



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Quakers Hill Nursing Home**

RACS ID 2693

35 Hambledon Road

QUAKERS HILL NSW 2763

Approved provider: DPG Services Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 10 March 2017. We made our decision on 10 March 2014.

Quakers Hill nursing home has been closed for rebuilding for the last two years.

The audit was conducted on 6 March and was limited to an on-site assessment of their management systems and processes and this included interviews with management and staff, review of documentation including policies and procedures, and we reviewed the living environment.

There were no residents at the time of the audit because the building had only just been completed.

So we went back on 27 March, once residents had started to arrive, and spoke to a sample of nine residents about their satisfaction with the care and services being provided.

All nine residents provided positive feedback about the care and services they receive.

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



**Australian Government**  

---

**Australian Aged Care Quality Agency**

## **Audit Report**

**Quakers Hill Nursing Home 2693**

**Approved provider: DPG Services Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit on 06 March 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 on 06 March 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 1997.

## Assessment team

Team leader:	Kirsten Peddie
Team member/s:	Leah Asensio

## Approved provider details

Approved provider:	DPG Services Pty Ltd
--------------------	----------------------

## Details of home

Name of home:	Quakers Hill Nursing Home
RACS ID:	2693

Total number of allocated places:	100
Number of residents during audit:	
Number of high care residents during audit:	
Special needs catered for:	

Street/PO Box:	35 Hambledon Road	State:	NSW
City/Town:	QUAKERS HILL	Postcode:	2763
Phone number:	02 8818 6500	Facsimile:	02 8818 6599
E-mail address:	Nil		

## Audit trail

The assessment team spent one day on site and gathered information from the following:

### Interviews

	Number		Number
General manager	1	National quality manager	1
Facility manager	1	Administration officer	1
Clinical manager	1	Community liaison manager	1
Chef	1	Maintenance staff	1
National lifestyle officer	1	Laundry staff	1
Lifestyle coordinator	1	Cleaning staff	2
Activity officer	1		

### Sampled documents

The team reviewed the following:

- Asset register
- Audit calendar
- Care assessment pathway, assessments, assessment and care plan tracker, monitoring logs
- Care plan evaluation tool, three monthly care plan review checklist, care plan review flowchart
- Care plan, specialised nursing care plans
- Cleaning schedules
- Clinical procedures
- Compulsory reporting flowchart
- Continuous improvement plan
- Education calendar
- Emergency procedures flipchart
- Employee orientation handbook
- Fire security certificate
- Food safety license
- General practitioner and allied health clinic booking/request form
- Handover sheets
- Infection control manual
- Infection prevention and control quick reference flip chart
- Interim care plan
- Internal and external avenues for complaint brochures and pamphlets
- Job descriptions
- Maintenance manual

- Master Emergency Management Plan
- Menu
- New resident admission checklist
- Online medication management system
- Organisation chart 2014
- Palliative care flow chart, after life arrangements, advance care plan, residential aged care end of life care pathway, guidelines for end of life
- Personnel file
- Policy and procedures
- Position descriptions
- Recruitment policies and procedures
- Resident transfer form
- Residents and relatives handbook
- Residents' information package
- Return from hospital checklist and flowchart
- Rosters
- Site reference plan

### **Observations**

The team observed the following:

- CCTV security system
- Equipment and supply storage areas
- Fire equipment and evacuation diagrams
- Kitchen and laundry areas
- Living environment
- Mission and values and Charter of residents' rights and responsibilities displayed
- Nurses' stations and treatment rooms
- Staff training
- Storage of medications

## **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 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”.*

The home has a process for encouraging opportunities for improvement from staff, residents and their representatives. Both residents and staff can fill in forms that are placed around the home to encourage suggestions. Continuous improvement is a standing agenda item in all meetings. Thank you cards are given to all staff who offer suggestions.

The home uses a range of internal audits and meetings to monitor and evaluate the effectiveness of the improvements.

Some recent examples of improvements in Standard one are;

- The organisation is currently undertaking a process of rebranding. One step in this process is the creation of a new mission and set of values. The mission and values have been revisited to create a simpler and more relevant message for staff, residents and families.
- Stand up meetings have commenced each day with the facility manager and the department heads meeting from between 5 to 15 minutes. This is to improve communication between all areas of the home and allow any issues to be addressed and actioned promptly.

#### **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”.*

The home has a system for identifying relevant legislation, regulations and guidelines in relation to the Accreditation Standards. Changes in legislation, guidelines or standards are identified through subscription services, web searches and correspondence from the Department of Social Services. These updates are communicated to the relevant stakeholders through memo's and staff meetings and any action required is taken. The home monitors compliance through a series of audits, meetings, education and questionnaires.

#### **1.3 Education and staff development:**

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

Position descriptions detail the required skills and knowledge for each role. The home conducts an orientation program that includes mandatory subjects and site specific needs. Training needs are ascertained annually by a way of an individual professional development plans, audits, meetings and input from management. A training calendar is created and posted on notice boards to encourage staff attendance. To ensure staff have the appropriate knowledge and skills the home conducts competencies and education is evaluated to understand 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".*

The home demonstrates that information about internal and external complaints' mechanisms is accessible to each resident and their representative. Information about complaints' mechanisms is included in the resident handbook and on brochures available around the home. Residents and staff are encouraged to make comments and complaints through these methods, through regular meetings and the manager's open door policy. Management use an electronic system to capture and follow up on feedback in line with the organisation's policy and procedure.

#### **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".*

The vision, values and commitment to quality is documented in the resident handbook, and employee handbook in addition to being displayed around the home. Staff and residents are made awards of the vision and values through the handbooks and orientation. See continuous improvement for more information about the new mission and values of the organisation.

#### **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".*

There is a system that identifies the number and types of staff is maintained including replacements for leave and absentees. Staffing levels and rosters are determined by resident needs and preferences and the home has a pool of permanent part-time staff to cover staff absence or those on leave. Performance of existing staff is evaluated through a variety of ways including competency assessments and observation. New staff are provided with an organisational and site specific orientation and there is a system in place to give staff 'buddy' shifts to ensure they are able to fulfil their designated role.

#### **1.7 Inventory and equipment**

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

The home has processes in place to check on the quality of goods and processes to receive and review its stocks to ensure they are appropriate and sufficient. The home assesses and monitors the quality of goods and makes changes where necessary. There is an asset register which details all new equipment including warranty information. A preventative maintenance program is in place to ensure equipment is in working order and safe to use.

## **1.8 Information systems**

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

The organisation uses a wide range of methods to ensure that all stakeholders have access to current information on the processes and general activities and events of the home; these include newsletters, memo's and minutes of meetings. Management and staff have access to accurate and appropriate information to help them perform their roles including in relation to management systems, health and personal care, resident lifestyle and their maintenance of a safe environment. Information is stored appropriately for its purpose, including files requiring confidentiality, and is retrievable in a timely manner suitable for its use.

## **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".*

Management demonstrates external services are provided at a standard that meets the home's needs and services quality goals. Processes are in place to ensure that all relevant individuals from external companies have current police checks. The performance of external services is evaluated by seeking feedback from residents, representatives, staff and any other relevant stakeholders. Changes are made if the review of the external services is unsatisfactory or in response to the changing needs of residents.

## **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”.*

Information about the homes system for continuous improvement is provided under Standard one.

Recent examples of improvements in Standard two includes;

- A new return from hospital checklist that was introduced in 2013 to capture changes more effectively this can then identify changes required to care plans.
- All registered nurses employed by the organisation are being trained in a one day workshop 'Assessment of the elderly person'. The workshop consists of theory and a practical component using a life-like model. The workshop provides an opportunity for the organisation to demonstrate their expectations of registered nurses in relation to their clinical assessments and improve the registered nurses skills in relation to assessment in aged care.

### **2.2 Regulatory compliance**

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

The home has systems to manage regulatory compliance which are described at expected outcome 1.2 Regulatory compliance. The home conducts reviews of registration status of registered nurses and other health professionals.

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

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

The home has a system to ensure management and staff have appropriate knowledge and skills. This is described under expected outcome 1.3 Education and staff development.

### **2.4 Clinical care**

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

The home has systems to assess residents' clinical care needs. A care assessment pathway is completed when a resident moves into the home and at least annually. The care assessment pathway provides linkages to direct staff to further assessments specific to the resident's needs. A resident care plan is created based on assessments and reviewed by a registered nurse at least three monthly. All residents' care is reviewed at the weekly resident clinical review meeting. Clinical audit results and clinical indicators are monitored and evaluated.

## **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”.*

The home has systems to manage residents’ specialised nursing care needs. Residents’ specialised nursing care needs are identified through the initial care assessment pathway, specific assessments, consultation and ongoing monitoring of resident care. The home has specialised nursing care plans to guide registered nurses in the provision of specialised nursing care. The home provides education on specialised care. Medical and allied health professionals are consulted regarding residents’ specialised nursing care needs.

## **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”.*

The home has systems to ensure effective referral and communication with health specialists. The home has processes to manage both routine and urgent referrals to general practitioners and other health specialists. There are processes for consultation between residents and representatives and health specialists to ensure the needs of residents are being met. The home has processes to ensure that directions from general practitioners and other health specialists are communicated to relevant staff and further assessments, care plan updates and changes to care occur as appropriate.

## **2.7 Medication management**

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

The home has systems to ensure that residents’ medication will be managed safely and correctly. The home has an online system to assist with safe and correct medication management. There are processes for auditing and monitoring of the medication system. The home has a pre-packed medication system. There is a process for review of residents’ medication charts and for changes to medication orders. Medication is administered by registered nurses who complete training and competencies. The home has processes for residents who self-administer their medication.

## **2.8 Pain management**

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

The home has systems for pain management. Pain is assessed as part of the care assessment pathway and further assessments, monitoring and evaluation of residents’ pain conducted as indicated from initial assessments. The home provides a number of strategies to manage residents’ pain with involvement of staff, general practitioners, allied health professionals and other health specialists as appropriate.

## **2.9 Palliative care**

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

The home has systems to manage the comfort and dignity of residents who are terminally ill. Residents palliative care needs are assessed as part of the care assessment pathway and a palliative care flowchart is used assist in the management of residents requiring palliative care. The home has dedicated care plans that identify the individual needs of residents receiving palliative care. Consultation occurs with general practitioners and other health

specialists as appropriate. The home has links with the local palliative care teams and processes for meeting residents' cultural and spiritual requirements.

## **2.10 Nutrition and hydration**

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

The home has systems to ensure that residents receive adequate nourishment and hydration. A nutritional assessment is conducted as part of the care assessment pathway and individualised care plans developed that details residents' nutrition and hydration needs. The home consults with dieticians and speech pathologists as appropriate. The home has processes to manage cultural, religious and personal dietary preferences. The home has processes to monitor residents' weight and general health and review residents nutritional and hydration care needs as appropriate.

## **2.11 Skin care**

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

The home has systems to manage residents' skin care needs. Skin integrity is assessed when residents' move into the home and the home identifies residents' specific skin care needs. The home has systems for ongoing monitoring of residents' skin and managing changes to residents' care or lifestyle that may lead to risk of impairment to residents' skin integrity.

## **2.12 Contenance management**

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

The home has systems to ensure residents' continence is managed effectively. The home assesses continence through the care assessment pathway. There are processes for ongoing consultation with residents, representatives, general practitioners and other health specialists to meet residents' continence needs and preferences. The home has processes to identify changes to residents' continence needs including changes to care, lifestyle or medication that may affect continence. The home's environment supports residents' continence needs being met in a private and respectful manner.

## **2.13 Behavioural management**

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

The home has systems to ensure the needs of residents with challenging behaviours are managed effectively. The home assesses residents' mood and behaviour through the care assessment pathway which may lead to further assessments. Consultation occurs with residents, representatives, general practitioners and other health specialists as appropriate. The home's environment supports meeting the care and lifestyle needs of all residents.

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

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

The home has systems to support optimum levels of mobility and dexterity being achieved for all residents. Assessments are completed through the care assessment pathway with further assessment as indicated to provide comprehensive information in care plans. The home consults with residents, representatives, the physiotherapist, general practitioners and other health specialists as appropriate. The home integrates mobility, dexterity and rehabilitation through activities of daily living and the lifestyle program.

## **2.15 Oral and dental care**

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

The home has systems to ensure that residents' oral and dental health is maintained. Residents' oral and dental health is assessed through the care assessment pathway. The home has processes for regular consultation with residents, representatives and relevant health professionals to assist residents to maintain oral and dental health. Oral and dental care plans include information on dental prosthetics, aids used to maintain dental care and the frequency of assistance required by residents.

## **2.16 Sensory loss**

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

The home has systems to identify and manage residents' sensory losses. The sensory assessment includes vision, hearing, touch, taste and smell. The home has processes to refer residents to health specialists as appropriate. Residents and representatives are consulted on residents' needs and preferences for prosthetics and assistive devices. The home has information to guide staff in the care of residents' prosthetics and assistive devices.

## **2.17 Sleep**

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

The home has systems to assist residents to achieve natural sleep patterns. The care assessment pathway includes assessment of residents' sleep patterns. The home uses sleep logs to initially monitor residents' sleep and when changes to sleep patterns may occur. The home consults with residents, representatives, general practitioners and health specialists as appropriate regarding residents' sleep needs and preferences. The home has a range of interventions available to residents to support residents' sleep.

### **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”.*

Information about the homes system for continuous improvement is provided under Standard one. A recent example of an improvement in Standard three includes the introduction of a new evaluation process for assessing residents’ participation in lifestyle activities. The home now evaluates engagement and interaction to try and ascertain the residents’ experience.

#### **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”.*

The home has systems to manage regulatory compliance which are described in expected outcome 1.2 Regulatory compliance. Information packages and agreements, staff information and files include information relevant to legislative requirements concerning privacy and confidentiality.

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

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

The home has a system to ensure management and staff have appropriate knowledge and skills. This is described under expected outcome 1.3 Education and staff development.

#### **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”.*

The home provides information to residents and representatives, including the resident handbook, prior to residents’ moving into the home. The home provides orientation to new residents and extra support during the ‘settling in’ period. Residents’ need for emotional support is identified through the care assessment pathway and consultation with residents and representatives. The home has processes to monitor changes to residents’ emotional needs and address these needs as they arise.

#### **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”.*

The home acknowledges residents’ need for independence and has processes in place to assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. The home consults with residents and representatives to identify existing friendships and involvement in community activities. The home provides support strategies for residents to maintain their independence. The home

encourages representatives to be part of residents' life in the home including through meetings, activities and events.

### **3.6 Privacy and dignity**

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

The home has systems to demonstrate that each resident's privacy, dignity and confidentiality is recognised and respected. The home considers privacy and dignity across all areas of care and lifestyle. Care plans provide for residents' individual needs to be identified and taken into account. The home has process to monitor staff practices to ensure they promote residents' privacy, dignity and confidentiality. The home's environment supports residents' privacy, dignity and confidentiality.

### **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".*

The home has systems to encourage and support residents to participate in a wide range of interests and activities of interest to them. The home consults with residents and representatives regarding residents' leisure and activity needs. The home provides a comprehensive seven day lifestyle program taking into consideration the needs of the residents living in the home. Evaluations are completed and reviewed for both group and one to one programs. The lifestyle program includes community aspects to support residents' independence.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

The home has systems to support residents' individual interests, customs, beliefs and cultural and ethnic backgrounds being valued and fostered. The home has processes to identify residents' cultural and spiritual needs and preferences. Consultation occurs with residents, representatives, family, friends, spiritual advisors and clergy as appropriate. The home has processes to identify residents' language and any communication assistance required. Needs and preferences regarding food and drink are documented. The home has a social, cultural and spiritual care plan to document residents' care and lifestyle requirements.

### **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".*

The home has systems to demonstrate that residents' choices and decisions will be recognised and respected. The home considers that residents' choices and decisions do not negatively impact on the rights of other residents. Consultation on care and services occurs with residents and representatives. The home has processes to provide appropriate information to residents and representatives on care and services. The home has case conferences and consultation is available with key staff.



### **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".*

Processes are in place to provide potential and new residents and representatives with information on security of tenure and their rights and responsibilities. A resident agreement, to be read in conjunction with the resident handbook, is offered to the new residents and/or their representatives for signing. The resident handbook also includes the Charter of Residents' Rights and Responsibilities which is also on display in the home. The resident handbook is sent to all residents and/or their representatives annually. Management reported that residents are encouraged to seek financial advice prior to signing the agreement.

## **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”.*

Information about the home’s system for continuous improvement is provided under Standard one. A recent improvement relevant to Standard four includes the use of microfiber cleaning cloths. The new system reduces the need for laundry staff to wash mop heads. As a result of the new method, cleaning staff work with a water free system which reduces the need to lift buckets of water. This reduces the risk of injury.

### **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”.*

The home has systems to manage regulatory compliance which are described at expected outcome 1.2 Regulatory compliance. The home has a current food safety licence.

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

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

The home has a system to ensure management and staff have appropriate knowledge and skills. This is described under expected outcome 1.3 Education and staff development.

### **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”.*

Quakers Hill Nursing Home has a choice of single rooms or companion rooms all with their own en-suite bathroom. The design of the building has considered the use of communal spaces, with a number of areas for residents to enjoy privacy or a quiet space, and ample outdoor spaces. There are processes in place to ensure the environment is clean and safe, for example a maintenance prevention program, cleaning schedule and access to call bells. The home regularly monitors the environment to ensure it is consistent with residents’ care needs through audits and feedback. Air conditioning is throughout the common areas of home and all rooms have individual units to ensure adequate temperature control.

### **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”.*

Management can demonstrate it is working to provide a safe environment that meets regulatory requirements. The home has systems in place to regularly monitor and improve health and safety, for example, risk assessments and the use of incident and hazard forms. Training and information is provided to all staff including contractors to ensure that safe

practices are conducted. A work health and safety meeting is held regularly to ensure hazards are acted upon in a timely manner.

#### **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".*

The home has procedures in place for detecting and acting on fire, security and other emergency risks. Fire, security and emergency evacuation procedures are documented in policies, procedures and a detailed flip chart. The list identifying transfer needs is up to date and appropriately placed. A professional company is used by the home to carry out the necessary equipment and environmental checks. The home has a generator system to deal with any power outages. The home minimises the risk of fire, security and other emergency risks by a variety of methods such as audits, regular meetings and staff competencies.

#### **4.7 Infection control**

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

There is an effective infection control program in place. The home has a central point of responsibility for the program and an infection control policy manual to guide staff in all areas of infection control. Training is provided for all staff on a regular basis and there is adequate equipment in place. For example, hand washing and spill kit facilities are available on all floors to assist staff to maintain appropriate measures to reduce the chance of infections. The home has a food safety program in place and staff practice is consistent with the Australian government guidelines. Infection control audits and clinical indicators are analysed to monitor the effectiveness of the program.

#### **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".*

The home has policies and procedures to ensure that hospitality services are provided in a way that enhances the quality of life of residents and the staff's working environment. The home offers a choice in menus and takes into account resident preferences and needs. Laundry of personal items of clothing and linen is conducted on site and delivered to residents' rooms. There is a regular cleaning schedule that ensures all areas of the home are routinely cleaned which includes the spring-cleaning of rooms. Infection control systems ensure that all hospitality services are of a good standard. Surveys and audits allow the home to monitor their hospitality services to provide the best possible outcome for residents, staff and visitors.