



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Anam Cara

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

The Agency has decided that the period of accreditation of Anam Cara is three years until 7 December 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.

This home is a 2012 Better Practice Award winner. [Click here](#) to find out more about their award.

Home and approved provider details

Details of the home

Home's name:	Anam Cara		
RACS ID:	5355		
Number of beds:	105	Number of high care residents:	100
Special needs group catered for:	<ul style="list-style-type: none"> Residents with dementia and related conditions 		

Street/PO Box:	52 Lavarack Road				
City:	BRAY PARK	State:	QLD	Postcode:	4500
Phone:	07 3881 7881		Facsimile:	07 3881 7882	
Email address:	s.ringelstein@wmb.org.au				

Approved provider

Approved provider:	Wesley Mission Brisbane - The Uniting Church in Australia Property Trust QLD
--------------------	--

Assessment team

Team leader:	Louize Fulton
Team member/s:	Beverley Richardson
Date/s of audit:	28 September 2009 to 30 September 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

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

Accreditation decision

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

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

SITE AUDIT REPORT

Name of home	Anam Cara
RACS ID	5355

Executive summary

This is the report of a site audit of Anam Cara 5355 52 Lavarack Road BRAY PARK QLD from 28 September 2009 to 30 September 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Anam Cara.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 28 September 2009 to 30 September 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Louize Fulton
Team member/s:	Beverley Richardson

Approved provider details

Approved provider:	Wesley Mission Brisbane - The Uniting Church in Australia Property Trust QLD
--------------------	---

Details of home

Name of home:	Anam Cara
RACS ID:	5355

Total number of allocated places:	105
Number of residents during site audit:	100
Number of high care residents during site audit:	100
Special needs catered for:	Residents with dementia and related conditions

Street/PO Box:	52 Lavarack Road	State:	QLD
City/Town:	BRAY PARK	Postcode:	4500
Phone number:	07 3881 7881	Facsimile:	07 3881 7882
E-mail address:	s.ringelstein@wmb.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Anam Cara.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	15
Registered nurses	2	Volunteers	1
Hospitality manager	1	Human resources manager	1
Director finance and business services	1	Infection control representative	1
Dietitian	1	Hospitality services team leader	1
Quality coordinator	1	Quality facilitator	1
Clinical nurses	3	Cleaning staff	2
Continence link nurse	1	Client services coordinator	1
Leisure and lifestyle staff	3	Workplace health and safety coordinator	2
Care staff	4	Maintenance manager	1
Workplace health and safety officer	1	Maintenance staff	1
Catering staff	1		

Sampled documents

	Number		Number
Residents' files	11	Medication charts	13
Weight charts	8	Dietary plans/profiles	8
Wound management charts	6	Leisure and lifestyle care plans	11
Summary/quick reference care plans	15	Personnel files	10

Other documents reviewed

The team also reviewed:

- “Inside out challenge” quality monitoring activity report
- “Soul Place” monthly newsletter
- “Your personal guide to resident services” booklet
- Annual maintenance declaration
- Annual medication competencies (September 2009)
- Approved supplier list
- Asset listing/register
- Attendance checklists
- Audit schedule
- Audits
- Call sheets (meal preferences and needs)
- Care practice error report
- Central purchasing manual
- Chaplaincy brochure
- Chemical risk assessments
- Cleaning procedures and manual
- Colour coded emergency flip charts
- Communication diaries (care, hospitality, maintenance)
- Continence link nurse communication folder
- Continence plans/charts folder
- Controlled drugs registers
- Dietary profile plan/folder
- Duties lists
- Education calendar (annual)
- Emergency procedures manual
- Equipment review and inventory
- External quarterly pharmacy audits (April-June 2009)
- Fire drill records
- Fire and evacuation plan
- Fire safety declaration 2008
- Fire system and equipment annual condition report dated 28 September 2009
- Flow charts
- Food business licence
- Food safety plan
- Food temperature guidelines
- Food temperature records
- General store orders
- Goods receipt records
- Handbook for volunteers
- House communication folder
- Improvement log data base/register
- Improvement log forms
- Incident data and trending
- Incidents and accidents forms folder
- Infection control checklist
- Infection control surveillance report
- Inspection test and preventive maintenance records for automatic sprinklers, fire hydrants, fire detection system, sound and intercom, emergency exit lights)
- Leisure and lifestyle activity evaluation records
- Leisure and lifestyle house calendars
- Leisure and lifestyle team record sheets

- Maintenance assessment report (annual)
- Maintenance request forms
- Mandatory annual infection control competencies
- Mandatory safety training attendance records
- Material safety data sheets
- Memorandum
- Menu display boards
- Menu viewing cards
- Minutes of meetings
- Nursing registration compliance list 2009
- Outbreak management checklist
- Pest control records
- Police check records
- Policies and procedures
- Portable and fixed fire systems service and maintenance agreement dated 1 July 2008
- Position descriptions
- Preventive maintenance schedule
- Privacy information brochure
- Privacy information for consumers
- Protective restrictive devices policy and records folder
- Protocol for resident low weight management
- Reactive maintenance request system
- Recommended programmed maintenance tasks report
- Refrigerator and cool room temperature monitoring charts
- Regulatory compliance, documentation and manuals register
- Resident action plans
- Resident information booklet
- Residential care agreements (standard/extra services)
- Residual current device testing records
- Retention and disposal schedule
- Risk assessment flow chart
- Roster
- Self directed learning activity packages (SLAP's)
- Service agreements
- Social and cultural resident profiles
- Staff competencies
- Staff education attendance records
- Staff handbook
- Staff movement/roster variation record
- Stock control sheet
- Strategic plan
- Surveys
- The Health (Drugs and Poisons) Regulation 1996 "What nurses need to know", Queensland State Health Environmental Unit
- Therapy and allied health referral form
- Thickened fluid preparation guidelines
- Wounds and dressings information folder

Observations

The team observed the following:

- "Do not disturb" signs on residents' rooms
- Activities in progress
- Administration of medications

- Air mattresses
- Charter of Residents' Rights and Responsibilities displayed at entry
- Chemical storage room
- Cleaners' room
- Cleaners' trolley
- Cleaning services in progress
- Clothing label machine
- Communication books at entry to each house
- Emergency evacuation plans displayed
- Emergency exits
- Emergency grab kits available in each house
- Equipment and supply storage areas
- Fire extinguishers, blankets, hose reels, hydrants with metal tags (dated)
- Gel cushions
- Improvement log box at entry to each house
- Inside out recognition certificates provided to residents
- Interactions between staff and residents
- Internal and external living environment
- Kitchen
- Labelling machine for clothing
- Leisure and lifestyle calendars on display
- Low-low beds
- Linen skips
- Meals service
- Menus on display
- Personal security safes in each resident's room
- Pet dog, birds, fish
- Recreational, social and spiritual support activities in progress
- Residents' care plan summaries in personal bathrooms
- Residents' commemorative birthday placemats in use
- Shower chairs (bariatric/tilt)
- Spa bath facilities
- Staff certificates/awards on display
- Storage of medications
- Two-way radios
- Use of individual resident support aids
- Vision and mission statements on display in areas

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 actively pursues continuous improvement by seeking feedback from residents/representatives and staff through surveys, comments/complaints and suggestion forms, meetings and an ‘open door’ policy with management. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident forums. Resident, staff and clinical data is collected and reviewed on a regular basis and a monthly report is made to the organisation’s key personnel. The home captures improvement opportunities and objectives both on an electronic data base and on a strategic plan for continuous improvement which also specifies timelines and key responsibilities. Residents and staff indicated that they are familiar with the process for continuous improvement and that management responds to suggestions and complaints.

Recent examples of improvements related to Standard One include:

- It was identified by management through a staff initiated work-load management report that the care needs of residents have increased as a result of ‘ageing in place’. One hospitality services shift in the special needs unit has recently been extended to ensure that resident needs are met during breakfast time.
- Over the past year, key staff completed organisationally based management training covering topics including people management, negotiating skills, time management, cultural diversity and conflict resolution. The Director of Nursing reported that staff have developed improved change management skills which has resulted in improved resident and staff interaction.
- To meet the changing needs of residents, the home has purchased three tilt shower chairs, two low-low beds, six gel cushions, six shower chairs and two quantum air mattresses.

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 has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The organisation’s head office provides regular updates of legislative and regulatory requirements to the home via email and at senior staff meetings. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via newsletter, memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard One is monitored through surveys, audits and observations of staff practices. Probity checks are

implemented for all staff, volunteers and relevant external service providers and are managed in consultation with the home through the organisation's head office.

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

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and annual mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on two or more 'buddy' shifts and the ongoing skills and knowledge needs of staff are monitored through performance reviews, competency assessments, audits and staff and resident feedback. All staff must attend annual mandatory training including manual handling, infection control, chemical and fire safety and the home considers the effectiveness of each session through evaluation reports. The organisation coordinates in-service education sessions relevant to Standard One including the comments and complaints process and management skills training and the home considers the effectiveness of each session.

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

Information about internal and external complaints mechanisms is documented in the resident handbook and resident agreement. Reminders of the complaints process are included in each copy of the monthly newsletter. Residents/representatives are provided with a written response to issues raised. The home views all complaints as an opportunity for process improvement. Feedback on improvement actions arising from comments and complaints is provided at monthly resident forum meetings. Residents/representatives reported they were aware of the processes for raising complaints, and that any concerns raised were responded to promptly by the home's management.

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's vision and mission statements and the home's commitment to quality are documented in the resident handbook and in the staff information booklet. Framed copies of the statements are on display in key areas throughout 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

The home's staffing levels and skill mixes are determined by management in accordance with the current care needs and health and well-being status of residents and operational needs of support and administrative services. The home follows organisational policy and procedures for recruitment and selection and there are systems in place to ensure probity checks are current and employee registrations are checked annually. New staff are assigned two or more 'buddy' shifts, printed duties lists are available and staff performance is reviewed on a regular basis. Management has mechanisms to ensure coverage at all times and an on-site registered nurse is rostered on duty at all times. Management obtain feedback from residents and staff to monitor sufficiency of staffing across the service types. Staff indicated that under normal circumstances they have sufficient time to complete their required duties. Residents/representatives confirmed they are satisfied with the responsiveness of staff and adequacy of care and services.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has processes in place to ensure that suitable goods and equipment appropriate for the delivery of services are available to meet residents' needs. Key staff from each area submit regular orders to ensure stock is maintained within preferred limits and according to budget. Cleaning products are supplied through a preferred external supplier and inventory and equipment is stored appropriately to ensure accessibility and prevent damage. A preventive maintenance program ensures equipment is serviced on a regular basis and requirements for additional or replacement equipment are identified through the annual 'wish list', staff feedback and resident care needs. Staff demonstrated that quality service delivery is maintained in relation to routine and specialised health and personal care, resident lifestyle, catering, housekeeping, cleaning and resident and staff safety. Residents and staff reported that sufficient and appropriate goods and equipment are provided by the home to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has established processes and an information management system to identify and record key information and changes to resident care, quality improvement, administration, financial, human resource and maintenance needs. Residents/representatives, staff and other stakeholders have access to current information on the processes and general activities and events of the home via internal email, newsletter, memos and house/community meetings for staff and resident/representatives. Electronic and paper

based records are maintained by the home, information is securely stored, access to information is based on designation and computer based information is password protected and backed up daily. Monitoring of the information management system occurs through internal auditing processes and staff feedback. Communication processes between staff are effective in ensuring that they receive information relevant to their role. Staff and management analyse a range of clinical and management data and this information is discussed at house/community meetings. The home is guided by organisational policies and procedures to guide staff practice and information is archived, stored and destroyed according to organisational policy and legislative requirements. Residents and staff are satisfied that information is communicated effectively either verbally or in writing.

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 identifies external service requirements based upon resident, operational and legislative requirements including cleaning, laundry, chemicals, incontinence aides, medical supplies, plumbing, electricity and fire safety maintenance. The organisation has established corporate contracts with major suppliers and external service providers that stipulate details of service to be provided, insurance, probity checks and a service review process. The home obtains staff and resident feedback and uses internal auditing processes to monitor the performance of external service providers. Management liaise with external providers to address any dissatisfaction with services or supply of stock. Residents and staff are satisfied with the quality of services provided by external service providers.

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 actively pursues continuous improvement by seeking feedback from residents/representatives and staff through surveys, comments/complaints and suggestion forms, meetings and an 'open door' policy with management. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident forums. Resident, staff and clinical data is collected and reviewed on a regular basis and a monthly report is made to the organisation's key personnel. The home captures improvement opportunities and objectives both on an electronic data base and on a strategic plan for continuous improvement which also specifies timelines and key responsibilities. Residents and staff indicated that they are familiar with the process for continuous improvement and that management responds to suggestions and complaints.

Recent examples of improvements in relation to Standard Two include:

- The use of cameras to aid assessment and monitoring of wound treatments resulting in a visual confirmation of the effectiveness of wound management techniques in promoting wound healing.
- The installation of care plan summary charts on cork boards in each resident's personal ensuite. Care staff confirmed the success of this improvement strategy in ensuring their continuing awareness of each resident's changing clinical care and individual support needs.
- Identification by the pharmacy of medications that are contraindicated with association with dairy foods has led to amended practices, with all crushed medications now being administered in pureed fruit rather than yoghurt to maximise their efficacy.

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 organisation has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The organisation's head office provides regular updates of legislative and regulatory requirements to the home via email and at senior staff meetings. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via newsletter, memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Two is monitored through surveys, audits and observations of staff practices. Systems are in place to ensure that specified care and services are provided as per the *Quality of Care Principles 1997* and the home was able to demonstrate it has processes in place to meet the various laws and guidelines which govern medication management practices. Management

and staff are aware of their responsibilities with regard to residents who go missing from the facility.

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

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and annual mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on two or more ‘buddy’ shifts and the ongoing skills and knowledge needs of staff are monitored through performance reviews, competency assessments, audits and staff and resident feedback. All staff must attend annual mandatory training including manual handling, infection control, chemical and fire safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard Two based on the current health and well-being status and care needs of residents.

2.4 Clinical care

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

Team’s recommendation

Does comply

When a resident is admitted to the home, registered nursing staff consult with the resident/representatives and relevant health professionals to formulate an interim care plan based on the resident’s immediate care and support needs. Baseline and comprehensive assessments are then conducted using validated assessment tools, observation charts, and risk assessment tools, to enable staff to develop an understanding of the resident’s individual care requirements. Care staff are informed of residents’ requirements, needs, preferences and routines through care plans which provide direction for staff derived through assessments. A scheduled review process ensures residents’ care plans are reviewed four-monthly or as care needs change, with individual plans amended as required to ensure care directives remain appropriate and responsive to residents’ changing needs. Updates to residents’ care needs are communicated through verbal handovers, residents’ care plans and care plan summaries, and exception reporting progress notes. Residents confirmed they receive appropriate clinical care, relative to their individual needs and preferences.

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 ensures the specialised nursing care needs of residents are established on admission or when the need arises, using validated assessment tools to establish baseline data. Specialised nursing care plans are then developed in consultation with the resident and

his/her medical officer, and take into consideration the resident's specific needs and preferences. Specialised nursing care needs such as Percutaneous Endoscopic Gastrostomy (PEG) feeding, catheterisation, use of oxygen concentrators, complex wound management and stoma care are overseen by clinical nurse consultants. The home has a collaborative partnership with acute care facilities to minimise hospital stays for residents, and this relationship facilitates access to a range of specialist nursing clinicians to advise on pain management, palliative care and wound care, as well as providing access to specialised equipment such as syringe drivers. Residents confirmed the appropriateness of the specialised nursing care they receive.

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

Systems are in place to ensure residents are referred to appropriate health specialists as their needs and preferences dictate. The home has a full-time physiotherapist, and has regular visiting services from other allied health specialists including occupational therapists, speech pathologists, dieticians and podiatrists. Dental, audiology and optometry specialist services also visit the home, and residents have access to alternative therapies in accordance with their preferences, including aromatherapy and reflexology. When residents are required to attend appointments in the community, transport and/or escort services can be arranged by staff. Staff are aware of the referral processes, and residents are satisfied they are referred to health specialists as their assessed needs and preferences dictate.

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 medications are managed safely and correctly. Medications are dispensed by the contracted pharmacy in multi-dose sachets, in accordance with prescribed orders by medical officers. Medications are stored safely and securely and schedule eight registers are maintained in each house. Resident's medication charts include photographic identification, allergy status, special administration instructions, and current medication orders. Mechanisms to monitor the medication management system include pharmacy and medical reviews of medication charts, and analysis and trending of recorded medication incidents. All registered care staff complete annual medication competencies, and practice is monitored through a scheduled auditing system. Registered nurses and endorsed enrolled nurses have access to educational support through the home's pharmacy service, and through on-line education modules. Residents reported they are satisfied with the home's system for medication management.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents’ pain management needs are identified on admission through use of formal assessment tools, verbal reports from residents, and observation of non-verbal pain indicators. In addition to use of analgesia to manage residents’ pain, alternative remedies include re-positioning techniques, massage, diversional activities and use of pressure relieving devices, in accordance with individual needs and preferences. The administration of ‘as required’ medications for pain relief is documented on medication charts and in the resident’s progress notes. The effectiveness of individual pain management interventions is monitored and reported to inform ongoing care planning. The home has access to specialist clinicians to advise on pain management and palliative care as required. Residents reported they are satisfied with how their pain is managed.

2.9 Palliative care

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

Team’s recommendation

Does comply

Staff members consult with residents/representatives on entry to ascertain their palliative care needs and preferences. Pastoral support is available for residents and their families, and residents’ specific cultural and spiritual requests are respected. Whilst the home currently has no residents requiring palliation, care staff described the processes they deploy to ensure the comfort and dignity of terminally ill residents is maintained and that family members are supported during this time. Staff members liaise closely with the resident’s family, medical officer and other members of the care team, and have access to specialist palliative care teams to advise on development of individual palliative care management plans, as the need arises. The home can facilitate access to specialised equipment, supplies and materials to support resident comfort and care as required, and has palliative care trolleys available containing resources for aromatherapy, relaxation and sensory therapy. The home has received many expressions of gratitude from residents’ representatives for the care and attention given to terminally ill residents.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ dietary needs and preferences, including the identification of food allergies, swallowing difficulties, food preferences, and special needs are assessed on admission. Weight changes are monitored monthly, and any clinically significant variation triggers an investigation and intervention response, such as referral to a dietician and/or the addition of high calorie dietary supplements. Residents with identified swallowing difficulties are referred to a speech pathologist for clinical assessment, and strategies such as texture modified foods or special feeding techniques may be implemented to ensure adequate nourishment and hydration. Assistive devices are provided to promote independence, and staff members assist residents with meals and drinks as required. Each resident’s dietary plan/profile

includes care directives regarding dietary needs, likes and dislikes, preferred seating, supplements, and assistance required. Staff practices ensure that residents receive adequate nutrition and hydration, and residents reported they are satisfied their dietary needs are being met.

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 admission, and this information is used to guide the development of individual care plans. For residents identified as being at risk of skin breakdown, interventions may include use of pressure relieving aids such as sheepskins, hip protectors, or pressure relieving mattresses. Use of emollient skin creams and regular re-positioning are used routinely for residents to maintain skin integrity. Skin tears, pressure areas and other skin related issues are tracked through clinical incident reporting, with trends and patterns analysed to inform ongoing care planning. The effectiveness of wound care treatments in promoting healing is monitored through photographic records. Residents of the home have on-site access to podiatry services, hairdressing, massage, reflexology, and nail care. Residents confirmed they are satisfied with the care they receive to maintain and/or improve their skin integrity.

2.12 Contenance management

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

Team’s recommendation

Does comply

On admission to the home residents’ continence status is assessed to establish their needs and preferences and usual continence regimes. This information is documented in individual care plans together with strategies designed to promote continence such as scheduled toileting programs. A variety of continence aids, consistent with residents’ assessed needs, is available. Residents’ bowel function is monitored daily, with a high fibre diet, increased fluid intake, and/or aperients initiated as required to promote regular bowel function. Continence link nurses are available to advise care staff, and a continence advisor visits the home regularly and provides staff training on the correct use and fitting of continence aids. Residents are satisfied their continence is managed effectively.

2.13 Behavioural management

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

Team’s recommendation

Does comply

When residents are admitted to the home, behavioural monitoring assessment tools assist staff to identify patterns and possible triggers for challenging behaviours. From this assessment information, and in consultation with the resident’s medical officer and the resident’s representatives, strategies to minimise challenging behaviours are developed and recorded in individual care plans to guide staff practice. The home provides a secure environment for residents with wandering/absconding behaviours, and has a documented

protocol directing minimal use of both chemical and physical restraint and use of alternative strategies whenever possible. Where a resident has been assessed as requiring a protective restrictive device for their personal safety, such as use of bedrails or fallout chairs/tray tables, the home maintains restraint authorisations signed by the medical officer, and agreed in writing by the resident's representatives. Any form of restraint is monitored hourly and documented in protective assistance release charts. Residents/representatives expressed satisfaction with the care provided for residents with challenging behaviours.

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 a full time physiotherapist who assesses each resident's mobility, dexterity and rehabilitation status at admission, and establishes an individual care plan designed to maximise each resident's physical functional abilities and safety. Care plans include staff instructions for manual handling and transferring, and all staff are assessed for manual handling competence annually. Residents at risk of falling have action plans established to reduce the likelihood of incidents. Trend analysis of incidents of falls over time has demonstrated the success of this strategy. Therapy assistants facilitate weekly gym sessions for residents in each house, and implement a one-to-one active/passive exercise program for all residents, in accordance with assessed need. Residents are supported in obtaining appropriate mobility aids and assistive devices, and the physical environment includes provision of internal handrails, and outdoor walking paths to optimise mobility. Residents confirmed they are supported to mobilise within their capabilities and to maintain optimal levels of dexterity.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Assessments to determine residents' oral health needs, preferences and routines are conducted on admission to the home, and are reviewed at four-monthly intervals. Oral hygiene care plans guide care staff in the level and type of assistance each resident requires to maintain their oral and dental health. Residents are referred to dental practitioners or dental technicians for treatment as required. Staff are able to facilitate transport and/or escorts to dental appointments as required. A local dentist visits the home to provide individual consultations for residents unable to attend external dental appointments. Residents are provided with oral and dental care products in accordance with specified care and services. Residents reported they are satisfied with the maintenance of their oral and dental health.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Sensory support needs are identified on admission through consultation with residents and their representatives, and through assessment of vision, hearing and communication capacities. Individualised support strategies include use of assistive devices such as hearing or visual aids. Care plans include staff instructions for the care and maintenance of aids and assistive devices. Speech pathology, audiology and optometry services are available at the home. Aromatherapy, massage and reflexology services are also utilised to support residents with sensory loss, according to their needs and preferences. The home maintains a library of large print books, and staff can assist residents with sight impairment to access talking books. Residents confirmed their sensory losses are identified and managed effectively.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ sleep patterns and preferred routines are identified on admission to the home and are noted in individual care plans which guide care provision. The reported lifetime settling habits of each resident are maintained as far as possible, to assist residents to achieve natural sleep patterns. Intervention strategies include offering warm drinks, comfortable positioning, playing relaxation music, aromatherapy, and use of residents’ personal furnishings such as favourite pillows. Pharmacological strategies such as administration of sedatives or medications for pain relief are used as required. Night lights and dimmer switches are available throughout the home, and residents reported the environment is quiet and conducive for sleep. Residents confirmed they are able to achieve natural sleep patterns.

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 actively pursues continuous improvement by seeking feedback from residents/representatives and staff through surveys, comments/complaints and suggestion forms, meetings and an ‘open door’ policy with management. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident forums. Resident, staff and clinical data is collected and reviewed on a regular basis and a monthly report is made to the organisation’s key personnel. The home captures improvement opportunities and objectives both on an electronic data base and on a strategic plan for continuous improvement which also specifies timelines and key responsibilities. Residents and staff indicated that they are familiar with the process for continuous improvement and that management responds to suggestions and complaints.

Recent examples of improvements in relation to Standard Three include:

- The introduction of a “Grandparents’ Day” theme for all house barbeques falling during school holiday periods, to foster intergenerational relationships and encourage community involvement in the home’s activities. Residents stated they enjoyed the opportunity this provided for interaction with children.
- Establishment of a new program, the “inside out challenge” to encourage the participation of high care residents in the life of the Anam Cara community. Almost a quarter of all residents (24%) responded to the challenge, and have received certificates of acknowledgement for their individual contributions to the home through activities such as arranging flowers, feeding the goldfish, hoisting the flag, watering the hanging baskets. Residents reported the acknowledgement received made them feel especially valued.
- The team observed residents’ pleasure at receiving a personalised birthday placemat to commemorate their birthday, and this successful initiative has become an integral part of the home’s systems for fostering their individualised approach to 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 organisation has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The organisation’s head office provides regular updates of legislative and regulatory requirements to the home via email and at senior staff meetings. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via newsletter, memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Three is monitored through surveys, audits and observations of staff practices. Management

and staff are aware of their responsibilities with regard to reportable assaults, privacy, security of tenure and residents' rights and responsibilities.

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

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and annual mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on two or more 'buddy' shifts and the ongoing skills and knowledge needs of staff are monitored through performance reviews, competency assessments, audits and staff and resident feedback. All staff must attend annual mandatory training including manual handling, infection control, chemical and fire safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard Three based on the current care needs of residents and to ensure resident lifestyle is enhanced.

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 in place to ensure each resident receives support in adjusting to their new environment. Support and counselling is offered by the chaplain, pastoral care associate, and care staff during the resident's settling in period, and additional support and companionship is provided through the volunteer program and the leisure and lifestyle coordinators. New residents/representatives are offered an orientation tour of the public areas, gardens and coffee shop, and residents are encouraged to personalise their rooms with items of emotional importance, to help them to feel at home. Residents' initial assessment includes identification of their social and cultural profile and personal leisure interests. This information informs the development of care planning strategies to support the social and emotional wellbeing of residents during the settling in period and throughout their residency at the home. Residents reported they felt supported in adjusting to their new environment, and representatives stated they were encouraged to involve themselves in the life of the home to minimise the distress sometimes associated with the transition to residential care.

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

On admission to the home, residents are assessed to determine their functional capacity in activities of daily living, and strategies are developed and documented in care plans to foster maximum independence, in accordance with individual needs and preferences. These strategies may include provision of assistive devices, communication aids, or adjustment of room furniture. Residents are encouraged and assisted to maintain links with family, friends and the local community, and have access to personal email communications through the residents' computer. Planned activities within the home are designed to foster participation and community interaction, and include regular bus outings, joint community projects and social gatherings. Residents are encouraged to actively contribute to life within the home's communal environment, and individual efforts such as welcoming new residents or helping to set the table are valued and acknowledged. Residents confirmed they are satisfied with the assistance provided to enhance their independence and maintain a valued citizenship role.

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 has systems and processes to direct staff practices in respecting each resident's right to privacy, dignity and confidentiality. Standard practices include knocking on residents' doors before entering, referring to residents by their preferred name, and activating "do not disturb" signs when residents request uninterrupted privacy with their families or partners. Residents' personal information is stored securely, with access limited to authorised persons. Consent is sought prior to the release of personal information or the taking or display of photographs. In addition to the provision of individual rooms, there are a number of secluded private sitting areas throughout the home where residents can entertain family and friends. Residents confirmed their individual rights to privacy and dignity are respected.

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

Information on residents' social and cultural history and current and previous leisure interests is gathered on admission to the home, and this information is used to develop individual leisure and lifestyle care plans. Activity programs for each house are planned with consideration to those residents' expressed preferences and needs, and include group activities, outings, and one-to-one activities. Strategies designed to enhance participation in activities of their choice include the modification of equipment, such as a bowls ramp, and one-to-one support by volunteers. Residents are informed of the recreational activities available through display of monthly activity calendars, the monthly newsletter, and daily

verbal reminders. Evaluation of residents' satisfaction with leisure and lifestyle programs and activities is undertaken through monitoring of participation rates, survey responses, residents' meetings and forums, comments and complaints processes, and informal verbal feedback. Residents reported they are encouraged and supported to participate in leisure interests and activities of their preference.

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

On admission to the home an assessment is conducted to determine residents' individual interests, customs, spiritual beliefs, and cultural and ethnic backgrounds. The home has a number of bi-lingual staff, and interpreters are available when required. Staff members liaise with residents to develop strategies that support their individual cultural and/or spiritual needs, including dietary preferences, fasting customs, gender preferences in personal care, and religious traditions and celebrations. The chaplaincy team is available to provide pastoral care, spiritual support and counselling for residents/representatives. Ecumenical worship services are held at the home each week, and representatives from other religious denominations visit the home regularly. Residents are satisfied with the assistance provided to ensure their cultural and spiritual mores and belief systems are valued and fostered.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents and their representatives are provided with opportunities to participate in the home's decision-making processes through the residents' meetings and forums, family conferences, the comments and complaints process and improvement logs, satisfaction surveys and scheduled audits, as well as through informal communication channels. The Eden philosophy which has been embraced by the home, promotes the individual empowerment of residents. Staff actively encourage residents to exercise choice and control over their lifestyle, and care plans record preferred rising and retiring times, shower times, and where they prefer to dine. Residents' records also identify the medical officer of their choice, their preferred spiritual traditions, dietary likes and dislikes, and their preferred social and recreational pursuits. Residents confirmed their lifestyle choices are respected and supported.

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

Prior to admission to the home, all residents are provided with an agreement that explains the specified care and services, period of the agreement, prudential arrangements, any extra

services provided, and residents' rights and responsibilities. Residents/representatives are provided with the opportunity to discuss the contents of the agreement and all fees and charges, and are encouraged to seek legal advice on the terms of the agreement prior to signing. The resident information booklet also explains security of tenure and outlines rights and responsibilities. The Charter of Residents Rights and Responsibilities is displayed in the entry foyer of each house. Staff demonstrated an understanding of their obligations regarding care expectations within the residential care environment, and their role in supporting residents to exercise their rights. Residents reported they feel secure in their tenure and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement by seeking feedback from residents/representatives and staff through surveys, comments/complaints and suggestion forms, meetings and an ‘open door’ policy with management. A systematic review of processes occurs through regular audits across the four Standards and opportunities for improvement and solutions are discussed at staff and resident forums. Resident, staff and clinical data is collected and reviewed on a regular basis and a monthly report is made to the organisation’s key personnel. The home captures improvement opportunities and objectives both on an electronic data base and on a strategic plan for continuous improvement which also specifies timelines and key responsibilities. Residents and staff indicated that they are familiar with the process for continuous improvement and that management responds to suggestions and complaints.

Recent examples of improvements in relation to Standard Four include:

- It was identified by residents and staff that the existing barbeque area is too small to accommodate larger groups of residents and their families. A new and larger concrete area has been constructed adjacent to the existing barbeque area and is awaiting completion of the surrounding safety rail and shade cloth before officially opening the area for residents’ use.
- The installation of hand sanitising dispensers at entry points to each house, and additional staff education on the importance of hand-washing and maintenance of standard precautions. Following these actions, the total number of recorded monthly infections dropped from 21 (April 2009) to 12 (May 2009).
- Subsequent to complaints from residents about missing items from the laundry, the home purchased a labelling machine which is used in combination with a heat seal machine to label residents’ clothing. The font size of the labelling machine can be reduced to allow labels to be made for spectacles and smaller personal objects for residents. Staff confirmed that the new labelling process ensures that labels remain secure on clothing and this has reduced the incidence of missing laundry items.
- The home has purchased two additional two-way radios which ensures that all radios are fully charged so that all staff on shift now have access to two-way radio communication.

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 organisation has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The organisation’s head office provides regular updates of legislative and regulatory requirements to the home via email and at senior staff meetings. Amendments to legislation, regulations and policies are communicated to residents,

representatives, staff and other interested parties via newsletter, memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Four is monitored through surveys, audits and observations of staff practices. The home's food safety program has been implemented and a Food Safety Adviser is available to guide staff.

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

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and annual mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are accompanied on two or more 'buddy' shifts and the ongoing skills and knowledge needs of staff are monitored through performance reviews, competency assessments, audits and staff and resident feedback. All staff must attend annual mandatory training including manual handling, infection control, chemical and fire safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions based on the current care needs of residents and legislated training requirements in relation to the physical environment and safe systems.

4.4 Living environment

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

Team's recommendation

Does comply

The home provides residents with accommodation in single or double rooms with ensuite and easy and safe access to clean and well-maintained communal, private, dining and outdoor areas for residents. Buildings, infrastructure and equipment is maintained by contractors and maintenance staff through a preventive maintenance program and staff are aware of maintenance requests and incident reporting processes. Maintenance issues and the safety and comfort needs of residents are addressed through regular audits, maintenance requests, incident/hazard reports, risk assessments, staff and resident meetings, staff observation, improvement forms and discussion. Resident accidents and incidents are reported, investigated, collated and analysed in order to identify trends and ensure that strategies are in place to prevent recurrence whenever possible. The home's code of conduct guides staff to ensure the privacy and dignity of residents and each resident has access to a call bell. Regular cleaning programs are in place and residents expressed satisfaction with the maintenance and comfort of the living environment. Residents/representatives are satisfied with the comfort of the living areas and with the safety of the living 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

New staff attend orientation sessions covering a range of workplace health and safety topics and annual mandatory training sessions are attended by all staff. The organisation has qualified Workplace Health and Safety Officers available to guide staff at the home and there are regularly reviewed policies and specific work instructions. Maintenance is conducted on buildings and equipment to ensure safety and useability, and staff are guided on the use of equipment. Reporting of risk and potential and actual hazards related to the physical environment, chemical or dangerous goods, equipment, staff infections and systems of work are discussed at regular management/workplace health and safety committee meetings and there is active follow-up of audit/inspection results and incident data. Chemicals are stored securely and material safety data sheets are accessible to staff. Staff demonstrated knowledge of incident and hazard reporting processes and their role in maintaining a safe environment, and indicated satisfaction with management's response to safety issues.

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

Independent fire safety inspections occur at regular intervals and maintenance records confirm regular checks by an external contractor of fire safety installations. Accurate fire evacuation plans and procedures are displayed and there are clearly marked emergency exits free from obstruction leading to emergency assembly points. Procedures for emergencies other than fire have been developed and internal environmental safety audits are conducted regularly and deficiencies actioned accordingly. Fire extinguishers/hoses/hydrants are inspected regularly by approved professionals and fire detection systems provide an immediate alert to local fire brigade. Staff understand their role in the event of an emergency or evacuation and have access to current resident mobility lists.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program that includes documented procedures, outbreak management plans and resource boxes in each house, use of colour-coded equipment for all hospitality services, ongoing staff education, and mandatory annual competency assessments for all staff. The surveillance system includes scheduled quality monitoring audits and clinical data collection and comparative analysis to identify incidents and trends and enable planning of appropriate and prompt control interventions as needed. Hand-washing facilities and paper towel dispensers are available in each bathroom, and hand sanitising dispensers have been installed throughout the home. Systems and processes are in place for waste management, and spills kits and sharps containers are available throughout the facility. A system is in place for monitoring safe storage of foods and

medications requiring thermal control, to minimise the risk of contamination and/or spoilage. The home has four infection control representatives on site, and all staff demonstrated a sound knowledge of infection control practices relevant to their work areas.

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

Assessment of residents' dietary needs and preferences is conducted by a registered nurse on admission to the home and a dietary profile is completed to guide catering staff. Residents indicated satisfaction with the variety of food and drink offered and with the quantity, availability and frequency of meals and snacks. Cleaning services provide regular and frequent cleaning of resident rooms, the general living environment, common areas, staff areas and equipment. Cleaning staff demonstrated they use colour coded cleaning equipment such as mops and buckets which are regularly cleaned and use personal protective equipment in accordance with health and hygiene standards, in particular infection control requirements. The laundry service is scheduled to provide sufficient frequency of service for linen and personal items; items are marked to prevent loss and residents confirmed their satisfaction with the service provided. Management seeks feedback about hospitality services from residents through regular meetings and annual satisfaction surveys. Residents confirmed they have the opportunity to provide feedback on all hospitality services at house/community meetings and through one on one consultation with staff and management.