



Aged Care
Standards and Accreditation Agency Ltd

St Lukes Nursing Home

RACS ID 2713

73 Roslyn Gardens

ELIZABETH BAY NSW 2011

Approved provider: St Luke's Care

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 30 March 2015.

We made our decision on 30 January 2012.

The audit was conducted on 4 January 2012 to 5 January 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

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.

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle**Principle:**

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

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

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.

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

St Lukes Nursing Home 2713

Approved provider: St Luke's Care

Introduction

This is the report of a site audit from 4 January 2012 to 5 January 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 4 January 2012 to 5 January 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of four registered aged care quality assessors.

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

Assessment team

Team leader:	Margaret McCartney
Team member/s:	Jane Satterford
	Kate Gatwood
	Joan Rafferty

Approved provider details

Approved provider:	St Luke's Care
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Details of home

Name of home:	St Lukes Nursing Home
RACS ID:	2713

Total number of allocated places:	157
Number of residents during site audit:	138
Number of high care residents during site audit:	113
Special needs catered for:	Nil

Street/PO Box:	73 Roslyn Gardens	State:	NSW
City/Town:	ELIZABETH BAY	Postcode:	2011
Phone number:	02 9356 0400	Facsimile:	02 9360 5228
E-mail address:	dkey@slc.org.au		

Audit trail

The assessment team spent two (2) days on-site and gathered information from the following:

Interviews

	Number		Number
Management for organisation (nursing, support services and infrastructure, security)	3	Residents	13
Management specific to home (nursing)	2	Representatives	14
Clinical/support staff	10	Allied health professional	1
Care staff	19	Allied health staff	1
Lifestyle coordinator/staff	2	Contract managers (support services, housekeeping and maintenance)	3
Clinical nurse educator	1	Hospitality services staff (catering/cleaning/laundry)	8
Administration staff	4		

Sampled documents

	Number		Number
Residents' files (including assessments, care plans, medical/care staff/allied health progress notes, referrals to specialists, medical/allied health reports, pathology, pharmacy reviews and hospital discharge summaries)	26	Medication charts	34
Wound charts	10	Resident administrative files	5
Summary/quick reference care plans	14	Personnel files (including performance development reviews)	8

Other documents reviewed

The team also reviewed:

- Accident and incident documentation including: incident reports; accident and incident trend report; skin tear incidents review; falls incidents review; and benchmarking reports
- Accreditation self assessment report
- Behaviour management documentation including: behavioural management plans; and identification records for residents with potential to abscond
- Catering documentation such as cleaning duties, sanitising of fruit and vegetables, temperature records – food and equipment; menu; menu's dietician review; food review report; New South Wales food authority audit and results; food safety plan; and resident dietary preference forms
- Cleaning service program and calendar; room service and spring cleaning list
- Clinical care documentation including: admission checklist for residents; communication with specialists and allied health; communication books; clinical monitoring records and

needs assessment; family conference documentation; handover/daily reports; and clinical performance indicators

- Comments and complaints folder including: feedback and suggestion register and related documentation
- Continuous improvement documentation including: operation plan; continuous improvement register; suggestions for improvement; audit schedule; audits; action plans; reviews; reports; evaluations; and surveys
- Education documentation including: education and training incentive program; education calendar; attendance records; mandatory training lists; orientation and induction checklists; evaluations; registered nurse education folder; self directed learning packages; mandatory education matrixes; individual staff training records; apprenticeship records; skills assessment matrix; and skills assessments
- Fire safety and other emergencies documentation including: emergency response manual; evacuation information folders; security operations and safe work practices information; fire certification inspection reports; fire equipment maintenance and service reports; and fire simulation and evacuation exercise report
- Handover communication bulletins
- Human resource documentation including: recruitment flowchart; recruitment documentation; staff performance development reviews; code of conduct; enterprise agreement; human resources industrial newsletter; agency contacts; staff credentials list; volunteers register; staff rosters and running sheets; and staff handbook
- In charge folder
- Infection control documentation including: monthly clinical key performance indicator reports; outbreak management program; pest control service reports; resident influenza vaccinations; and Legionella testing reports
- List of residents fitted with sensor bracelets
- Management joint review information folder – engineering, housekeeping and food services
- Manual handling wall symbols and instruction cards
- Medical log books
- Medication management documentation: certificate IV staff medication skills assessments; medication audits; medication incident folder; temperature logs for medication fridges; Schedule eight drug registers; resident medication plans; medication signing sheets; and medication management (external) reviews
- Memoranda
- Minutes of meetings
- Monthly screening for nutrition and hydration
- Newsletters – resident, human resource industrial, and staff
- Occupational/work health and safety documentation including: policy, hazard reporting system, workplace inspections, risk assessments, and return to work program
- Pain management documentation including: pain management charts; pain management programme evaluation; and pain management programme records
- Personal care list folders
- Physiotherapy assessments
- Podiatry assessments and review
- Policy and procedure manuals
- Preventative and corrective maintenance program including: service reports, electrical tagging, thermostatic mixing valve records; and sensor pads/call bell monthly audits; electronic maintenance request system; approved provider contracts; and service level agreements
- Privacy policy
- Recreational activity documentation including: social profiles, new activities report 2011; resident activity records; and weekly activity programs
- Registered nurse journal

- Regulatory compliance documentation including: compliance documentation; national criminal history checking records; compulsory reporting log, and registered nurse professional registrations
- Resident aggression list
- Resident information package including resident handbook
- Residential care and extra services agreements and related bond agreement and information
- Respite bed contract
- Specialised nursing care monitoring
- Staff confidentiality agreements

Observations

The team observed the following:

- 'Have your say' and other feedback forms
- A plan of care booklet
- Activities and chaplain service in progress
- Annual fire safety statement on display
- Brochures and posters on display
- Call bells
- Charter of residents' rights and responsibilities on display
- Christmas decorations throughout the home
- Cleaning in progress and equipment in use
- Emergency drug supplies
- Fire safety including fire boards, equipment, sprinklers, evacuation plans, and emergency procedure flipcharts
- Hairdressing salon
- Handover in progress
- Hypoglycaemia kit
- Infection control resources including: hand wash basins; sanitising gel; personal protective equipment; colour coded equipment; spill kits; sharps' containers; outbreak box; and waste management
- Information at nurses stations
- Interactions between staff, residents, representatives and visitors to the home
- Journals
- Lifting equipment and manual handling aids throughout the home
- Living environment - internal and external
- Lunch service with staff assistance
- Manual handling signage
- Medication administration rounds
- Menu on display
- Mission statement, vision, values and mission on display
- Mobile sensory unit
- New South Wales food authority licence on display
- Notice boards
- Resident fire bands and labels
- Safe chemical storage; material safety data sheets
- Secure storage of files
- Security systems including electronic swipe cards and nurse call system
- Sign in and out books
- Staff work areas including the kitchen, serveries, laundries, staff rooms, offices, nurses stations, and cleaners' rooms
- Staff work practices
- Storage of goods and equipment in use

- Storage of medications
- Wound management and clinical supplies and equipment

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home demonstrated that continuous improvement is actively pursued across the four Accreditation Standards. Opportunities for improvement are identified through a range of avenues. Examples include audits, reviews, surveys, meetings, key performance indicators and stakeholder feedback. The home’s continuous improvement is also supported through the organisation’s strategic planning processes. The home demonstrated that actions are taken when the need for improvement is identified. The actions taken are tabled at various meetings and in continuous improvement registers. Comprehensive evaluations of the home’s improvements are also documented. The home participates in an external benchmarking service which provides quarterly reports to assist with the home’s reviews. Feedback on continuous improvement activities is provided to residents/representatives, staff and other stakeholders through meetings, handover communication bulletins, and newsletters. Staff interviewed confirmed they have opportunities to make suggestions for improvement and advised that management are responsive to their suggestions.

Examples of improvements and results of continuous improvement in relation to Accreditation Standard One: Management systems, staffing and organisational development include:

- Management identified the need to improve the method of disseminating information to staff. A weekly handover bulletin has been implemented to guide the registered nurses or support staff on the important matters to be shared at handovers. Management reported that for some time communication folders have also been located at nurses stations on each floor to make them more readily accessible to staff. The folders contain meeting minutes, memoranda and other notices. These initiatives have resulted in providing more effective information management processes in the home.
- The organisation’s employee satisfaction survey has been changed to provide information on the employees’ engagement and alignment with the home’s mission statement, vision, and values. Through this the organisation can monitor and address any issues with employees in relation to the home’s mission, vision and values should this be identified.
- A new tool for individual staff performance and development plans has been introduced. The new tool aligns the staff performance with the home’s mission statement, vision, and values. Management are currently in the process of completing the new tool with staff. Management advised that the new tool allows them to discuss with staff ways in which both the home’s and staff goals can be aligned and achieved.
- A plan of care’ booklet has been introduced into the home as a resource for residents and/or their representatives on advanced care directives and related topics. Management advised that the booklets are provided to the representatives of residents with dementia during case conferences. The home identifies this to have improved the information available to support residents/representatives in their choice and decision making.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management advised that information on regulatory requirements is sourced through membership with a peak industry body, subscription to an aged care specific legislation service, bulletins and notices from government departments and agencies. This and other information is reviewed at the corporate level and disseminated to the home’s management as necessary. Staff are kept informed of regulatory requirements, current legislation and guidelines through policies and procedures, access to resource information, newsletters, education sessions, and at meetings. The home’s processes are monitored to ensure compliance with regulatory requirements through management’s reviews, corporate reviews, and audits. Staff advised they are satisfied with the information the home provides on regulatory requirements and/or professional guidelines which are relevant to their roles.

Examples of responsiveness to legislative and regulatory requirements in relation to Accreditation Standard One: Management systems, staffing and organisational development include:

- Processes are in place through which the organisation monitors that all staff employed in the home have current criminal history checks and are cleared to work. Management advised that all volunteers and the relevant contractors are also required to have criminal history checks completed.
- Processes are in place to inform residents of their rights in relation to bond management and prudential requirements.
- Residents and/or their representatives have been informed of the accreditation site audit and the opportunity to speak to an aged care quality assessor. This included the Aged Care Standards and Accreditation Agency Ltd notices in relation to the accreditation site audit being on display throughout the home.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Systems are in place to support management and staff to have appropriate knowledge and skills to perform their roles effectively. Processes are in place to identify staff training needs such as through the completion of an education needs analysis and staff requests during performance development reviews. New staff are provided with orientation programs by the home and the organisation as well as being ‘buddied’ with more experienced staff members. Agency staff are also given an orientation to the home. Monthly education calendars are developed and include sessions presented by internal or external trainers. Records of staff attendance at training sessions are maintained and processes are in place to monitor staff attendance for mandatory training programs. Various resources are available for staff to guide them in performing their roles and/or to improve their knowledge and skills. This includes journals and self directed learning packages. Staff are encouraged and supported to

attend external courses to improve their qualifications. Staff reported they are satisfied with the education programs available to them. Residents/representatives interviewed expressed satisfaction with the knowledge and skills of management and staff.

Examples of education sessions available for management and staff within the last 12 months in relation to Accreditation Standard One: Management systems, staffing and organisational development include:

- salary packaging
- staff enterprise agreement
- journaling for recording registered nurses' clinical professional development hours
- aged care funding instrument documentation and
- effective communication skills.

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 findings

The home meets this expected outcome

Residents and/or their representatives are informed of internal and external complaints mechanisms through the information provided on entry to the home. Examples of this include information in the residential care and extra services agreement, and the resident handbook. Posters and brochures for the aged care complaints scheme are also on display. Management advised that information on comments and complaints mechanisms in languages other than English would be sourced if required. Residents/representatives and other interested parties are supported to make comments and complaints through resident meetings, surveys, and verbally to staff and management. Documentation reviews demonstrated that emails are also used by some residents' representatives to communicate with management. Processes are in place for management to review the comments and complaints received and address the matters raised. Residents/representatives advised they can express complaints to staff members or management. Residents/representatives generally expressed satisfaction with the ways in which the issues they have raised have been addressed.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's mission statement, vision, and values are on display and recorded in various documents available for staff and residents and/or their representatives throughout the home. For example they are documented in the resident handbook and the staff handbook. The home's mission statement, vision, values and mission include documentation of a commitment to continuous improvement. The home also demonstrated the mission statement, vision and values are promoted through strategic planning processes, the staff survey, and the staff performance development program.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are appropriately skilled and qualified staff to ensure that services to residents are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. This includes the organisation's management structure and the human resource management systems such as a comprehensive staff recruitment process. Management advised of higher staffing levels in the home due to the home's extra service status. Interviews and documentation reviews demonstrated the home employs staff with a variety of skills and has a rostering replacement system. Agency staff are utilised to cover assistant in nursing positions when required. Management reported that agency registered nurses are never used. All care staff are required to have certificate III in aged care as a minimum qualification for employment. Staff are provided with position descriptions outlining their responsibilities. The team's reviews demonstrated that many staff have been employed in the home for a number of years. Residents/representatives expressed satisfaction with the availability of staff and the skills of staff to meet their needs. Many residents/representatives interviewed also expressed praise for management and the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Documentation and interviews with management confirmed the home has systems to order and have available stocks of goods and equipment appropriate for quality service delivery. A health industry contractor manages hospitality and maintenance services for major equipment and supplies. The home has established providers for regular requirements such as clinical and continence supplies. Stock levels for basic goods and items in use are managed and maintained by designated staff. The preventative and reactive maintenance program ensures equipment is monitored and replacement needs are identified on a risk-rated basis. Approved sub-contractors are used for regular and scheduled specialised equipment service and repair. Trial equipment is evaluated for work health and safety and infection control considerations prior to purchase. Staff training is provided if required. There is a stock rotation system for food goods. Records show electrical appliances in the home are tested and tagged annually by a specialised service. Management monitors the inventory and equipment system through audits and inspection, review of incident forms, hazard reporting and feedback from meetings. Residents/representatives and staff interviewed said, and observations confirmed, there are plentiful supplies of goods and equipment available for use.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home demonstrated that effective information management systems are in place. This included keeping residents/representatives informed and providing management and staff with sufficient information to perform their roles. New residents are provided with a range of information through the residential care and extra service agreement, the accommodation bond agreement, the resident handbook, and various information sheets. Information is also disseminated through avenues including meetings, education programs, noticeboards; newsletters, staff handovers, communication books, care documentation, memoranda and verbally. Electronic information is password protected and backed up. The home has a system for the archiving of resident information and processes for the secure removal of confidential information when necessary. Staff are informed of the need to maintain the confidentiality of resident information when they commence employment. Residents/representatives and staff expressed satisfaction with the ways in which they are kept informed about matters relevant to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure external services are provided to meet the care and service needs of residents. A health industry contractor manages hospitality and maintenance services with external providers. This includes the management of contracts and service agreements that specify set performance standards to meet the home's statutory, regulatory and quality requirements. Service agreements with preferred local providers such as the hairdresser, pharmacist and nursing agencies are managed by the home. Documentation reviews demonstrated that records are maintained of insurance, occupational health and safety documentation, license or business registration details and criminal history checks, as appropriate, for external suppliers. Contractors are required to sign a register and wear identity when on site at the home. All work performed is monitored for quality and effectiveness of service at the home and corporate level through inspection, audits and feedback. Resident/representative and staff feedback did not identify any issues with the services provided by external providers at the home.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for details of the home's continuous improvement system. The home presented evidence demonstrating that the organisation actively pursues continuous improvement in relation to Accreditation Standard Two.

Examples of improvements and results of continuous improvement in relation to Accreditation Standard Two: Health and personal care include:

- A weight management flowchart has been implemented to help staff to identify the appropriate nutritional supplement requirements for residents. This system includes the use of the malnutrition screening tool and the identification of residents' body mass index. Through the program management are provided with information on the residents' dietary status each month. This has resulted in improving the home's system for monitoring residents' nutritional status. A program was also undertaken to monitor residents' hydration status through monitoring their urinalysis specific gravities were within normal range. Management advised the review demonstrated that the residents have adequate hydration.
- The home identified that the system for identifying and monitoring when PRN (as necessary) medications were administered needed to be improved. In response to this the application of PRN stickers in residents' progress notes to show when PRN medications are administered was introduced. Management identify this to have improved processes for recording and monitoring the effectiveness of the PRN medications for residents.
- Management identified there was no system for monitoring that staff were disinfecting residents' dentures each week in accordance with the home's practices. In September 2011 the home introduced the system through which all residents' dentures are soaked on Monday nights. An audit of the program showed a 100 percent compliance with this system. However, through the audit it was also identified that not all residents had their dentures labelled. Management reported in response to this the home undertook to label all residents' dentures. This has resulted in improving the oral and dental care for residents.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The home demonstrated that information is available

for staff on regulatory requirements, legislation and professional guidelines in relation to Accreditation Standard Two. This includes a clinical care manual from an institute which provides resources and information on clinical care in accordance with current best practices.

Examples of responsiveness to legislative and regulatory requirements in relation to Accreditation Standard Two: Health and personal care include:

- The organisation has a system to monitor the currency of registered nurses' authorities to practice.
- Residents receiving high level care have registered nurse input into their initial and on-going assessment, planning and management as required in the *Quality of Care Principles 1997* (Cth).
- Registered nurses have been provided with a recent government medication safety policy update.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. New care staff are required to complete a comprehensive package of skills assessments. The home demonstrated that care staff are encouraged and supported to improve their skills and knowledge through completion of certificate IV in aged care work. Management also reported that several care staff are currently completing their registered nurse training. Staff interviews and documentation reviews demonstrated they have knowledge and skills in relation to residents' health and personal care.

Examples of education sessions attended by staff within the last 12 months in relation to Accreditation Standard Two: Health and personal care include:

- urinary retention and use of the bladder scan
- trans ischemic attacks and stroke
- compression bandaging
- continence care
- oral care
- sleep care and the use of the continuous positive airway pressure machine
- pressure care
- falls prevention
- diabetes and
- assessments to care planning.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

The home has comprehensive systems in place to assess, identify, monitor and evaluate residents' individual care needs on entry to the home and on an ongoing basis. Information

obtained from residents and representatives as well as a range of focus assessments are used to prepare individual care management plans. The registered nurses review and update residents' care plans every three months or as necessary to ensure the care provided is up-to-date and effective. Residents have a choice of medical officer and have regular medical consultations. The provision of care is monitored via feedback from residents and representatives, audits, surveys, collection of clinical indicators and the comments and complaints mechanisms. When indicated, residents are transferred to hospital for emergency treatment or to meet specific care needs. Residents/representatives interviewed by the team expressed satisfaction with the care provided and advised they have the opportunity to contribute to care planning.

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 findings

The home meets this expected outcome

The home has systems in place to identify and meet residents' specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with residents and their representatives as well as other health professionals. The registered nurses oversee any specialised care needs at the home. Residents' documentation confirmed that residents with specialised nursing care needs are referred to a range of medical and allied health specialists for management review. Staff are provided with education and support to ensure they appropriately manage residents' complex and specialised needs. Residents/representatives interviewed indicated satisfaction with the specialised care that is provided by 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 findings

The home meets this expected outcome

The home has systems in place to ensure referral to appropriate health specialists occur in accordance with the residents' needs and preferences. Transport to these appointments is provided by residents' representatives or organised through the home. Documentation confirmed reviews have been completed by a speech therapist, eye specialists, palliative care team, psychogeriatrician, clinical psychologist, dermatologist, dentist, optometrist, physiotherapist, podiatrists, audiologist, and dietician. A review of residents' care plans, progress notes, assessments and other documentation confirmed ongoing reviews are in place and that appropriate changes are documented and implemented. Residents/representatives interviewed advised they are satisfied with the arrangements for referral to appropriate health and related specialists.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The team reviewed the home's medication policies and procedures and identified that there is a system in place for the safe and correct management of residents' medications. The home uses a blister pack system for the delivery of medications to residents, administered by registered nurses and appropriately trained staff. Photographic identification

with clear information relating to known allergies and special requirements is evident on the residents' medication charts. All medications are stored securely and schedule eight drugs are regularly checked by two registered nurses. A review of the home's documentation confirms there is a medication incident reporting system in place with medication audits attended. A local pharmacy provides the home with a regular delivery service and an external service conducts annual reviews of residents' medications. Residents/representatives interviewed reported they are happy with the care provided in relation to residents' medication requirements.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

There are systems in place to identify and manage residents' pain and to evaluate pain management strategies that ensure residents are as free as possible from pain. A pain assessment including a specific assessment for residents with compromised communication is undertaken on entry to the home. A pain management plan is developed in consultation with the resident, their medical officer, the registered nurse, the physiotherapist and other allied health personnel as appropriate. If a resident indicates their current interventions are not working staff complete monitoring charts. The results are reviewed and ongoing consultation is undertaken until their pain is managed to their satisfaction. The physiotherapist is also involved in pain management strategies and implements treatment plans that ensure residents can mobilise without discomfort. Care staff described their role in pain management, including identification, reporting and monitoring. Resident/representative interviews demonstrated that pain management strategies used by the home meet the residents' needs.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure that the comfort and dignity of terminally ill residents are maintained. Residents and representatives are included in all aspects of care planning to ensure that physical, emotional, cultural and spiritual needs and preferences are identified, documented and implemented. The home has access to the community palliative care service for clinical support and equipment as needed. Pastoral care and chaplain services are available to support and counsel terminally ill residents and their representatives.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has systems in place to provide residents with adequate nutrition and hydration through initial and ongoing assessments of residents' dietary preferences and requirements. The menu and dietary requirements of individual residents are reviewed on a regular basis. Residents are weighed monthly and weight variations are investigated through review by the nutritional assessment system. Weight monitoring may result in follow up referral to appropriate specialists or the provision of dietary supplements and weekly monitoring of

weight and nutritional intake. Residents are encouraged to maintain hydration with regular drinks provided including at meal times, morning and afternoon tea and supper. Residents/representatives are satisfied with the meals and confirmed residents have choices at meal times and have input into the provision of food services.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems in place for maintaining residents’ skin integrity including initial and ongoing assessments, care planning and regular evaluation. The home monitors accidents and incidents including wound infections and skin tears and acts appropriately on trends identified. Wound care is monitored by the registered nursing staff and the home has access to a wound care clinic at a local hospital. Medical officers’ notes and wound care reviews demonstrated ongoing care and evaluation of wounds are effectively managed and monitored. The home uses an emollient cream and specific wound care products to assist in maintaining and treating skin integrity. A podiatrist attends the residents for assessment and care on a regular basis. The residents also have an opportunity to visit the hairdresser service who attends onsite. Residents/representatives are satisfied with skin integrity management at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to monitor and manage bladder and bowel continence and constipation effectively. These include assessment on entry to the home and on an ongoing basis. Ongoing management strategies include: individual care plans, continence aids, increased fluids, fibre and exercise. The registered nursing and care staff manage residents’ assessments and coordinate the types of continence aids required. Continence management programs are in place and monitoring is via daily recording by care staff. Appropriate procedures are implemented if any issues are identified. A bladder scan machine is available from the co-located hospital for staff to use if required. Data on infections that may affect continence is collected, analysed and actioned appropriately. The team observed adequate supplies of linen and continence products. Residents/representatives reported they are satisfied with continence management at the home.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to assess and manage residents with challenging behaviours. This includes the initial and ongoing assessment of residents’ behavioural needs and the development of a care plan that includes strategies to address residents’ specific needs. The psychogeriatric team from a local hospital has a clinic at the home each Monday. This provides assessments and reviews of residents’ behavioural management. The home has comprehensive security systems to ensure the safety of residents who are at risk of wandering. Residents are all encouraged to participate in the home’s activity program during

the day. This includes support to join in with group activities and/or on an individual basis. Staff were observed interacting with residents with respect and dignity. Resident/representatives interviewed are satisfied with the manner in which residents with challenging behaviours are managed at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure optimum levels of mobility and dexterity are achieved for all residents. The home’s assessment and care planning processes ensure that residents’ mobility and dexterity are assessed initially and on an ongoing basis with interventions documented in the care plans. The home’s physiotherapist completes a specialised physiotherapy assessment and care plan for all residents and documentation confirmed regular reviews are in place. Manual handling requirements for all residents are also assessed with a newly developed identification system in place to ensure staff are able to identify the residents’ individual requirements. Manual handling equipment is available to the staff who receive training in the correct use of the equipment. Staff are required to undergo manual handling competencies annually. The home offers a range of exercise classes held regularly throughout the week that are well attended by residents. Interviews with residents/representatives demonstrated that residents are satisfied with the ways they are assisted to maintain their mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure residents’ oral and dental health is maintained through initial and ongoing assessment of residents’ oral and dental needs. Assessments through staff observation and referral to a dentist of choice are arranged as per residents’ needs and preferences. The day-to-day care is attended as per residents’ individual care plans. Staff encourage residents to clean their own teeth or dentures to maintain their independence and optimum oral and dental care. Refer to expected outcome 2.1 continuous improvement for details of the home’s initiatives to improve residents’ oral and dental care. Residents/representatives are satisfied with residents’ oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has a system in place to ensure that residents’ sensory losses are identified and managed effectively. The initial assessment identifies any impairment and a care plan is developed incorporating identified needs. Specialists/allied health professionals are involved as required, including audiology, optometry and speech therapists. The team observed examples of strategies used by the home to manage residents’ specific sensory losses including sensory equipment and activities, music, large print posters and books/cards appropriate to the residents’ compromised cognition. Staff ensure hearing aids and glasses

are properly fitted and maintained. Residents/representatives expressed satisfaction with the support provided to assist residents with sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements and sleep assessments, the implementation and evaluation of strategies and the provision of a quiet environment. For residents with disturbed sleep patterns, staff use strategies to support them. Examples of strategies include offering food or a warm drink, spending time with the resident, appropriate continence management and ensuring a quiet atmosphere and pain/comfort management. The home has access to personnel in a sleep disorder unit in the co-located hospital for advice if required. Residents/representatives interviewed reported the home’s environment is quiet at night and residents are given individual attention when they are unable to sleep.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system. The home presented evidence demonstrating that the organisation actively pursues continuous improvement in relation to Accreditation Standard Three.

Examples of improvements and results of continuous improvement in relation to Accreditation Standard Three: Resident lifestyle include:

- During the recent refurbishment program the size of the residents’ hairdressing salon has been increased. The new salon provides more places at which residents can sit so they no longer need to wait in the corridor for their hairdressing appointment. This has resulted in improving the support the home provides for residents’ privacy and dignity.
- Through a resident survey undertaken during 2011 the home identified the need to improve the activities provided for the cognitively alert residents to meet their needs. In response to this a number of new activities were implemented such as current affairs discussions, a lecture series, and poetry readings. The home’s evaluation of the new programs show they have been successful in meeting the residents’ needs. Resident interviews also demonstrated they enjoy these programs.
- In December 2011 the home introduced a new initiative called ‘Lulworth has talent’. This gave residents an opportunity to perform in the home’s orchestra. A variety of other ‘talent’ was also displayed such as some residents performing in a skit. Management reported that the activity was a ‘real hit’ enjoyed by all who participated and watched. Management advised that due to the success of this activity it is planned to hold similar events again.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The home demonstrated that information is available for staff on regulatory requirements, legislation and professional guidelines in relation to Accreditation Standard Three.

Examples of the home’s responsiveness to legislative and regulatory requirements in relation to Accreditation Standard Three: Resident lifestyle include:

- The home has policies and procedures in relation to the compulsory reporting of resident assault and missing residents. The home maintains a mandatory reporting folder including a compulsory reporting log and related documentation.
- Residents are provided with a residential care and extra services agreement with outlines information in keeping with the legislative guidelines for resident agreements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. The organisation's staff orientation program includes confidentiality, security of tenure, privacy and dignity and other topics relating to resident lifestyle. Mandatory training for staff includes elder abuse and the related mandatory reporting. Interviews and observations demonstrated that staff have knowledge and skills in relation to resident lifestyle.

Examples of education sessions that staff have attended within the last 12 months in relation to Accreditation Standard Three: Resident lifestyle include:

- customer service training and
- grief and bereavement training.
- Person centred care training has also been provided for staff during 2010.

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 findings

The home meets this expected outcome

There is a system to ensure initial and ongoing support through a series of assessments, care planning and regular reviews of the care provided. Case conferencing, when care requirements are reviewed and any issues discussed, is available to those residents and families who request it. The director of nursing holds a 'meet and greet' afternoon tea throughout the year to which new residents and their families are invited to attend. The diversional therapy staff visit the residents and encourage participation in the home's activity programs. Friends and family are encouraged to visit the home and observations of staff practices and interactions with residents showed respect, understanding and warmth. Residents/representatives interviewed expressed satisfaction with the emotional support residents receive from staff in adjusting to their new environment and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents are assisted to achieve and maintain maximum independence and participate in the life of the community. Residents' individual needs are assessed on entry to the home and strategies are put in place through consultation with the resident and their representatives. Residents are encouraged to be as independent as possible with their activities of daily living and the home runs regular weight bearing exercise classes to assist in maintaining residents' mobility. Families are encouraged to visit and a resident newsletter includes information on current activities and upcoming events in the home. Volunteers and entertainers visit the home regularly. Observations confirm residents use a variety of mobility aids to assist in their independence and residents' rooms have personal items displayed. Assistance is provided for those residents wishing to vote in local elections. Interviews with residents/representatives confirmed satisfaction with the assistance provided by staff to maintain their independence.

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 findings

The home meets this expected outcome

The home demonstrated that each resident's right to privacy, dignity and confidentiality is recognised and respected. Related policies and procedures are in place and staff are required to sign confidentiality agreements on commencement of employment. Documentation reviews demonstrated that residents are asked to sign consents relating to confidentiality of personal information on entry to the home. Residents reside in one bedded or two bedded rooms with privacy curtains in place. The team observed staff practices including knocking on residents' doors prior to entering a room and addressing residents by their preferred name. The team observed that documentation relating to residents is securely stored in each nurses' station. Interviews with residents/representatives demonstrated that staff are very respectful of residents' privacy, confidentiality and dignity.

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 findings

The home meets this expected outcome

The home encourages and supports residents to participate in a wide range of interests and activities that are of interest to them. On entry to the home residents' interests and activity preferences are identified through a social profile assessment and a care plan is developed. Activities are provided in a group or one to one basis depending on the assessed needs of the resident. Lifestyle staff are available seven days a week and the home offers both centralised activities for all residents as well as providing activities in specific areas within the home. A weekly calendar is delivered to all residents and is on display showing the range of activities offered including poetry readings, pet therapy, craft and bus trips. Lifestyle staff visit residents in their rooms regularly to encourage participation and families are able to join in. An evaluation of each activity is conducted through observation, participation numbers and

feedback from residents. Interviews with residents/representatives revealed that residents are satisfied with the activities available to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

A system is in place to ensure residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. On entry to the home residents' individual customs and beliefs are documented with relevant information transferred to care plans. Religious visitors from the local Anglican and Roman Catholic churches hold weekly services and are able to visit more frequently if requested. A range of culturally significant days are celebrated in the home and all residents' birthdays are celebrated on the day. Staff are aware of the residents' beliefs and cultural backgrounds. Interviews with residents/representatives demonstrated they are satisfied that residents' needs are being met.

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 findings

The home meets this expected outcome

The home has systems where each resident and/or their representative are enabled to participate in decisions about the services they receive and exercise choice and control over their lifestyle. Examples of residents exercising control and choice include preferences for showering and bed times, participation in activities and choices at meal times. The home keeps records of substitute decision makers and ensures they are consulted as necessary. The home provides avenues for residents and their representatives to provide feedback and to participate in decision making relating to the services they receive. These include case conferences, resident and relative meetings, surveys and the comments and complaints mechanism. Residents' representatives interviewed confirmed they are kept informed of changes to residents' health. Resident interviews indicated satisfaction in relation to their opportunities for choice and decision making.

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 findings

The home meets this expected outcome

Processes are in place to provide potential and new residents and/or their representatives with information on security of tenure and their rights and responsibilities. A residential care and extra services agreement is offered to new residents and/or their representatives for signing. Staff interviews demonstrated that residents are encouraged to seek legal and/or financial advice prior to signing this agreement and the accommodation bond agreement. The residential care and extra services agreement provides information including, but not limited to, a 14 day cooling off period, fees, rights of occupancy, termination, leave and extra services entitlements. Information on residents' rights and responsibilities is also provided through the Charter of residents' rights and responsibilities recorded in a range of

documentation as well as being on display. Processes are in place for residents to be consulted about room changes when required. Resident/representative interviews demonstrated that residents feel secure in their tenure in the home and generally 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement system. The home presented evidence demonstrating that the organisation actively pursues continuous improvement in relation to Accreditation Standard Four.

Examples of improvements and results of continuous improvement in relation to Accreditation Standard Four: Physical environment and safe systems include:

- The home identified that a resident fall occurred due to staff using the wrong mechanical lifting device. In response to this new manual handling cards with symbols were developed and trialled. The cards were placed near residents’ beds to make them more readily visible to staff. The trial demonstrated that the cards were successful in helping staff to identify residents’ mobility and transfer needs more effectively. The cards have now been implemented throughout the home and are reported to be well utilised by staff. This has resulted in improving resident safety.
- The home has implemented a new evacuation resident identification system. Colour coded resident lists to help readily identify residents’ mobility status have been developed. Each resident has a sheet made up with an armband and sticky labels recording the resident’s name and their medical officer’s contact details. Stickers relating to residents’ mobility and cognitive status are also on the sheets so they can be placed on residents in an emergency if needed. Management reported that the new labelling system is to improve the identification of the sequence in which to take residents from the home in the event of an emergency evacuation.
- The home is currently undergoing refurbishments to improve the living environment for residents, representatives, staff and other stakeholders. Examples of improvements resulting from the refurbishments include:
 - The level one west treatment room has been increased in size to provide staff with a bigger work space. Linen storage in this area as also been improved. Management identify this to have resulted in improving the work health and safety for staff.
 - The home’s different levels have traditionally been called A, B, C and E. During the recent refurbishments the names of the floors have been changed to ground floor, level one, level two, and level three. The home identifies this to have improved the identification of these areas and to make navigation around the home easier.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The home demonstrated that information is available for staff on regulatory requirements, legislation and professional guidelines in relation to Accreditation Standard Four.

Examples of responsiveness to legislative and regulatory requirements in relation to Accreditation Standard Four: Physical environment and safe systems include:

- Management attended an information session in June 2011 in preparation for the changes to the national work health and safety (WHS) laws introduced on 1 January 2012. The home demonstrated that actions have been taken in response to the new work health and safety regulations. This includes, but is not limited to, providing staff with access to the relevant information. The agency staff orientation checklist has been updated to refer to work and health safety.
- The effectiveness of the home’s WHS and workers compensation system is reflected by a successful re-application to the retro paid loss scheme as assessed by WorkCover New South Wales. This has resulted in a significant refund to the home of workers’ compensation insurance premiums since there have been no recent claims.
- The home demonstrated that it has met the legislative requirements for the catering services. A New South Wales (NSW) food authority audit has been completed for which a pass score have been achieved. The home has a NSW food authority license on display.
- Fire safety checking records are maintained by the fire service which visits the home and an annual fire safety certificate is on display.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. The organisation’s staff orientation program includes fire safety, work health and safety, manual handling, back care, and infection control. Mandatory education includes fire safety, manual handling, and hand washing training to be completed each year. Management reported that skills assessments are undertaken by staff as part of these training sessions. Interviews, observations and documentation reviews demonstrated that staff have knowledge and skills in relation to the physical environment and safe systems.

Examples of education sessions that staff have attended within the last 12 months in relation to Accreditation Standard Four: Physical environment and safe systems include:

- fire safety
- infection control such as multi resistant organisms, chicken pox and shingles
- waste and spill
- occupation exposures and
- manual handling training.

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 findings

The home meets this expected outcome

Management actively works to provide a safe and comfortable environment consistent with residents' care needs. St Luke's Nursing Home is a 152 bed home on five levels with interconnecting lifts. Accommodation is in single and some shared rooms with en-suite bathrooms. Resident rooms are well appointed and contain personalised items. Rooms have air conditioning and a nurse call bell system. There are serveries, communal dining rooms and a number of lounge areas on all levels. The home has a terrace and a garden room for resident use and to receive visitors. For resident safety and ease of mobility there are hand rails in corridors and grab rails in bathrooms. There is a contract maintenance team on-site which is also available after hours. The electronic logging system for maintenance requests includes an indication for priority. Environmental inspections and audits, preventative and corrective maintenance programs ensure that the home's environment is well maintained. The safety and comfort of the living environment is monitored through feedback from meetings, audits, incident and hazard reporting and observations by staff. Residents/representatives interviewed said the home is comfortable, well maintained and repairs are attended promptly. Comments were made about how the recent ongoing refurbishment has improved the home's environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems to provide a safe working environment consistent with policy and regulatory requirements. There are systems to record, analyse and review resident and staff incidents and identified hazards. New equipment is risk assessed for maintenance needs and work health and safety (WHS) considerations and staff training is provided if required. Personal protective equipment is readily available to staff and the team observed staff using equipment appropriately. The home has representatives on the organisation's occupational/work health and safety committee who attend monthly meetings. WHS is a standing agenda item at the home's staff meetings. Management monitors the WHS system through audits, regular inspections, risk assessments and feedback. Staff orientation and annual mandatory education includes manual handling. Chemical supplies are labelled, stored safely and current material safety data sheets are available at their point of use. The team observed safe work practices and staff members interviewed confirmed they receive regular relevant education.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to ensure the safety and security of residents, visitors and staff. This includes emergency and fire evacuation policies and procedures. Regular checks of the main and mimic fire safety panels and other fire safety equipment and sprinkler system are undertaken by an external contractor. Fire safety and emergency flip charts are situated in close proximity to telephones and evacuation egress plans are displayed. The home has a recently updated emergency response manual. Resident fire bands and evacuation information folders are held at all nurses' stations. The home has a number of safety and security measures including security officers/trained fire wardens on site at all times, a lock up procedure, electronic swipe card access, sign in and out registers, resident sensor alert bracelets and a call bell system. Visitor access cards not returned to reception are cancelled daily. The home's fire safety and security systems are monitored through site inspections and audits. Staff confirmed fire, security and emergency measures were explained during their orientation to the home. Staff interviewed knew what to do in the event of the fire alarm sounding. Residents and staff reported they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Documentation reviews demonstrated the home has an infection control policy and program. Infection control key performance indicators and antibiotic use are monitored, documented and analysed for trends on a monthly basis. Preventative measures include mandatory hand washing training, an effective cleaning regime and a staff and resident vaccination program. The home has a food safety plan to monitor food and equipment temperatures, resources for the management of outbreaks and appropriate disinfection methods in the laundry. A waste management system and a pest control program are also in place. Staff practices are monitored to minimise the risk of cross contamination. Key personnel attend a site multi-disciplinary infection control committee held three monthly. This is also attended by an infectious diseases physician and a microbiologist. The effectiveness of the home's infection control program is monitored through audits and benchmarking with results discussed at the home's meetings and at staff handover. Staff interviewed stated they receive infection control education and have access to personal protective clothing and colour coded equipment. Staff demonstrated an awareness of infection control as it pertains to their work area.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are managed by a health industry contractor. Documentation, staff interviews and observation confirmed that processes, policies, and procedures are in place for all aspects of these services. The hospitality contract service submits a monthly report to management detailing monitoring of key performance indicators. Further monitoring of hospitality services are in place. Feedback from residents/representatives was complimentary on all aspects of the hospitality services in the home.

Catering

Meals are prepared by an executive chef and catering team in the on-site kitchen that caters for the home and adjacent hospital. The home has a food safety plan and dietary information, allergies and special requirements are identified and communicated to catering staff. Meals are both freshly cooked and cook-chilled and are transported to the home's seven severies for re-heating and plating. Alternative choices are offered for all meals served and include a soft option. A four week rotating seasonal menu developed by the catering service has been reviewed by a dietician. The executive chef attends resident meetings for consultation regarding the menu. Interviews with servery staff confirmed education and awareness of safe food handling and familiarity with resident preferences.

Cleaning

Cleaning services are conducted by the home's cleaning team seven days a week according to set schedules or as required. Residents' rooms, bathrooms and common areas were observed to be clean with no malodour. Cleaning staff interviewed demonstrate a working knowledge of safe chemical use, infection control and outbreak management. The team observed colour coded cleaning equipment in use and stocks of necessary products.

Laundry

All laundry services are conducted on-site five days a week with some services on Saturdays. The home has a total of seven small laundries across all levels of the home minimising the likelihood of missing clothing. Observation and staff interviews confirmed laundry operations are in accordance with infection control guidelines. Laundries have an entry and exit door to designate dirty and clean areas. Washing machines have an auto-dosed cold water ozone system. Residents/representatives are reminded to label personal clothing. Procedures are in place for delivering residents' personal items and linen. The team observed linen storage and available supplies.