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**Australian Aged Care Quality Agency**

**Kalyra Woodcroft Hostel**

RACS ID 6126

54 Woodcroft Drive

MORPHETT VALE SA 5162

Approved provider: James Brown Memorial Trust

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for five years until 29 June 2020.

We made our decision on 05 May 2015.

The audit was conducted on 23 March 2015 to 25 March 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

### 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.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### 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.

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

**Standard 3: Resident lifestyle****Principle:**

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

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

**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.

Expected outcome		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Kalyra Woodcroft Hostel 6126**

**Approved provider: James Brown Memorial Trust**

### **Introduction**

This is the report of a re-accreditation audit from 23 March 2015 to 25 March 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

### **Assessment team's findings regarding performance against the Accreditation Standards**

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 23 March 2015 to 25 March 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

## Assessment team

Team leader:	Jeane Hall
Team member:	Janine Aujard

## Approved provider details

Approved provider:	James Brown Memorial Trust
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## Details of home

Name of home:	Kalyra Woodcroft Hostel
RACS ID:	6126

Total number of allocated places:	40
Number of care recipients during audit:	38
Number of care recipients receiving high care during audit:	33
Special needs catered for:	People with dementia or related disorders

Street:	54 Woodcroft Drive	State:	SA
City:	MORPHETT VALE	Postcode:	5162
Phone number:	08 8322 4099	Facsimile:	08 8332 3576
E-mail address:	DOCKalyraWoodcroft@jamesbrown.org.au		

## Audit trail

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

### Interviews

	Number		Number
Chief executive officer	1	Care recipients/representatives	8
Director of care	1	Volunteer and lifestyle staff	3
Care manager	1	Hospitality services manager	1
Quality manager	1	Hospitality and maintenance staff	5
Director finance and administration	1	Infrastructure and property manager	1
ACFI manager/iCare project officer	1	Work health safety and injury management coordinator	1
Human resource manager	1	External contractors	2
Nursing and care staff	10		

### Sampled documents

	Number		Number
Care recipients' files/care and lifestyle plans, progress notes	5	Staff performance and development reviews	4
Electronic medication charts and hard copy profiles	5	External contracts	5

### Other documents reviewed

The team also reviewed:

- Audit schedule and various audit results
- Calibration records
- Chemical register
- Clinical documentation, including clinical indicators
- Code of conduct for self-insurers
- Continuous improvement action plan
- Contractor induction records
- Contracts register and contracts assessment questionnaires
- Corporate goals and Corporate plan 2010-2015 and 2014-2019
- Delegations of authority
- Education and training plan 2015
- Equipment trial and evaluation forms
- I-care handbook
- Legislative and Regulatory Updates register

- Lifestyle documentation
- Mission, vision and values statements
- Monthly indicators and reports, including incident summaries and trend analyses
- Organisation structure
- Orientation pack
- Plant and equipment register
- Position descriptions
- Preventative and corrective maintenance records and trend analyses
- Professional registrations
- Quality improvement activity records and Quality improvement plan 2014 and 2015
- Recruitment policies and procedures
- Resident agreement
- Resident, staff and volunteer handbooks
- Risk assessment tool and various risk assessments
- Safe Work SA audit report
- Staff and volunteer statutory declarations and police certificate database
- Staff culture survey and action plan
- Swabbing records
- Tender documents
- Various meeting minutes
- Various policies and procedures
- Work health safety and injury management strategic plan 2014-2016
- Work health safety risk register and job safety assessments
- Wound care documentation

## **Observations**

The team observed the following:

- Activities calendar and activities in progress
- Archiving
- Care recipients using specialised equipment
- Charter of residents' rights and responsibilities on display
- Cleaning in progress
- Contractor/visitor sign in/sign out register
- Equipment and supply storage areas, including chemical storage
- Fire suppression equipment
- Infection control resources, including hand sanitiser stations
- Information on internal and external complaints on display
- Interactions between staff, care recipients and representatives

- Internal and external living environment
- Medication round and medication storage
- Morning and afternoon tea and luncheon services
- Notice boards
- Outbreak/infection control resources
- Short group observation in Banksia memory support unit
- Spills kit and sharps containers
- Staff using personal protective equipment
- Staff work areas



## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

### 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 care recipients, 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 findings

The home meets this expected outcome

Kalyra Woodcroft Hostel is operated by James Brown Memorial Trust. The home is co-located with Kalyra Woodcroft Nursing Home and the two homes operate as one facility. The corporate plan 2014-2019 is underpinned by the organisation's values and provides strategic direction for the home. Heads of department from each area of the organisation set the annual quality plan and corporate office provides ongoing support to the home. Opportunities for improvement are identified by a variety of processes, including planned audits, surveys, feedback forms and discussions at meetings. Quality improvement activity forms are used to record and monitor improvement initiatives. Progress is monitored at a corporate level by the Heads of Department committee and at a site level by the Quality Improvement committee. Continuous improvement is a standing agenda item at all meetings. Staff are actively encouraged to use the continuous improvement system and four awards are given for outstanding improvement suggestions each year. The annual audit schedule monitors compliance with the Accreditation standards. Results across the four Accreditation standards show the home has a planned approach to continuous improvement and is proactive in identifying, monitoring and evaluating improvement initiatives. Care recipients, representatives and staff interviewed said they are aware of the home's continuous improvement system and how they can make suggestions for change.

Examples of improvement initiatives implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- The need for standardised training across the organisation was identified by corporate management. While all homes have a training plan, inconsistencies were noted between the homes. Heads of department from each home worked as a team to develop agreed core training requirements. A schedule has been developed that details required training by role. Homes now have a standardised core training schedule to guide them in scheduling annual staff training. Feedback is that the schedule is clear to follow and provides clear direction on the minimum requirement for training. The schedule has removed any ambiguity for staff as to what they are required to undertake annually.
- Staff leadership skills and teamwork have increased following a change in culture. The home underwent a change of ownership in 2011 and management embarked on a three year plan to work with staff in adopting the James Brown philosophy and values that focuses on a person centred approach to providing care. Leadership training has been provided to assist selected staff develop leadership skills and assist in promoting team work. Staff have been consulted and care changed from a silo model to a person centred team model. Feedback from all staff groups is positive. All state they have an increased awareness of the organisation's culture and of their responsibilities in embodying this culture. Senior staff state they have developed an increased ability to

lead. Care staff state the improved teamwork aids communication. Care recipient feedback is that care is less fragmented with the new team approach.

- Monitoring of agency staff has been improved following audit results. It was identified that not all agency staff receive the required orientation to the home as per procedures. Roster staff developed a process for recording and monitoring agency staff orientation. A review of agency staff used in the home for the past three years has been undertaken and a spreadsheet developed to track attendance. Any agency staff who have not attended the home for three months are required to undergo re-orientation. Designated staff are allocated the role of orienting agency staff to ensure the task is undertaken. Staff feedback is that the system is easy to use and is effective in monitoring agency staff orientation. Recent audit results shows that 100% of agency staff are now current with their orientation, an improvement of 50% since the commencement of the project. The system has been adopted by other homes in the organisation.

## 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 findings

The home meets this expected outcome

The organisation has systems and processes to manage and monitor regulatory compliance at a corporate and site level. Corporate services receive legislative updates and notifications through a variety of different sources, including Commonwealth and State legislative updates, industry networking and membership of professional bodies and committees. The Legislative and Regulatory Updates register captures changes and notifications as they occur. Working parties are formed if required to examine changes and assess the need to develop or update policies and procedures. Information about changes to regulatory compliance is communicated to the director of care who informs staff via electronic and printed formats, meetings and other communication mechanisms. Compliance is monitored through the audit system, review of controlled information, review of incidents and monitoring of staff knowledge and skills. Results show the home uses organisation systems to identify and monitor compliance with relevant legislation, regulations and guidelines. Staff interviewed said they understand and use the system. They confirm they complete a statutory declaration and are required to have a current satisfactory police clearance certificate prior to commencing work. Care recipients and representatives interviewed state they are kept informed of relevant changes.

The home provided examples of ongoing compliance with legislative requirements in Standard 1 Management systems, staffing and organisational development include:

- Changes made as a result of the Living Better Living Longer reforms
- Changes made as a result to the Privacy Act.

### **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 findings**

The home meets this expected outcome

The home has a comprehensive education and staff development program that provides staff with appropriate skills and knowledge to perform their roles effectively. The corporate human resources manager has overall responsibility for undertaking staff skills audits and the home's director of care has responsibility for developing the site annual training calendar. The training calendar is a living document and sessions are added throughout the year. Corporate office provides ongoing support to the home and arranges specialised education as required. Aged Care Channel sessions are held regularly and staff have ready access to discs for viewing in their own time. A program of orientation ensures new staff are provided with relevant education prior to commencing on the floor. Scholarships are available for staff to continue training relevant to their role. The home supports upskilling and there are currently three personal care staff undertaking enrolled nurse training, one personal care staff undertaking registered nurse training and one personal care staff undertaking occupational therapy training. Staff knowledge and skills are monitored regularly using planned audits, surveys and peer review. All training sessions are evaluated for effectiveness. Results show staff receive appropriate induction and training prior to commencing at the home and have access to the Aged Care Channel for ongoing education. Staff interviewed state they are supported to attend training and education relevant to their role. Care recipients and representatives interviewed are satisfied staff have the required training for their roles.

Education and staff development relevant to Standard 1 Management systems, staffing and organisational development provided to staff over the last 12 months include:

- Team building
- Leadership skills
- Aged Care Reforms
- 'Icare'
- LGBTI awareness

### **1.4 Comments and complaints**

*This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".*

#### **Team's findings**

The home meets this expected outcome

The home has a system to ensure stakeholders have ready access to internal and external complaints mechanisms. Care recipients and their representatives are provided with information about internal and external complaint and advocacy mechanisms via the Resident information pack, displayed information, newsletters and meetings. Advocacy services are accessed as required. An information night is held annually and provides an opportunity for interactions between corporate and site management teams, staff members, care recipients, representatives and other interested stakeholders. Compliments, suggestions and complaints are reviewed at a site level by the director of care and a corporate level by the corporate Quality Improvement committee. Satisfaction with the comments and complaints process is through the annual Resident survey. Results show the home monitors care recipient and representative feedback and responds to issues in a timely

manner. Staff interviewed said they assist care recipients to use the system when required. Care recipients and representatives interviewed state they are aware of the home's complaint mechanisms and are satisfied with the home's response to issues raised.

## 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 findings

The home meets this expected outcome

James Brown Memorial Trust is governed by a Board of Trustees. Day to day management is invested in the chief executive officer who is assisted by an executive team. The Board set five year corporate plans that incorporate major corporate goals. Board members take an active interest in care recipient and staff welfare. Resident meeting minutes go directly to each Board meeting and comments and complaints are tabled and discussed. Workforce review and work health and safety reports are tabled and discussed to ensure the Board are kept abreast of human resource issues.

The organisation's mission, vision and values statements have been documented and are included in a range of documents. These include:

- Resident information pack and handbook
- Staff orientation pack and handbook
- Volunteer handbook
- Corporate plan
- Annual report

## 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 findings

The home meets this expected outcome

The organisation has systems and processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services in line with organisation values. The corporate human resource manager has overall responsibility for performance management, training and development and workplace culture. The home's director of care is responsible for staffing levels and skills mix. Corporate and site recruitment processes identify prospective staff who are care recipient focused and have the necessary skills and approach to provide appropriate care and services. A staff recruitment bonus encourages existing staff to identify and recommend prospective staff who have the skills and knowledge to provide care and services in line with the organisation's values. Staff are expected to embody the values of the organisation and values are discussed as part of the interview process for prospective staff. Traineeships and student placements are ongoing and 80% of the home's staff come through the placement system. Care recipients and staff are consulted prior to appointing placement staff permanently. New staff have buddy shifts prior to commencing on the roster and are allocated to senior staff for mentoring. Staff undertake competency assessments and performance reviews annually. Planned audits and reporting activities across the four Accreditation Standards monitor that there are sufficient skilled staff available to deliver the care and services required. Results show the home is responsive to care recipient needs and rosters staff who have the necessary skills and knowledge to deliver care required. Staff interviewed are satisfied with the assistance they receive to maintain their competencies and state they have sufficient time for their duties. Care recipients and representatives interviewed state they are satisfied with staff responses to

care recipients' care needs and that staff have the required skills and knowledge to perform their duties.

### **1.7 Inventory and equipment**

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

#### **Team's findings**

The home meets this expected outcome

The home has systems and processes to monitor and maintain adequate supplies of goods and equipment required for care and service delivery. Ordering responsibilities are defined and goods are delivered on a regular or as needs basis. A system of stock rotation is in place to manage stock control. Staff and care recipients have input into purchasing goods and equipment where appropriate and have the opportunity to comment on new supplies and equipment. Corporate maintenance systems are used to maintain equipment. Staff have access to after-hours maintenance services in the event of an emergency. A centralised data base shows responsibility for defined tasks between internal and external suppliers. Staff enter corrective maintenance requests direct into the centralised system and are able to monitor the status of outstanding corrective maintenance requests. The corporate infrastructure and property manager combines planned audits with staff and care recipient feedback to monitor the quality and timeliness of maintenance services and ensure an adequate supply of goods and equipment. Corrective maintenance requests are analysed for trends to enable timely alert of failing equipment. Results of these processes show inventory and equipment is effectively monitored. Care recipients, representatives and staff state they are satisfied with the level of stock and equipment available in the home.

### **1.8 Information systems**

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

#### **Team's findings**

The home meets this expected outcome

The home has an effective information management system to enable staff, care recipients and their representatives have access to accurate and appropriate information. Electronic systems are used to communicate with stakeholders and to assist with care recipients' assessments and care delivery. Electronic information is password protected with restricted access and back-up procedures. There are policies and procedures for archiving and destruction of confidential information. Key information, such as audits, surveys and incident data are collected according to a corporate schedule and reported via various committees. The home reviews document management through a scheduled secure electronic document control system to ensure guidelines and information for stakeholders is accurate. Information systems are monitored through internal and external audits, feedback mechanisms and the ongoing document review process. Results show the home has systems that support care recipients, representatives and staff to access and use appropriate information. Staff interviewed said they have access to appropriate information to perform their roles. Care recipients and representatives interviewed state they are satisfied with the opportunities provided to communicate with management and staff.

## **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 findings**

The home meets this expected outcome

There are systems and processes to ensure external services are provided in a way that meets the needs of the home and care recipients. A preferred supplier list is combined with the Combined Charities system to maximise purchasing opportunities. External contracts are managed centrally by the corporate infrastructure and property manager and monitored for quality and effectiveness at a corporate and site level. Job safety assessments are required to be completed by contractors working on site. Contractors are required to sign in on arrival and report to appropriate personnel at the home for induction prior to commencing any work. Police clearance certificates are required on arrival for contractors who are not regular suppliers to the home. Quarterly assessment questionnaires are used to monitor the quality of major contracts. Staff and care recipients provide feedback on all external suppliers through the use of feedback forms and surveys. Results show external contractors and services are monitored and contractual changes made as required. Staff, care recipients and representatives interviewed state they are satisfied with current external services.

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

**Principle:** Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for additional information relating to the home's continuous improvement systems and processes.

Planned audits, care recipient incident data and care recipient, representative and staff feedback are used to identify opportunities for improvement in health and personal care. Staff, care recipients and representatives interviewed are aware of the home's feedback system and how they can contribute to improvements in this Standard.

Examples of improvement initiatives relating to Standard 2 Health and personal care over the last 12 months include:

- Management identified the need to improve efficiency in the electronic care planning system. The old system has a large number of 'yes' 'no' impersonal options and contains repeat questions that are transferred to the care plan. This results in a large amount of time editing and personalising the final care plan. A team of staff reviewed the system and developed a new format for each assessment. Repeat information has been removed and the 'yes' 'no' options have been replaced with text boxes enabling more personalised information to be recorded. Care plans are automatically updated after each re-assessment eliminating the potential for inconsistencies that occur with multiple assessments. Care staff report that the information is more informative and easy to read. Clinical staff report that the time taken to develop the care plan has reduced.
- Medication management has been improved following research in polypharmacy. Staff identified a number of care recipients in the home who could benefit from a review of medications. Management consulted with the clinical team and identified three suitable care recipients across the facility to participate in a trial undertaken in conjunction with a local university, the home's pharmacy and care recipients' general practitioners. Results show all three care recipients have had a significant reduction in the number of medications being taken with positive outcomes. Staff now plan to expand the initiative to include review of medication of other care recipients on multiple medications.

### **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 findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for additional information relating to the home's systems and processes for monitoring regulatory compliance. Processes are in place to monitor regulatory compliance relating to care recipients' health and personal care. Results show these processes are effective in monitoring regulatory compliance in this Standard. Staff at the home state they understand and use the system.



The home provided examples of compliance with ongoing legislative requirements relating to Standard 2 Health and personal care as follows:

- Registration of nurses
- Supervision of care staff
- Effective medication management

### **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 findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for additional information relating to systems and processes for education and staff development.

Education and staff development in Standard 2 Health and personal care provided to nursing and personal care staff over the last 12 months in a range of topics includes:

- Pain management
- Sleep disorders
- Continence

Staff state they have ready access to a range of training and are satisfied this assists them in their role.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

There are systems and processes to ensure care recipients receive clinical care that is appropriate to their individual needs and preferences. The home undertakes a person centred approach to identify and provide care recipients’ clinical care needs. An electronic system assists staff to assess, plan and manage clinical care. Care plans are developed and implemented from this information which is reviewed on a six monthly basis. Changes to care recipients’ needs are documented in progress notes and care plans are updated to reflect these changes. Changes are communicated to staff through the handover process with care recipients, representatives, medical officers and other stakeholders being informed of relevant changes in care recipients’ health status. The home monitors care recipients’ clinical care through clinical observations, care evaluations, audits and other mechanisms. Corporate services monitor stakeholders’ satisfaction with their clinical care needs through feedback, adverse events and the annual Resident survey. Clinical and care staff interviewed are able to provide information that is consistent with care recipients’ care plans. Care recipients and representatives interviewed confirm they are satisfied with the health and personal care provided.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses are guided by an initial assessment checklist followed by a comprehensive multidisciplinary assessment which informs the care plan. Allied health professionals, medical officers and external specialists are consulted where appropriate, and recommendations for care interventions are incorporated into care plans. Specialised nursing care is monitored through care plan reviews, observations, analysis of audit data and results from surveys. Outcomes show specialist nursing care to be effective. Documentation review and staff interviews show staff have access to education, guidelines and clinical practice resources. Feedback from interviews confirm care recipients and representatives are satisfied with specialised nursing care provided.

## **2.6 Other health and related services**

*This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients are referred to appropriate health specialists according to their assessed needs and preferences. Allied health staff work in partnership with clinical staff to plan and manage care recipients’ care. External health care providers visit the home on a scheduled basis or as required. Extended care paramedics are used, enabling care recipients to receive treatments within the home. Changes to care recipients’ needs are documented in progress notes and care plans are updated to reflect these changes. Monitoring processes include care reviews, analysis of audit data, results from surveys and consultation with care recipients and representatives. Outcomes show care recipients’ needs are documented and reviewed. Staff interviewed said they are informed of changes to care recipients’ needs and health status. Care recipients and representatives interviewed said they are satisfied care recipients have access to health specialists according to their individual needs and preferences.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The organisation has systems and processes to ensure care recipients’ medication is managed safely and correctly. The home uses an electronic system to assist qualified staff administer and manage care recipients’ medication. Changes in care recipients’ care plans are automatically updated onto electronic medication charts. Medical officers and pharmacy staff review care recipients’ medication on a regular basis. Relevant staff undertake mandatory training in medication management. Medication incidents and adverse events are monitored at a corporate and site level and data gathered is trended, analysed and reported through various committees to identify improvement opportunities. Results from this data show care recipients’ medication is managed safely and correctly. Staff are able to

demonstrate they understand their responsibilities in providing care recipients with safe and correct medication management. Care recipients and representatives interviewed are satisfied with the home's medication management.

## **2.8 Pain management**

*This expected outcome requires that "all care recipients are as free as possible from pain".*

### **Team's findings**

The home meets this expected outcome

Care recipients are as free as possible from pain. Care recipients' pain is identified through initial and ongoing assessments. Validated assessment tools are used to develop pain management plans in consultation with medical officers. Physiotherapists assist in providing pain management strategies and treatments. Alternative approaches for pain management include massage, repositioning and heat packs. Referrals are made to pain management clinics as needed and other interventions such as acupuncture can be facilitated if required. Monitoring processes include care plan reviews, observations, consultation with care recipients and analysis of audit data. Outcomes show care recipients' pain is identified, assessed and evaluated with changes made to care plans and medication profiles as appropriate. Staff interviewed are able to give examples of non-verbal signs of pain. Care recipients and representatives interviewed said they are satisfied care recipients' pain is managed according to their individual needs and preferences.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

Care recipients receive appropriate palliative care that maintains their comfort and dignity during the terminal stages of life. The home uses a specific palliative care pathway to guide staff. Care recipients have access to pastoral care if required. Alternative therapies are available and the home liaises with external palliation services for advice and resources. Care recipients' changing needs are closely observed and needs and preferences are communicated to staff. The home manages the palliative care process in a sensitive manner, communicating where appropriate with care recipients' representatives to ensure care recipients' comfort and dignity is maintained. Staff interviewed are able to give specific examples of how the comfort and dignity of terminally ill care recipients is maintained. Compliments received from care recipients' representatives confirm that they are satisfied with the palliative care provided.

## **2.10 Nutrition and hydration**

*This expected outcome requires that "care recipients receive adequate nourishment and hydration".*

### **Team's findings**

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Care recipients' nutritional and hydration needs are identified through initial and ongoing assessments and review processes. Staff are alerted to changes in care recipients' weight and dietary status through clinical care and catering processes. Changes in care recipients' nutritional status are

communicated to catering staff, speech pathologists and medical officers. Monitoring processes include care reviews, monthly or more frequent weighs, observations, care recipient meetings, results from surveys and analysis of audit data. Outcomes show care recipients' needs are documented and reviewed. Staff interviewed confirm knowledge of care recipients' needs and preferences. Care recipients and representatives interviewed said they are satisfied care recipients' nutrition and hydration needs and individual preferences are met.

## **2.11 Skin care**

*This expected outcome requires that "care recipients' skin integrity is consistent with their general health".*

### **Team's findings**

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Initial and ongoing assessment and review processes identify and manage care recipients' skin care needs. Holistic preventative strategies and assistive devices are used to maintain care recipients' skin integrity. Registered nurses are responsible for the management and evaluation of complex wounds. External specialists are consulted for advice on wound management if required. Monitoring processes include care plan and wound evaluations, observations, incident reporting and audit trending data. Results show care recipients' skin integrity is well maintained. Information provided by staff is consistent with documented assessments and staff said they have input into choosing preventative devices and appropriate wound care products. Staff interviewed are able to provide detailed examples of better practice guidelines and strategies used to promote wound healing and maintenance of skin integrity. Care recipients and representatives interviewed said they are satisfied with the care provided in relation to skin integrity.

## **2.12 Continence management**

*This expected outcome requires that "care recipients' continence is managed effectively".*

### **Team's findings**

The home meets this expected outcome

Care recipients' continence is managed effectively. Initial and ongoing assessment and review processes identify and manage care recipients' continence needs. The home uses interventions such as environmental modifications to promote optimal continence for care recipients. Continence liaison staff are responsible for advising on contemporary continence management. Monitoring processes include review of care plans and infection audit data. Outcomes show staff provide continence management consistent with planned care. Staff said they have adequate stock to ensure care recipients' continence is managed effectively and are able to give examples of care recipient's individual continence needs. Care recipients and representatives interviewed are satisfied that continence needs are managed effectively.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

Care recipients with challenging and responsive behaviours are managed effectively. Initial and ongoing assessment and review processes identify and manage care recipients’ responsive behaviours. Person centred management plans are developed from this information and strategies to assist staff are identified. Clinical staff generate referrals to mental health or other advisory services as required. Dementia specific interventions and activities are undertaken in a sensitive and inclusive manner. The effectiveness of behaviour management strategies is monitored through observations, incident reporting, care plan reviews and audits. Outcomes show behavioural strategies are effective. Staff interviewed are able to provide detailed examples of how to manage care recipients with responsive behaviours effectively. Care recipients and representatives interviewed said they are satisfied with the home’s approach to managing challenging behaviours.

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

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

#### **Team’s findings**

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial and ongoing assessment and review processes identify and manage care recipients’ mobility and dexterity needs. Care recipients are encouraged to remain independent and are actively rehabilitated to achieve optimum mobility. Allied health staff develop and deliver programs for care recipients in consultation with medical officers and other stakeholders. Assistive devices are utilised to promote care recipients’ independence where possible and each care recipient is provided with a height adjustable bed. Falls data analysis includes near misses to track care recipients at risk of falls. Monitoring processes include incident reporting of falls, care plan reviews, clinical audits, observations and allied health reviews. Outcomes show care recipients’ mobility and dexterity requirements are documented, reviewed and modifications made as required. Documentation review and staff interviews confirm staff attend annual manual handling education. Care recipients and representatives interviewed said they are satisfied the care provided assists care recipients with their mobility and dexterity.

### **2.15 Oral and dental care**

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

#### **Team’s findings**

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ oral and dental needs. This information is used to develop care plans. Care recipients are facilitated to visit their own dentist or may access the visiting domiciliary dental service. Monitoring processes include care evaluations, observations and audits. Outcomes show care recipients’ dental needs are documented and reviewed. Staff interviews confirm they are aware of care recipients’ oral and dental hygiene needs. Care recipients and representatives interviewed said they are satisfied the care provided maintains care recipients’ oral and dental health.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ sensory needs. The organisation has consulted with the Royal Society for the Blind for advice on appropriate strategies to communicate with care recipients with visual sensory deficits. These recommendations have been implemented and feedback from care recipients and representatives is been positive. Monitoring processes include care plan evaluations, observations and audits. Results show care recipients’ sensory needs are documented and reviewed. Staff interviewed are able to give examples of how the home manages care recipients with sensory loss. Care recipients and representatives interviewed said they are satisfied care recipients’ sensory losses are identified and managed effectively.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Initial and ongoing assessment and review processes identify and manage care recipients’ sleep patterns. Care recipients’ needs and preferences are also supported through the use of physical activity programs, lighting, positioning and other strategies to promote natural sleep. Monitoring processes include care evaluations, observations and audits. Outcomes show care recipients’ sleep patterns are documented and reviewed. Staff said they refer to care recipients’ care plans for individual sleep preferences and are able to give examples of care recipients sleeping preferences. Care recipients and representatives interviewed said they are satisfied the care provided assists care recipients to achieve natural sleep patterns.

### **Standard 3 – Care recipient lifestyle**

**Principle:** Care recipients 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 findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for additional information relating to the home’s continuous improvement systems and processes. Formal and informal feedback processes assist care recipients and staff to contribute to continuous improvement in care recipient lifestyle.

Examples of recent improvements relating to Standard 3 Care recipient lifestyle over the last 12 months include:

- Emotional support has been enhanced following staff suggestion. Staff identified the benefit of gathering expanded information on care recipients’ lifestyle when they enter the home. A resident interview tool has been developed to guide staff in gathering relevant data. Staff report that the tool is useful in assisting them gather additional information on care recipients’ emotional support needs and preferences. The tool is also used to provide early intervention strategies for care recipients who have lived in the home for some time and who require additional emotional support.
- Community involvement has been enhanced following staff initiative. Staff worked with a local school that provides education for students with an intellectual or learning disability. A pathways interactive group has been introduced whereby students visit selected care recipients twice a week to learn social skills and share the experience of living with a disability. Care recipients and students are matched according to their interests and life experience. Care recipient feedback is that they are enjoying the role of teacher and mentor for the students. Feedback from parents and from the school is that students express anticipation and enjoyment when visiting the home and the program is providing positive outcomes for students.

#### **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 care recipient lifestyle”.*

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for additional information relating to systems and processes for monitoring regulatory compliance. There are systems and processes to monitor and maintain regulatory compliance relating to care recipient lifestyle. Staff interviewed state they understand and use the system.

The home provided examples of ongoing compliance with legislative requirements in Standard 3 Care recipient lifestyle as follows:

- Maintaining confidentiality of care recipient information

- Providing residential care service agreements to assist care recipients understand their rights and responsibilities
- Protecting care recipients' privacy.

### **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 findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for additional information relating to systems and processes for education and staff development.

Education and staff development provided to all staff groups in the last 12 months in relation to Standard 3 Care recipient lifestyle include the following:

- Mandatory reporting
- Dementia awareness
- Confrontational situations – visitors.

Additional education and development has been provided to lifestyle staff in:

- Caring for forgotten Australians
- Volunteer management.

Staff interviewed confirm they have access to a range of training and development opportunities and state they are satisfied the training and education provided assists them in their roles.

### **3.4 Emotional support**

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

#### **Team's findings**

The home meets this expected outcome

Each care recipient receives support to adjust to life in the home and on an ongoing basis. Initial assessment, ongoing review processes and observations identify care recipients' emotional support needs and preferences. This information is used to develop social history and lifestyle plans. The home provides pastoral and emotional assistance, with trained grief counsellors providing individual support to care recipients. Each care recipient is matched with a like-minded volunteer to help them adjust to living in the home. The home evaluates the effectiveness of emotional support provided through lifestyle and care reviews, surveys, audits and meetings. Outcomes show the home's assessment processes are effective in capturing care recipients' emotional support needs. Staff interviewed are able to give examples of how they assist care recipients to adjust to, and participate in, life in the home. Care recipients and representatives interviewed are complimentary of the emotional care provided by staff.



### **3.5 Independence**

*This expected outcome requires that "care recipients 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 findings**

The home meets this expected outcome

Care recipients are assisted to maintain independence, friendships and connections with the home and broader community. Through the home's initial and ongoing assessment and review processes, care recipients' capabilities and preferences are identified. Independence is encouraged and care recipients are assisted to maintain memberships and attend local groups. Several care recipients are mentors to local students. Care recipients are facilitated to maintain fiscal independence and are able to vote on-site. A café enables the local community, care recipients and their representatives to meet in a natural setting. Monitoring processes include care and lifestyle reviews, surveys and audits. Outcomes from evaluation data shows the home's processes are effective in identifying care recipients' preferences. Staff interviewed are aware of strategies to assist care recipients' independence. Care recipients and representatives interviewed are satisfied care recipients are assisted to maintain friendships, participate in the local community and maintain physical independence.

### **3.6 Privacy and dignity**

*This expected outcome requires that "each care recipient's right to privacy, dignity and confidentiality is recognised and respected".*

#### **Team's findings**

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. The home's assessment process identifies individual preferences with regard to privacy and dignity and these are documented throughout the care and lifestyle plan. Signs are displayed on care recipients' doors to inform staff when care recipients are being provided with care. Care recipients' privacy and dignity is monitored through observation of staff practice, feedback mechanisms and care evaluation. Results from these processes show the home's policies and procedures are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Staff interviewed are able to give examples of how they respect individual needs and preferences with regard to privacy and dignity. Care recipients and representatives interviewed said staff are respectful, polite and considerate of individual privacy and dignity needs.

### **3.7 Leisure interests and activities**

*This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".*

#### **Team's findings**

The home meets this expected outcome

Care recipients are encouraged and supported to participate in individual and group activities of interest to them. A lifestyle assessment is used to identify care recipients' interests and preferred activities. This information is used to enable care recipients maintain or develop personal interests and activities. The home strives to cater for all demographics in its activity program and a large number of volunteers assist staff, providing a diverse choice of lifestyle options. Each care recipient is informed about the wide range of activities offered and assisted to attend if they wish. A person centred approach is taken when planning activities

to ensure care recipients are provided with activities of importance to them. An inclusive approach is taken with care recipients who have cognitive deficits, enabling diverse participation in the home's activities program. The effectiveness and enjoyment of care recipients' leisure interests and activities is monitored through lifestyle evaluations, observations, surveys, meetings and audits and suggestions are welcomed. Feedback shows care recipients' leisure interests are identified and activities provided to support these interests. Staff interviewed are aware of care recipients' interests. Care recipients and representatives interviewed are satisfied with the support provided to assist care recipients participate in group and individual interests and activities.

### **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 findings**

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Through the home's initial assessment and ongoing review processes, care recipients' cultural and spiritual needs are identified and care and lifestyle plans are developed from this information. The home acknowledges and celebrates significant spiritual and cultural days. Monitoring processes include care and lifestyle reviews, observations, audits, sample surveys and meetings. Documentation review shows care recipients' cultural and spiritual preferences and other meaningful events are documented in care and lifestyle plans. Staff interviewed are aware of care recipients' cultural and spiritual needs. Care recipients and representatives interviewed are satisfied staff value care recipients' cultural and spiritual needs and preferences.

### **3.9 Choice and decision-making**

*This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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 findings**

The home meets this expected outcome

Each care recipient is encouraged and supported to participate in decisions and exercise choice and control over the care and services they receive. Through the home's initial assessment and ongoing review processes, care recipients' preferences are identified. This information is used in developing lifestyle and care plans. Care recipients direct the approach taken in decision making and participate in making decisions in several domains. The home works in a collaborative manner to seek input into care recipients' preferences. Care recipients' representatives are identified to assist in making decisions if a care recipient is unable to do so. Monitoring processes include care and lifestyle reviews, meetings and audits and sample surveys. Outcomes show care recipients' choices are respected and encouraged. Staff interviewed are able to give examples of how care recipients' choices are respected. Care recipients and representatives interviewed are satisfied care recipients are able to exercise choice and control over their care and lifestyle.

### **3.10 Care recipient security of tenure and responsibilities**

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

#### **Team's findings**

The home meets this expected outcome

There are site and corporate systems to provide care recipients and their representatives with information about their rights and responsibilities and security of tenure. Entry packages, handbooks and the residential agreement contain information regarding security of tenure and rights and responsibilities. The director of care monitors legislative responsibility and stakeholder satisfaction through internal and external audits and surveys. Results from these mechanisms show care recipients have security of tenure and understand their rights and responsibilities. Interviews with staff confirm they are aware of care recipients' security of tenure rights. Care recipients and representatives interviewed state they are satisfied with the information provided and processes used to assist them understand their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for additional information relating to the home’s continuous improvement systems and processes.

The home’s quality system, including audits, environmental inspections and incident and hazard reporting is used to identify and action opportunities for improvement in physical environment and safe systems. Outcomes are recorded, evaluated and reported. Staff, care recipients and representatives interviewed are aware of the feedback system and how they can contribute to improvements in this Standard.

Examples of improvement initiatives implemented by the home over the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Management identified the benefit of becoming a self-insured organisation under the WorkCover SA self-insurance program. The organisation aims to improve work health and safety systems and reduce the risk of disruption to care recipients and staff caused by workplace injuries. An external consultant was engaged to undertake a gap analysis and assist in preparing the application. Internal resources were allocated to work with the consultant and address identified gaps. An actuary determined the financial impact of the organisation becoming self-insured. WorkCover SA conducted an initial assessment that proved encouraging. A project officer was then employed to steer the process that has taken two years. WorkCover SA has conducted a final assessment and indications are that the organisation will be recommended for self-insured status. As part of the preparation process staff injuries were analysed and trended and a program of staff education and awareness undertaken to raise staff awareness of work place injury. Results show the initiative has improved work health and safety systems and reduced workplace injuries over the two year preparation period. Staff incidents have reduced during this time as has the average cost per claim.
- The home responded to feedback from family members in relation to meals in the memory support unit. Family members commented that care recipients do not always enjoy the dining experience as they are sometimes under pressure to be ready for afternoon activities. Management consulted with catering staff and family members and changed the order and method of meal service. Meals are now plated in the kitchen for the memory support unit using plate warmers and delivered direct to the table saving staff time plating from the bain marie. The unit is the first house to receive meals leaving time for care recipients to enjoy their meal and still be ready for afternoon activities. Evaluation results show care recipient anxiety has reduced and the atmosphere at meals is now calm and relaxed. Feedback from family members is that they appreciate the home’s response to their request. Staff feedback is that they have more time to prepare care recipients for afternoon activities.

## **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 findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for additional information relating to systems and processes in monitoring regulatory compliance. Staff interviewed state they understand and use the system.

The home has processes to monitor and maintain regulatory compliance relating to Standard 4 Physical environment and safe systems which include:

- Implementing work health and safety regulations
- Monitoring and maintaining fire safety systems.

## **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 findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for additional information relating to systems and processes for education and staff development.

Mandatory training provides staff with education and staff development relevant to their roles. Training attendance is monitored and staff are required to attend mandatory training each year. Staff interviewed confirm they are paid to attend mandatory training and state the training and education provided assists them in their roles.

Education and staff development in Standard 4 Physical environment and safe systems provided to all work groups over the last 12 months in a range of areas include:

- Fire and emergency procedures
- Hand-washing
- Infection control
- Manual handling
- Workers compensation management.

## **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 care recipients' care needs".*

### **Team's findings**

The home meets this expected outcome

Care is provided in four separate houses linked by covered walkways and set in well maintained grounds. Each house has its own dining room and lounge area. Care recipients

have their own room with ensuite and are encouraged to personalise their rooms with decorations as appropriate. A continuous odour control system monitors and controls odour in houses as required. Preventative and corrective maintenance is combined with environmental audits, surveys and ongoing reporting processes to monitor and maintain the safety and comfort of the living environment. Hazards are identified and corrective measures actioned. There are currently no care recipients in the home who smoke, however, risk assessment tools are available for staff to assess the safety of care recipients who wish to smoke and there is a designated smoking area. The home has a policy of minimal restraint. Assessment, consultation, monitoring and review processes support the safe application of restraint when required for care recipient safety. Results show the home is using its monitoring processes to identify issues in the living environment and to implement corrective action. Care recipients and representatives interviewed state they are satisfied with the safety, comfort and amenities available in the home, including care recipients' rooms and communal areas.

#### **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 findings**

The home meets this expected outcome

The corporate Work Health Safety and Injury Management committee monitors the home's compliance with the organisation's work health and safety policies and procedures. Work health and safety representatives from the home sit on the corporate committee providing for direct communication between corporate management and staff at the home. The corporate Work Health Safety and Injury Management Strategic plan 2014-2016 provides guidance for staff in work health safety. Processes, including a preventative maintenance program and hazard and incident reporting are used to monitor and maintain the safety of equipment and staff work environment. There are designated work health and safety officers and staff receive regular training in manual handling, work health and safety and hazardous substances where required to perform their roles safely. Information systems and feedback processes assist staff to identify hazards and report accidents and incidents. Standard operating procedures are combined with comprehensive safety systems to guide staff in safe and correct equipment use. Risk assessments are undertaken on new equipment and the Work Health Safety Risk register monitors risk in the workplace. Incidents and hazards are standing agenda items at Work Health Safety and Injury Management committee meetings. Staff work in pairs overnight when moving between houses and have duress alarms on their mobile phones for use in an emergency. Processes, including the use of action plans, monitor the effectiveness of interventions. Initial and ongoing training programs provide staff with the necessary skills to perform their roles safely. Results show that workplace health and safety is monitored through the home's incident and hazard reporting and audit processes. Staff said they are satisfied they have access to information that promotes a safe working environment and are aware of their responsibilities for occupational health and safety.

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

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

##### **Team's findings**

The home meets this expected outcome

The home has systems and procedures to minimise the risk of fire, security and other emergencies. A comprehensive business continuity plan has been developed that includes

emergency evacuation of the premises. Evacuation plans and emergency procedures are strategically placed in all areas of the home. An accredited external contractor monitors and maintains the safety and function of fire alarm and fire suppression equipment. Electrical testing and tagging monitors the safety of electrical equipment. Automatic after-hours lock down procedures are in place and an external contractor monitors the home and grounds throughout the night. Staff receive regular training in fire and emergency procedures and have appropriate equipment for use in the event of an emergency. Results show management and staff are working to provide a safe environment that minimises fire, security and other emergencies. Staff, care recipients and representatives interviewed state they are aware of their responsibilities in an emergency.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

The home has an effective infection control program. The director of care is the central point of responsibility and coordinates the infection control program according to corporate guidelines. Influenza vaccinations are offered to care recipients and staff members. Staff receive infection control training appropriate to their roles and requirements upon induction and on an ongoing basis. There are processes for the disposal of contaminated waste. An audited food safety plan guides catering staff practice. Health alerts and other surveillance data is monitored corporately with relevant information communicated to each home as required. Management monitors infection control through scheduled audits and infection data analysis. This information is reported to the Infection Control committee where any trends are analysed and appropriate actions planned. Staff are able to provide examples of infection prevention practices and said they undertake regular infection control training. Care recipients and representatives interviewed said staff members are regularly observed maintaining infection control practices.

#### **4.8 Catering, cleaning and laundry services**

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

##### **Team's findings**

The home meets this expected outcome

Care recipients' needs and preferences are identified on entry to the home and reviewed on a regular basis. Catering services are provided in line with the organisation's food safety plan. The menu is varied to reflect the seasons and reviewed annually by a dietitian. Snacks and drinks are available at all times, including evenings. Personal laundry is laundered on site and linen is outsourced to an external provider. There are processes for addressing any lost laundry. Cleaning is provided by the home's staff and cleaning schedules guide staff in their daily cleaning routine. Care recipient satisfaction with catering, cleaning and laundry services is monitored by feedback mechanisms that include surveys, comments and complaints, meetings and direct consultation. Results show issues are addressed as they arise. Staff interviewed confirm they have access to work schedules to guide them in their role. They state they are satisfied with their work environment and the equipment provided to assist them in their tasks. Care recipients and representatives interviewed said they are satisfied with catering, cleaning and laundry services provided.