gardens. Residents were observed to be using the external environment and catching the winter sun. They said that they enjoyed the outdoors throughout the year, as there was always somewhere nice to sit and 'watch the world go by'.

St George's is a restraint free environment. Incident reports are logged and collated and minutes of meetings indicate that incidents are discussed and planned

interventions are followed up and evaluated. Corrective and preventive maintenance programs are in place. The organisation has undertaken a comprehensive building conditions study to provide them with a life cycle costing of major maintenance. Cyclical and major refurbishment maintenance programs are in place.

Residents and relatives said that they loved their or their relative's home, as it was so homelike and well maintained. They had not imagined that a residential care facility could be so non-institutional. Staff assist in the creation of a non institutional culture by working around residents in meeting their needs when it suits the resident.

#### **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".*

#### **Finding: Compliant.**

The team interviewed the facility manager, the maintenance officer, the occupational health and safety manager, an occupational health and safety representative and the facility coordinator. The team reviewed minutes of occupational health and safety and 'no lift' meetings, risk assessments, the emergency procedures manual, hazard and incident reports, corrective and preventive maintenance records, improvement logs and environmental audits.

There is a well-developed occupational health and safety program. It includes site and organisational consultative and advisory committees and there is a trained representative on site. There is an emergency procedures manual and an occupational health and safety staff notice board. Minutes of all occupational health and safety meetings, hazard and incident reports and summaries are displayed. There are regular environmental audits, and improvement logs are raised as applicable.

There is a 'no lift' policy and 95% of staff have been trained in 'no lift' procedures. There are 'no lift' meetings in addition to the occupational health and safety meetings. There is adequate and appropriate lifting equipment, which is maintained according to a schedule.

Occupational health and safety measures have been integrated into the site manager's key performance measures in the 'balanced scorecard'. Data is collected, summarised and analysed in relation to resident falls, sprains, medication errors, hazard alerts, staff incidents, the number of hours lost due to work cover claims and 'no lift'. An annual occupational health and safety report is produced for the board members.

#### **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".*

##### **Finding: Compliant.**

The team interviewed the building services manager, the facility manager, the quality systems manager, the maintenance officer and four care and hospitality staff. The team reviewed evacuation plans, fire monitoring and maintenance reports, the essential services compliance statement, certificate of final inspection report, specialist maintenance contractors statement, staff training records, emergency manual, and maintenance records. The team observed fire and emergency signage, fire equipment, the safe storage of hazardous substances and the security system.

In 2002 and 2003 the organisation engaged consultants to review the building and fire fighting and prevention systems. A number of recommendations were made involving the keypad security of the building, external pathways, exit doors and signage, the sprinkler system and break glass alarms. All recommendations have been actioned and documents state that the building meets certification and fire and safety requirements.

An external contractor undertakes fire safety and inspection reports according to an inspection schedule. Emergency procedures and evacuation plans are displayed throughout the building. Staff training records indicate annual fire drills and mock evacuations; evaluations of staff knowledge also takes place. Staff are aware of emergency procedures and their responsibilities. An emergency procedures manual is available.

#### **4.7 Infection Control**

*This Expected Outcome requires "an effective infection control program".*

##### **Finding: Compliant.**

The team interviewed the facility manager, facility coordinator, and seven care and hospitality staff. The team reviewed policies, protocols and procedures, resident infection records, staff training records, minutes of meetings and observed hand washing facilities, signage and staff hand washing procedures.

Staff receive training in infection control measures and described appropriate infection control practices relevant to their area of work. There are adequate hand washing facilities throughout the buildings and staff were seen to be using them. Colour coded equipment is used by kitchen and cleaning staff. There is appropriate segregation of clean and soiled linen and appropriate thermal disinfection of the laundry. Infectious waste is identified and disposed of appropriately. The team observed the appropriate use of personal protective equipment by staff. Information on resident infections is collated and analysed for trends.

#### **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".*

##### **Finding: Compliant.**

The team interviewed the facility manager, the quality systems manager, the cleaning supervisor, four housekeepers, a laundress and two cleaners. The team reviewed the food safety plan, menu, records of residents' preferences and dietary needs, cleaning schedules and survey, a resident satisfaction survey, audits and minutes of meetings.

Two kitchens and dining rooms operate and residents are free to attend either one. There is a four-weekly rotating menu with two hot main meals available for lunch and the evening meal. The menu is culturally sensitive, drawing on cuisine from countries applicable to the residents' country of origin. The menu was reviewed in May 2003 and some changes were made and introduced. However, some residents have commented that there is too much pasta and rice represented in the menu and there are too many courses with the evening meal. The manager said that he has organised a food forum in July 2003 to discuss the menu with residents and the dietitian and implement changes as agreed upon. The cooks (housekeepers) are from a multicultural background and all have undergone food handling and update training. There is a current food safety program and all compliance audits are undertaken as scheduled. All housekeepers have a good understanding and demonstrated competence relating to their work area, including knowledge of infection control precautions.

An external contractor undertakes the cleaning of the building seven days a week. There are well developed systems in place, which include cleaning schedules, regular audits, quality performance evaluations and resident surveys. Cleaners have task descriptions and have training in cleaning, handling of chemicals, infection control and manual handling precautions. A cleaning supervisor conducts regular environmental audits and surveys residents' satisfaction on the cleanliness of their room and their satisfaction with the cleaner. The June 2003 survey indicated that the cleaning service met or exceeded residents' expectations. Interviews with residents confirmed this.

A contractor launders linen off site and personal laundry is laundered on site by designated staff. The team noted adequate supplies and storage of linen. The laundry is small but staff were able to describe appropriate laundry practice including the segregation of clean and soiled linen and the thermal disinfection of the laundry.

Recent laundry initiatives following a resident satisfaction survey include the trial of separate and bigger laundry baskets for residents, the building of a rack to display items of unlabelled clothing to enable residents or relatives to more easily identify them, and a new labelling system for prospective residents. The changes have increased the level of resident satisfaction with laundry services to 86% for those residents who responded.

Residents and relatives said that they were very satisfied with the hospitality services.

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends that the Aged Care Standards and Accreditation Agency accredit St George's Hostel.

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 be two support contacts during the period of accreditation at least one of which should be a visit.