



Decision to accredit Stanmore Nursing Home

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

The Agency has decided that the period of accreditation of Stanmore Nursing Home is three years until 22 November 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:		Stanmore Nursing Home			
RACS ID:		2524			
Number of beds:		69	Number of high care residents:		64
Special needs group catered for:			<ul style="list-style-type: none">• Nil		
Street/PO Box:		66 Cambridge Street			
City:	STANMORE	State:	NSW	Postcode:	2048
Phone:		02 9519 3926		Facsimile:	02 9550 2797
Email address:		Nil			

Approved provider

Approved provider:	Principal Healthcare Finance No 3 Pty Ltd
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Assessment team

Team leader:	Veronica Hunter
Team member/s:	Sue Kelly
Date/s of audit:	15 September 2009 to 16 September 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
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

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	Stanmore Nursing Home
RACS ID	2524

Executive summary

This is the report of a site audit of Stanmore Nursing Home 2524 66 Cambridge Street STANMORE NSW from 15 September 2009 to 16 September 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 Stanmore Nursing Home.

The assessment team recommends the period of accreditation be 3 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 15 September 2009 to 16 September 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:	Veronica Hunter
Team member/s:	Sue Kelly

Approved provider details

Approved provider:	Principal Healthcare Finance No 3 Pty Ltd
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Details of home

Name of home:	Stanmore Nursing Home
RACS ID:	2524

Total number of allocated places:	69
Number of residents during site audit:	64
Number of high care residents during site audit:	64
Special needs catered for:	Nil

Street/PO Box:	66 Cambridge Street	State:	NSW
City/Town:	STANMORE	Postcode:	2048
Phone number:	02 9519 3926	Facsimile:	02 9550 2797
E-mail address:	Nil		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Stanmore Nursing Home.

The assessment team recommends the period of accreditation be 3 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.

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 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	8
State Operations Manager	1	Laundry staff	1
Deputy Director of Nursing	1	Cleaning staff	2
Recreation Activities Officers	3	Maintenance staff	1
Catering staff	4	Physiotherapist	1

Sampled documents

	Number		Number
Residents' files	7	Medication charts	15
Resident agreements	6	Personnel files including signed position agreement with confidentiality clause	6

Other documents reviewed

The team also reviewed:

- Job descriptions and duty statements
- Recruitment policies and procedures
- Residents' handbook (3B)
- Residents' information package and surveys
- Staff handbook (2B)
- Resident absences
- Food Safety register
- Register folder
- ANSTAT folder
- NSW health policy directive
- Education (Staff) Jan-June July December 2009
- MQAS Flowcharts
- Medication Management manual (7)
- Policy and Procedure manual for abuse of older people (22)

- Human Resources manual
- Policies Register 2008
- Quality Package Contents
- Elder abuse/absconding manual
- Minutes of meetings including (but not limited to) Staff meetings, residents/relatives meetings
- Resident social profiles, monthly activities programme, residents activity sheets and evaluation, daily activities records – upstairs and downstairs
- Audits and surveys
- Fire education plan and objectives for staff
- Priority action plan for continuous improvement
- Accident and incident reports medication, falls, skin tears, resident aggression
- Aged Care Complaints Investigation Scheme brochure, Advocacy brochures
- Annual fire safety statement (dated 25 November 2008)
- Appliance maintenance and testing records
- Assessment documentation for health and personal care and lifestyle
- Dietary assessment forms
- Fire competency questionnaires
- Fire evacuation procedures
- Fire service maintenance logbooks
- Four week cycle menu
- Gastroenteritis outbreak kit
- Hazard reports and risk assessments
- Hospital transfer forms
- Infection control checklists and orientation material
- Infection control policy
- Interim care plans
- Menus
- Mission, vision, values.
- Monthly infection control summary and trend data
- Monthly statistics for medication errors, resident infections, wounds and incident/accidents
- NSW Food Authority License (dated 24 October 2008)
- Occupational health and safety policy
- Outbreak management guidelines
- Physiotherapy assessments and care plans
- Policy and procedure manual
- Preventative maintenance schedule and register
- Schedule 8 registers
- Staff diary and communication books
- Transfer and discharge documents
- Temperature testing and recording sheets
- Weight charts
- Wound charts
- Job descriptions and duty statements
- Recruitment policies and procedures
- Residents' handbook (3B)
- Residents' information package and surveys
- Staff handbook (2B)
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- Audits and surveys
- Fire education plan and objectives for staff
- Priority action plan for continuous improvement

Observations

The team observed the following:

- 'Quiet room' for residents and families
- Activities in progress
- Charter of rights and responsibilities
- Daily activities in large writing in corridor
- Daily menu in large writing in activities room
- Emergency Flip charts close to phones
- Equipment and supply storage areas
- Festive monthly birthday poster on wall
- Handwashing stations with instructions for handwashing
- Hoists and mobility equipment
- Interactions between staff and residents
- Internal living environment including residents rooms and bed spaces (personalised), privacy screens, shared bathrooms and toilets, recreation areas with large television screens upstairs and downstairs, quiet area, dining areas, key pad on front door, railings in corridors, emergency call bells throughout home
- Mission vision values statement
- Music playing at lunch time
- Pelican belts on walls
- Philosophy statement
- Policy and procedure for safe workpractice on wall for when lift out of order
- Recreation activities officers birthday list, religion list, audit of residents glasses and optometry appointments list, podiatry appointments list, dentistry assessment form
- Resident craft on walls and in craft cabinets
- Resident list in each dining room
- Resident smoking area
- Residents activities board
- Residents newsletter
- Residents notice board – Outside food log, services information sheet, 'touch for health' club, The Unsettled Club
- Sharps containers
- Staff work areas including the kitchen and laundry
- Storage of medications
- Videos and large print library books

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has in place a well-developed and effective system which demonstrates that the facility actively pursues continuous improvement across all four Accreditation Standards. The home’s system is comprised of a combination of activities that enables monitoring, assessment, action and evaluation of its processes, practices, service delivery and management. This includes the Domain Principal advisory committee, Stanmore Nursing Home quality committee, occupational health and safety committee, residents and relatives meetings and other communication processes through which management, staff, residents and their representatives are encouraged and supported to make suggestions for improvement in all areas of the home. Other supporting quality activities include, but are not limited to, audits, surveys, accident and incident reporting, complaints, improvement logs, hazards logs, statistical data collection, and other monitoring systems. Residents, representatives and staff interviews confirmed that they are aware of improvement actions taken and that the home is responsive to issues brought to their attention.

Following are examples of improvements related to Standard One:

- The company amalgamation of Domain and Principal occurred in December 2008. Moran relinquished management control February 2009. In March 2009 Domain Principal installed a computerised human resources management system throughout the organisation. Initial difficulties were experienced with the system but it is now providing useful management information regarding staff numbers, usage and time management.
- Domain Principal has recently installed a resident management system to better manage the financial and billing system for residents. System is currently ‘bedding’ in and difficulties are being overcome to provide a more efficient financial system.
- An extra recreation activities officer has been employed to provide evening activities seven days a week for residents living with dementia. These activities will be aimed at reducing challenging behaviours in the early evenings.
- In response to the staff survey, an extra assistant in nursing has been employed from 9am to 7pm daily to assist with resident care and assistance with two meals each day.

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

Management has systems in place to identify and ensure compliance with legislation, regulatory requirements, professional standards and guidelines. The home is provided with updates when legislative or regulatory changes occur through its subscription to a specialist regulation publishing service. The home also receives updates, circulars and bulletins from

its parent organisation, peak industry body membership and government departments. Regulatory issues and updates are communicated to staff through notices on display, memos, meetings, training sessions and policies. Staff are required to sign off after reading the information provided to them. The home monitors adherence to these requirements through audits of policies, procedures, flowcharts, observation of staff practices and stakeholders' feedback.

The home is able to demonstrate the effectiveness of its system for ensuring regulatory compliance with the following examples relating to Accreditation Standard One:

- All staff and official visitors have criminal record checks in accordance with the Commonwealth government legislation introduced in March 2007.
- Policy and procedures are in place for reporting and responding to allegations of assault and for reporting missing residents whose absence has been reported to the police and the Department of Health and Ageing.
- Service agreements are in place with external contractors to ensure that they meet their responsibilities under the relevant legislation, regulatory requirements and professional standards.
- Staff are required to sign employment contracts which include confidentiality agreements to encourage compliance with privacy standards and legislation.

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 system in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. A review of documentation and interviews with management and staff demonstrate that training needs are identified through ongoing staff education surveys at the time of staff appraisals, needs of residents, competency assessments, observation of work practices, results of audits, monitoring of incidents and issues, trends analysis and requests raised at staff meetings. An annual education plan is developed from this information. The home supports staff to attend relevant external educational opportunities, which are publicised within the home. Mandatory annual training is relevant to their position and includes food safety, infection control, elder abuse, manual handling, behaviour management, aggression minimisation, occupational health and safety and fire and evacuation. Records of attendance are maintained in relation to all training sessions. The home has a recruitment procedure and an orientation program for new staff who initially work with experienced staff members for familiarisation. All staff interviewed reported they have adequate access to internal and external education.

Education attended in relation to Standard One in 2008/2009 includes:

- Aged Care Funding Instrument (ACFI) and associated documentation
- Discrimination and Harassment
- Elder Abuse
- Case Conferencing
- Three assistants in nursing currently studying Certificate IV in Aged Care.
- Complaints handling
- Director of Nursing attends regular regional meetings and conferences.

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 and representatives have access to internal and external complaints' mechanisms. They are informed of internal and external complaints systems through the residents' handbook, discussion during orientation to the home and discussion at residents and representatives meetings. Forms for internal complaints are prominently available throughout the home, while brochures about the internal and external complaints mechanism and advocacy services are displayed on noticeboards in three areas. Residents and representatives are encouraged to raise any concerns personally with management and other staff. Interviews and a review of documentation show that comments and complaints feed into the continuous improvement system, education programs and meetings. Residents and representatives said they rarely have issues to raise but indicated they are comfortable about addressing matters verbally with staff and management who they feel will address concerns to their satisfaction.

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 vision, mission, values and philosophy are well documented and on display in the home. This documentation has been made available and communicated to stakeholders in the home through policy and procedures manuals and resident and staff handbooks. In addition the home's vision, mission, values and philosophy are included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the homes' objectives and commitment to quality. Staff confirmed they are encouraged to contribute to improvements and the quality plan.

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

There are systems and processes in place to ensure that sufficient, suitably skilled and qualified staff are available at the home to provide services to residents in accordance with the Accreditation Standards and the philosophy and objectives of the home. Procedures are in place to ensure staff recruitment, orientation and induction, performance review through annual staff appraisals, a competency assessment program, which is linked to education, disciplinary and grievance processes. Job descriptions outline roles for all disciplines. Confidential personnel files are maintained and securely stored. Staffing levels are adjustable and are monitored in line with reviews of residents' care and related dependencies, special care needs and challenging behaviours. Flexible rostering ensures extra staff when residents' care needs increase. Staff who are unable to work or are on leave are replaced by other permanent part time staff or occasional agency staff. All residents and

representatives interviewed by the team spoke highly of the skills and caring attitude of all 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 recommendation

Does comply

The home demonstrates that it has systems in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. Service agreements are entered into with approved providers, to guarantee the quality of services delivered. These meet appropriate regulatory, professional and indemnity standards. There are processes in place to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. Staff are trained in the use and maintenance of new stock and equipment. The home has a planned preventative and corrective maintenance program and records show that equipment is serviced in accordance with a schedule, while reactive work is completed in a timely manner. The team observed adequate supplies of goods and equipment available for the provision of care to support residents' lifestyle choices and for all hospitality services. Staff confirmed they have adequate stocks of goods and equipment, are aware of procedures to obtain additional supplies and know how to requisition and arrange the repair of equipment through a maintenance book. The system is monitored through staff and resident communication and feedback mechanisms.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information systems in place to communicate a wide range of information to management and staff in order for them to perform their roles effectively and keep residents and representatives and service providers informed. Methods used include memos, meetings, staff training and education, noticeboards, care plans, communication books and progress notes, staff handover sheets, a newsletter and residents' handbook, orientation program and the staff handbook. Staff must sign off in acknowledgment of reading the information communicated to them in memos. Computers are password protected and access is restricted to management staff who can use the internet. Information is backed up each night by Domain Principal. All resident information, clinical records and staff personnel files are stored securely, and systems are in place to properly manage the storage and destruction of archived records. A review of documentation, notice boards, and interviews with staff confirmed that the home has effective communication systems providing comprehensive information in a timely and efficient manner.

1.9 External services

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

Team's recommendation

Does comply

The home has a system in place to ensure that all externally sourced services are provided in a way that meets the home's needs and its quality goals. A range of contractors and external service providers operate within contracts, and includes formal and informal

agreements covering care related services, fire systems and building maintenance services. There is also a process in place to ensure that external providers produce evidence of compliance with regulatory requirements such as police checks, registration, licences and liability insurance. The home evaluates the performance of external services to ensure efficiency and effectiveness of the services as well as compliance with relevant regulations and the home's policies and procedures. Feedback is provided from internal audits and residents and staff who give feedback about the quality of service including allied health services. External service contractors working on the premises are required to register their presence at the facility. Staff, residents and representatives expressed their satisfaction with the quality of the services being provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

An outline of the home's continuous improvement system is presented under expected outcome 1.1 Continuous improvement.

Examples of improvements related to Standard Two include:

- New procedures have been implemented by Domain Principle for the creation of type of meals for residents. Meals are now regular, soft mashed and pureed with photographic examples to assist kitchen staff with preparation. All meals are prepared to order in the kitchen, all care and kitchen staff offered education and the subject discussed at staff meetings.
- Meals audit showed that kitchen staff were not always informed of new diabetic residents dietary requirements. A communication book was created for registered nurses to write dietary instructions for kitchen staff to be checked each day. This has resulted in a much better system of communication and accuracy with provision of meals.
- A medication audit revealed that as required (PRN) medications were not always noted in the residents' progress notes after administration. New PRN stickers were introduced and registered nurses complete them at the time of administration. Staff feedback has been positive and the last audit results showed a 96% success rate in transferring the information to progress notes.
- Following a complaint from a residents' representative, a new oral care regime has been created for residents. Education was arranged and competencies undertaken by care staff. The result has been much improved oral care for all 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 recommendation

Does comply

An outline of the home's systems to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is provided under expected outcome 1.2 Regulatory compliance.

The home is able to demonstrate the effectiveness of its system for ensuring regulatory compliance with the following examples relating to Accreditation Standard Two:

- The home monitors the currency of professional registration of the registered nurses and endorsed enrolled nurse employed at the home.
- The home meets the requirements in relation to the Quality of Care Principles 1997 for the provision of care and specified services for high care residents.

- Medications are administered safely and correctly in accordance with current regulations and guidelines and are recorded and stored in line with the Poisons and Therapeutic Goods Act.

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

For details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions and activities that relate to Accreditation Standard Two in 2008/09 include:

- Oral hygiene
- Skin tears.
- Dementia and absconding
- Swallowing difficulties
- Weight management
- Palliative Care
- Osteoporosis
- Cardio pulmonary resuscitation
- Outbreak management
- Privacy and dignity
- Lower leg wounds
- Falls prevention
- Continence and falls
- Handwashing.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems in place to assess, identify, monitor and evaluate residents' clinical care needs on entry to the home. Review of documentation and interviews with residents and representatives confirmed these systems are effective. Residents and representatives interviewed said they are involved in care planning and their individual needs and preferences are considered at all times. Residents and representatives stated that the residents are regularly seen by their treating medical practitioners. An interim care plan is used during the assessment period. Individualised care plans are formulated and reviewed by the registered nurse at least every two months. Residents and representatives confirmed that they receive appropriate care and are satisfied with the care provided.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

The home has systems in place to ensure residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff. The home captures and identifies the residents' specialised nursing care needs through information from the aged care assessment team, medical officers' letters, hospital discharge information, the resident and their families. A registered nurse is responsible for the assessment, planning and management of residents' specialised nursing care needs. Care plans are reviewed at least every two months, evaluated and case conferences held to meet the ongoing and changing needs of the residents. Staff reported they have the education, skills and equipment to meet residents' specialised nursing care needs. The home has adequate supplies of equipment to provide care for an identified range of specialised nursing care needs. External expertise is sought if required, for example for complex wounds, arranging for haemodialysis, pain management, palliative care or mental health issues. Interviews with residents, representatives and staff indicated residents receive appropriate specialised nursing care that meets their needs.

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 and representatives interviewed stated referrals at the home are arranged in a timely and efficient manner. Residents are referred to appropriate health specialists in accordance with their needs and expectations. The home has access to a wide range of health and allied health specialists and referrals are arranged in consultation with the residents and representatives and the resident's doctor. A physiotherapist, dentist and podiatrist provide assessment, treatment and evaluation of care for residents on site. Residents and representatives confirmed that residents have access to services they require and that the home supports this access.

2.7 Medication management

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

Team's recommendation

Does comply

The home has a system to ensure that all residents' medications are managed safely and correctly. The home arranges an initial comprehensive medical assessment with the local medical officer who reviews and prescribes each resident's medication. A photo identification of each resident with date of birth and allergies is clearly documented on each medication chart. The medication charts are signed in an appropriate manner and between medication rounds the medication trolley is kept in a secure area. Medication is pre-packaged by the pharmacy and is stored securely. Registered nurses and a medication endorsed enrolled nurse administer medication to residents. Policies and procedures are available to guide staff practice in the safe and correct management of medication in the home and a system is in place for the ordering, checking and storage of medication. Staff undertake regular education and competencies on medication management. The home has an auditing process and acts upon any issues identified from the audit results. Feedback from residents' indicated that they are satisfied with the way their medication is managed. The documentation reviewed confirmed the home manages resident's medication in a safe and correct manner.

2.8 Pain management

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

Team's recommendation

Does comply

Stanmore Nursing Home has systems and processes in place to ensure residents' pain management needs are regularly reviewed and documented. Pain management strategies are developed in consultation with the residents, representatives and others involved in their care and include pharmacological and alternative therapies. Care staff demonstrated an ability to evaluate the residents' experience of pain, including residents with communication and cognitive deficits. The documentation reviewed by the team confirms that all residents are as free as possible from pain and pain management strategies were effective. The resident's doctor refers to specialist services including palliative care as needed. Residents and representatives confirmed they are satisfied with the management of pain at the home.

2.9 Palliative care

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

Team's recommendation

Does comply

Stanmore Nursing Home has a system to ensure the comfort and dignity of terminally ill residents is maintained. Staff interviewed demonstrated an understanding of the needs of a terminally ill resident and their families including ensuring a peaceful, supportive environment. Documentation reviewed by the team included policies and procedures, pain assessments, pain management records and regularly reviewed care plans. Initial assessments, carried out in consultation with the resident and family as appropriate provide the staff with the information to fulfil the residents' end of life wishes. A palliative care team is available through the local hospital. Care staff and visiting ministers of religion provide emotional and spiritual support to terminally ill residents and their representatives. Residents and representatives confirmed that Stanmore Nursing Home's practices maintain residents' comfort and dignity.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

The dietary needs of each resident are identified on entry to Stanmore Nursing Home through an admission data sheet and meal preference form. These are documented in the resident's file and a copy is kept in the kitchen. The regular monitoring of the residents' nutrition status is attended through a monthly weight program which is reviewed by the Deputy Director of Nursing and identified weight loss is discussed with the registered nurse, dietician and medical officer and appropriate strategies implemented. The results are linked to the specialised nursing needs of the residents, which may include a supplement drink; additional dietary needs resulting from the deterioration of the residents' medical condition or for residents with diabetes. Dieticians and speech pathologists are accessed following consultation with residents and representatives for assessment and care planning as required. A dietician reviews the menu as required and all meals are prepared at the home. Staff understand residents' dietary needs, residents' swallowing pattern or food refusal and report any changes to the registered nurse. Residents and representatives interviewed by the team were happy with the food choices provided by Stanmore Nursing Home to the residents.

2.11 Skin care

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

Team’s recommendation

Does comply

Stanmore Nursing Home has systems in place to ensure resident’s skin integrity is consistent with their general health. Skin care needs are assessed, monitored and evaluated on an ongoing basis in consultation with residents and representatives, medical practitioners and other health professionals where appropriate. Care plans and progress notes reviewed by the team reflected these assessments and ongoing monitoring of residents’ skin integrity and also identified issues relating to personal care, continence, manual handling, hair and nail care. The team reviewed documentation including residents’ dressing charts that identify the problem area, size and state of wound including type of treatment and follow up required. Care staff report any changes in residents’ skin integrity to the registered nurse. Interviews with residents, representatives, staff and documentation review demonstrated that residents’ skin integrity issues are appropriately documented and that there are referrals to appropriate specialists and allied health professionals. Residents and representatives are satisfied with the provision of skin care.

2.12 Continence management

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

Team’s recommendation

Does comply

Stanmore Nursing Home has a system for identifying, assessing, monitoring and evaluating residents’ continence needs to ensure that residents’ continence is managed effectively. Continence is promoted through the implementation of a toileting program for all residents as well as the provision of adequate fluids, high fibre diets and low irritant aperients. Programs are regularly reviewed and evaluated for effectiveness. Residents are referred to specialists and continence advisors as needed. The system includes individual continence assessments, the development of a care plan and toileting program if required, which is regularly reviewed and evaluated. Bowel management programs are in place and monitoring is completed through daily recording and reporting by care staff. Staff interviewed confirmed there are adequate supplies of disposable continence aids of varying types and sizes available for residents. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The majority of residents and representatives interviewed by the team were satisfied with the home’s continence management strategies.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Stanmore Nursing Home has a significant number of residents with challenging behaviour and as a consequence has systems to effectively manage such residents. The home ensures that staff possess good skills in the management of residents with challenging behaviour. The team observed that the management of residents with challenging behaviour is appropriate as there was an overall calm and peaceful atmosphere within the home. Resident’s behavioural management needs are identified by an initial assessment and a nursing care plan is formulated. Information regarding residents with challenging behaviour is initially assessed prior to the resident’s admission to ensure the home can meet their needs,

and ongoing assessment is carried out in consultation with residents, representatives, doctors and staff. Appropriate referrals are made to manage challenging behaviour. Care plans are regularly reviewed and strategies for managing challenging behaviours are evaluated for effectiveness. Staff said they recognise the triggers and early warning signs exhibited by some residents and put in place appropriate strategies to calm and distract residents. Interviews with residents and representatives together with a review of documentation indicated representatives are satisfied with the management of residents' challenging behaviour at the home. Staff confirmed there is ongoing education in managing challenging behaviours and were able to demonstrate how to identify and manage residents' behaviour.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Systems are in place at Stanmore Nursing Home to ensure optimum levels of mobility and dexterity are achieved for all residents. The system includes initial and ongoing assessment of residents' mobility, dexterity and rehabilitation needs and an assessment by a contract physiotherapist who visits the home at least twice a week. The physiotherapist develops a care plan which is implemented by the care and activities staff. A review of documentation confirmed that the home actively works to achieve optimum levels of mobility and dexterity for all residents. The physiotherapist assesses all residents on admission for their mobility and any potential for falls. A system of identification of the individual resident's mobility status is available in the wardrobe of all residents. This alerts all staff to the individual needs of the residents. An accident and incident reporting system is also in place that includes analysis to identify trends and the implementation of strategies to reduce falls. Assistive devices to aid mobilisation are provided by the home. Residents and representatives are satisfied with the services provided to maximise 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

Stanmore Nursing Home has systems in place to ensure residents' oral and dental health is maintained. A review of residents' clinical and care information and interviews with staff, residents and representatives confirmed that each resident's needs are assessed on entry to the home and on an ongoing basis. Staff regularly monitor residents' oral and dental health and residents are referred as required to specialist dental services. Staff interviewed demonstrated knowledge of oral care and residents' dentures. Residents interviewed advised the team they are assisted with oral hygiene when necessary. Residents and representatives stated they are satisfied with the oral and dental care given.

2.16 Sensory loss

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

Team's recommendation

Does comply

Stanmore Nursing Home has systems in place to identify and effectively manage residents' sensory losses. Assessments of sensory needs are undertaken when moving into the home and when there is a change in the resident's condition. Individualised information is

documented in the nursing care plan, implemented and reviewed as required. Observation and review of care documentation shows that staff assist residents to manage aids and equipment such as hearing aids and glasses. Residents and representatives interviewed by the team confirmed staff assist them with the maintenance of sensory aids as required. Care plans are reviewed regularly and the exercise program caters for residents with identified sensory loss. Residents and representatives are satisfied with the management of sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

Resident’s sleep needs and preferences are assessed on entry to Stanmore Nursing Home and strategies to achieve natural sleep patterns are documented in the resident’s assessment forms and care plans. Strategies to assist residents achieve a natural sleep pattern include management of pain and continence and the provision of warm drinks and medication where prescribed. Staff monitor sleep patterns of each resident and the team observed records of this in the resident’s progress notes. Residents and representatives interviewed confirmed that the environment is quiet at night and that staff use a range of strategies to assist them 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

An outline of the home’s continuous improvement system is presented under expected outcome 1.1 Continuous improvement.

Following are examples of improvements related to Standard Three:

- The home has installed a large flat screen television on the wall of the activities/lounge room and rearranged the furniture in the room for improved viewing. This has resulted in improved resident behaviours as viewing is clearer and the sound much improved.
- The Director of Nursing observed that the serving of meals was fragmented and often residents were reluctant to eat their meal. This has resulted in groups of residents seated together all being served each course of their meal at the same time. This provides a much more sociable and congenial atmosphere at mealtimes and improved appetite for some residents.
- Following a resident satisfaction survey, games of bowls, quoits and bullseye have been purchased and are very popular with residents.
- Staff observed that the very popular day long bus trips were too tiring for more frail residents. Short bus trips for morning or afternoon tea have been commenced and upon interview, residents stated their enjoyment of these trips.
- Four large stores visit the home each six months to allow residents to choose day clothing, underwear, sleep wear and footwear from their selection.

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

An outline of the home’s systems to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is provided under expected outcome 1.2 Regulatory compliance.

The home is able to demonstrate the effectiveness of its system for ensuring regulatory compliance with the following examples relating to Accreditation Standard Three:

- Residents and representatives were notified in advance of the home’s accreditation site audit and dates in accordance with the Aged Care Act 1997.
- Consistent with the requirements of the User Rights Principles 1997, resident care agreements provide clear information regarding security of tenure and financial arrangements. The Charter of Resident’s Rights and Responsibilities is displayed in the home and is also included in the residents’ handbook.
- A document control system is in use for the secure storage and archiving of personal information in accordance with privacy legislation.

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

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education and training provided to staff relevant to Accreditation Standard Three 2008/09 includes:

- Recreation activities officer (RAO) completing certificate IV Leisure and Lifestyle
- RAOs completed food safety level 1.
- Modified diets
- Sanitation of vegetables and fruit
- Myths around funerals
- Aggression minimisation
- Grief and loss.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has effective systems in place to ensure that each resident receives initial and ongoing emotional support. Where possible, this includes orientation to the home, staff and services for new residents and representatives, unlimited visiting for relatives and/or representatives, cordless phone available for direct contact between residents and others and a community visitor's scheme. Emotional needs are identified through the residents' social history, one to one discussions, care conferencing and family and/or representative involvement in care planning. Residents and families are encouraged to bring memorabilia to personalise each resident's room or bed area. Emotional support is provided by all staff and they report that extra one to one time is given to residents during their settling in period and thereafter depending on their needs. Residents and representatives reported they felt supported by the staff, particularly when the resident first entered the home and then 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 are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. There is a range of individual and general strategies implemented to promote independence including mobility and activities programs, newspapers, radio and television, involvement in resident/relative meetings and mobility equipment for resident use. Entertainers, outings in small groups and community visitors are encouraged and arranged. The home provides an environment that encourages residents and representatives and friends to participate in activities within the

home. Through observing staff and resident interaction as well as interview the team confirmed residents are actively encouraged to maintain 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 recommendation

Does comply

The home ensures that each resident's right to privacy and dignity is respected in accordance with their individual needs. The team noted there is information pertaining to privacy, dignity and confidentiality in the resident and staff handbooks, through assessment processes, identifying resident's personal, cultural and spiritual needs. During the visit the team observed residents' privacy and dignity being respected, and this was confirmed by residents. Staff were observed to knock on doors, privacy screens were drawn, residents were appropriately dressed, and when attending to the residents staff did so in a quiet, unrushed manner, or in the privacy of their own room. Each resident has a locked drawer in their bedside table. The home has a private area internally and in the outside gardens for residents to sit with their visitors. Staff education addresses and promotes privacy and dignity issues including a confidentiality clause in signed employment agreements.

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

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Assessment of each resident's specific needs, interests and preferences is carried out when they first move into the home and on an ongoing basis. Information obtained from individual assessment, the resident and relatives meetings, one-on-one discussion and resident survey is used to plan suitable group and individual activities. All activities are designed, implemented and evaluated to ensure they reflect the ongoing and changing interests of residents. The team observed colourful photographic displays of resident activities and also noted for those residents who are unable or unwilling to participate in the programs are provided with one-on-one time through relaxation and sensory stimulation such as manicures, hand massaging and reminiscence. Some residents prefer to be walked to the local shops to buy personal items or spend time in the local park. Bus trips are popular, both day trips and short trips for frail residents. Residents and representatives are informed of activities through display of the activities program, newsletters and verbal prompts. All activities are evaluated and a record of attendance kept. Residents and representatives interviewed stated that they are very happy with the range of activities provided.

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 ensures residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Cultural and spiritual needs are assessed when a resident enters the home and are incorporated into their care plans. Currently a religious service is offered to residents and visiting clergy access the home regularly with a number of different denominations providing this service. Residents are also assisted to attend church services with their families. Specific cultural days such as Australia Day, Anzac Day, Christmas and Easter and special event days such as Mothers and Fathers Day are celebrated appropriately and relatives are encouraged to attend. Birthdays are celebrated on the day with a cake made and decorated at the home. The home employs multicultural staff. The residents and representatives interviewed stated that they considered that individual interests, customs, beliefs and 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

The home has a number of mechanisms in place for residents and representatives that enable them to make choices and decisions about the services residents receive. Individual resident assessments, care plans and discussions with residents and representatives provide guidance for staff work practices. Information about resident's rights and responsibilities is included in the resident handbook and is displayed in the home. Observation of staff practice and staff interviews reveal that residents have choices available to them including waking and sleeping times, shower times, meals and activities. Residents' are assisted to vote if they wish to do so. The comments and complaints system, resident meetings and participation in care planning allow an opportunity to contribute to the decision making process. Residents and representatives are satisfied with the level of choice and decision-making encouraged at the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is provided by the director of nursing. This is discussed with prospective residents and representatives prior to, and on entering the home. The resident handbook and agreement document outlines the care and services provided by the home and associated costs are discussed at the time of entry. Security of tenure is also addressed in the resident agreement and handbook. Management staff interviewed stated that any changes to residents' rooms are fully discussed with the residents and representatives. Residents and representatives interviewed by the team confirmed the above process.

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

An outline of the home’s continuous improvement system is presented under expected outcome 1.1 Continuous improvement.

Following are examples of improvements related to Standard Four:

- A new food trolley was recently requested by staff. This was purchased and enhances the speed of delivery and meal presentation to the residents.
- Six electric beds were purchased as part of the ongoing replacement programme.
- New privacy screens were purchased for the whole home.
- A wanderer alarm has been attached to the front door. Residents who are prone to wandering wear a bracelet which sets off the alarm.
- A new lifter with scales was recently purchased.

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

An outline of the home’s systems to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines is provided under expected outcome 1.2 Regulatory compliance.

The home is able to demonstrate the effectiveness of its system for ensuring regulatory compliance with the following examples relating to Accreditation Standard Four:

- The home meets fire certification requirements and has a current fire safety statement.
- External service contractors test and calibrate equipment including fire fighting and electrical equipment.
- The home has a NSW Food Authority License and has a food safety program for food services to vulnerable persons.
- OH&S committee representatives receive relevant training.
- Material safety data sheets are displayed adjacent to the chemicals to which they refer in the kitchen, laundry and cleaners room.

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

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education and training provided to staff relevant to Accreditation standard four 2008/09 includes:

- Fire awareness and evacuation – compulsory.
- Manual handling – compulsory for relevant staff.
- Safe handling of chemicals – compulsory for relevant staff.
- Infection control – compulsory.
- Food safety level 1 certificate for kitchen staff and food safety level 2 for cooks.
- Occupational Health and Safety training (4 days) completed by new committee members.
- 'Return to work' education recently completed by OH&S committee member.

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

Although not a modern home, Stanmore Nursing Home provides a homely, comfortable environment where residents reside in single or shared rooms with shared bathrooms. There are a number of recreational spaces and dining areas. Residents and representatives interviewed expressed their satisfaction with the safety and comfort of the home. Management and staff demonstrated their commitment to providing safety and comfort for residents within the home. There are processes in place for maintenance issues to be reported and actioned and a preventative maintenance program is the responsibility of the maintenance staff. External doors are secured with key pad locks. Regular environmental audits are conducted to identify risks and monitor resident comfort and safety. Residents, representatives and staff confirmed that management and maintenance staff promptly attend to scheduled maintenance and potential hazards.

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

Management is actively engaged in providing a safe working environment. Occupational health and safety is discussed at the physical environment and safe systems committee and this monitors and oversees the occupational health and safety systems at the home. The staff confirmed that there are various ways the home identifies hazards. These include observation, discussion at meetings, informal discussion with staff and other stakeholders and environmental inspections. The safety system includes, among other things, regular staff training (including manual handling), regular safety related audits and inspections, electrical equipment checks, safe operating procedures for chemicals and dangerous goods, access to material safety data sheets, manual handling equipment, personal protective equipment,

hazard reporting, accident and incident reporting, and risk assessments and management. The team observed that chemicals are correctly labelled and stored, material safety data sheets are available, personal protective equipment is available to staff where required, lifting and transferring equipment is available and electrical equipment is tagged as required. A preventative and routine maintenance program is in place for the home, which helps ensure the overall safety of the environment and equipment. A review of the accident and incident reports identified that there are minimal incidents relating to staff safety which is reflective of the effectiveness of the home's approach to occupational health and safety.

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

Residents stated that they feel safe and are confident that systems are in place to manage fire and they feel secure in their environment. Monthly checks of the fire system and equipment are undertaken by a contracted company and attendance is recorded. Staff confirmed that they undergo training when they are orientated to Stanmore Nursing Home and are aware of their responsibilities in relation to attendance at fire safety education. There are emergency flip charts in which the processes to guide staff in the event of an emergency are outlined. The staff could also identify the steps to take should the fire alarm sound. Evacuation plans are labelled with the fire equipment in use, assembly areas and "you are here" indicators. External doors have keypads installed which ensures resident safety. There is a designated smoking area for use by residents and staff. Staff complete a questionnaire following the fire safety education to ensure that they have a good understanding of the information provided to them.

4.7 Infection control

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

Team's recommendation

Does comply

Stanmore Nursing Home has an effective infection control program in place including infection control policies, practices and guidelines. A designated staff member oversees the operation of the infection control system and the home's staff meetings monitor its effectiveness. The results of the team's observations, interviews and document review revealed that the program incorporates an organisation-wide approach. The program includes the use of standard precautions, food safety procedures, management of contaminated waste, appropriate linen handling and transporting, outbreak management, sharps containers, spill kits, regular and appropriate use of personal protective equipment, staff and resident access to immunisation, a cleaning regime, temperature monitoring, colour coding and hand washing. Procedures for the management of outbreaks are in place. Preventative measures include education for all staff, an effective cleaning program and a staff and resident vaccination/immunisation program. Clinical indicator data is used to monitor infection rates on a monthly basis. Infection rates are at minimal levels. Appropriate equipment, staff practices and workflows assist in minimising the risk of cross infection. Staff associated with the provision of care, catering, cleaning and laundry services demonstrated an awareness of infection control relating to their work area.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. The results of the team's observations, interviews and document review revealed that residents choose from a variety of meals prepared by the cook. Meals are prepared in accordance with a four week seasonal rotating menu which has been reviewed by a dietician and discussed with the residents. Meals are served to residents in the dining room or their own room depending upon their needs and choice. Residents' food likes and dislikes are identified and recorded on admission and monitored on an ongoing basis during their stay. Residents and representatives interviewed confirmed that their likes and dislikes and special dietary needs are identified and met.

Planned cleaning programs, which are carried out by Stanmore Nursing Home's cleaning staff, ensure that cleaning standards are maintained. Residents, representatives and staff confirmed that a clean and hygienic environment is maintained at all times. The living environment was observed to be clean and cleaning programs which were documented were noted to be in place. The cleaning staff interviewed demonstrated a working knowledge of the home's cleaning schedules, practices and safe chemical use. Chemicals used in the service were observed to be safely stored and material safety data sheets were available and accessible. The cleaning roster ensures all rooms are cleaned according to a set schedule. The team observed colour-coded cleaning mops, buckets, gloves and cloths in use in all areas. The cleaners' room was locked and the cleaning trolleys were not left unattended. Residents and representatives interviewed were very satisfied with the level of cleanliness of their rooms and of the home.

All laundry is washed in the on-site laundry. Laundry services are provided in such a way as to ensure that residents' personal items are washed and returned to their owner, within a reasonable turnaround time. All clothing is tagged by the home to ensure that there is minimal opportunity for clothing to be misplaced. There is a system of dirty and clean workflows in the laundry which includes sorting of dirty laundry. Laundry staff have appropriate knowledge of infection control policies, procedures and guidelines. The laundry staff outlined their role and responsibilities in respect to the laundry services including handling of soiled linen. Interviews and survey results indicated that residents and representatives are satisfied with the way in which the home provides catering, cleaning and laundry services.