



## **Decision to accredit The Salvation Army Montrose Men's Home**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit The Salvation Army Montrose Men's Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of The Salvation Army Montrose Men's Home is three years until 6 September 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:		The Salvation Army Montrose Men's Home			
RACS ID:		0507			
Number of beds:		44	Number of high care residents:		37
Special needs group catered for:			<ul style="list-style-type: none"><li>• Nil</li></ul>		
Street/PO Box:		13 Thames Street			
City:	BALMAIN	State:	NSW	Postcode:	2041
Phone:		02 9818 2355		Facsimile:	02 9818 5062
Email address:		catherine.woodward@aue.salvationarmy.org			

### Approved provider

Approved provider:	The Salvation Army (NSW) Property Trust
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### Assessment team

Team leader:	Annette Fitzpatrick
Team member/s:	Julie Norris
Date/s of audit:	16 June 2009 to 17 June 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Agency findings</b>
Does comply
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Executive summary of assessment team’s report		Accreditation decision
Standard 3: Resident lifestyle		
Expected outcome	Assessment team recommendations	Agency findings
3.1 Continuous improvement	Does comply	Does comply
3.2 Regulatory compliance	Does comply	Does comply
3.3 Education and staff development	Does comply	Does comply
3.4 Emotional support	Does comply	Does comply
3.5 Independence	Does comply	Does comply
3.6 Privacy and dignity	Does comply	Does comply
3.7 Leisure interests and activities	Does comply	Does comply
3.8 Cultural and spiritual life	Does comply	Does comply
3.9 Choice and decision-making	Does comply	Does comply
3.10 Resident security of tenure and responsibilities	Does comply	Does comply
Standard 4: Physical environment and safe systems		Agency findings
Expected outcome	Assessment team recommendations	
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	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	The Salvation Army Montrose Men's Home
RACS ID	0507

### **Executive summary**

This is the report of a site audit of The Salvation Army Montrose Men's Home 0507 13 Thames Street BALMAIN NSW from 16 June 2009 to 17 June 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 The Salvation Army Montrose Men's Home.

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

### **Assessment team's recommendations regarding support contacts**

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 16 June 2009 to 17 June 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:	Annette Fitzpatrick
Team member/s:	Julie Norris

## Approved provider details

Approved provider:	The Salvation Army (NSW) Property Trust
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## Details of home

Name of home:	The Salvation Army Montrose Men's Home
RACS ID:	0507

Total number of allocated places:	44
Number of residents during site audit:	42
Number of high care residents during site audit:	37
Special needs catered for:	Nil

Street/PO Box:	13 Thames Street	State:	NSW
City/Town:	BALMAIN	Postcode:	2041
Phone number:	02 9818 2355	Facsimile:	02 9818 5062
E-mail address:	catherine.woodward@aue.salvationarmy.org		

**Assessment team's recommendation regarding accreditation**

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

**Assessment team's recommendations regarding support contacts**

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

**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 two days on-site and gathered information from the following:

**Interviews**

	Number		Number
Organisation manager	1	Residents	4
Acting regional manager	1	Representatives	1
Site manager	1	Laundry staff	1
Quality improvement coordinator	1	Laundry assistant manager	1
Hostel manager	1	Cleaning staff	1
Area catering manager	1	Regional cleaning manager	1
Catering staff	2	Fire officer	1
Occupational health and safety committee members	2	Maintenance staff	1
Care staff	5	Recreational activities officer	1
Community care nurse	1	Physio aid	1

**Sampled documents**

	Number		Number
Residents' files including integrated progress notes, assessments, hospital transfer notes, allied health and specialist reports, pathology reports, care profiles and care plans	7	Residents' activity survey (attendance) sheets, activity therapy assessments and social and human needs care plans	9
Residents' behaviour management summaries	7	Medication charts	10
Resident accident/incident reports	6	Diabetes management records	5
Wound assessment and progress charts	2	Personnel files including orientation, appointment letter, job descriptions, immunisation records, education records	5
Residents' agreements	5		

**Other documents reviewed**

The team also reviewed:

- Residents' information handbook and resident magazine
- Continuous quality improvement register and action plans
- Mandatory reporting systems
- Comments and complaints register and action plans
- Audit results and reports internal and external
- Yearly education calendar 2008 and 2009 and training records and education resources
- Vision and mission statement
- Aged care complaint brochures and information
- Staff human resource policy and procedures manual
- Staff orientation package including; privacy document, orientation checklist, code of conduct, immunisation record, information on conflicts and complaints management, mandatory reporting, infection control orientation competency, occupational health and safety information, and staff handbook
- Staff meeting minutes including: general staff incorporating continuous improvement and infection control, occupational health and safety committee meetings, medication advisory, catering meetings, recreational activity and continence meetings
- Registration documents
- Criminal record data lists
- Staff roster
- Job descriptions and duty lists
- Stock control ordering and maintenance system
- Contractors and service provider lists, handbook and contractual agreements
- Preventative maintenance lists, order forms and yearly schedule and logs
- Communication diary
- Resident and relative meeting minutes
- Residents' satisfaction survey
- Resident orientation checklists
- Daily changeover lists
- Doctors communication/appointment book
- Comprehensive medical assessments
- New admission flow chart
- Aged care funding checklist
- Clinical assessment tools including Aged Care Funding Instrument (ACFI) forms
- Clinical monitoring records including: directives from allied health professionals (for blood sugar levels, daily/weekly blood pressure recording, hot pack treatments), weekly weight charts, fluid balance chart
- Catheter and line management chart
- Case conference report
- Daily data profiles
- Monthly care data forms
- Shower book
- Medication management information including: audits; pharmacy order sheets; medication charts; medication administration signing sheets for regular packed and unpacked medications and PRN (when necessary) medications
- Diabetes management records
- Diet preference and nutrition plans, food monitoring charts
- Physiotherapy assessments and care plans; exercise plans, heat pack treatment sheets, maintenance of hot pack hydrocollator (heating) equipment form
- Comprehensive podiatry enhanced primary care plans
- Wanderers chart
- "Key to Me" social history profiles, activity therapy assessments and social and human needs care plans, activities calendars, activity survey (attendance) records, bus outings folder, outing procedure forms
- Daily meal preferences sheets
- Material safety data sheets



- Food services audits and checks including: temperature check sheets – fridge/ freeze, food safety temperature checks, dishwasher temperature record sheet, kitchen cleaning schedules, thermometer calibration, goods received temperatures, sanitisation checklist, chilled product record, discarded food record, suppliers quality assessment, storage temperatures and maintenance reports
- Food service manual, resident dietary requirements information folder
- Dietician menu report
- NSW food authority certificate
- Infection control policy and procedure manual and government information guides
- Infection control and environmental audits
- Maintenance schedules and service reports and checklists including thermostatic water testing and electrical equipment tagging
- Pest control information including service reports
- Influenza/ pneumococcal resident and staff immunisation registers
- Infection collation forms
- Resident accident/ incident collation forms and register and action plans
- Workplace risk assessment resource pack and reports
- Building certification reports
- Evacuation folder
- Fire alarms system service report and yearly inspection schedules, annual fire safety statement and fire officer certificate
- Technical service call reports
- Laundry cleaning system and schedule, cleaning roster and policy and procedure manual
- Chemical information lists and information guides
- Cleaning duty lists, schedules, daily tick sheets and policy and procedure manual
- Communication diary, cleaning, kitchen and laundry

## **Observations**

The team observed the following:

- Suggestions boxes
- Computer password security, archive store room
- Storage of resident and staff files and staff notice boards
- Communication boards containing memos and resident information, interpreter services and resident meeting minutes
- Charter of Residents' Rights and Responsibilities on display
- Resident lists and staff handover forms
- Clinical, continence management and wound care stores
- Resident transfer equipment including transfer belts and bed mobility equipment
- Fire fighting panel, detection equipment and assembly areas
- Colour coded cleaning equipment
- Infection control information displayed, outbreak boxes
- Hand washing sinks and hand washing instruction guides, hand washing sanitisers, needle stick posters and containers, spill kits and material safety data sheets
- Living environment - resident single room accommodation, dining rooms, lounge areas, outdoor courtyards, gazebo and residents smoking areas
- Residents information notice boards containing recreational activities calendar, menus, minutes of residents meeting, "Snippets" magazine
- Staff information and resource manuals
- Medical officer (psychiatrist) visiting the home
- Wound care/treatment trolley, wound care charts
- Nurses station – policies and procedures manuals, clinical resource manuals, duties lists, information noticeboards
- Delivery and secure storage of medications, medication blister-pack systems, medication fridge and temperature check chart, medication administration rounds in progress
- Dining room during lunch, morning and afternoon tea (including resident seating, staff serving/supervising/ assisting residents with meals)

- Activities resource manual
- Activities in progress, photographs of resident participation in activities, activities equipment and storage areas
- Residents' gym equipment, pool table and shuffleboard table
- Residents' garden, chapel/activities room, companion pet birds in aviary and "Lucy" dog visiting residents and public phone
- Access to cool and hot drinks by residents and their visitors, drink machine, water cooling machines

## **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 an effective system for actively pursuing continuous improvement, encompassing all four Accreditation Standards, including this Standard. The home’s quality management system is comprised of a combination of activities that enable a cycle of monitoring, assessment, action, review and evaluation of the home’s processes, practices, service delivery and management. This includes a monthly staff meeting incorporating continuous quality improvements and infection control. The home also has various other staff meetings, residents and relatives meetings, and other communication processes through which management, staff, residents and residents’ representatives are 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, hazards logs, data collection, and other monitoring systems. Stakeholders are provided with feedback on improvement actions taken, as appropriate.

Examples of specific improvements relating to this Standard include, but are not limited to:

- The home has developed an assets register to record all equipment. The register makes it easier for staff to track stock and plan purchases.
- A new pharmacy provider has been contracted to the home to improve services offered for the home and residents.
- Elder abuse training has been attended by all staff to provide education on the new legislative guidelines.
- To assist management record information of resident incidences at the home an external complaints register has been developed by the organisation.
- A computer software payroll system has been installed by the organisation to provide an integration of staff information, payroll requirements and leave entitlements. Staff reports the system is easy to use and efficient.
- The organisation has installed a software computer system for resident care information. The organisation is developing strategies to improve the system as gaps have been identified with the integrations of care information.
- The home has recruited the services of a registered nurse to assist the home in resident behavioural management and care planning residents’ needs.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Any changes in regulatory requirements and professional standards are monitored by the home through the organisations. Other means of receiving information are: staff membership of relevant professional organisations and networks, attendance at external education and industry conferences, and access to the internet. Staff are advised of regulatory requirements and any relevant changes to them, through policy updates, memos, staff handbooks, induction programs, training, education and meetings, as well as information displayed on notice boards. The team sighted relevant legislation and/or legal documentation displayed in various locations in the home. The home’s regulatory

requirements are subject to periodic audits to monitor and ensure compliance. As examples of regulatory compliance related to this Standard include:

- The home maintains a privacy policy in accordance with the privacy legislation. Staff are given a copy of the policy and must sign it to record their understanding and willingness to comply.
- The Accreditation site audit has been discussed at the residents' meetings and notices of the impending audit displayed on the noticeboards.
- The home has implemented systems and changes in documentation in response to the aged care funding instrument (ACFI) introduction in 2008.
- Staff registrations are reviewed annually to confirm compliance with legislation.
- Staff and volunteer criminal record checks in accordance with regulations are completed prior to commencing employment at 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 recommendation**

Does comply

It was evident from the team's observations, document review and interviews that management and staff have appropriate knowledge and skills to perform their roles effectively. The home has in place an education program, which is based on educational needs identified in a number of ways including job skills, competency assessments, staff appraisals, audit results, survey results, mandatory requirements, changes in the regulatory environment, changes in resident care needs, residents' and relatives' feedback, and issues raised at meetings. The home's orientation program in particular incorporates a range of topics relating to management systems, staffing and organisational development. The team noted that staff education relevant to this Standard in the last 12 months included:

- Aged care funding instrument funding, and resident related documentation
- Mandatory reporting and elder abuse
- Complaint handling
- Computer systems including pay roll and clinical care systems

### **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 in place policies, procedures and processes to ensure that each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Residents, representatives and staff are made aware of internal and external complaint mechanisms through the process of admitting new residents, the residents' handbook, the residents' agreement, complaints forms and other information displayed in the home. Any complaints raised are recorded for review, action, follow up and feedback by management and staff, as appropriate. Residents and representatives interviewed advised that they feel comfortable approaching management about any concerns or suggestions they might have.

### **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 home has documented its vision, values, philosophy and commitment to quality. This documentation has been made available and communicated to all stakeholders in the home

through policy and procedures manuals, resident and staff handbooks, wall plaques and other means. In addition, staff are made aware of the home's vision, values, philosophy and commitment to quality through its staff recruitment, induction and education processes, staff meetings and other communication.

### **1.6 Human resource management**

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

#### **Team's recommendation**

Does comply

The home has in place a range of human resource policies and procedures to ensure that there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. A human resources system (consisting of position descriptions, recruitment and selection processes, staff rosters, induction and orientation, training and staff development, ongoing supervision, performance appraisals, and competency assessments) has been established to ensure appropriate staffing and skills levels for quality service provision. There are systems and processes in place to monitor and ensure that staffing levels operate according to the resident mix and residents' changing needs, and are sufficient to ensure the desired quality of care, in line with the demands and workflows of the daily routine of the home.

### **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

There are policies and procedures in place for ensuring that there are adequate supplies of inventory and equipment available for quality service delivery. A stock control and ordering system is in operation, with particular staff roles having specific responsibility for particular areas of inventory monitoring and ordering. The home also has procedures in place for trialling, purchasing and replacing necessary equipment for use in various functional areas, and staff receive education in its use. The team observed storerooms and functional areas such as staff areas, clinical areas, and the kitchen, to be adequately equipped, stocked, and maintained. Staff advised in interviews that there were sufficient supplies of inventory and equipment for them to perform their job roles effectively. A routine and preventive maintenance program is in place for the home, which among other things, ensures that equipment is maintained and ready for use.

### **1.8 Information systems**

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

#### **Team's recommendation**

Does comply

The team's observations, document review and interviews indicated that effective information management systems are in place, and that these support the range of functional areas in the home. The resident information system includes, but is not limited to, administration forms, residents' handbook, resident agreements, information brochures, residents' meetings, newsletters, resident assessments, care plans and clinical records. Daily changeover lists and verbal handovers are used to communicate information between care staff and management. These systems include a range of meetings, access to computers, distribution of materials in soft and/or hard copy (e.g. policies and procedures, memos and minutes of meetings), staff noticeboards, communication books, and induction and training. The team observed that resident and staff records are kept in secured areas to help ensure appropriate security and confidentiality of information. Computers are

secured by password. The team's interviews indicated that residents and staff receive information appropriate to their needs.

### **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 in place policies and procedures to ensure appropriate levels of quality service provision from external service providers. A range of contractors and external service providers operate within contracts and formalised agreements, covering resident and care related services, fire systems and various building maintenance and related services. The contracts/agreements are subject to formal and informal review processes, on an as required basis. In addition to this, the home continually monitors the performance of external service providers and takes appropriate action, including their replacement if necessary, in order to ensure that services are provided at the level of quality desired by the home. The home also relies on feedback from residents and representatives to assess the quality of service providers such as podiatry and physiotherapy and other similar resident-related services. It was reported that there are good working relationships with the range of visiting service providers and that services are provided at desired levels.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

#### **Team's recommendation**

Does comply

The home's well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including this Standard.

Examples of specific improvements relating to this Standard include, but are not limited to:

- A medication colour coded guide with three different coloured dots has been developed by the home to indicate when: medications need re-ordering; expiry dates are due; and medications require to be ceased by the medical officers. The staff confirm the medication system has improved since the introduction of the guide.
- A monthly care plan data form has been developed to capture all individual residents' needs. This information is then transferred to the residents care plans.
- Bottle water has been introduced at the home to encourage the hydration needs of residents. The residents are enjoying the availability of the bottle water.
- Equipment purchased for improving residents care needs and services include a pulse oximeter, laser thermometers for clinical fridges and a photocopier.
- To improve safety and reduce the risk of falls in residents' room new lighting has been installed.

### **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

Refer to expected outcome 1.2 Regulatory compliance for details about the home's system for ensuring regulatory compliance.

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

- The home conducts medication management audits to ensure the home is compliant with all regulations and best practice guidelines for medication management.
- The home conducts bi-annual medication advisory committee meetings to assist in the development of appropriate policies and procedures related to medication management.
- The home monitors registrations and authority to practice records for registered nurses as well as external service providers.

### **2.3 Education and staff development**

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

#### **Team's recommendation**

Does comply

The home's comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including this Standard. The team noted that the education program includes an extensive range of subjects specific to residents' health and personal care, and is reinforced by competency

assessments in appropriate areas. Examples of relevant topics covered in the last 12 months include:

- resident assessment and documentation (ACFI)
- medication management
- continence management
- behavioural management
- depression management
- dementia care
- dental care
- pain management
- palliative care
- nutrition management
- mental health
- eye care

## **2.4 Clinical care**

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

### **Team’s recommendation**

Does comply

The home provides residents with appropriate clinical care through the regular attendance of medical officers at the home, and the initial assessment of residents’ care needs, care planning and evaluation processes. Processes are in place to ensure residents’ care is developed in partnership with residents and/or their representatives. Residents’ care plans are reviewed third monthly or as care needs change, by a registered nurse for high care/ageing in place residents, and by the hostel supervisor for low care residents. Arrangements are in place to contact medical officers after hours when required. The home has verbal and written communication systems to inform management, care staff and medical officers of residents’ care needs or issues in need of review. Procedures are in place to monitor residents’ observations each month including: weights, vital signs and urinalysis. The home has processes to monitor residents’ blood glucose levels according to medical officers’ orders. The accident and incident reporting system includes the reporting of resident incidents, such as, falls, skin tears, and behaviours of concern. Accident and incident data is collated monthly and appropriately addresses and are benchmarked against other homes within their organisation, The Salvation Army Care Plus. Residents interviewed indicate they are satisfied with the care provided by the home and the medical treatment given.

## **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

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officers or allied health services input when required. The home’s assessment processes include the identification of residents’ complex nursing procedures and health care requirements. Documentation reviews indicate that care plans are developed outlining residents’ specialised nursing care needs when indicated. A registered nurse is rostered one day per week to review and evaluate residents’ care plans, administer injections on a needs basis and provide clinical advice and support to care staff. Community health nurses visit the home on a regular basis to attend residents’ with complex wound care, attend urinary catheter changes, administer injections if required, and provide clinical care training, advice and support. The home currently provides specialised nursing care for residents including: catheter care, complex pain care, and diabetic care including the administration of insulin. The home has clinical resource manuals to provide staff with guidelines on procedures for the provision of residents’ specialised care when required. Residents interviewed indicate satisfaction with the nursing care provided.



## **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

The home has an effective system to ensure there is referral of residents to appropriate health specialists. New residents have a range of assessments completed which include the identification of residents’ various health specialists’ needs. Interviews and documentation reviews demonstrate examples of residents being seen by health specialist services visiting the home including: a psychiatrist (who visits the home on a twice weekly basis), the mental health crisis team, physiotherapist, dietician, podiatrist, optometrist, audiologist, and Blind Dog Society representative, palliative care team, and hairdressing, pharmacy and pathology services. Interviews and documentation reviews also confirm that residents attend external appointments to specialist services including dentists, neurologist, gastroenterologist, speech pathologist, diabetic clinic, and urology clinic. The home provides assistance to residents’ to enable them to access external appointments. When residents’ have no representative to accompany them to an appointment, staff provide assistance to make the appointment and/or accompany residents’ to their appointments.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has processes for residents’ medication management including: policies and procedures; checking of pharmacy deliveries; secure storage of medications; and a blister packaging medication administration system. Personal care staff administer residents’ medications using a seven day single-dose blister packed medication administration system or directly from the medication containers for items which cannot be packed. Personal care staff administer residents’ insulin injections, whilst other injections are administered by the resident’s medical officer, the registered nurse or community health nurses. Staff confirmed they attend medication management education and have completed assessments to demonstrate they are competent with medication management. A photo identification of each resident with date of birth and allergies is clearly defined on each medication chart. The medication signing sheets are signed in an appropriate manner and between medication rounds the medication trolley is locked. The medication management system is monitored by regular audits and medication incidents are recorded and actioned appropriately. Medication advisory committee meetings are held six monthly to review medication issues, pharmacy issues, medication incidents and statistics and medication management policy and procedures. Residents interviewed are satisfied with the medication management the home provides.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

The home ensures all residents are as free as possible from pain through initial and ongoing pain assessments, care planning, evaluations, and accessing advice on pain management from medical officers when required. Provision is made for the assessment of residents’ verbal and non-verbal pain. Interviews and documentation reviews demonstrate pain management strategies currently in use for residents include: the administration of pain relieving medications including schedule eight medications. Residents’ pain management also includes: physiotherapy assessments, application of heat packs, regular repositioning, use of pressure relief equipment, and emotional support. The home has access to a palliative care team for advice on residents’ pain management when required. Resident interviews confirm they are comfortable and treatment for residents’ pain is provided when necessary.

## 2.9 Palliative care

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

### Team’s recommendation

Does comply

The home has a system to ensure the comfort and dignity of terminally ill residents is maintained through the ageing in place process provided in the home. Initial assessment is carried out in consultation with the resident and family as appropriate to fulfil the residents’ end of life wishes. The Public Guardianship Board is consulted when residents have no family/representative and are unable to make decisions regarding their end of life care. The team were informed that if a resident requires a higher level of care and they are unable to adequately meet the needs of the resident, the resident is transferred to a hospital for further treatment. The services of the community health palliative care nurses are available to provide advice, support, and staff education. Documentation includes policies and procedures on palliative care, pain assessments, pain management records and regularly reviewed care plans. A full-time chaplain is available to provide support for terminally ill residents and their representatives, with an on-site chapel available for residents and their representative’s use.

## 2.10 Nutrition and hydration

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

### Team’s recommendation

Does comply

The home demonstrates that a comprehensive system is in place to ensure that residents receive adequate nutrition and hydration. On entry to the home each resident is assessed by a dietician, and their individual resident needs including dietary preferences, food allergies, likes and dislikes, any swallowing difficulties, preferred consistency of food, and assistance required are assessed and recorded on their diet preference and nutrition plans. The monitoring of the residents’ nutrition status is attended through the monthly weight program. Regular hydration rounds take place to ensure that residents receive adequate hydration, individual bottles of water are provided to residents and they have access to water cooling machines throughout the home, including verandah areas during hot weather. Residents are assisted with meals as needed and utensils to promote independence are supplied. Interviews and documentation review confirm residents are reviewed by the dietician when a weight variance is noted, and are referred the speech pathologist when required. Residents interviewed indicate they are satisfied with the quantity and quality of the food and drink the home provides.

## 2.11 Skin care

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

### Team’s recommendation

Does comply

The home has a system to ensure that residents’ skin integrity is consistent with their general health. Clinical documentation reviewed confirms that residents’ skin integrity is assessed on entry to the home and a care plan is developed which includes strategies to assist in maintaining and improving the residents’ skin integrity. Management strategies on care plans include the regular monitoring and reporting of changes to skin condition, use of limb protectors, application of moisturiser creams, adequate hydration and nutrition, continence management, use of pressure relief aids, regular repositioning, and elevation of limbs. Residents with skin integrity breakdown have wound assessment and progress charts completed to monitor and record the healing process. Residents’ simple wound care is provided by care staff in consultation with the hostel supervisor, and community health nurses visit the home to attend residents’ with complex wound care. The home has skin tear reporting mechanisms, and incident data is reviewed at staff meetings incorporating continuous quality committee meetings. Residents have access to podiatry services,

nail care and hairdressing at the home. Residents interviewed state satisfaction with the skin care provided by the home.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

There are systems in place to ensure that residents’ continence is managed effectively, including assessment on entry to the home and on an ongoing evaluation of management strategies, which include scheduled toileting and the use of continence aids and equipment. The home has strategies for residents’ bowel management including: the completion of bowel movements, ensuring appropriate diets and adequate fluids, and the administration of medications regularly or when necessary. Care staff advise they provide residents with regular toileting programs when required and indicate that supplies of continence aids are available for residents’ continence management needs. Urinary tract infection rates are monitored on a monthly basis and preventive strategies are implemented. Residents interviewed state satisfaction with care including continence management.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

The home has systems in place to effectively meet the needs of residents’ with challenging behaviour. Behaviour focus assessments, behaviour incidents, care plans (including behavioural triggers, interventions and goals) and progress note entries indicate development of successful behaviour management strategies for residents with challenging behaviour. Strategies are developed in consultation with residents and/or their representatives, with input from their medical officers and/ or other health professionals when required; and ongoing evaluation of the effectiveness of the strategies for each resident are completed on a regular basis. Other care needs that impact on behaviour such as pain management and sleep are also considered when assessing residents with challenging behaviour. Care staff and the recreational activity officer implement a range of strategies to manage residents with challenging behaviours including close monitoring; alertness to changes in a resident’s behaviour and reporting these changes such as refusing to take medications; reassurance and one to one support; individual distraction therapy, and recreational activities. Interviews and documentation review confirms a psychiatrist attends the home twice weekly to attend residents’ reviews, plus the home has accessed the mental health crisis team’s services for the review of residents’ care when required. Residents are transferred to hospital for further mental health review when applicable. The staff confirmed there is ongoing education in managing challenging behaviours and could demonstrate how to identify and manage residents’ behaviour. The team observed that the residents appeared calm, content and interactions with staff were noted to be warm and supportive.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team’s recommendation**

Does comply

Residents are supported to achieve optimum levels of mobility and dexterity through assessment and care planning processes and the provision of individualised exercise programs. Mobility and dexterity assessments are undertaken for all residents on entry to the home, and instructions on residents’ transfer and manual handling needs are accessible to staff. A physiotherapist is available to assess residents and develop exercises programs on an as needed basis, and a physio-aide

then implements the programs. Recreational activity programs include regular walking group activities, and activities which provide exercises for residents, such as ball games, and the home is equipped with exercise gym equipment. The team observed residents walking independently or with mobility aids including wheeled walkers and wheelchairs, and that handrails and grab rails are provided to aid resident mobility. The home's strategies for resident falls prevention include: physiotherapy assessments; identification of residents with a high falls risk; the use of hi/low bed positioned at an appropriate height for the resident; provision of individual exercises and walking programs; and promoting the use of safe footwear. Residents interviewed confirm they are supported to exercise and maintain their mobility levels.

## **2.15 Oral and dental care**

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

### **Team's recommendation**

Does comply

Residents' oral and dental health care is maintained through initial and ongoing assessments, care planning and evaluation processes. Residents' ongoing oral and dental care needs are monitored through staff observations and resident and/or their representative feedback. Interviews and documentation reviews confirms residents have attended external appointments with dentists and the local hospital's dental clinic. Care staff interviews indicate they provide residents with oral care including assistance with denture care, and teeth cleaning when indicated. The team observed the home has supplies of items for residents' oral care. Any eating or swallowing difficulties experienced by residents are noted by staff and reported to their medical officer. A referral to a speech pathologist is made if necessary and any changes made to the resident's diet is documented in their care plan. Residents indicate they are satisfied with the oral and dental care the home provides.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

Residents' sensory loss needs are identified and managed through initial and ongoing assessments, care planning and evaluation processes. Interviews and documentation reviews confirm that residents' have been reviewed by optometry and audiology services at the home, and have accessed external optometrists and ophthalmologists. Care plan reviews include provision for residents' sensory loss needs such as the care of spectacles and hearing aids, communication strategies, providing specific instructions for the placement of food on the plate for residents with vision loss, and positioning items in the same place. Skin integrity assessments including the checking of residents' feet, and care plans are completed for residents with diabetes. Staff interviews and observations demonstrate that large print books, playing cards, song books and board games are available for residents with vision impairment, and talking books can be accessed through the Vision Australia library. Residents have access to condiments to individually season their food and to meet individual taste. Residents express satisfaction with the care provided for sensory loss needs.

## **2.17 Sleep**

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

### **Team's recommendation**

Does comply

The home assists residents to achieve natural sleep patterns through on-going assessments, care planning, choice of bed times, and 'sleep-over' staff support at night. Residents have access to call bells in their rooms and ensuites to call for staff assistance at night when required. Each resident has their own room ensuring a minimum of disruption to their sleep. Staff interviews and

documentation review confirms that a range of strategies are used to support individual residents to achieve natural sleep patterns including: regular retiring time at night; warm drinks; pain management; night toileting assistance; the use of incontinence aids; emotional support; snacks at night as required; a comfortable room temperature; use of night light; during the day exercises and activities, and night sedation as per medical officers' orders if necessary. Residents interviewed advised they sleep well at night, the living environment is quiet and they feel safe and secure.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including this Standard. Of particular relevance to this Standard, the home gains feedback and suggestions for improvement from regular meetings of residents and representatives, and resident surveys.

Examples of specific improvements relating to this Standard include, but are not limited to:

- The home has recommenced the position of a chaplain at the home. The chaplain service provides emotional, spiritual, and cultural support for the residents.
- Bus trips have commenced for short trips weekly and longer day trips monthly for the residents at the home. Residents confirmed their enjoyment of the trips.
- At the residents request barbeques have been provided. Residents’ feedback has been positive with enjoyment of the informal meal and social aspect provided.
- Raised garden beds have been built to encourage resident activity in the outdoor activity.
- An interactive game has been purchased to improve residents’ coordination and encourage exercise.
- The home has recruited a recreational activity officer five days per week. The organisation will be providing education throughout the year to support the new staff member.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including this Standard. In relation to regulatory requirements for this Standard, the team noted for example:

- The home has various arrangements in place to meet its obligations regarding privacy legislation
- Residents’ security of tenure, prudential arrangements
- Informing residents of their rights and responsibilities
- Mandatory reporting systems

#### **3.3 Education and staff development**

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

##### **Team’s recommendation**

Does comply

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including this Standard:

Examples of relevant topics covered in the last 12 months include:

- dementia care

- palliative care
- quality of life
- 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 systems to ensure each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Potential residents and/or their representatives are provided with a pre-admission tour of the home and information to assist them to identify that the home will meet their needs. New residents are welcomed to the home and assisted to settle into the home through the identification and provision of care for their physical and emotional needs, and management and staff support. Examples of the support provided include: introducing new residents to other residents and arranging a 'buddy' (if accepted); providing an orientation to the environment and services available; encouragement to participate in activities programs; reassurance; and one-on-one support. The home has a full-time chaplain who provides counselling and support for residents and/or their representatives and staff, and assists them to deal with bereavement experienced by residents' illness and/or deaths. The chaplain is also available to attend any resident who is hospitalised or terminally ill. Celebration of significant events such as birthdays and Christmas is encouraged and facilitated, for residents (who wish to do so) and their families. Residents confirmed they are satisfied with the way the home assisted them to adjust to life in their new home and with the ongoing support and care provided.

### 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 according to their personal preferences and general health. The Charter of Residents' Rights and Responsibilities is on display within the home and documented in the residents' handbook and residential agreement. The home supports the residents' rights to take risks and risk assessments are conducted when deemed appropriate. Due to the residents history and current diagnosis the home has developed guidelines to address the special needs of residents with challenging behaviours admitted to the home. The home provides an environment in which resident representatives, visitors, volunteers and community groups are welcome to visit. The home supports and encourages residents to maintain independence to manage their financial affairs including, but not limited to, the use of an individual trust fund at the home level. The activities schedules include regular bus outings. Care staff interviews indicate they encourage residents to do as much as they can to maintain their independence. Residents indicate satisfaction with the manner in which the home assists them 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 recommendation

Does comply

The home recognises and respects each resident's right to privacy and dignity by the identification of residents' care needs, care planning, and staff practices. Assessment processes include the identification of residents' preferred names. The residents' handbook and the resident agreement

provide information on the home's protection of residents' personal information. New residents or their representatives are requested to sign consent for the collection and disclosure of personal information to appropriate bodies or newsletter publication and for the display of photographs, and a confidentiality agreement is signed by all staff on employment. Staff interviews demonstrate they understand the need to maintain the confidentiality of resident information and apply strategies for maintaining respect for residents' privacy and dignity. Examples include: addressing residents by their preferred name; speaking politely and respectfully to them, knocking on resident doors before entry and identifying themselves, and closing doors when providing care and treatment in residents' rooms. Observations demonstrate that residents' care documentation is stored securely. Processes are in place to recognise and respect the dignity of residents' receiving palliative care. Residents interviewed express satisfaction with the way staff respect and maintain residents' privacy 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 recommendation**

Does comply

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. A 'Key to Me' social, cultural and spiritual information form and activity therapy assessments are completed for each resident on entry to the home by the recreational activities officer to identify residents' specific needs, interests and preferences, and a social and human needs care plan is developed which is reviewed on an ongoing basis. Residents have input into the activities program through feedback in meetings, surveys and during one-on-one discussions with the recreational activities officer. The activities program calendar caters for residents' varying levels of physical and cognitive capabilities. Residents and their representatives are informed of the recreational activities available through activities program calendars on display, daily activities displayed on the whiteboard near the dining room, and/or verbally by staff. Examples of activities provided include: walks to the local shops and wharf area, art and craft groups, board games, gardening, barbeques and sing-a-longs. The home also provides monthly birthday celebrations for residents, bus outings, entertainment, and the celebration of special events. Photograph reviews show residents participating in special celebrations and activities. Interviews with residents indicate they are encouraged and supported to participate in activities of interest to them and are satisfied 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 has systems in place through which residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, customs, religion and cultural backgrounds. The home's chaplain is available to offer support to all new residents and/or their representatives, and any resident who are hospitalised or terminally ill, and will assist residents to access other ministers of religion on request. Chapel services are conducted on Mondays and Wednesdays, and the chaplain is available to conduct funeral services when residents die to allow families, fellow residents and staff the opportunity to grieve and farewell the deceased resident. Cultural and religious celebrations are acknowledged and celebrated. Examples include: special activities for ANZAC days, Australia Day, Easter and Christmas. The home has access to interpreter services, and staff advised they also hold special theme days with culturally specific decorations and foods. Interviews with residents indicated that their cultural and spiritual needs are 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 recommendation**

Does comply

Residents and/or their representatives are supported to participate in decisions about the care and services provided. The home informs residents/representatives of choices available and their rights through ways including: the information provided prior to and on entry to the home; the resident agreement, and the resident handbook. The Charter of Residents' Rights and Responsibilities is on display. Examples of residents' choices for care and services include: choice of medical officer; choice of food; name preference; choice of whether they wish to participate in activities and join social groups in common areas or remain in their rooms; choice of personal items in rooms; input into care delivery; choice of bed times, and choice of clothing worn. Residents and/or representative input into care and services is also facilitated through resident and relatives meetings, resident surveys, comments and complaints' mechanisms, and management's 'open door' policy. Residents indicate they are able to exercise choice and control over their care and services provided within 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 provides information for residents on security of tenure and their rights and responsibilities in residents' care agreements and the residents' handbook. In addition the Charter of Residents' Rights and Responsibilities is displayed clearly in the home. Residents are provided with information on complaints resolution processes including internal and external complaint mechanisms, and advocacy services. Residents are encouraged to attend residents meetings, participate in resident's surveys, and openly consult with management regarding any issues of concern. Interviews with residents indicate that they are satisfied with the information the home provides regarding their security of tenure and their rights and responsibilities.

## **Standard 4 – Physical environment and safe systems**

**Principle:** Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including this Standard.

Examples of specific improvements relating to this Standard include, but are not limited to:

- The home has completed resident room refurbishments; lounge chairs recovered; room lights changed; and handrails provided in residents bathrooms to provide safety.
- Security swipe cards have replaced staff key access to staff areas within the home. Staff report the swipe cards are quick and easy to use. The swipe card system will be implemented for residents rooms over the next six months.
- To improve the safety of staff in the kitchen a vinyl floor has been installed.
- To improve infection control practices and prevent the spread of infections at the home hand sanitisers have been installed in resident areas across the home.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards, including this Standard. As examples of regulatory requirements related to this Standard include:

- Material safety data sheets are maintained adjacent to the chemicals to which they refer.
- A licence has been issued to the home from the NSW food authority authorising them to serve food to vulnerable persons
- Annual fire safety statement is maintained.
- Building certification is maintained in accordance with legislative requirements.

### **4.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including this Standard. Particularly in relation to this Standard, the staff has undertaken training in:

- Fire safety
- Manual handling and other facets of occupational health and safety
- Training in various aspects of infection control
- Food safety and handling training
- Sessions on the use of chemicals and cleaning products and equipment.

#### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".*

##### **Team's recommendation**

Does comply

The management of the home provides a safe and comfortable environment consistent with the residents' care needs. The home accommodates residents in single ensuite bedrooms. The home has a central dining room, a number of lounge areas, activity rooms and outdoor recreational areas. A security lock down procedure is in place in the evenings and residents have access to a call bell system that is checked on a regular basis. Observations of the home during the site audit and feedback from residents and staff indicate that management and the staff actively work to maintain a safe and comfortable environment that is in line with residents' care needs and preferences. Hazard reports, accidents and incidents are reported, collated, analysed and reported to the continuous quality improvement meetings which meets monthly. Regular environmental audits occur to monitor internal and external areas in the home. The maintenance supervisor and site manager oversee the day to day maintenance requirements to ensure that the physical environment is maintained in a safe manner.

#### **4.5 Occupational health and safety**

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

##### **Team's recommendation**

Does comply

The home's management team are active in their work in providing a safe working environment for the staff at the home. All staff interviewed by the team could identify the procedures in place for reporting hazards. They were also aware of issues that affect their area of work in relation to occupational health and safety. The occupational health and safety committee members confirmed that there are various ways that the home identifies hazards. These include observation, discussion at meetings, informal discussion with staff and other stakeholders, environmental safety audits, hazard reports and incident and accident reports. All results are reported to the various meetings relevant to the issue discussed. The home has a return to work coordinator and an external rehabilitation service that oversees staff injury management. Preventative strategies include staff orientation training and compulsory education and competency testing attended yearly thereafter, hazard management, risk assessments and safe work practices. Other management includes the correct labelling and storage of chemicals, material safety data sheets, and personal protective equipment, lifting and transferring equipment and a tagging of electrical equipment were observed to be present in the home.

#### **4.6 Fire, security and other emergencies**

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

##### **Team's recommendation**

Does comply

The environment and safe work systems are minimising fire, security and emergency risks at the home. Staff interviewed confirmed to the team that they undergo training when they are orientated and on a yearly basis. The home has staff members who are trained as fire safety officers with a level one accreditation. Equipment observed by the team was serviced as per the testing tags attached to the equipment and the home's fire servicing inspection lists. Monthly checks are completed on equipment and this was observed by the team to be recorded. Evacuation plans were observed to be correctly oriented and labelled with the fire equipment in place, assembly areas and "you are here" indicators.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The home has an effective infection control system that includes: documented policies and procedures, monitoring and analysis of infection data, orientation of staff, ongoing education, and provision of personal protective equipment, spill kits and appropriate disposal of contaminated waste. At orientation, new staff are provided with infection control education and tested for basic competencies. Infection control data is collected monthly, and findings and actions taken are feedback to staff through various meetings and memorandum. The home's policies and procedures on infection control include information on outbreak management. Preventative measures include education for all staff, a staff and resident vaccination/immunisation program, an effective cleaning program, segregation of clean and dirty linen/clothing in the laundry, regular temperature testing of food deliveries, cool room, freezer, dishwasher and prepared food, and a regular maintenance program. Staff interviews and observations of the home indicated that staff use personal protective equipment and comply with infection control practices in care, cleaning, laundry, catering and maintenance areas. Resident and representative interviews confirmed that they are satisfied with the cleanliness of the home and resident files show that resident infections are identified and managed appropriately.

#### **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

The home has a system in place to ensure that hospitality services are provided in a way that enhances residents' quality of life and staff working environment. An external company operates the catering, cleaning and laundry services provided at the home. Food is cooked fresh on site seven days per week following a four-week rotational menu with a seasonal change and a dietician regularly reviews the menu. Resident feedback is via comments and complaints forms, surveys, meetings and verbally. Residents' special dietary needs and likes and dislikes are recorded in the kitchen. Temperature checking is carried at each point of the meal preparation including delivery, storage, dish washing, cooking and serving. Residents interviewed are satisfied with the food provided by the home. The living environment was observed to be clean and cleaning programs were noted to be in place. The cleaning staff interviewed demonstrates a working knowledge of the home's cleaning schedules, practices and safe chemical use. Residents and representatives interviewed express their satisfaction with the cleaning services. The home provides an on site laundry service and the laundry was observed to be well organised and had systems which optimised the service provided for residents. Residents and representatives interviewed stated all clothes are cleanly laundered and returned promptly.