



Decision to accredit Presbyterian Aged Care Paddington

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Presbyterian Aged Care Paddington in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Presbyterian Aged Care Paddington is three years until 6 October 2012.

The Agency has found the home 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 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.

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

| | | | | | |
|----------------------------------|------------|-----------------------------------|---|------------|--------------|
| Home's name: | | Presbyterian Aged Care Paddington | | | |
| RACS ID: | | 0536 | | | |
| Number of beds: | | 88 | Number of high care residents: | | 62 |
| Special needs group catered for: | | | <ul style="list-style-type: none">• Nil | | |
| | | | | | |
| Street/PO Box: | | 74 Brown Street | | | |
| City: | PADDINGTON | State: | NSW | Postcode: | 2021 |
| Phone: | | 02 9361 1000 | | Facsimile: | 02 9361 1144 |
| Email address: | | jcoomby@pcnsw.org.au | | | |

Approved provider

| | |
|--------------------|--|
| Approved provider: | Presbyterian Church (NSW) Property Trust |
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Assessment team

| | |
|------------------|------------------------------|
| Team leader: | Toby Hammerman |
| Team member/s: | Anne Ericsson |
| Date/s of audit: | 28 July 2009 to 30 July 2009 |

| Executive summary of assessment team's report | |
|--|--|
| Standard 1: Management systems, staffing and organisational development | |
| Expected outcome | Assessment team recommendations |
| 1.1 Continuous improvement | Does comply |
| 1.2 Regulatory compliance | Does comply |
| 1.3 Education and staff development | Does comply |
| 1.4 Comments and complaints | Does comply |
| 1.5 Planning and leadership | Does comply |
| 1.6 Human resource management | Does comply |
| 1.7 Inventory and equipment | Does comply |
| 1.8 Information systems | Does comply |
| 1.9 External services | Does comply |
| Standard 2: Health and personal care | |
| Expected outcome | Assessment team recommendations |
| 2.1 Continuous improvement | Does comply |
| 2.2 Regulatory compliance | Does comply |
| 2.3 Education and staff development | Does comply |
| 2.4 Clinical care | Does comply |
| 2.5 Specialised nursing care needs | Does comply |
| 2.6 Other health and related services | Does comply |
| 2.7 Medication management | Does comply |
| 2.8 Pain management | Does comply |
| 2.9 Palliative care | Does comply |
| 2.10 Nutrition and hydration | Does comply |
| 2.11 Skin care | Does comply |
| 2.12 Continence management | Does comply |
| 2.13 Behavioural management | Does comply |
| 2.14 Mobility, dexterity and rehabilitation | Does comply |
| 2.15 Oral and dental care | Does comply |
| 2.16 Sensory loss | Does comply |
| 2.17 Sleep | Does comply |

Accreditation decision

| Agency findings |
|------------------------|
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |

| Agency findings |
|------------------------|
| Does comply |
| Does comply |
| Does comply |
| Does comply |
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| Does comply |
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| Does comply |

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

Accreditation decision

| Agency findings |
|-----------------|
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |

| Agency findings |
|-----------------|
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

| | |
|--------------|-----------------------------------|
| Name of home | Presbyterian Aged Care Paddington |
| RACS ID | 0536 |

Executive summary

This is the report of a site audit of Presbyterian Aged Care Paddington 0536 74 Brown Street PADDINGTON NSW from 28 July 2009 to 30 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Presbyterian Aged Care Paddington.

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

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 28 July 2009 to 30 July 2009

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

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

Assessment team

| | |
|----------------|----------------|
| Team leader: | Toby Hammerman |
| Team member/s: | Anne Ericsson |

Approved provider details

| | |
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| Approved provider: | Presbyterian Church (NSW) Property Trust |
|--------------------|--|

Details of home

| | |
|---------------|-----------------------------------|
| Name of home: | Presbyterian Aged Care Paddington |
| RACS ID: | 0536 |

| | |
|--|---|
| Total number of allocated places: | 88 |
| Number of residents during site audit: | 86 |
| Number of high care residents during site audit: | 62 (35 in the nursing home level and 28 in the two hostel levels) |
| Special needs catered for: | Nil |

| | | | |
|-----------------|----------------------|------------|--------------|
| Street/PO Box: | 74 Brown Street | State: | NSW |
| City/Town: | PADDINGTON | Postcode: | 2021 |
| Phone number: | 02 9361 1000 | Facsimile: | 02 9361 1144 |
| E-mail address: | jcoomby@pcnsw.org.au | | |

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

| | Number | | Number |
|--|--------|---------------------------------------|--------|
| Facility Manager | 1 | Residents/Representatives | 33 |
| Care Manager | 1 | Volunteers | 2 |
| Presbyterian Aged Care (PAC) executive manager | 1 | Chaplain | 1 |
| Registered nurses | 2 | Pastoral carer | 1 |
| Care staff | 13 | Physiotherapist | 1 |
| Endorsed enrolled nurse | 1 | Maintenance staff | 1 |
| Fire officer | 1 | Recreational Activity Officer | 2 |
| Pharmacist | 1 | Continence advisor | 1 |
| Hospitality supervisor | 1 | Cleaning staff | 2 |
| Administration officer | 1 | Kitchen staff | 2 |
| | | External chemical supplier (by phone) | 1 |

Sampled documents

| | Number | | Number |
|--------------------------------|--------|-------------------------------|--------|
| Residents' files | 12 | Medication charts | 12 |
| Resident agreements | 10 | Staff education records | 18 |
| Improvement logs 2008 and 2009 | 13 | PAC Critical incident reports | 3 |

| | | | |
|--------------------------------|----|--|--|
| Complaints forms 2008 and 2009 | 16 | | |
|--------------------------------|----|--|--|

Other documents reviewed

The team also reviewed:

- Audit : Safe working environment completed 26 June 2009
- Audit folders covering all Accreditation Standards
- Building certification instrument (including fire and safety section) 22 March 2006
- Care staff allocation and resource folders
- Catering : food service policies and procedure
- Catering : Winter menu
- Catering HACCP Manual and associated monitoring forms
- Certificate Hazards at critical control points (HACCP) licence to organisation (expiry 27 June 2010)
- Certificate : Fire safety awareness training Level 1 officer 12 December 2006
- Certificate : Introduction to infection control nursing course 22 June 2009
- Certificate :NSW Food Authority Licence 21 October 2008
- Certificate :Return to work coordinators training 18 November 2009
- Certificate Licence to supply Schedule 8 substances under the Poisons & therapeutic goods Act 10 November 2008
- Cleaning : job description and roster arrangement
- Cleaning : regular and 8-week rotating spring cleaning schedules
- Continuous quality improvement audits, results and reports folder
- Continuous quality improvement facility program
- Continuous quality improvement folder
- Daily allocation roster
- Education :topics for compulsory education days and staff attendance list
- Education Staff planner 2009
- Emergency planning information folder
- Employment agreement notice with draft proposals
- Food satisfaction survey (19 May 2009)
- Hairdressers manual 2006 incorporating NSW Health Guidelines
- Handover report sheets
- Incident folder
- Infection control : Staff and resident vaccination consents
- Infection control: monthly statistics presented to OH&S committee
- Infection control: protocol for management of MRSA and VRE infections
- Job descriptions
- Maintenance : routine and preventative tasks schedule
- Meal comments folder in dining rooms
- Medicated patch monitoring tool
- Medication incident folder
- Meeting minutes including MAC and residents meetings
- Occupational health and safety (OH&S) terms of reference
- OH&S committee meeting minutes 24 February 2009 and 26 May 2009
- PAC policy and clinical practice procedure manuals
- Physiotherapy folder
- Podiatry folder
- Police records annual declaration as at 3 Mar 2009 to Presbyterian Aged Care (PAC)
- Police records check spread sheet current to 24 July 2009
- Policy on critical incidents
- Recruitment policies and procedures
- Resident care, clinical observation and daily care record folders

- Residents' information handbook
- Results of consumer satisfaction survey 2008-2009
- Staff Handbook
- Supplier performance evaluations
- Suppliers :PAC Preferred contractors list
- Suppliers and contractors list with safety check list, current public liability and other insurances
- Wound management charts

Observations

The team observed the following:

- Activities in progress including exercises for residents, ,newspaper reading and bingo
- Activities program including daily activities displayed and activities records.
- Bain marie (new)
- Cleaning trolley (new) with locking cabinet
- Computer (internet connected) for use of residents
- Continence learning module
- Emergency assembly area
- Emergency flipcharts
- Equipment and supply storage areas
- Four week cycle menu displayed
- Hand sanitisers
- High low beds
- Interactions between staff and residents
- Lift internally decorated with travel posters
- Linen trolley
- Living environment
- Manual handling equipment including lifters, pelican belts,
- Medication management documents including medication policy and procedure
- Medication round
- Medications storage
- Mission and values statement on notice board
- Mobile bath
- Mobility equipment including lifters, walkers, parallel bars and water chairs
- Nurses station being built level 4
- Oxygen and suction equipment
- Personalised resident rooms
- Phones, public, taxi and in residents rooms
- Residents kitchen on level 4
- Residents laundry being distributed
- Residents laundry on level 4
- Residents lunch on level 2 and level 3
- Spill kits
- Staff clinical areas including medication trolleys, wound management equipment, clinical information resources, secure storage of residents' files.
- Staff handover
- Utility rooms with personal protective equipment
- Weight chair

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

Team’s recommendation

Does comply

The home uses the quality management and business system developed by the Presbyterian Aged Care (PAC) organisation with site-specific adaptations. The team reviewed documents, supported by observations and interviews, which demonstrated a range of consistent processes in place that were achieving appropriate results for stakeholders. Policies and procedures are reviewed at organisation level and adapted to the needs of the location and changing legislative environment. The team reviewed documentation, procedures, audits and maintenance programs that ensure improvement opportunities are identified acted upon, evaluated and fed back to staff and residents. Typical residents/representatives comments to the team included an appreciation of the proactive attitude of the staff in that “they go that extra mile” and how they “help us to feel safe and at home”. Staff interviewed by the team showed they are familiar with both the verbal and written systems for managing continuous improvement making active use of open communication channels with management and written improvement logs. The home uses an annual audit schedule that allocates the frequency of audits and ensures all areas of the Accreditation Standards are examined at least annually. The frequency of audits is adjusted when an issue is identified and needs further in-depth enquiry. Selected data is benchmarked against other PAC homes for trends. The team verified, in minutes of the continuous quality and occupational health and safety and infection control committee that issues requiring action are delegated to responsible persons, and the outcome referred to subsequent committee meetings for tracking of the implementation and evaluation process.

Recent improvements relating to Accreditation Standard one, which demonstrate the home is actively pursuing continuous improvement, include:

- An audit of the complaints system indicated absence of information for residents from culturally and linguistically diverse background. The home has residents speaking at least eight different languages. The department of Health and Ageing was contacted and new brochures are now prominently displayed. In addition residents attention will be drawn to the new brochures at the next scheduled resident/relative meeting.
- Hostel residents’ mail was being left under their door. A resident suggested that the bending down to collect the mail from the floor was difficult and possibly unsafe. Management researched possible solutions and perspex mail holders have been installed outside all resident rooms. The team notes the March 2009 management report to PAC states feedback from hostel residents about the improvement has been positive.

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 home, with PAC management support, has an efficient system in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to an aged care specific legislation update service and a peak body service to ensure the home is up to date with regulatory requirements. The home receives updates from the organisation’s executive management who are responsible for identifying all regulatory related information, and the facility manager ensures policies and procedures reviewed and updated by head office are implemented at site level. The team verified that staff are informed of changes to regulatory requirements through meetings and memos and staff practices are monitored regularly to ensure compliance with regulatory requirements. An example of the home’s responsiveness to recent legislative changes is:

- The development of a new complaints management policy, protocols, and procedures manual that relates to external complaints management guidelines was implemented in response to changes in Federal Government procedures.
- A comprehensive policy was developed on elder abuse and mandatory reporting policy using a critical incident process and report form to clearly explain the organisation’s interpretation of the legislation and to list the specific requirements from all stakeholders to ensure compliance. The team was shown evidence that the reporting processes are in place and staff have been trained to use the appropriate forms should the need arise.

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 home has a wide range of processes in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively through defined recruitment processes, a standardised orientation program, pre-requisite skills for job descriptions, annual staff appraisals and an organised internal education program. The recent introduction of an annual education day to cover all mandatory educational topics will ensure that 100% of staff will attend one of the three sessions offered throughout the year. The team was also shown evidence of the organisation supporting staff to attend external education opportunities. The educator coordinates the education program for all staff and continually revises and updates the program to reflect management and staff needs. These are identified through the staff performance appraisals, observations of staff practices, staff surveys, resident feedback and analysis of specific diagnoses of residents that might require more staff training. The education calendar is now prepared twelve months in advance but its implementation and content is very flexible. The program includes, in addition to invited lecturers, a wide range of opportunities through the aged care channel. Staff interviewed confirmed they are supported by the home to attend internal and external

education opportunities. Residents and residents' representatives reported that staff are knowledgeable and perform their roles effectively.

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 has systems in place to ensure that residents have access to, and are able to use internal and external complaint mechanisms. Residents are informed of complaint mechanisms on entry and are encouraged and supported through meetings, and interviews to provide feedback. The resident handbook includes information for residents about how to make suggestions, and about the internal and external complaints resolution process. All residents/representatives reported satisfaction with their access to the complaint processes and that issues are managed by the home to their satisfaction. Staff demonstrated awareness of complaint mechanisms and they also reported instances where the residents or residents' representatives talk directly to them about their concerns or suggestions for improvement, and gave the team examples of how the complaints are dealt with immediately. Many stakeholders interviewed confirmed that management views complaints as "opportunities for improvement".

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 assessment team noted the organisation's values vision, mission, philosophy and objectives to be visible on notices throughout the home and present in a number of documents including the resident handbook, staff handbook, and resident agreement.

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. Rosters are prepared in advance and the team were provided with examples of allocation of staff taking into account available resources, resident care needs, resident category mix, staff availability and their skills and experience. The facility manager stated the home adopts, as a base, sufficiency of staff norms measured from past experience and stakeholder feedback. The staffing budget is allocated from head office and has been influenced by specific needs of the site, the current resident mix and is sufficiently flexible to incorporate needs of the personal life of staff, many of whom are students on work visas. The team was shown examples of staffing levels being monitored and adjusted in accordance with the residents' needs, such as the introduction of additional care hours on the weekend shift and extension of recreation hours to the early evening and also on Saturday. The human resource policies and procedures draw upon the

home's philosophy, objectives, and cover staff recruitment, orientation, performance review through an annual appraisal process and competency assessment program, grievance procedures and the maintenance of staff records (that includes job descriptions, duties lists and registration details). Residents interviewed expressed approval of staffing levels on most shifts and the personal skills of staff members.

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 corporate generated, but site adapted, systems in place to ensure that appropriate stocks of goods and equipment are available at all times. The team's observations, interviews and review of documentation demonstrated that appropriate stocks of goods and equipment, food, furniture and linen are achieved. Stock rotation processes, budgeting, purchasing through preferred suppliers ensures this ongoing program is effective. Staff and relatives interviewed all confirmed that there is sufficient and suitable equipment for their use. In particular, it was noted that the maintenance person is responsive to stakeholder input, as is management when approval is required for purchases of equipment. There is a preventative maintenance schedule and a daily maintenance procedure to ensure that equipment is maintained in a safe operational standard. All maintenance requirements are carried out in an appropriate time frame by maintenance staff at the home. The team observed and all stakeholders reported there is sufficient and appropriately maintained equipment and stocks of goods.

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, both hardcopy and electronic. Interviews and documents reviewed showed the home effectively disseminates information from management to staff and residents/representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. The home conveys information through memos, noticeboards, meetings, resident clinical records, resident information packages, education sessions, meeting minutes, and hard copies of policy and procedure manuals. Information is managed in accordance with the home's privacy policy. The team observed stakeholders accessing the comprehensive and extensive documentation system that is used daily for the management and dissemination of information. The processes cover all aspects of the home's functioning and this enables staff and management to maintain consistent access to up to date information for appropriate decision-making.

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

Externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The home has a list of corporate approved preferred suppliers and individualised written agreements with the external providers. There is a system for ensuring suppliers have the appropriate licences and for managing non-conformance of suppliers when there is poor performance of the supplier. The facility manager's monthly report to PAC has provision for reporting supplier performance issues and the team noted examples of a change in suppliers who did not meet the home's quality requirements. Residents and staff reported satisfaction with the quality of service they receive from external service providers. External contracts are reviewed at organisational level with the home's quality requirements clearly identified. The organisation's chief operations officer and group manager quality assurance regularly review the work performed or goods supplied by external contractors to ensure they are provided in a timely manner and as requested.

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

As a result of the home's continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team noted improvements have been made in relation to Standard Two: Health and Personal Care. These include:

- A medication management audit (April 2009) revealed discrepancies in the application and removal of S8 pain relief patches. To address the issue changes were made to the recording form and a series of tool box education sessions conducted to reinforce the need to accurately reflect when the patches were applied and when they were removed. A return audit indicated patch forms are now being completed correctly.
- Early warning signs of possible scabies were followed up with pathology testing to ascertain the disease state and preparation for preventative process. The action halted the possible spread of the outbreak before it actually commenced.
- A simple innovation of printing each resident's name clearly on the spine of the folder has resulted in doctors and other visiting specialists being able to easily identify and access residents' clinical records.

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 home's regulatory compliance system, is referred to in expected outcome 1.2 Regulatory compliance. The home uses these processes to identify and implement a range of compliance measures relevant to Standard Two Health and Personal Care. This includes:

- Implementing a system to ensure registered nurses and other health care professional registrations are maintained.
- A range of information available and accessible to staff on legislation and guidelines relating to health and personal care. This includes New South Wales health directives, and best practice guidelines about medication management, health and personal care.

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’s systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Standard Two: Health and Personal Care that will enable the health care team to achieve optimum levels of physical and mental health for residents. These include:

- Extensive use of clinical topics such as pain management and mental health from the Aged care channel
- An external supplier presenting to care staff on skin integrity and the appropriate use of continence aids.
- Toolbox educational discussions to address issues that require immediate changes to staff practices, for example ,the correct application of S8 patches.

2.4 Clinical care

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

Team’s recommendation

Does comply

Presbyterian Aged Care at Paddington has systems in place to ensure that residents receive appropriate clinical care. Review of documentation shows that comprehensive programs of assessments are conducted when a new resident moves into the home to ensure their clinical needs and preferences are identified, documented and provided. Care plans are formulated and reviewed and evaluated three monthly in consultation with the resident/representative, medical officer, and others involved in providing care. The home uses verbal, written and electronic communication systems to inform all relevant staff of residents’ care needs, changes and issues in need of review. Case conferences are held for residents as required and families are able to meet with management and staff if they wish. Arrangements are in place to ensure residents have access to a medical officer of choice, medical treatment after hours and transfer to hospital if needed. There is an accident and incident reporting system in place. Accidents and incidents are documented appropriately, followed up with all stakeholders in a timely manner and fed into the incident reporting system to monitor resident clinical indicators. Staff interviews and observation by the team confirm that individualised care is provided for residents. Residents/representatives confirm that staff are caring and they are generally satisfied with the care provided in the home.

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 ensure that residents specialised nursing care needs are identified and met by appropriately qualified care staff. A registered nurse is onsite at all times and oversees any specialised care needs being provided. Care staff interviewed say they have access to appropriate resources and are provided with education in specialised nursing procedures. The home accesses consultants for more

complex care as required. Care plans detail specialised care required for individual residents and include enteral feeding, complex wound management, oxygen therapy, diabetes monitoring, and catheter care. Residents/ representatives confirmed to the team that they felt staff are skilled in providing for their special needs and informed the team of positive outcomes in complex wound management at the home.

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

Residents/representatives informed the team that management and staff ensure residents have access to appropriate health specialists. The team were advised that many health services will visit the home including a psychogeriatrician who has a fortnightly clinic at the home. Other health related services who visit the home include physiotherapy, podiatry, optometry, dental, dietary, speech pathology and palliative care. Management and staff have strong working relationships and access many health related services for residents at St Vincent’s Hospital. Staff advise and residents/representatives confirm that staff at the home arrange referrals and assist to arrange transportation as required. Residents/representatives confirm they are satisfied with access to other health and related services at the home.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has an efficient and effective system in place to ensure that residents’ medication is managed safely and correctly. Care staff administer medication from a seven day unit dose pack and are educated and undertake regular competency assessment in the administration of medication. The team found that there are effective systems in place to ensure that medication orders are current and reviewed regularly by medical officers and the pharmacist. Medication management, policies and procedures and a system for reporting medication incidents are in place. Medication incidents are managed effectively, audited quarterly by the pharmacist and reviewed at quarterly medication advisory committee meetings. Staff were observed following correct procedures when administering medication. Resident/representatives interviewed report that they are satisfied with their medication management.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has a system in place to manage residents’ pain and ensure residents are as pain free as possible. Residents are initially assessed on entry to the home to identify residents whose condition may cause them to experience pain. Interventions are detailed in residents’ care plans and ongoing assessments documented. Documentation reviewed shows strategies to manage residents’ pain including analgesia such as medicated patches as prescribed for chronic pain, massage and hot packs. Staff interviewed informed the team that they have a close working relationship with the palliative care team at the local hospice. Interviews with

residents/representatives confirm that staff assist residents to be as pain free as possible.

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 the comfort and dignity of terminally ill residents. Residents/representatives are offered the opportunity to make choices about their care when faced with a terminal illness or chronic pain. Decisions regarding the management of terminally ill residents are made in consultation with the resident/representatives, staff and their medical officer. The palliative care team from the local hospice will visit the home to assist with management of palliative care residents. Pastoral care is offered and provided by the PAC chaplain who also arranges pastoral care for other faiths as requested. Pressure care aids such as air mattresses, overlays and water chairs are available in the home to assist in maintaining skin integrity and provide comfort. Staff interviews demonstrate knowledge and skills in the management and emotional support needed to care for palliating residents.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Documentation reviewed and the teams observation demonstrates that residents’ receive adequate nutrition and hydration. Residents’ dietary needs including special diets, swallowing difficulties, food allergies and individual preferences are identified and assessed when a resident moves into the home. Interviews with staff and review of documentation confirm that resident’s nutrition and hydration needs are communicated to kitchen staff and care plans are regularly reviewed and evaluated. Residents are encouraged to eat all their meals in the dining room, if they are not feeling well a meal tray is delivered to them in their rooms. Residents’ weights are recorded monthly. and nutritional supplements given as required. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning, afternoon tea and supper. Modified cutlery and equipment is available and the team observed residents being assisted with meals by staff. Residents have a choice at mealtime and the majority of residents/representatives interviewed expressed satisfaction with meals.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has a system to ensure that residents’ skin integrity is consistent with their general health. Interviews with staff and review of clinical documentation confirm that residents have a skin assessment after moving into the home and residents identified at risk have skin integrity care plans with management strategies outlined. Care staff interviews state that they apply emollient creams to residents’ skin after showering and that pressure relieving equipment is available in the home for use as required. All residents with wounds have wound management charts. Registered nurses are

responsible for complex wound management at the home and staff interviewed confirmed to the team that they have access to adequate education and equipment to meet the needs of residents. Staff informed the team of healing of chronic wounds and residents/representatives state they are happy with the care provided to maintain skin integrity.

2.12 Continence management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s recommendation

Does comply

The home has a system in place to ensure that residents’ continence is managed effectively. A review of clinical documentation and discussions with staff show continence management strategies are developed for each resident and care plans are reviewed and evaluated regularly. Toileting regimes are maintained for as long as possible and a disposable continence aid system is in use in the home for residents with intractable incontinence. Staff confirmed to the team that the home has appropriate supplies of continence aids to meet residents’ needs. Staff are trained in continence management and the continence advisor informed the team that she does quarterly education sessions with staff and that resident talks are popular. Residents/representatives informed the team they are satisfied with the way continence is managed at the home.

2.13 Behavioural management

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

Team’s recommendation

Does comply

A review of documentation and discussions with management and staff show residents with challenging behaviours are appropriately assessed and managed effectively. Care plans and progress notes identify triggers and staff interviews confirm various strategies they use to manage residents’ behaviour when necessary. These include one on one intervention and involvement of residents in activities. A psychogeriatrician has a fortnightly clinic at the home and staff informed the team of positive outcomes following referrals to assist in management of residents with challenging behaviours. The team observed staff interacting with residents, in a respectful, caring and calming manner. Residents/representatives confirm effective behaviour management strategies are used by staff for residents.

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

Residents in the home have access to a physiotherapist to assess, manage and oversee mobility, dexterity and rehabilitation. Documentation review and an interview with the physiotherapist confirmed this and demonstrated that the physiotherapist develops individualised programs for residents including slow stream rehabilitation. Residents are reassessed following falls, when there is a change in their condition and on return from hospital. The team observed mobility equipment including walking frames, parallel bars handrails and wheelchairs and staff confirmed the home has adequate equipment to manage residents’ needs. Staff are trained in falls prevention,

manual handling and the use of specialist equipment by the physiotherapist. The team observed residents participating in the daily exercise classes run by care staff and residents/representatives interviewed stated they are satisfied with the assistance they receive to maintain or improve their mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home has strategies in place to ensure that residents’ oral and dental health is maintained. Oral and dental health is assessed when residents move into the home and individualised care plans are developed. A review of residents’ documentation shows residents receive regular dental assessments and referrals to dental specialists as required. Staff are trained to attend to ongoing oral and dental hygiene by observing mouth care and prompting or assisting residents to clean teeth and/or dentures. An external dentist will visit the home and assistance is given to residents with appointments to external dentists. Staff interviews confirm that resident’s dentures are checked daily and/or residents are assisted to brush their teeth. Residents/representatives say they are happy with all care provided.

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 identify and effectively manage residents’ sensory loss. Sensory loss is assessed on moving to the home, care plans are formulated, reviewed and evaluated regularly to ensure appropriate referral and holistic care. The recreational activities officer informed the team that there are activities in the home to provide residents with sensory stimulation including newspaper reading, music therapy and large print books. Residents who are identified as having sensory deficits, for example, require glasses or hearing devices, have management strategies documented in their care plans. Residents/representatives say staff are aware of residents with sensory loss and assist residents with daily care and needs.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ sleep patterns are assessed on moving into the home. On entry to the home a history of sleep patterns is obtained and a four day sleep assessment is carried out. Residents’ ongoing sleep patterns are reviewed when necessary and annually. Sleep disturbances are monitored and strategies in place to support residents’ sleep include; offering warm drinks or snacks, appropriate continence, pain management and comfort. Staff interviewed confirmed the various ways in which they assist in maintaining an adequate sleep pattern for residents. Residents/representatives interviewed confirm that the environment is quiet at night and that staff assist residents promptly if they have difficulty in sleeping.

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

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team noted improvements have been made in relation to Standard Three: Resident Lifestyle. This includes:

- Residents complained about poor quality television reception. This prompted the launch of a quality project (08/03) procedure which occurs when the subject cannot be resolved with immediate intervention or requires a budgetary allocation. The issues involved in television reception in the home’s unique location were identified, solutions researched and quotes obtained for installation of appropriate antennae that would achieve the desired result . Budgetary approval was obtained from head office and a work plan developed to ensure multiple outlets in all living areas. The outcome as recorded on the quality plan evaluation has been much improved reception in all areas of the home

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

- A copy of residents’ rights and responsibilities is displayed on a noticeboard and reprinted in the residents’ handbook.
- Resident contracts are generated by head office, on advice from the industry peak body, and updated as legislative changes occur. Notification of significant changes are sent direct to relevant stakeholders.

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’s systems to ensure staff have appropriate knowledge and skills is referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Standard three: Resident Lifestyle that will enable all staff to have

the skills to ensure residents retain their basic rights and are assisted to achieve control of their own lives. These include:

- The home encourages the recreational activities officers to network with other activity officers in the region, to share ideas and build on existing skills.
- During 2009 two lifestyle staff commenced training in Cert IV training in lifestyle and leisure.
- The recreation activity officers have received medication management training to equip them to assist residents with their medications when on outings and bus trips.

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 supports residents/representatives in adjusting to life in the new environment and on an ongoing basis. The results of the team's observations, interviews and document review revealed that residents/representatives receive emotional support from management, care staff, and the recreational staff. The team observed that residents have personalised their rooms with family photos and personal items. The recreational activity officer provides one on one time with new residents and uses weekly happy hour for introductions to assist new residents to assimilate. Community visitors and pastoral carers are available to provide support for consenting residents. Observations of staff interactions with residents showed warmth, respect, empathy and understanding. Residents/representatives reported that they felt supported by the staff, both when they first entered the home and on an ongoing basis.

3.5 Independence

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

Team's recommendation

Does comply

Residents/representatives interviewed said residents are assisted to achieve maximum independence, maintain friendships and participate in community life within and outside the home. The home has systems in place to promote a program of planned activities and events that encourage the involvement of family, friends and the community. The results of the teams' observations, interviews and document review indicate that resident independence is maximised via the provision of transport, activities, outings, visitors to the home personal phone lines and access to a pay phone and a direct taxi phone. Residents also have access to daily newspapers and a computer. Those residents able to mobilise have access to outdoor gardens for their enjoyment.

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

Residents/representatives interviewed expressed satisfaction with respect to the privacy, dignity and confidentiality afforded them at the home. The results of the team's observations, interviews and document review supported the residents' views. The team observed staff members knocking prior to entering residents' rooms and speaking to residents in a respectful manner. Residents were noted to be dressed appropriately for the day and season and attired in clean clothing. Staff handovers and confidential resident information is discussed in private and old files are securely stored and archived offsite. The team observed current resident records stored in secure cupboards and only accessible to authorised personnel

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

On admission to the home resident information detailing their individual preferences, their social history and interests is obtained. This information is used to formulate a social profile for the resident. Activities are provided six days per week by recreational activity officers (RAO's) for residents. An evening program walking and reminiscing with residents has been commenced. A wide range of activities is offered at the home including hand massages, bingo, newspaper reading, art therapy, special day activities, regular shopping trips and bus outings. The RAO documents the level of involvement in activities and individual programs are evaluated. Residents have input into decisions regarding activities at quarterly resident meetings. Residents/representatives confirm they are satisfied with the variety and choices offered.

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 is able to demonstrate that individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The home has a chaplain and a pastoral care worker who visit the home regularly to conduct church services and provide individual pastoral care. Unwell residents in hospital are also visited and ministers from other faiths are accessed on resident request. The team observed residents attending a church service in the home and one on one pastoral care during the visit. There are systems and processes in place to identify and incorporate into the home's day to day activities, individual interests, customs, beliefs and the cultural and ethnic backgrounds of residents and staff. Days of cultural and religious significance are celebrated and individual interests are supported. Residents/representatives confirmed they are encouraged and supported to continue with their own interests, customs, beliefs, and ethnic backgrounds are valued and fostered

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

Each resident/representative is encouraged to participate in decisions about the services the resident receives, and is enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. The home has systems and processes in place to ensure that residents and their representatives are kept informed and given opportunities to provide input into the home through systems such as assessment and care planning processes, surveys, comments and complaints mechanisms, and resident/representative meetings. Residents/representatives are supported and encouraged to participate in decisions regarding their financial management, personal care, cultural and spiritual life, meals, participation in activities, end of life choices, and health care. Residents/representatives confirm that the home actively supports residents in maintaining their right to make their own lifestyle choices and decisions.

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

PAC Paddington has systems in place to ensure that residents have secure tenure within the home, and residents/representatives understand their rights and responsibilities. Both prior to and on entry to the home, new residents/representatives are provided with comprehensive written information about their rights and responsibilities and a resident handbook. A resident agreement is offered to each resident to formalise occupancy arrangements and the home advises that it has a signed agreement for each resident in its care. The agreement includes, but is not limited to, information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. Interviews with resident/representatives indicate that they are satisfied with the information the home provides regarding their security of tenure and that they understand their rights and responsibilities

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

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team noted improvements have been made in relation to Standard Four. These include:

- Fresh bottled water is now supplied freely to all residents in each room. The result of this initiative has been an increase in the level of residents’ fluid intake and a reduction of the risk posed by infection through water jugs exposed in rooms and the re-filling process.
- Catering operations are now managed from a central kitchen and a pre-heated mobile bain marie efficiently conveys hot food to all levels. Meals are now plated with the resident in the dining room allowing for a more personalised service. Most residents expressed satisfaction with the change.
- An additional benefit of the change to food service arrangements is the room formerly used as a kitchen will now be converted to an additional nurse’s station, with clinical staff permanently assigned to duties on this level. With the gradual advent of frailer low care residents stakeholders interviewed were delighted at the prospect of more clinical staff being visible and accessible in this area

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home’s regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Four Physical environment and safe systems. These include:

- The team observed the annual Fire Safety Statement certifying that fire equipment is appropriate and suitably serviced.
- The notification of assessment against the 1999 Building Certification Instrument showed the home scoring above the required 19 or more out of 25 in section one (safety) and a pass for the overall score.
- The manager demonstrated the organisation’s system to ensure compliance with amendments to legislation such as the 2008 Commonwealth Certification and the home will satisfy the 2008 mandatory certification requirements relating to privacy and space.

- The team observed documents stored on site used to inform the workforce of relevant legislation and regulatory requirements such as occupational health and safety and manual handling information displayed on a staff notice board, food safe information in the kitchen and infection control policy and procedures.

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's approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard Four: Physical environment and safe systems. The team noted that the education program, during 2008 and 2009 included a range of subjects specific to safe systems. There are systems in place to support mandatory attendance for all staff to annual training day sessions on fire safety and evacuation, infection control, manual handling and occupational health and safety. Additionally, the home has two trained fire safety officer on staff. All staff involved in the provision of catering services have completed courses on safe food handling and occupational health and safety representatives either have completed the occupational health and safety consultant course or will complete the course in the near future.

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 residents/ representatives are satisfied with the living environment that provides them with an expansive leafy outlook and accommodation in single rooms with ensuite in the hostel levels and single, three and four bedded rooms with shared bathroom facilities in the high care level. Recent renovations in the high care section and installation of furniture in the public areas and verandahs are in response to identified resident care needs. The safety and comfort of the home is monitored through regular environmental audits, analysis of accident and incidents, hazard reporting and a comprehensive corrective and preventative maintenance activity schedule. The home has a maintenance person five days a week and residents reported satisfaction at the response to repair requests and general state of repair of the older style building.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has occupational health and safety systems in place to ensure that a safe working environment is maintained that meets regulatory requirements through mechanisms such as the occupational health and safety and infection control

committee, staff education, accident/incident reports, hazard reports, infection surveillance, and safe operating procedures. Residents/representatives, staff interviews and review of documentation demonstrated the home monitors the safety of the environment through observation and regular audits and takes corrective action where deficiencies are identified. For example, a new mobile bain marie was purchased to facilitate improved meal service on different levels of the home, but this unit proved difficult for the staff to safely move between floors. Management responded to staff's OH&S concerns and a motorised attachment was sourced and purchased that has proved highly satisfactory. The team notes consistent efforts are made to report and identify incidents and hazards and to rectify any identified hazards. Staff confirm they are provided with sufficient and appropriate equipment and resources to maintain safe work practices. Staff also stated that management is supportive in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems in place to ensure the safety and security of residents and staff. These include regular checks of equipment by the home's two trained fire officers and contractors, security on all external doors and emergency and fire evacuation procedures. The home is fitted with fire detection and alarm system, fire fighting equipment, smoke detectors, fire and smoke doors, extinguishers and fire blankets, all of which have been checked and maintained as evidenced in work records and confirmed by an appropriate authority (annual fire safety certificate current to 1 June 2010). Residents at high risk during evacuation have been identified and discreet signage outside their rooms indicates the presence of fire evacuation equipment. As a result of these measures, the home achieved a pass rating in the fire safety section of the 1999 Aged care certification instrument and the facility manager stated the organisation has been advised that following recent renovations the home also meets the 2008 certification requirements for beds and bathroom ratio. There are documented procedures for detection and taking action in the event of a fire or other emergency and regular fire and emergency training is given to all staff. Staff reported to the team that they are aware of the procedures to be followed in the event of a fire and the residents and resident/representatives reported the home provides a secure environment.

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 infection control manual in place, which lists components of the home's program for identifying, managing and minimising infections. The coordination of the program is shared between managers with responsibility for the home's clinical, hospitality and education functions. The educator has completed an external training course and has begun to ensure the program is implemented, and expertly coordinated. Staff are provided with infection control education at orientation and annually and staff practices are monitored to ensure an effective infection control program. Staff interviewed by the team demonstrated an understanding of infection control procedures and resident/representatives reported satisfaction with the actions taken by staff to minimise infections. The team observed practices that embraced infection control requirements including the use of personal protective equipment and

clothing and the use of colour-coded equipment in all areas. Infection data is collected monitored and trends identified. Preventative measures include a staff hepatitis B and influenza vaccination program, a well stocked outbreak kit and implementation of strategies in the kitchen and laundry, consistent with hazard analysis and critical control point principles.

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

Catering

Food service staff interviewed stated they enhance residents' quality of life by providing choice and variety of food, using the regothermic re-heating method and ensuring they implement work practices that embrace infection control and occupational health and safety. The team noted the four week seasonal rotating menu was developed by the cook chill supplier. The in-built site specific choices are structured by a dietician to maintain its nutritional value. The team noted there are systems to ensure resident preferences are identified and implemented and a new process to make these accessible to all staff was shown to the team. Food storage areas are well organised with foods correctly stored, labelled, rotated and dated.

Cleaning

The home has a planned cleaning program that ensures all public areas and resident rooms are cleaned according to a set schedule and 'spring cleaned' in rotation. Colour coded cleaning mops, buckets and cloths are used in all areas. The team observed equipment for cleaning spills throughout the service and staff that were interviewed demonstrated good knowledge of their location and use. Residents/representatives interviewed and comments in meeting minutes, surveys and complaints showed a high degree of satisfaction with the work of the cleaners.

Laundry

The off site laundry service efficiently and reliably delivers clean linen and residents' personal clothing. The team observed OH&S and infection control measures in place for the collection from residents rooms, pick up from the home and return to residents. All residents interviewed stated clothes being laundered at the off site facility are returned promptly and in good order. The hospitality manager has ongoing communication with the external laundry and was able to verify their high standard of infection control procedures and commitment to minimising incidents of mislaid clothing.