



## **Decision not to revoke accreditation The Sister Anne Court Hostel**

Following a review audit, the Aged Care Standards and Accreditation Agency Ltd has decided not to revoke the accreditation of The Sister Anne Court Hostel in accordance with the Accreditation Grant Principles 1999.

The home's period of accreditation remains unchanged and will expire on 5 September 2012.

The Agency has found the home complies with 41 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 review audit report.

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

Matters of non-compliance have been referred to the Secretary, Department of Health and Ageing, in accordance with the Accreditation Grant Principles 1999.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

### **Action following the decision**

Subsequent to the Review Audit decision, the Agency has undertaken support contacts to monitor the home's progress and has found that the home has since rectified the earlier identified non-compliance. This is shown in the table of Most Recent Agency Findings.

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

- the review audit report; and
- information (if any) received from the Secretary of Department of Health and Ageing; and
- information (if any) received from the approved provider; and
- information (if any) from current or former residents (or their representatives); and
- any other relevant information; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards.

## MOST RECENT AGENCY FINDINGS

Since the Review Audit decision we have conducted a support contact. Our latest findings are below.

<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Agency's latest findings</b>
<b>1.1 Continuous improvement</b>	<b>Does comply</b>
<b>1.2 Regulatory compliance</b>	<b>Does comply</b>
<b>1.3 Education and staff development</b>	<b>Does comply</b>
<b>1.4 Comments and complaints</b>	<b>Does comply</b>
<b>1.5 Planning and leadership</b>	<b>Does comply</b>
<b>1.6 Human resource management</b>	<b>Does comply</b>
<b>1.7 Inventory and equipment</b>	<b>Does comply</b>
<b>1.8 Information systems</b>	<b>Does comply</b>
<b>1.9 External services</b>	<b>Does comply</b>

<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Agency's latest findings</b>
<b>2.1 Continuous improvement</b>	<b>Does comply</b>
<b>2.2 Regulatory compliance</b>	<b>Does comply</b>
<b>2.3 Education and staff development</b>	<b>Does comply</b>
<b>2.4 Clinical care</b>	<b>Does comply</b>
<b>2.5 Specialised nursing care needs</b>	<b>Does comply</b>
<b>2.6 Other health and related services</b>	<b>Does comply</b>
<b>2.7 Medication management</b>	<b>Does comply</b>
<b>2.8 Pain management</b>	<b>Does comply</b>
<b>2.9 Palliative care</b>	<b>Does comply</b>
<b>2.10 Nutrition and hydration</b>	<b>Does comply</b>
<b>2.11 Skin care</b>	<b>Does comply</b>
<b>2.12 Continence management</b>	<b>Does comply</b>
<b>2.13 Behavioural management</b>	<b>Does comply</b>
<b>2.14 Mobility, dexterity and rehabilitation</b>	<b>Does comply</b>
<b>2.15 Oral and dental care</b>	<b>Does comply</b>
<b>2.16 Sensory loss</b>	<b>Does comply</b>
<b>2.17 Sleep</b>	<b>Does comply</b>

<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Agency's latest findings</b>
<b>3.1 Continuous improvement</b>	<b>Does comply</b>
<b>3.2 Regulatory compliance</b>	<b>Does comply</b>
<b>3.3 Education and staff development</b>	<b>Does comply</b>
<b>3.4 Emotional support</b>	<b>Does comply</b>
<b>3.5 Independence</b>	<b>Does comply</b>
<b>3.6 Privacy and dignity</b>	<b>Does comply</b>
<b>3.7 Leisure interests and activities</b>	<b>Does comply</b>
<b>3.8 Cultural and spiritual life</b>	<b>Does comply</b>
<b>3.9 Choice and decision-making</b>	<b>Does comply</b>
<b>3.10 Resident security of tenure and responsibilities</b>	<b>Does comply</b>

<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Agency's latest findings</b>
<b>4.1 Continuous improvement</b>	<b>Does comply</b>
<b>4.2 Regulatory compliance</b>	<b>Does comply</b>
<b>4.3 Education and staff development</b>	<b>Does comply</b>
<b>4.4 Living environment</b>	<b>Does comply</b>
<b>4.5 Occupational health and safety</b>	<b>Does comply</b>
<b>4.6 Fire, security and other emergencies</b>	<b>Does comply</b>
<b>4.7 Infection control</b>	<b>Does comply</b>
<b>4.8 Catering, cleaning and laundry services</b>	<b>Does comply</b>

Home and approved provider details					
Details of the home					
Home's name:		The Sister Anne Court Hostel			
RACS ID:		0262			
Number of beds:		50	Number of high care residents:		8
Special needs group catered for:			Nil		
Street/PO Box:					
		180 Albion Street			
City:	DARLINGHURST	State:	NSW	Postcode:	2010
Phone:		02 9331 7122		Facsimile:	02 9331 3607
Email address:		ceo@mackillopcare.com.au			
Approved provider					
Approved provider:		Mackillop Aged Care			
Assessment team					
Team leader:		Annette Fitzpatrick			
Team member/s:		Colleen Fox			
		Kirsten Peddie			
		Margaret McCartney			
		Kathleen McDonagh			
Date/s of audit:		18 October 2010 to 29 October 2010			

<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 not 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 not 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 not 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 not comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does not comply
Does comply

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does not comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

## Executive summary of assessment team's report

### Standard 3: Resident lifestyle

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

### Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

## Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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.



**Aged Care**

Standards and Accreditation Agency Ltd

## **REVIEW AUDIT REPORT NOT TO REVOKE/TO VARY**

Name of home	The Sister Anne Court Hostel
RACS ID	0262

### **Executive summary**

This is the report of a review audit of The Sister Anne Court Hostel 0262, 180 Albion Street DARLINGHURST, NSW 2010 from 18 October 2010 to 29 October 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

41 expected outcomes

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcomes:

- 1.2 Regulatory compliance
- 1.8 Information systems
- 2.7 Medication management

### **Assessment team's recommendation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd not revoke accreditation of The Sister Anne Court Hostel.

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd vary the period of accreditation of The Sister Anne Court Hostel.

### **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 recommendation**

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.



# Review audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 18 October 2010 to 29 October 2010.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of five 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:	Colleen Fox
	Kirsten Peddie
	Margaret McCartney
	Kathleen McDonagh

## Approved provider details

Approved provider:	Mackillop Aged Care
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## Details of home

Name of home:	The Sister Anne Court Hostel
RACS ID:	0262

Total number of allocated places:	50
Number of residents during review audit:	50
Number of high care residents during review audit:	8
Special needs catered for:	N/A

Street/PO Box:	180 Albion Street	State:	NSW
City/Town:	DARLINGHURST	Postcode:	2010
Phone number:	02 9331 7122	Facsimile:	02 9331 3607
Email address:	ceo@mackillopcare.com.au		

**Assessment team's recommendation:**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd not revoke accreditation of The Sister Anne Court Hostel.

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd vary the period of accreditation of The Sister Anne Court Hostel.

**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 recommendation**

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

**Interviews**

	Number		Number
Chief executive officer	1	Residents	17
Director of clinical services (DOCS)	1	Representatives	1
Nursing unit manager (NUM)	1	Contract cleaning manager	1
Registered nurses	2	Contract cleaning supervisor	1
Care staff	10	Building supervisor	1
Fire officer/diversional therapist	1	Catering manager	1
Education/quality coordinator	1	Catering staff	3
Office manager	1	Pastoral associate	2
External quality consultant	2	Contract fire safety service personnel	1
Diversional therapist	1	Cleaning staff	1
Recreational activity officers	3	Workplace health and safety consultant	1

**Sampled documents**

	Number		Number
Residents' files	19	Summary/quick reference care plans	33

Comments and complaints folder from June 2010 including feedback forms	1	Residents' administrative files (for residential agreements)	5
Staff personnel files	6	Service agreements	10
Self medication assessments	4	Medication charts	23
Diversional therapy assessment and activity interest care plans	15	Medication error reports	8
Spiritual assessments	22	Patch application histories	4
Lifestyle stories	5	Residents signing sheets for topical medications	8

### Other documents reviewed

The team also reviewed:

- Accident/incident reports
- Asset register
- Audits – environmental
- Audits including: medication audit staff responsibilities; medication audit schedule eight and a psychotropic medication audit
- Behaviour assessments and monitoring records
- Care plan evaluation schedules
- Case conference records
- Catering forms with new resident notifications
- Cleaning outbreak control procedures
- Cleaning specifications, work instructions, schedules, audits
- Clinical indicators
- Clinical monitoring records
- Comments and complaints feedback forms
- Comments and complaints policy reviewed 2006
- Contractors' register (electronic)
- Doctors communication folders, memoranda and appointment diary/communication book,
- Duty lists kitchen
- Education attendance records for January – October 2010
- Education matrix for staff
- Education plans for 2010
- Education program guide 2010
- Education toolbox sessions
- Elder abuse report (new document)
- Food intake monitoring records
- Food safety program
- Food supplier questionnaire
- Hazard/incident reporting form (new)
- Health and personal care policies (2009)
- Infection surveillance and antimicrobial records and statistics
- Job descriptions kitchen staff
- Key performance indicator schedule and quarterly reports
- Kitchen pre-operations checklist, cleaning schedules
- Kitchen temperature records – equipment, food, delivery

- Legionella test reports
- Maintenance request sheets, online request records
- Maintenance schedules, repair schedules
- Manual handling assessments and staff guidelines
- Medication management documentation including: medication refrigerator temperature records; medication monitoring reviews; nurse initiated medication forms; resident photographic identification; dangerous drug - schedule eight medication register; specialists letters; pathology reports; and the pharmacy contract
- Medication reviews
- Meeting minutes – working party, workplace health and safety (WH&S), medications advisory committee, resident and staff meetings
- Mixing valve temperature records
- Notification of additional compulsory education – elder abuse
- Nursing procedure manual (revised January 2002/February 2003)
- Occupational health and safety (OH&S) consultation certificate
- Ongoing improvement schedule
- Orientation day schedule, appointment letters, performance appraisal forms and position descriptions, education questionnaires, police check reminder letters, reminder letters for staff to attend compulsory education sessions, leave applications and staff data base
- Pain assessments, flow charts and pain management plans
- Pastoral care documentation including, but not limited to: rosters; deceased and transferred resident records; note book for communication; memorial service booklets; flyers; and liturgy timetable
- Pest control service reports
- Physiotherapy assessments, physical mobility assessments and falls risk assessments
- Physiotherapy massage/heat therapy and exercise records
- Police check register – employee documents as of October 2010
- Policy and procedure manual reviewed January 2002/February 2003
- Preferred supplier list
- Recruitment policies and procedures reviewed March 2006
- Registered nurse registrations
- Registered nurses daily report, staff handover sheets and communication books
- Relative satisfaction surveys
- Reportable incidents register
- Resident data base
- Resident dietary and preferences forms and online
- Resident emergency evacuation lists
- Resident handbook
- Resident lifestyle information including: letters for community visitors; recreational activity programs; leisure and lifestyle action plan; attendance records; evaluation forms; attendance statistics; diversional therapy professional newsletters; bilingual word sheets; cultural diversity folder; welcome program; and 'application for admission' forms with background information for proposed residents; residents newsletter
- Resident lifestyle manual (2005)
- Resident vaccination lists
- Residents' information handbook reviewed February 2006 and resident application form
- Risk management register
- Sanitisation records
- Servery and resident fridge temperature records
- Servery cleaning schedule records
- Shift report from registered nurse and draft spreadsheet for supervision reports
- Site rules for contractors

- Staff handbook March 2007 including information on performance appraisals, policy and procedures, residents physical restraint, wandering residents, staff work injuries and registered nurses duties list
- Staff memorandum folder and attached staff signing sheets
- Staff newsletters
- Staff orientation and introduction to fire safety
- Staff rosters and variation sheets, staff allocation sheets
- Staff supervision plans pending police certificate clearance
- Stock-take lists
- Wanderers/absconders hourly monitoring charts
- WH&S policy statement, committee terms of reference, flowchart
- Working party meeting minutes 6 October 2010
- Workplace inspection checklists
- Workplace skills assessment tool for medication administration
- Wound assessments and wound management plans

## Observations

The team observed the following:

- 'Wet floor' signage
- Activity sheets, large print
- Administration staff attending resident and staff archiving, and archive room
- Call bells in resident rooms and ensuites
- Charter of residents rights and responsibilities on display, mission statement, suggestion box
- Chemical registers, material safety data sheets (MSDS)
- Cleaning trolleys
- Clinical supplies' storage
- Comments and complaint notice and complaints investigation scheme brochures
- Computer password protection
- Equipment in use and in storage
- Exercise activity in progress
- Fire safety equipment, inspection records, emergency procedure flipcharts, evacuation plans and procedures
- Fire safety statement
- Four weekly menu and large print daily menus
- Incident forms
- Infection control resources – posters, sharps containers, hand wash basins and sanitising gel, personal protective equipment (PPE), spill kits, colour coded equipment
- Infection control summaries (2007) – laundry, nursing and allied staff
- Interactions between staff and residents
- Living environment
- Medical officers attending the home
- Medication delivery to residents
- Mobility aids in use
- NSW Food Authority audit report
- NSW Food Authority licence (expiry 3 December 2010)
- Outbreak kits
- Oxygen storage
- Pastoral associates office
- Recreational activity resources
- Resident information notice boards
- Resident laundries, equipment instructions
- Residents doing volunteer work

- Residents participating in morning teas and lunch
- Residents' sign in/out diary
- Secure storage of resident clinical information
- Security electronic surveillance system
- Sensor alarms
- Sensory room
- Staff handover
- Staff information notice boards
- Storage of medications
- Visitors sign in/out books
- Visitors/contractors' sign in/out book
- Wanderers' alarm system in action
- Waste management worksheets, collection bins including contaminated waste

## **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 a system in place to actively pursue continuous quality improvement. The home identifies improvements through multiple mechanisms including resident and staff meetings, audits, suggestions, comments and complaints, clinical indicators and incident reporting. The home has an ongoing improvement schedule which includes the improvement, person responsible, presumed result, date of completion, evaluation, evidence and any further improvement. Feedback is sought from residents and staff as part of the evaluation process. All continuous improvement information is tabled at the working party meeting which is attended by key personnel.

An example of a recent improvement in relation to Accreditation Standard One is:

- The home has commenced the set up of an electronic roster system. The payroll system at the home is electronic but timesheets have been completed by hand. The home has purchased a finger scanner for staff to swipe in and out on each shift they work. Management report that most staff have commenced using the finger scanner. The home are currently in the process of developing a master roster and management will receive on site training in the use of the new system. This improvement is still in progress so is yet to be formally evaluated.

### **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 not comply

The home has a system in place to advise them of relevant legislation, regulatory requirements, professional standards and guidelines. The home receives updates through their peak body, an external representative body, and an external legislative subscription service. However, the home does not have an effective system to ensure they have current police checks for all staff. Although this had been identified prior to the review audit commencing the team still identified some gaps in the required information.

### **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 that management and staff have the appropriate knowledge and skills to perform their roles effectively. The home provides scheduled training

sessions to management and staff to ensure staff throughout the home understand resident needs and their individual role in providing care and services. Area specific 'toolbox' sessions are held in clinical areas and one to one education is also provided to staff. Education and training is provided by both internal and external educators. Management and staff also attend education run by external providers. Attendance records for education are completed. Staff confirm the home provides regular education, and education and training sessions are offered on all shifts and during the weekend.

Examples of education and staff development that have occurred in 2010 in relation to Accreditation Standard One include:

- Bullying and harassment
- Leadership staff appraisals
- Incident investigation and reporting
- Aged care funding instrument

#### **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

Interviews with residents and resident representatives confirm that the home has a system to ensure access to both internal and external avenues to resolve complaints or concerns. A comments and complaints information sheet is on public display at the front entrance to the home. Brochures from the Department of Health and Ageing Complaints Investigation Scheme are also available. Resident and representative interviews confirmed that they can talk with the staff if they have any concerns. They also mentioned that the home holds resident and relative meetings which provide a forum in which residents and resident representatives can raise issues or concerns. Family conferences are held regularly and provide an opportunity to raise any issues. The team noted that a register is maintained by the director of clinical services to monitor complaints received at the home. A review of the comments and complaints feedback register from June 2010 indicates no complaints documented at this time.

#### **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 mission, philosophy and values and commitment to quality. This documentation is 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 mission, philosophy, values 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 team identified through staff, resident and resident representatives interviews that the home has systems in place to ensure that there are sufficient staff members who are appropriately skilled to care for the residents. The home has a recruitment and selection process in place and a comprehensive orientation system. The team viewed documentation including staff rosters and staff allocation sheets which indicated staff replacements are completed as needed by part time staff taking more shifts, a casual pool of staff and agency staff. The director of clinical services has restructured the care staff hours in June 2010. The nursing unit manager reported a trial is currently in progress for afternoon staff when one staff member is on leave they are not replaced. Care staff are required to have the qualification of certificate 111 in aged care prior to commencing at the home. The nursing unit manager advised that resident acuity levels are an indicator on staffing levels and the allocation of staff members within the home. Refer also to expected outcome 1.3 Education and staff development regarding the education provided to staff members across all four Accreditation Standards to ensure staff have the skills to care for residents.

## **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

Documentation and interviews with staff confirm the home has systems in place to order and have available, stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home on a regular basis. The performance of suppliers is monitored and evaluated. An external supplier provides chemical stocks and these are ordered and stored by maintenance staff. External and internal maintenance programs ensure equipment is monitored and replacement needs are identified. An asset register is in place and repairs to equipment are recorded. New equipment is trialled and purchases are decided through consultation with staff and management. All storage areas viewed indicate there are adequate supplies. There is a stock rotation policy. The team noted that items are stored appropriately in locked storage areas. Staff and resident interviews indicate that adequate supplies of goods and equipment are available.

## **1.8 Information systems**

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

### **Team's recommendation**

Does not comply

The team's observations, document review and interviews indicated that the home does not have effective information management systems. Residents and representatives do not have access to accurate and appropriate information to inform them of services available within the home. Staff members at the home do not have access to accurate and appropriate information to help guide and direct them in their roles.

## **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 systems and processes to ensure external services are provided to meet their requirements and care service needs. Documentation review and staff interviews confirm the home maintains a preferred supplier register. Service agreements are in place and details are currently being reviewed for all suppliers. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Changes are made when services received do not meet expected requirements for the needs of residents or the home. Prior to the renewal of agreements consideration is given to services provided and a tender process is used. Staff state they are satisfied with the quality of services provided by external suppliers in meeting the home's needs. Residents interviewed were satisfied with external service provision.

## **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 has an overarching continuous quality improvement system that relates to all Accreditation Standards and encompasses continuous improvement in all expected outcomes. Refer to expected outcome 1.1 Continuous improvement for details.

Examples of recent improvement in relation to Accreditation Standard Two include:

- Management reviewed wound management practices and identified that they were all different in the different areas. An audit was then conducted to look at how resident care was given. A discussion was held in the registered nurse meeting and education was also given in July 2010. The sessions discussed the wound management audit and the plan to dress wounds second daily unless otherwise indicated. A registered nurse meeting is planned for the last week of October and further education and follow up on wound management will occur. This improvement is still in progress so is yet to be formally evaluated.
- The home is introducing a shift supervision report from registered nurses. The director of clinical services has developed a draft spreadsheet for the supervision reports. The tool is designed to ensure that registered nurses are accountable and providing supervision to staff working on the floor. The tool will cover staff practices that the registered nurses have observed during that day; for example, care delivery of personal hygiene, bowel management, continence care, oral and dental care, feeding, manual handling and communication with residents. The registered nurses will complete the document at the end of each day they work for the staff members they have observed. Management advise this will assist in any issues with care delivery being identified. Management will review the reports and will track which staff have been observed and who still require observation. Management plan to table this improvement at the registered nurse meeting. This improvement is still in progress so is yet to be formally evaluated.

### **2.2 Regulatory compliance**

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

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

Does comply

The home has an overarching system used to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Refer to expected outcome 1.2 Regulatory compliance for details.

Examples of regulatory compliance in relation to Accreditation Standard Two include:

- The home has a system in place to ensure it meets the regulatory requirements for the reporting of unexplained absences of residents.
- Care planning and care tasks are carried out by a qualified person as per the Quality of Care Principles 1997.

### **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 has an overarching education and staff development program that relates to all Accreditation Standards and encompasses all expected outcomes. Refer to expected outcome 1.3 Education and staff development for details.

Examples of education and staff development that have occurred in 2010 in relation to Accreditation Standard Two include:

- Continence management
- Wound care
- Responding to behaviours
- Pain assessment
- Clinical skills, hearing aids and blood pressures

### **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 ensure residents receive appropriate clinical care. Clinical care at the Sister Anne Court is overseen by the director of clinical services, the nursing unit manager and the registered nurse. The home has a registered nurse on duty 8am – 6pm Monday to Friday. The supervisor at the co-located nursing home administers S8 and as necessary medications and provides assistance and support to the personal care staff when the registered nurse is not on duty. Documentation review shows a program of assessments is completed for each resident and care plans and progress notes record care provided. Care plans are reviewed three monthly or when resident care needs change. Care is planned in consultation with the resident and their representatives, the resident’s medical practitioner and allied health professionals. Staff demonstrate a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources to meet the ongoing and changing needs of residents. Residents are satisfied with the clinical care provided and representatives are informed of changes in the resident’s condition and care needs.

### **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

There are systems in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Staff access education programs and staff practice is overseen by the registered nurse and the nurse unit manager. The home liaises with external health professionals including the local area health service to ensure residents’ specialised nursing care needs are met. There are appropriate resources and well

maintained equipment to provide specialised nursing care. Residents and representatives are satisfied with the specialised 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

Documentation reviewed including resident clinical files shows the home refers residents to external health professionals and any changes to care following specialist visits are implemented in a timely manner. Several allied health professionals visit the home on a regular basis including a physiotherapist, dietician, podiatrist, speech pathologist, pathology services and members of the mental health team. Residents and representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents and representatives are satisfied with the way referrals are made and the way changes to care are implemented.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does not comply

Residents interviewed express satisfaction with the medication management provided by the home. Personal care assistants administer residents’ medications using a multi-dose blister pack medication administration system or directly from the containers for medications which cannot be pre-packaged. However, the team identified ways in which residents’ medications are not being managed safely and correctly. The team identified issues with the home’s medication management including: staff practices for administering residents’ medications; signage for topical and short term medications; and the storage of medications requiring refrigeration. The home does not demonstrate that effective systems have been in place to monitor, identify, and address these issues. In response to the team’s feedback the home implemented a range of new procedures for medication management during the review audit. These new procedures are likely to address the issues identified by the team. However, at the time of the review audit the team cannot assess that they will result in residents’ medication being managed safely and correctly.

## **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’s approach to pain management includes the ongoing identification of any individual residents’ requirements regarding the management of pain ensuring all residents are as free from pain as possible. Assessment of pain includes verbal and non- verbal assessments, observation, discussion, ongoing documentation and direct resident and resident representative input. Resident pain is assessed on entry and a separate pain management plan is developed and documented. Management strategies such as analgesia, topical patches, massage, exercise and distraction are developed and staff undertake regular reviews of the interventions to ensure all residents are as free as possible from pain. PRN (as necessary) medication is available and the frequency is monitored and evaluated on pain charts. There are systems to monitor the effectiveness of residents’ pain management and interventions including the involvement of relevant health professionals and services.

Resident and resident representative interviews confirm that pain management is adequate in meeting their needs.

## **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 can demonstrate that the dignity and comfort of residents who are terminally ill is maintained within the scope and resources of the home. Residents may require relocation to hospital, dependent on their care needs. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of residents are considered in care planning and pastoral care and emotional support is provided as requested. The home holds palliative case conferences and accesses the services of the clinical nurse consultant and the palliative care team at the local hospice as necessary. Religious sisters offer spiritual and emotional support. Representatives are informed of the palliative care process and the home is in regular communication with representatives, medical practitioners and specialists throughout the palliative care process.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Documentation reveals residents’ nutrition and hydration status is assessed when moving into the home and individual needs and preferences are identified and included in care planning. The seasonal menu provides residents with an alternative for the midday and evening meal. Staff monitor residents’ food and fluid intake daily. Residents are weighed monthly and weight loss/gain monitored with referral to medical practitioners or allied health for investigation as necessary. Nutritional supplements and assistance with meals are provided as needed. Staff are aware of special diets, residents’ preferences and special requirements. Residents and representatives are happy with the frequency and variety of food and drinks supplied.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

Residents’ skin integrity is assessed on moving into the home through the initial assessment process. Staff monitor residents’ skin care as part of daily care and report any changes in skin integrity to the registered nurse for assessment, review and referral to the resident’s medical practitioner as needed. All skin tears and wounds are assessed and wound management plans implemented; registered nurses attend the daily dressings. The home’s reporting system for accidents and incidents includes skin integrity, and is monitored monthly and benchmarked externally. Residents have access to a physiotherapist, physiotherapy aide, podiatrist, hairdresser and other external health professionals as necessary. Residents and representatives report staff pay careful attention to residents’ individual needs and preferences for skin care.

## **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 residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Registered nurses oversee the continence program and care staff report that they assist residents with their continence programs regularly and monitor residents’ skin integrity. Staff are trained in continence management including the use of continence aids, the assessment and management of urinary tract infections, and bowel management strategies include daily monitoring. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are appropriate supplies of continence aids to meet the individual needs of residents. Residents state they are satisfied with the continence care provided.

## **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 ensures that the needs of the residents with challenging behaviours are monitored and managed effectively. Residents’ behavioural management needs are identified by an initial nursing and/or medical assessment. The home has access to the area health service mental health unit, psychogeriatrician and clinical psychologist. Such things as triggers and times of occurrence of challenging behaviours are noted on the ongoing focus behaviour monitoring form. The nursing care plan is formulated and developed and regularly reviewed by the registered nurse to ensure strategies implemented are effective. The team observed staff interacting appropriately with residents with behavioural issues and reviewed progress notes and incident reports that document challenging behaviours and responses. The team noted that the atmosphere at the home was generally calm during the review audit. Residents and representatives stated that they were generally satisfied with the care given by the staff in respect to managing 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

Residents’ mobility, dexterity and rehabilitation needs are assessed by the physiotherapist on entry and reviewed every three months or more often if indicated. The home utilises the services of a physiotherapist and physiotherapy aide to implement individual and group programs. Recreational activity officers and care staff provide range of movement, group exercise and mobility programs. The physiotherapist attends the hostel one half day a week to assess residents and the physiotherapy aide attends the hostel weekly and undertakes one-to-one programs in accordance with physiotherapy care plans. Staff are informed of a resident’s mobility needs through care plans and progress notes. The team observed residents using mobility aids and handrails suitably placed throughout the home. Falls incidents are analysed and benchmarked externally. Residents and representatives report appropriate referrals to the physiotherapist and podiatrist are made in a timely manner and confirm residents’ involvement in mobility programs offered by the home. Special cutlery and crockery is available for residents with impaired dexterity.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

There are systems in place to ensure residents’ oral and dental health is maintained. Oral and dental health is assessed when a resident moves into the home and documented on resident care plans. Staff assist residents to organise external dental appointments. Staff state they receive education in oral and dental care and assist residents to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Residents confirm they are provided with appropriate diets, fluids and referral to ensure their oral and dental health is maintained.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

The home has a system in place to ensure residents’ sensory losses are identified and managed effectively through assessments carried out at the time of entry into the home and ongoing discussion with the residents and family members. The residents’ care plans are developed addressing identified needs with allied health professionals such as optometrists, audiologists and speech pathologist utilised as required. The activity officers have implemented programs and resources to assist residents with sensory loss including smell and touch. Residents have access to large print books, “talking books”, aromatherapy, tactile activities and a variety of music. When required, staff provides assistance including the cleaning of glasses, fitting of hearing aids and replacement of batteries as appropriate. Residents and representatives report staff are supportive of residents with sensory loss and promote independence and choice as part of daily care.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure that sleep patterns are assessed on entry to the home and at times when sleep difficulties are identified. The home has an environment of single rooms enabling choice of retiring and waking time and allows for music and low light environments. Individual sleep management strategies are developed depending on residents’ needs and preferences. These include maintaining usual settling and rising times, pain relief, regular toileting and night sedation. Residents’ sleep patterns are monitored by the staff on night duty and sleep disturbances and interventions are recorded in the residents’ progress notes. Poor sleep patterns are followed up by the day staff who may request a review by the resident’s medical practitioner. Residents interviewed reported general satisfaction with the assistance and care given including assisting with their settling and sleep requirements.



## **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 has an overarching continuous quality improvement system that relates to all Accreditation Standards and encompasses continuous improvement in all expected outcomes. Refer to expected outcome 1.1 Continuous improvement for details.

An example of a recent improvement in relation to Accreditation Standard Three is:

- The home has commenced providing ‘admission sheets’ to the pastoral care team when a new resident moves into the home. This means the pastoral care team are alerted of new residents and can visit them as appropriate.

### **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 has an overarching system used to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Refer to expected outcome 1.2 Regulatory compliance for details.

An example of regulatory compliance in relation to Accreditation Standard Three is:

The home has a system in place to manage the reporting of assaults to the police and Department of Health and Ageing in accordance with regulatory requirements.

### **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 has an overarching education and staff development program that relates to all Accreditation Standards and encompasses all expected outcomes. Refer to expected outcome 1.3 Education and staff development for details.

Examples of education and staff development that have occurred in 2010 in relation to Accreditation Standard Three include:

- Human dignity mission values
- The diversional therapist attended a conference on dementia and recreation
- Our core values and human dignity

### **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. This includes processes to assist new residents to settle into the home through the identification and support for their physical and emotional needs. Interviews with the diversional therapist demonstrate that they support new residents through a welcome program which includes giving each new resident a welcome card. Processes are also in place to provide new residents with an orientation to the home and introductions to other residents and staff. Personal care assistants advise of strategies they follow to support new and ongoing residents including: welcoming new residents and catering for the residents' needs. Pastoral care staff are also available to provide residents with emotional support as necessary. Documentation reviews and interviews demonstrate that community visitors are accessed to visit the residents and provide them with one-to-one support. Residents express satisfaction with the way the home assisted residents to adjust to life in their new home and/or with the ongoing support and care provided. Residents express praises for the staff and the way in which they help the residents living in the home feel as if they are a 'family'.

### **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 as their condition allows. The home provides an environment in which residents' representatives, visitors, school groups, entertainers, and volunteers are welcome to visit. The director of clinical services advises that the home provides open hours for visiting. Resident interviews demonstrate that residents can continue to attend activities outside the home. Examples of this include: residents visiting the local shops and participation in their religious orders' activities. Residents' independence is also fostered through ways including: providing grab rails in ensuite bathrooms and the use of mobility aids. Observations and interviews demonstrate that residents can choose to have items in their rooms to promote their independence such as televisions, computers, telephones and radios. Observations and interviews also show that some residents enjoy contributing to the life in the home through completing small jobs. Residents are supported to access library books and newspapers. Staff interviews demonstrate they encourage residents to do as much as they can to maintain their independence. Talking books are also available for residents with vision impairment. The recreational activity program includes bus outings for residents. Residents express satisfaction with the support provided for 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, dignity and confidentiality through the identification and documentation of residents' care needs and interests. This includes the identification and use of residents' preferred names. Diversional therapy assessments completed by staff record when residents give consent for activity staff to take their photographs and to have their names and birthdays placed in newsletters. Staff interviews demonstrate they understand the need to maintain the confidentiality of resident information. Staff also advise of strategies applied for maintaining respect for residents' privacy and dignity such as knocking on doors, not shouting and closing doors when showering residents. Resident confidentiality is also maintained through computerised information being password protected and processes are in place for the destruction of redundant resident information. The team observes that residents have locked cupboards in their rooms. Residents interviewed express satisfaction with the ways in which staff demonstrate respect for 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

The home encourages and supports residents to participate in leisure interests and activities of interest to them. New residents have diversional therapy assessments completed and leisure interests care plans developed. A diversional therapist oversees the home's activities programs and recreational activity officers are employed seven days a week. A monthly program is developed and handed to individual residents. Examples of activities in the programs include: movies, bingo, coffee shop, special celebrations, mass, shopping bus, and exercise groups. Movies are held in an activities room/theatre in the co-located high level home each day. Programs of the daily in house movies record the wide range of movies available for viewing in the home. Attendance records are completed to record how many residents participate in each activity group. Residents have access to a sensory room to which residents can go for foot spas, sensory rejuvenation and manicures. Overall residents interviewed express satisfaction with the activities provided by the home.

### **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 to identify and document residents' religious and cultural backgrounds. This includes the completion of diversional therapy assessments and spiritual assessments for residents. Activity programs and interviews demonstrate that cultural days and Christian religious celebrations are acknowledged and celebrated. For example, the home has held special activities for the Mothers day, Christmas, Easter, Australia day, St Joseph's day and the Feast of Mary Mackillop. The home has also been holding special celebrations to celebrate the recent canonisation of Mary Mackillop. Residents' birthdays are acknowledged and celebrated. The home has a chapel and the Roman Catholic mass and

holy communion services are held to which all residents are welcome to attend. An Anglican church representative is reported to be available to provide one to one support for residents. Pastoral associates advise that they participate in residents' case conferences. Pastoral care staff also advise that memorial services to remember deceased residents are held twice a year. Residents interviewed are satisfied with the spiritual and cultural support the home provides.

### **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

Systems are in place through which residents and/or their representatives are enabled and encouraged to participate in decisions about the care and services provided. Examples of systems include: resident meetings; surveys; case conferences; and comments and complaints' mechanisms. Examples of residents' choices for care and services include: choice of participation in activities; choice of shower times; choice of medical officer; opportunities to personalise rooms; and meal choices. Resident interviews generally indicate they have choices in relation to the 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

Systems are in place to ensure residents have secure tenure within the home. Management advise of processes through which bonds, fees and charges are discussed with potential and/or new residents and/or their resident representatives. Management advise that a residential agreement is offered to each resident and/or their representative for signing when moving into the home. The residential agreement provides information on residents' rights and responsibilities including: termination of the agreement; advocacy service contact details; complaint resolution; conditions for transfer; entitlements for care and services; and an initial 14 day cooling off period. The charter of residents' rights and responsibilities is included in the residential agreement and the resident handbook. The resident handbook also includes information on security of tenure; information on care and services; and comments and complaints mechanisms. Management interviews demonstrate that residents and representatives are consulted in the event of them requiring a room change. Resident interviews indicate that residents feel secure in their residency in the home.

## **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 has an overarching continuous quality improvement system that relates to all Accreditation Standards and encompasses continuous improvement in all expected outcomes. Refer to expected outcome 1.1 Continuous improvement for details.

An example of a recent improvement in relation to Accreditation Standard Four is:

- The home have installed a keypad in the ground floor documentation room. The home identified that medical practitioners were coming to see residents after hours and were getting frustrated having to wait for a registered nurse to open the room where resident files are stored. Now the medical practitioners can access the room and write information in the resident files. Management have discussed with the medical practitioners about the process and to ensure that staff are aware which resident medical practitioners have reviewed the medical practitioners leave the notes out for staff. There is a buzzer available at the ground floor of the hostel so medical practitioners can alert staff if they need assistance. Management advised that feedback from staff is that the system is working effectively.

### **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 has an overarching system used to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Refer to expected outcome 1.2 Regulatory compliance for details.

Examples of regulatory compliance in relation to Accreditation Standard Four include:

- The home has been audited by the local council for their food safety audit.
- The home has a system to ensure compliance with fire safety regulations and building certification codes.

### **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 has an overarching education and staff development program that relates to all Accreditation Standards and encompasses all expected outcomes. Refer to expected outcome 1.3 Education and staff development for details.

Examples of education and staff development that have occurred in 2010 in relation to Accreditation Standard Four include:

- Maintenance staff receive monthly education and training from the maintenance supervisor
- Infection control training and self directed learning packages
- Fire education and fire safety training
- Chemical education and safe handling of chemicals
- Manual handling

#### **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

A review of documentation and interviews with staff confirm the home has systems in place to provide a safe and comfortable environment consistent with residents' care needs. An electronic maintenance system includes planned preventative maintenance schedules and daily repair requests. Maintenance request books reviewed indicate requests are attended in a timely manner. Inspection reports, internal audits and maintenance records indicate hazards are identified and managed. This ensures that residents' rooms, communal and outside areas are safe. Residents are accommodated on five levels in single rooms with kitchenettes and ensuites. Residents are encouraged to personalise their rooms and they have a lockable cupboard for the security of personal items. A comfortable environmental temperature is maintained with air conditioning and heaters. This is monitored informally through resident and staff feedback. The team observed well lit corridors with handrails and clear signage. Communal sitting areas and a roof garden are available for residents. Risk assessments and preventative processes as required, such as electrical tagging, are conducted. Staff monitor residents' rooms for clutter. Daily informal and two monthly formal inspections by maintenance staff ensure the living environment is monitored and well maintained. Resident interviews confirm they are satisfied with the maintenance of the environment.

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

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

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

Does comply

The home has a system in place to ensure that management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Documentation confirms the system involves risk assessment, workplace inspections, audits, hazard and accident reporting systems, and training in safe work practices and procedures. A workplace health and safety (WH&S) committee of trained staff representatives from all areas meet two monthly. Policies, notices and procedures inform staff and WH&S matters are addressed at staff meetings. Required actions are transferred to the continuous improvement program as appropriate. WH&S training is given to all staff during orientation and annually. The external contractor provides education in safe chemical handling to cleaning staff with other staff trained internally. The team observed safe work practices and personal protective equipment readily available. Interviews with staff members confirm awareness of WH&S practices and attendance at compulsory education.

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

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

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

Does comply

The home has systems in place to minimise fire, security and emergency risks. This includes regular maintenance checks of fire fighting equipment, alarms and systems by an external company and internal audits. Ready reference flipcharts and emergency resident evacuation packs are readily available in all areas and were reviewed by the team. Information about fire evacuation procedures are displayed at various locations and behind residents' doors. There is a 'no smoking' policy. Staff interviews confirm compulsory fire training is attended and indicate staff awareness of procedures. Residents are given a fire safety education session and are reminded at meetings. Residents are provided with an information session on personal safety and security. The team observed evacuation plans in place and clear exit access. Random checks of fire fighting equipment and a review of inspection and testing records indicate they are current. A fire safety statement is on display. An environmental sensor system is in place for those residents inclined to wander. Security measures for the home include electronic surveillance and keypad security, night patrols, lock-up procedures, and outdoor lighting.

#### **4.7 Infection control**

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

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

Does comply

Documentation, staff interviews and observation of staff practices confirm the home has an effective infection control program. Use of personal protective equipment and colour coded equipment is observed in all areas. Staff interviews demonstrate awareness of infection control guidelines and practices. The home has access to departmental and peak body alert systems for infection outbreak information, and guidelines and procedures are held. The director of clinical services co-ordinates infection control. Infection statistics are recorded, analysed and reviewed monthly. Microbiology reports are received monthly. Staff practices are monitored and compulsory infection control training is conducted at orientation and annually. Additional education is conducted in response to infection analyses when necessary. Hand washing competencies are conducted at orientation and as required in response to staff practices or infection trends. A food safety program, cleaning schedules, and laundry practices are observed to follow infection control guidelines. All catering staff attend food safety training. External providers are used for contaminated waste collection and pest control services. Hand wash basins and hand sanitising gels are readily available. Outbreak kits are located on all levels. Spill kits and sharps' containers are accessible in various locations. A resident vaccination program is in place.

#### **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 employs catering, laundry staff and contract cleaning staff who provide services in a way that enhances residents' quality of life and staff working conditions. Documentation, interviews and observations confirm that policies, job descriptions and duty lists are in place for most aspects of hospitality services. Interviews with residents indicate satisfaction with most hospitality services.

**Catering**

A four weekly rotating menu of freshly cooked meals is provided by an on-site kitchen in the co-located home. A food safety plan is in place and the kitchen was awarded an 'A' rating by the NSW Food Authority November 2009. Food preferences, allergies, and special dietary needs are identified and are communicated to catering staff. Interviews confirm staff awareness of infection control guidelines. Residents have meals in dining rooms on four levels of the home seated at tables set with linen table cloths and napkins. Resident meetings provide feedback in relation to meal satisfaction.

**Cleaning**

Cleaning services are provided by an external contractor and conducted according to a set schedule five days a week, and as required. Residents' rooms are observed to be clean. Staff interviews demonstrate a working knowledge of safe chemical use and an awareness of infection control procedures. The team observed colour-coded cleaning equipment in use and securely stored chemicals.

**Laundry**

Personal items are laundered by carers or personal care assistants at least weekly. Residents have access to laundries on each level and some residents prefer to do their own. Bed linen is laundered by an external provider and towels by the on-site laundry in the co-located home. Residents are assisted with labelling of personal items and repairs, as required, by housekeeping staff. Residents' have access to ironing facilities and dry cleaning services. Observation and staff interviews confirm the laundries are operated in accordance with infection control and WH&S guidelines.