



Decision to accredit Vincientian Village

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

The Agency has decided that the period of accreditation of Vincientian Village is three years until 21 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:		Vincentian Village			
RACS ID:		0160			
Number of beds:		30	Number of high care residents:		9
Special needs group catered for:			<ul style="list-style-type: none"> Sub acute mental health 		
Street/PO Box:		48 Yurong Street			
City:	EAST SYDNEY	State:	NSW	Postcode:	2010
Phone:		02 9360 6024		Facsimile:	02 9360 0896
Email address:		vin.hostel@bigpond.net.au			
Approved provider					
Approved provider:		Catholic Healthcare Limited			
Assessment team					
Team leader:		Judith Roach			
Team member/s:		Richard Hanssens			
Date/s of audit:		23 June 2009 to 24 June 2009			

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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Agency findings
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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	Vincentian Village
RACS ID	0160

Executive summary

This is the report of a site audit of Vincentian Village 0160 48 Yurong Street EAST SYDNEY NSW from 23 June 2009 to 24 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 Vincentian Village.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 23 June 2009 to 24 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:	Judith Roach
Team member/s:	Richard Hanssens

Approved provider details

Approved provider:	Catholic Healthcare Limited
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Details of home

Name of home:	Vincentian Village
RACS ID:	0160

Total number of allocated places:	30
Number of residents during site audit:	30
Number of high care residents during site audit:	9
Special needs catered for:	Sub acute mental health

Street/PO Box:	48 Yurong Street	State:	NSW
City/Town:	EAST SYDNEY	Postcode:	2010
Phone number:	02 9360 6024	Facsimile:	02 9360 0896
E-mail address:	vin.hostel@bigpond.net.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Operations manager (OM)	1	Recreations activity officer (RAO)	1
Residential manager (RM)	1	Pastoral care coordinator	1
Care coordinator (CC)	1	Residents	8
Registered nurse (RN)	1	Representatives	4
Care staff (multi skilled)	7	Catering staff	1
Medical officer (MO)	2	Area manager – cleaning	1
Area manager – contract cleaning company	1	Cleaning staff	2
Physiotherapist	1		

Sampled documents

	Number		Number
Residents' files including care plans, assessments, referrals and progress notes	6	Case conference records	3
Incident reports	10	Medication reviews	3
Hygiene assessments	3	Food and fluid charts	3
Behavioural management plans	5	Personnel files	4
Medication charts	5		

Other documents reviewed

The team also reviewed:

- Activities folder (including program records and assessments)
- Case conference review schedule
- External services referrals (including hospital, mental health, psychogeriatrician, dental and podiatrist)
- Falls risk assessments
- Incontinence assessments and management plans
- Infection control records, data and tracking of trends
- Insulin administration plans and records

- Medication review schedule
- Mobility plans and assessments
- Optometrist reports
- Pain assessments (including pain scale)
- Physiotherapy information folder
- Power of attorney documents
- Psychiatric assessments
- Self medication assessments and reviews
- Sleep assessment plans
- Social care plans and profiles
- Weights records and charts
- Welfare guardianship tribunal documents and records
- Wound management assessments and charts
- Comments and complaints 2008/09 (including complaints register and confidential improvements logs for compliment/complaints/suggestions). Aged Care Complaints Investigation Scheme brochure, Advocacy brochures.
- Continuous improvement (CI) documentation 2008/09 (including register, confidential logs and action plans; audit schedule, results and trend data).
- Education records (including education and training program 2008/09 incorporating orientation, mandatory training and in-service. Staff training calendar, register, matrix and attendance records, session evaluation results, training certificates, skills assessments and competency records. Course outlines and education resources (including Aged Care Channel).
- Electronic communication systems (including e-mail, computers - Catholic Health Care Intranet site)
- Four week cycle menu, initial assessment data, residents' likes and dislike and special dietary needs information
- Information - legislation alert documentation (including regulatory compliance policy and flowcharts containing relevant legislation, memoranda and legislative information on CHC Intranet).
- Incident and accident/hazard reports forms, summaries and trend data, OH&S environmental safety inspections, material safety data sheets (MSDS), manual handling instructions
- Infection control material (including infection control manual, monthly summary and trend data, temperature records for food, fridge/freezers/cool rooms, and medication/vaccine fridge, kitchen equipment, *NSW Food Authority Licence expiry 13 November 2009*, food safety plan and outbreak management program)
- Policy and procedural manual/flowcharts various including hard copy, and electronic copies on CHC Intranet site.
- Planning documentation (including CHC vision, mission, values and corporate governance structure, management structure and system, committee and organisational charts).
- Current *annual fire safety compliance statement 15 May 2009*, fire safety maintenance contractor records, emergency evacuation site plans and evacuation box with resident name cards and emergency supplies, emergency colour coded flip charts, building security protocols (including staff lock up procedures), first aid kits.
- Maintenance records (planned, preventative and corrective) including maintenance program 2008/09, maintenance request logs/work orders, and maintenance work records.
- Cleaning programs, chemical information including material safety data sheets
- Preferred suppliers/contractors information, a sample of suppliers' contracts and agreements (some maintained on site some held centrally at corporate office).
- Resident information pack (incorporating CHC care services, resident handbook and resident care agreements)
- Staff handbook and 4 files (containing letters of appointment, job descriptions, performance appraisals), register of staff, volunteer and designated external contractors' list, criminal record checks, professional registration records, staff rosters.
- Visitors, volunteers and contractors sign in and out books.
- Various team meeting minutes and agendas 2008/09 (including those of the resident/relative; CI; RM and OM; RM, CC and care staff; RM and contractors; general staff; RM, activities officer

and pastoral carer; occupational health and safety [OH&S] & infection control meetings and medication advisory committee teleconference minutes).

Observations

The team observed the following:

- Access to public telephone, library books, beverage dispensing machine, cold drinks vending machine
- Activities in progress including board games, movies and exercise program
- Activities photographic record
- Communion in progress
- Living environment (internal and external, including passenger lift, residents' rooms, en suite bathrooms, communal living areas including dining, lounge and recreation areas, activity room, library with large print books, rooftop terrace area with weather protection, shade structure and outdoor furniture)
- Residents' suggestion box
- Residents socialising on outdoor terrace
- Equipment, archive, supply storage and delivery areas
- Notice boards (containing resident activity notices, menus, memos, staff and resident information including residents rights and responsibilities statement, comments and complaints information)
- Dining room during lunch and tea breaks (including resident seating, staff serving/supervising/assisting residents with meals)
- Staff practices and courteous interactions with residents, visitors and other staff
- Personal protective clothing in all areas, colour coded equipment in the kitchen and cleaning areas, first aid kit, spills kits, hand washing signs, sinks, wall mounted soap dispensers and waterless sanitisation liquid for hand washing, infection control resource information, waste disposal systems (including sharps containers, contaminated waste bins and general waste bins)
- Fire safety and security systems equipment (including fireboard, extinguishers, fire blankets, emergency exits, fire egresses, emergency evacuation area, red emergency phone, the nurse call systems, resident wall buzzers)
- Staff work areas (including kitchen, laundry, cleaners' rooms, clinic/treatment room, staff room, reception, manager's office, education room and care station.
- Kitchen staff practices, environment, selection of foods, food storage areas and practices, food safety program manual
- Cleaning in progress (including equipment, trolleys and wet floor signage boards)
- Manual handling equipment and instructions for use
- Computers in staff areas
- Interactions between residents, medical and other health and related services personnel
- Blister pack medications
- Hand-over records (daily) and staff handover
- Identifiers of physical pain chart
- Influenza poster (and material on managing outbreaks including H1N1)
- Medication round
- Medication trolley
- Pain charts
- Resident situation change (whiteboard in staff area listing alerts)
- Nurse call system
- Oxygen cylinders stored safely
- Safe storage of chemicals
- Storage of medications (including insulin and ointments)
- Treatment room, with medication and treatment supplies
- S8 register
- Secure storage of residents' files

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

Vincentian Village is a facility within Catholic Healthcare Limited (Catholic Healthcare Group). Catholic Healthcare’s ministry of care promotes a model of care delivery that is person centred. The spiritual aspect of care is central to Catholic Healthcare’s (CHC) mission to promote life that brings hope and peace to those they care for and dignity to the sick, frail, elderly and marginalised. The person centred model of care delivery at the home relates directly to a resident’s level of functioning and past history so that individual residents can reach their own levels of achievement within an environment that promotes self respect and personal dignity.

The home’s continuous improvement system incorporates a range of activities that enables Vincentian Village to seek input from the residents/representatives, staff and the home’s community for the purpose of improvement as well as assess, monitor and evaluate its performance in areas that relate to the four Accreditation Standards. This is achieved through various means including an internal and external audit and survey program, a formal comment and complaints system including a confidential improvement log system, scheduled meetings, ready access to management and the use of action plans to manage improvements. Formal review of the results of quality activities occurs and improvement strategies are planned and implemented as required.

All residents/representatives interviewed indicated that they are encouraged to make decisions regarding care and services including those relating to the residents’ health and personal care, lifestyle and hospitality services. They confirmed that the home is responsive to the issues they raise regarding these services through annual surveys, at resident meetings, in person and through the comments and complaints system.

All staff interviewed indicated that the home is open to suggestions for improvement and is responsive to issues they raise through the consultation processes available to them.

A range of quality activities have been implemented to measure performance in relation to expected outcomes in Standard One. A review of the results of activities undertaken indicates that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- Vincentian Village as part of CHC has participated in an organisation wide continuous improvement program including the 2008 implementation of a new quality management system known as the Residential management system (RMS). The RMS is an intranet based quality system intrinsically linked to the home’s quality improvement cycle. The RM reports that the RMS system is maximising staff participation and compliance through ready access to a set of standardised and comprehensive policies and procedures that are built around residents’ needs and preferences resulting in ongoing improvements in the optimal delivery of care and services to the residents. Staff have ready access to regulatory compliance information and contemporary clinical and operational guidelines through online manuals, guides and legislation. The RMS provides inbuilt processes for the home to monitor, audit, review and consult with staff, residents and their representatives. A hard copy is available on site as a back up should the intranet fail.
- Staff knowledge and skills have been addressed through the provision of appropriate education. For example, the newly appointed CC has recently completed a Certificate IV in training and assessment and is now responsible for delivering the home’s education and

training program and has established a mentoring program for all commencing staff. The provision of audio visual equipment in the education room is enabling staff to watch educational DVDs and the Aged Care Channel's education broadcasts. Staff interviewed by the team stated the home's education program is "about the things we need to know", "things that help us to our jobs better" and "helps us to know how to look after the residents...we know what we need to do for them". The establishment of an education and staff meeting room with audio visual equipment is enabling staff to watch educational DVDs and the Aged Care Channel's education broadcasts. Staff reported that the initiative is providing the ongoing opportunity to revise and update their knowledge and understanding in relation to resident care.

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 organisation (CHC) has an effective system in place to manage regulatory compliance. The results of the team's observations, interviews and document review revealed that policies and procedures have been developed by CHC to ensure that they embrace regulatory compliance. Vincentian Village is notified of change through the CHC intranet and information legislation alert services that it subscribes to and action is taken as required to ensure that the home remains compliant with legislation. Monitoring of quality indicators, audits of compliance, education and competency assessments are assisting management and staff to ensure that required standards are maintained and enhanced.

An example of responsiveness to a change in legislation is that the organisation has considered the implications of the *revised police check arrangements* applicable from 1 January 2009 and implemented the necessary changes. For example, police checks have been carried out for contractors, in particular trades people who perform work under the control of the approved provider. The home ensures that all other contractors are supervised by a designated staff member if they are likely to have access to care recipients.

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

Systems in place have ensured that management and staff of Vincentian Village have the knowledge and skills to perform their roles effectively.

The results of the team's observations, interviews and document review revealed that maintenance of staff knowledge and skills is underpinned by a staff orientation program that familiarises new staff with the home's policy and procedures. The home has an annual education program that includes mandatory topics as well as multidisciplinary education topics for staff on a range of issues relevant to aged care. The internal education programs, together with the external education available, support staff to provide care and services in accordance with the requirements of the four Accreditation Standards. The effectiveness of the training provided is being measured through audit results, observation, staff appraisal and various competency skills tests.

Education sessions and courses that relate to this Accreditation Standard and that have been attended by management and members of staff include mandatory reporting policy and procedures for elder abuse and missing persons, accreditation, first aid training and Aged Care Funding Instrument (ACFI). CHC has established relationships with a peak body aged

care services group to deliver training programs that provide for leadership skills for selected staff such as through pathways of Certificate IV in Assessment and Training.

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

Vincentian Village ensures that all residents/representatives have access to internal and external complaints mechanisms. Residents/representatives state they prefer to speak directly to staff and management rather than using the formal avenues of complaint available to them. Internal mechanisms include improvement logs and meetings; discussions with management, care and lifestyle staff, medical officers, social workers and community visitors; care conferences. Residents/representatives and staff receive feedback including through meetings, memoranda, newsletters or personally. Interviews and review of documentation demonstrate that the home links its comments and complaints system with its accident and incident reporting mechanisms, continuous improvement and education programs and residents' care planning processes. Information on the complaints mechanism is displayed at the home and information is described in the admission handbook and resident agreements. A register of complaints is kept including the investigations and actions taken and date completed. Complaints are actioned and followed up with the complainants in a timely manner. Residents/representatives confirmed they feel comfortable to raise any issue with management and staff; and stated management is responsive to their suggestions.

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 organisation has documented the home's values, philosophy, objectives and commitment to quality throughout Vincentian Village. Documentary evidence is found in the resident and staff handbooks and is clearly displayed in the home.

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

Human resource policies and procedures are underpinned by the home's program of staff recruitment, orientation, performance review and skills assessment and training. Staff performance appraisals are conducted annually and as needed to determine future training needs and ensure staff are appropriately skilled to undertake their responsibilities. Staff report relevant education is provided and professional development opportunities are offered to ensure they have the necessary skills to undertake their duties. The RM, CC and registered nurse provide support and advice to care staff about residents' clinical and other care needs and preferences. Staffing levels and rostering are set to meet the demands of the home through consideration of occupancy levels, resident care needs and the safety and welfare of residents and staff. Residents/representatives and staff confirmed that direct care staffing levels remain the same seven days per week. Staff reported that they enjoy working at the home and express a commitment to the residents and the community of Vincentian Village. Residents/representatives are very complimentary about the care, lifestyle and hospitality services that the home provides for them.

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

Systems are in place to ensure there are stocks of appropriate goods and equipment for quality service delivery available at Vincentian Village. An asset list is maintained and includes a tagging system. There is an approved list of local service and equipment providers and the RM monitors their performance; and any identified issues are dealt with initially at local level. A corporate purchasing system is in place. Observations and feedback from residents/representatives and staff confirm that there are appropriate stocks of goods and equipment available. Staff reported management is responsive to requests for additional equipment or stock if required. A planned preventative and corrective maintenance program is in place to ensure all plant and equipment is serviced and maintained. Monitoring of equipment and the maintenance program is conducted by the RM through review of repair and maintenance logs, results of audits, checklists and surveys, and hazard reporting. A review of maintenance records, observations and feedback from residents/representatives and staff confirmed that the home is well maintained.

1.8 Information systems

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

Team's recommendation

Does comply

There are systems in place that effectively manage the creation, usage, storage and destruction of all records, including electronic records. The results of the team's observations, interviews and document review revealed that Vincentian Village effectively disseminates information to management, staff and residents/ representatives relating to legislation, resident care, organisational information and other matters that are of interest to them. This is achieved through the CHC intranet, e-mail, data management and reporting applications, memos, noticeboards, meetings, a clinical record system, information packages (including resident and staff handbooks), education sessions, meeting minutes and policy and procedure manuals/flowcharts. Information is managed in accordance with the home's privacy policy. Residents/ representatives expressed their satisfaction with information services at the home.

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

All externally sourced services are provided in a way that meets the home's needs and quality goals. The results of the team's observations, interviews and document review revealed that Vincentian Village has an effective system in place to identify preferred and major suppliers of goods, equipment and services and to review major suppliers' performance against agreed objectives contained in documented external service agreements or contracts. Contracts and/or simple service agreements are in place with suppliers of services such as pest control and fire system maintenance; laundry and cleaning services, pharmaceutical and continence products. There is a mechanism to track and resolve problems with suppliers. This involves the residential manager reporting performance issues to the operations manager who then reports the issue/s to and liaises with, the purchasing department at corporate office. Residents/ representatives expressed their satisfaction with external service providers attending the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The results of the team's observations, interviews and document review revealed that Vincentian Village is actively pursuing continuous improvement through a program that is consultative and responsive to feedback from stakeholders including residents/representatives and staff. For comments relating to resident/representative and staff feedback and details regarding the system see expected outcome 1.1 Continuous improvement.

A range of quality activities including stakeholder feedback mechanisms, reviews and audits are in place to measure performance in relation to all expected outcomes in Standard Two. A review of the results of activities undertaken to date indicates that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- Vincentian Village has successfully introduced a new prepacked and accredited medication system to ensure the safe and correct management of residents' medication. The system is part of an organisation wide continuous improvement program. In addition, a new policy, practice and protocol for the management of medications has been introduced including medication competency training. The RM reports that medication administration is carried out by trained care staff only ensuring a better identification by staff of residents' medication needs and preferences such as the safe and correct administration of regular and/or PRN medications.
- The RM informed the team that CHC introduced a set of organisation wide assessment processes in tandem with the introduction of the Aged Care funding Model (ACFI). The RM reports that the care needs and preferences of individual residents are being better identified due to staff using a set of standardised and comprehensive assessment documents.
- Vincentian Village has recently appointed a registered nurse (RN) to a part time position at the home. The RM reports that the initiative is providing for the ongoing assessment, planning, evaluation and regular review of residents' care needs and preferences across a range of dependencies. The RM stated that a contracted RN had previously been available to the home on an as needs basis, the new part time RN position “is providing the residents and the home with an increase in consistency and continuity of care”.

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 results of the team's observations, interviews and document review revealed that Vincentian Village has an effective system in place to manage regulatory compliance pertaining to Health and Personal Care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to compliance with legislation is the action taken by the home to review its practices in accordance with the Department of Health and Ageing requirements. For example, the home maintains a current and regularly reviewed register of professional

registrations including for registered nurses and other health and related services personnel such as the physiotherapist and podiatrist.

2.3 Education and staff development

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

Team’s recommendation

Does comply

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

Education sessions and courses that relate to this Accreditation Standard that have been attended by staff include behavioural management, dementia, continence, falls prevention, clinical care, medication management and the new aged care funding instrument (ACFI). The effectiveness of education is measured through observation, audits, survey and resident feedback. In addition, staff competency is assessed in various areas including medication administration.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home demonstrated that residents receive clinical care appropriate to their needs and preferences. Residents’ clinical requirements are assessed on entry to the home and this is reviewed on an ongoing basis and as residents needs change. Indicators of poor clinical health are documented and the home uses a range of assessment tools and charts to evaluate care and progress of treatment. Individual care plans are reviewed three monthly by a registered nurse. Input and review is provided by specialised clinical staff such as medical officers. Residents and their representatives are consulted and involved with clinical care and all ongoing treatment. Progress notes and regular evaluations clearly track care delivery and identify matters for further review and any referrals or involvement of other services. Residents and representatives said they are extremely satisfied with the level of care they receive in the home.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

The home demonstrated that residents specialised nursing care needs are identified and that these are reviewed and supported as required by input from appropriately qualified nursing staff. A registered nurse is on-site one day a fortnight and is available on-call for consultation. Specific care, such as wound management, is documented by care staff and is methodical and detailed and may include photographic images that can be reviewed in a timely manner by medical officers or other local external services if required. Staff have access to ongoing training, education and support in clinical care practice relevant to their scope of practice. Documentation demonstrates that the home does provide residents with some specialised nursing care and has systems in place to refer residents to services for more specialised care as required.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s recommendation

Does comply

Residents are assisted to access specialists and a range of health professionals and services in accordance with their needs and preferences. The home has a number of medical officers who regularly attend the site, as well as access to a range of services and other health providers in the local area. Residents are informed of the services available to them and supported to attend appointments as required. The home has developed good contacts within local hospital and community based services and is regularly visited by mental health professionals, continence advisors, physiotherapist, diabetes services, and optometrist. Residents are also able to attend private services if they wish and documentation showed residents attending dental, acupuncture and optometry appointments outside the home. Resident representatives said that they are satisfied with the range of services the home can access on behalf of residents and that the home supports the delivery of treatment decisions in a timely and appropriate manner.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has systems in place to ensure that medications are prescribed, supplied, dispensed, monitored and reviewed in a way which meets regulatory requirements and supports safe practice. Medication is delivered in blister packs and is checked in by the care manager to ensure the correct medications and dosages are received. Medication is delivered to residents by care staff and medication charts monitored and audited at regular intervals to ensure correct procedures are followed. Care staff were observed by the team delivering medication and following the home’s procedures to ensure correct administration of resident’s medication; staff undergo regular competency testing in this practice. Staff described the process for documenting medication errors and medication incident reports showed management investigates these incidents and that actions in consequence to errors are documented and communicated to relevant parties. Medication is regularly reviewed by pharmacist, medical officer and the site manager and information may be further analysed through a bi-monthly medication advisory committee.

2.8 Pain management

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

Team’s recommendation

Does comply

Pain assessments are conducted during the initial stages of the resident’s entry to the home and then on an ongoing basis or as a need arises (such as a fall or identified medical condition). The home uses a pain assessment tool to identify and monitor residents’ pain levels and this supports staff to assess residents who may have difficulty in communicating that they are in pain. Pain is treated in a timely manner and by using a range of therapeutic interventions including medication, gels, heat-packs, massage and exercise. The home uses medical review to evaluate pain and the effectiveness of treatment and referral is made to appropriate services as required for further consultation, assessment and support. Residents said that they tell staff when they experience pain and are satisfied with the care and treatment they receive to manage this.

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 is able to provide residents with palliative care as required and works closely with residents and their representatives to ensure that residents end of life wishes are supported throughout this process. The home has access to the local hospital based palliative care team who will attend the site to assess the palliative care needs of the individual resident. This includes assessing pain, pain management, ongoing nursing care requirements and setting up the support services required should a resident wish to receive palliative care within the home. The home has a pastoral care co-ordinator who ensures that residents, representatives and staff receive spiritual and emotional support over this time. Staff have an understanding of providing care to terminally ill residents and have a strong commitment to meeting the end of life wishes of residents. Following the recent passing on of a resident the pastoral care co-ordinator provided emotional support to residents and provided a eulogy for the deceased resident through the weekly shared communion.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home has an effective system to manage the nutrition and hydration needs of residents and that these are in line with resident’s preferences as well as supporting their individual care requirements. Food and fluid assessments are conducted initially when the resident first comes to the home and these are regularly updated and adjusted as required. Special diets for medical or religious requirements are identified and information provided to the kitchen. A four week rotating menu is reviewed through the home’s group contracted dietician to ensure residents receive appropriate nutrition and care staff ensure that there is a regular supply of fluid available to residents at all time (including in their room). Resident weights are taken monthly and fluid balance charts implemented to monitor residents identified hydration risk. Residents said they are satisfied with the food and one resident who has a particular diet said the home provided this and was able to provide them with choice.

2.11 Skin care

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

Team’s recommendation

Does comply

Skin integrity assessments are conducted as part of the admission process with ongoing review of skin condition in relation to treatment or as the need arises through incidents such as falls, skin tears or wounds. Staff can access internal and external education on skin care to ensure that standard practice is followed and the home uses a range of skin care and wound care products to manage skin conditions. Documentation shows that following a fall, or the discovery of a skin tear, residents are assessed and treatment (including medical or physiotherapy review) is recorded. Wound charts are detailed and corroborate information recorded in progress notes. Audits are used by the home to evaluate the effectiveness of interventions and treatment strategies. Incidents are recorded and this information is reviewed to identify trends or any possible environmental hazards.

2.12 Continence management

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

Team's recommendation

Does comply

Continence is assessed during the initial period following entry to the home and then on an ongoing basis and particularly as continence issues arise. Continence plans are completed for residents requiring this support and these were noted to be completed with ongoing review and access to specialised services for further support as required. A small number of residents were noted to have continence issues and the home provides them with continence aids and toileting support from care staff. Staff receive training and education on managing continence and in ensuring that resident privacy and dignity is maintained during continence care. All residents have their own room with an ensuite and staff encourage and support residents to maintain independence in their toileting.

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 effective systems and staff practices in place to ensure that residents with challenging behaviours are managed effectively. Residents at the home have a significant history of mental health conditions, alcohol use, episodes of homelessness and are used to being independent, with freedom of movement and making their own decisions as to whether to receive care. The home acknowledges this history and care plans are developed in consultation with residents, their representatives and allied health professionals which identify potential areas of challenging behaviour with the aim that these can be worked through in a consultative and collaborative process. Management plans are formed including assessments, recorded interventions, ongoing strategies, reviews and input from other specialist services. Assessments consider the range of potential triggers in behaviour and interventions are evaluated regularly for effectiveness. All plans include discussion with individual residents, who are provided information and education as appropriate on behavioural issues and its impact on themselves and others. This includes consequences to extreme behaviour such as aggression and assault. Residents are supported by staff to raise issues and work matters out through discussion or time-out. Staff have access to training and education on managing challenging behaviour and access to the local community mental health team for additional support. Staff said this helps them to manage situations effectively using calming techniques, interventions and understanding individual resident triggers and ways to manage these. This is reflected in the incident reports reviewed by the team. The home maintains a consolidated register recording assaults and the home follows the procedures required to maintain this. During the two days the team were at the home they observed that residents interacted with each other, staff and visitors in a calm and polite manner and a number of residents declined interview with the team in a clear, direct and respectful way.

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

The home has systems in place to assess and aid residents to maintain optimum levels of mobility and dexterity. All residents undergo an assessment on mobility and dexterity conducted by a physiotherapist shortly after their entry to the home. This assessment becomes part of their care plan and this is reviewed regularly and updated as required. The physiotherapist designs exercise programs, group and one-to-one to meet the needs of each resident and residents are encouraged to participate in these to maintain their mobility and muscle strength. The team observed residents taking part in the group exercise program and

documentation demonstrates that these interventions are of benefit to residents. The activities officer also encourages residents walking and residents are able to walk around the local area. Residents are encouraged to make use of services such as podiatrist, a reflexologist attends the home on a weekly basis and staff provide a range of light massage to residents. Falls assessments are completed for residents who are at risk of falls or who suffer a fall. Resident feedback indicated that they enjoy the exercise programs and are satisfied with the support they receive from the home to maintain their mobility.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ dental requirements and oral health is assessed during the early stages of their stay at the home. The home has access to dental services that can attend the home to conduct regular dental check-ups or if residents prefer, they are given support to attend the dentist or dental service of their choice. Care staff support residents to follow a program of regularly brushing their teeth and the home ensures residents have toothbrushes and gel to do so. Residents who choose not to brush their teeth are encouraged to have regular dental check-ups to monitor the health of their teeth, gums and mouth. Residents with dentures are encouraged to soak them regularly in dental solution and care staff ensure residents’ dentures remain a comfortable fit and are practical when eating.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ are assessed for their range of sensory abilities on entering the home and any sensory loss is identified and recorded in the residents’ care plan or as emerging needs are identified. The home supports residents to access a range of services available to assess sensory loss including audiologist, optometrist and speech therapist and this was confirmed through referral records and specialist reports. Aids are maintained, kept clean and monitored to ensure residents receive benefit from their use. Staff understand the importance of monitoring resident sensory loss and supporting residents in the use of sensory aids. The recreational officer encourages residents to maintain their sensory awareness by using a number of strategies such as games and outings which involve taste, touch and smell. The team observed that the home’s library has a large selection of large print books and the home is well lit and free from clutter.

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 evaluate resident sleep needs and preferences and identify any issues which may impact on residents achieving natural sleep. A number of residents are active at night or may go out in the evening and return late to the home. Staff actively work to minimise any disruption to sleeping residents by monitoring noise levels and encouraging residents to go to bed and maintain a routine of sleeping during the night hours. Residents are discouraged from sleeping throughout the day and encouraged to take part in activities and exercises to help them achieve natural tiredness. For residents who have difficulty in sleeping staff use a range of strategies to help them settle such as warm milk drinks, extra pillows or blankets, massage, hot pads and aromatherapy. Ongoing sleeplessness may be referred to a medical officer for review and if a sleeping medication is prescribed, this is monitored and assessed on a regular basis.

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 results of the team’s observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program that is consultative and responsive to feedback from stakeholders including residents/ representatives and staff. For comments regarding resident/representative and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

Vincentian Village uses a range of quality activities including stakeholder surveys and audits to measure its performance in relation to all expected outcomes in Standard Three of the Accreditation Standards. A review of the results of activities undertaken indicates that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- A pastoral care program has recently been introduced at the home. The OM and RM confirm that a spiritual (pastoral) care worker attends the home one day a week to coordinate and deliver direct spiritual care to residents. The RM informed the team that the new program is providing positive outcomes including helping the organisation to ensure the delivery of their mission and providing residents with an increased opportunity for advocacy. The RM informed the team that the program has increased the level of spiritual care services and resident participation. The residents are “more settled within themselves” and as a result, their level of comfort has increased.
- The home has developed a hospital visiting program as a result of the pastoral care program. The RM informed the team that the spiritual care worker acts as a resource person for residents on hospital leave. For example, the spiritual care worker coordinates the hospital visiting program and liaises with residents on hospital leave and with volunteers from the community visitor’s scheme. The RM reported that the program is providing residents with a continuity of holistic care.

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 results of the team’s observations, interviews and document review revealed that the home has an effective system in place to manage regulatory compliance pertaining to Residents’ Lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to legislation is the action taken by Vincentian Village to ensure that residents are provided with information about their rights and responsibilities including in the resident handbook, residential aged care occupancy agreements and via the charter of residents’ rights and responsibilities displayed in communal areas in the home. Residents are offered a residential aged care occupancy agreement that meets the requirements of the *Aged Care Act 1997 and the User Rights Principles 1997*. In accordance with the *Accreditation Grant Principles Clause 2.22* the home notified residents/representatives of the home’s planned accreditation site audit.

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

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

Education sessions attended by staff that relate to this standard include but are not limited to elder abuse, dementia and support and care in lifestyle and leisure.

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 strong links within its local community and through its group provider. A large number of residents do not have family support and are used to living on their own. The home actively works to ensure that all residents are supported in adjusting to living at Vincentian Village and that this support remains available on an ongoing basis. On arrival, residents receive a tour of the facility and are thoroughly orientated to their new environment. Resident likes, dislikes, social needs and lifestyle preferences are identified and this includes identifying the emotional needs of each individual resident. Staff develop rapport with residents and the home endeavours to link those residents without family and who want visitors to the community volunteer's scheme. Currently, the home has arranged for senior pupils from a local school to visit the home and play pool with residents. The home has a number of areas available to residents who want to spend time on their own, including a roof terrace garden on the seventh floor that has panoramic views over the metropolitan area.

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

The home actively supports residents to maintain their independence, their social contacts and links to their local community. The home is committed to supporting resident autonomy and this is reflected in the care services provided. Staff prompt and assist residents to maintain or improve their level of independence in all activities of daily living such as residents are able to move around their local community at will or are taken to places by staff in order to continue their lifestyle activities. Residents are encouraged to bring friends and acquaintances back to the home and the home has a sign in and out visitor's book to ensure this is maintained safely. Care staff support residents to carry out as many tasks as they can independently, such as showering, personal hygiene and maintaining their living space (room). Residents said that staff respect their independence and leave them to get on with things.

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 is scrupulous about maintaining residents' privacy and dignity, ensuring that their confidentiality and confidentiality of information is maintained. Each resident's room has its own individual key and staff knock before entering. Resident information is kept away from public areas and is only accessed by those staff who have authority to do so. Documentation demonstrated that staff record information in a respectful manner ensuring material is presented accurately and in an even-handed manner. The team observed staff interacting with residents and noted this was respectful and sensitive to resident privacy and dignity. One resident said staff do not pry.

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' individual leisure and lifestyle needs and preferences are comprehensively assessed and this information is incorporated into their care plan identifying individualised aims and the interests that they may wish to and are able to pursue. The home provides an activity program providing a range of internal and external activity programs that can meet one-to-one needs or provide group participation. The activities officer (with support from other staff) provide and support activities. These are based on identified resident likes and include a range of board games, birthday celebrations, pool, monthly outings, walks to local cafes, news groups (the local free newspaper) or reading and discussion. All activities are documented and evaluated and provide thorough resident feedback on the activity and their participation. This showed that residents enjoy the activities they take part in, enjoy the interactions through games with other residents and staff and are able to suggest further activities they would like to have in the home. The activities officer was able to demonstrate that some activities have had a direct benefit on the residents' quality of life, such as where they have been able to encourage a previously socially isolated resident to participate in board games and interact with other residents. For some residents regular exercise programs have helped them regain some muscle strength and mobility and for others, participation in activities in the way they are structured by the home, has increased their self-confidence in being able to assert what they want to do and when.

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 recently appointed a pastoral care co-ordinator who provides residents and staff with spiritual and emotional support. They are fluent in Italian which helps them communicate with a small number of residents who have Italian as their primary language. Another staff member is fluent in Spanish and the home draws on a translation service as required when they have residents needing information in their first language. The home accesses a range of religious groups to provide spiritual support and both Catholic and Anglican services are held in the home on a regular basis. Further to this the pastoral care co-ordinator holds weekly communion attended by a number of residents across denominations who said they appreciate this time to reflect and of spiritual observance. The pastoral care co-ordinator also visits residents who are hospitalised from the home and is available to provide emotional support for residents and staff when a resident passes away.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

The home actively supports residents to be involved in choice and decision making in all aspects of their care and life in the home. Residents participate in regular resident meetings and meeting minutes indicate that they are consulted on matters pertaining to the running on the home as is appropriate and that they can raise their concerns; these are discussed and actions as required tabled and reported back on. Documentation shows residents are allowed to choose whether they accept a number of care services and are consulted concerning medical attention and medication regimes. Residents choose their level of participation in activities and are free to leave the home to take part in activities in the local community as they are able. Those residents who are under guardianship arrangements are supported to understand the implications of these or any requirements of tribunal orders and to manage their own affairs as sufficiently as is possible.

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 places emphasis on ensuring residents' understand and can access their rights and also that they understand the processes used by the home to ensure that the residents meet their responsibilities, in particular in exercising their autonomy and in their interactions with others. Vincentian Village has systems in place to inform residents of their rights including security of tenure information. A residential aged care service agreement is provided for new residents that outlines relevant information on security of tenure, charter of residents' rights and responsibilities, fees/bonds, privacy matters and specified care and services. The resident handbook details the services available at the home. Information is provided and displayed in the home for residents/representatives and includes brochures on comments and complaints. Residents/representatives state they feel secure at the home, understand the information that they receive and have ongoing opportunities to provide feedback to 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 results of the team’s observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a program that is consultative and responsive to feedback from stakeholders including residents/representatives and staff.

For comments regarding resident and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

Vincentian Village uses a range of quality activities including numerous stakeholder surveys and audits to measure its performance in relation to all expected outcomes in Standard Four of the Accreditation Standards. They include but are not limited to reviews and audits in areas covering resident satisfaction (includes hospitality services such as catering, cleaning and laundry), workplace safety, hazards, accident/incidents, environment, manual handling, and infection control.

A review of the results of activities undertaken indicates that actions are being carried out that are resulting in improvement. Some examples of improvements made through the CI system are:

- The RM informed the team that a number of initiatives have been carried out to improve the safety and security of residents, staff and visitors at the home. They include (but are not limited to): a sensor activated light has been installed at the premises to support emergency egress to the evacuation assembly area, a new and secure waste disposal enclosure has been built at the home to ensure compliance with infection control guidelines, a new fridge has been purchased for the kitchen and the cool room has been upgraded with a new motor. Three staff have completed the occupational health and safety (OH&S) consultation course and provide input into the home’s OH&S program.
- The team’s review of the home’s infection control data and CI records revealed that staff had identified a need for the introduction of anti bacterial hand wash and new and additional disposable glove holders to be mounted throughout the home. The RM informed the team that the initiative has increased the understanding and awareness of staff, residents/representatives and visitors at the home to the dangers of cross infection and to some of the core principles of outbreak management.

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

Results of the team’s observations, interviews and document review revealed that the home has an effective system in place to manage regulatory compliance. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of the home’s recent response to legislative requirements includes the CHC comprehensive food safety policy and range of food safety measures that ensure the home is compliant with new regulations of the NSW Food Authority. The organisation is compliant with current requirements governing the *NSW Food Authority law of August 2008* covering

businesses that serve food to vulnerable persons. CHC is preparing for the introduction to the home of Standard 3.3.1 *Food Safety Programs for Vulnerable Persons* set to come into effect in NSW by 1 September 2009. Vincentian Village has a current fire safety statement and has external services contractors attending for testing and calibration of equipment including fire fighting equipment, mixing valves and electrical equipment testing and tagging.

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

For details of Vincentian Village systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Education sessions and activities that relate to this standard include but are not limited to manual handling (theory and practical), infection control (including outbreak management), fire safety training (theory and practical), occupational health and safety (including manual handling, risk assessment and management, hazard identification and OH&S committee training), first aid, use of equipment, chemical safety and food safety training. The majority of this training has been identified as mandatory and staff attendance is monitored. Staff competencies are carried out in various areas including manual handling, fire safety, cleaning and catering.

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

Vincentian Village has systems in place to ensure management is actively working to provide a safe and comfortable environment consistent with residents' care needs and preferences. This is evidenced through a review of the planned preventative and corrective maintenance program, relevant policies and meeting minutes of the quality improvement forum. The home was observed to be well maintained - clean, tidy, of a comfortable temperature, odour free and it was noted the home had a calm environment. The team observed electrical tagging of all equipment in the home to be in accordance with current guidelines and there is a regular program for checking the nurse call system in residents' rooms. Residents and staff indicated maintenance issues and potential hazards are promptly dealt with by management and maintenance staff. Residents/representatives interviewed spoke of "very caring staff", and a place in which residents "felt at home" and "well looked after".

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Management identifies hazards in the working environment and manages issues identified through environmental audits, accident and incident reporting systems, repair and maintenance logs and staff discussion at meetings. Documentary records provide evidence of a well established and planned preventative and corrective maintenance program that includes the carrying out of regular work place inspections. Review of the home's accident and incident data is regularly carried out and the results are analysed for trends and reported at the continuous improvement meetings. Regular staff training in occupational health and

safety is undertaken by the home. Staff confirmed they receive regular training in hazard identification, risk management and manual handling and that their skills are assessed annually. The team observed staff using various safety precautions such as personal protective equipment. Vincentian Village can demonstrate that management monitor the safety of the environment and take preventative and/or corrective action where improvements, risks or hazards are identified.

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

Vincentian Village can demonstrate management and staff actively work toward providing an environment and safe systems of work that minimise fire, security and emergency risks to residents and staff. The home's systems include policies, procedures, emergency equipment, evacuation plans, emergency flipcharts, safety signage throughout the home, safe storage of chemicals, a hazard reporting system and compulsory fire safety and evacuation training for all staff. The current annual fire safety compliance statement is dated 15 May 2009. Monitoring of all equipment and checks of fire fighting and early warning systems are carried out by external fire contractors and a random check of various fire-fighting equipment confirms inspection has been carried out. Emergency exits are clearly marked and free from obstruction and floor plans, fire evacuation and egress charts are correctly orientated. Safe systems include security lighting, door alarms, security protocol at night, swipe card access for staff, electrical tagging of all equipment and emergency flip charts at telephones. Resident/representatives and staff expressed satisfaction with the safety of the home and an understanding of their role in the event of an emergency.

4.7 Infection control

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

Team's recommendation

Does comply

The home's infection control program consists of ongoing education and infection prevention strategies. There is provision for resident and staff vaccinations and systems for the disposal of contaminated waste and the handling/laundrying of soiled linen. Management review infection surveillance data regularly and develop actions to address trends, minimise recurrence and ensure proper management. Results are reported through a standing agenda at regularly held CI and OH&S meetings. Staff are familiar with infection control practices and state personal protective equipment is readily available. Vincentian Village follows state and federal guidelines for the management of influenza and gastroenteritis as is evidenced by staff describing practices and procedures they would carry out when dealing with an outbreak at the home. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines and conducted daily on fridges, freezers, dishwashers and food. Staff can describe and were observed to use various infection control strategies such as the regular washing of hands and the colour coded system is used during all aspects of cleaning; Staff can demonstrate that there is a system in place for the safe management of soiled linen.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Catering

There are policies, procedures and appropriate arrangements in place that ensure the hospitality services at Vincentian Village are provided in respect to the home's infection control policy and in a way that enhances residents' quality of life and the staff's working environment. The hospitality services are subject to regular audits and surveys to ensure that they are operating at desired levels. The home's catering staff ensure that residents' preferences are taken into account in menu planning and that appropriate meal choices and alternatives are offered. The home provides liaison and consultation with an accredited dietician, the residents' medical officers and residents in relation to the alteration in a resident's nutritional and hydration status. Residents' food preferences and nutritional needs are communicated between care and catering staff ensuring any changes to clinical nutritional requirements are met. The menu is reviewed on a regular basis and as required and residents have input into the menu through feedback directly to catering staff and at residents' meetings. Catering staff have attended safe food handling training and implement these principles in the kitchen. The team observed a comfortable dining area and residents/representatives are complimentary about the meals provided at the home.

Cleaning

Vincentian Village cleaning system is managed by an external service provider and is well organised and effective with schedules covering daily, weekly and monthly duties, ensuring a high standard of regular cleaning throughout all areas of the home. Resident rooms and en suites are clean and tidy. The team observed that resident lounge and dining areas, the kitchen, laundry and corridors were very clean, tidy and clutter free. Cleaning staff demonstrate a good knowledge of their role and responsibilities in respect to all aspects of cleaning and the home's infection control policy. Residents/ representatives report the home is always clean and tidy and that they are very satisfied with the cleaning.

Laundry

Personal laundry services at Vincentian Village are provided in such a way as to ensure a reasonable turn around time and at desired standards. Residents/representatives state all clothes are cleanly laundered and returned to residents in a timely manner. The laundering of linen is carried out by external service providers and processes are in place to notify the external laundry providers of contaminated linen. The team observed the laundry services operating in accordance with the home's infection control guidelines and care staff can demonstrate appropriate handling of soiled linen. The team observed adequate stocks of linen. Residents/representatives expressed their satisfaction with the laundering services provided.