



Aged Care
Standards and Accreditation Agency Ltd

Anzac Hostel

RACS ID 3526

21 Downes Avenue

BRIGHTON VIC 3186

Approved provider: Vasey RSL Care 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 4 June 2015.

We made our decision on 5 April 2012.

The audit was conducted on 5 March 2012 to 6 March 2012. The assessment team's report is attached.

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

This home is a 2014 Better Practice Award winner. [Click here](#) to find out more about their award.

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	Accreditation 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	Accreditation 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		Accreditation 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		Accreditation 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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Anzac Hostel 3526

Approved provider: Vasey RSL Care Ltd

Introduction

This is the report of a site audit from 5 March 2012 to 6 March 2012 submitted to the Accreditation 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 a site 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 Accreditation 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 5 March 2012 to 6 March 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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:	Angela Scarlett
Team member:	Heather Pearce

Approved provider details

Approved provider:	Vasey RSL Care Ltd
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Details of home

Name of home:	Anzac Hostel
RACS ID:	3526

Total number of allocated places:	40
Number of residents during site audit:	38
Number of high care residents during site audit:	14
Special needs catered for:	Not applicable

Street:	21 Downes Avenue	State:	Victoria
City:	Brighton	Postcode:	3186
Phone number:	03 9596 7485	Facsimile:	03 9596 8728
E-mail address:	barry.johnson@vaseyrslcare.org.au		

Audit trail

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

Interviews

	Number		Number
Management/Quality/ Administration	10	Residents/representatives	12
Care staff	4	Lifestyle staff	2
External personnel	3	Ancillary staff	5

Sampled documents

	Number		Number
Residents' files	6	Medication charts	9
Resident agreements	5	Personnel files	5
External contractor service agreements	12	HELP (lifestyle plans)	6

Other documents reviewed

The team also reviewed:

- Have Your Say' Form
- Accreditation 2012 evidence folder
- Anzac Hostel HELP life enhancement program
- Audit Schedule 2012
- Audits
- Care plans and actions folder
- Case Conference Records
- Cleaning induction and reference manual
- Continuous Plan
- Contractor safety statement (Expectations of Vasey RSL Care)
- Dangerous Drugs Of Addiction register
- Diary
- Dietary change form
- Dietitian referral book
- E-learning policies and procedures
- Emergency eye wash bottle check list
- Emergency response checklist
- Essential services log books
- Fire and emergency procedures
- Food safety plan
- Food safety supervisor's certificate
- Hazard procedure and hazard alert form
- In your spare time lists
- Incident forms
- Infection prevention action plan
- Laundry duties and instructions
- Learning and development budget documentation
- Lifestyle coordinator's manual
- Managing gastroenteritis procedure (for cleaners)
- March 2012 activities calendar (A4 and A3 sizes)

- Material safety data sheets
- Meeting structure outline
- Memorandum
- Minutes of meetings
- Mobility Risk Plan
- New resident lifestyle orientation checklist
- Occupational health and safety incident data report 2011
- Organisational induction program outline
- Organisational learning and development activities
- Oxygen in use sign
- Palliative care folder
- Police check and statutory declaration registers for staff and volunteers
- Policies and procedures
- Preventative maintenance log book
- Quality framework
- Quality improvement form and register
- Recruitment documentation
- Regulatory compliance action required forms
- Remembrance the musical - school feedback folder
- Resident information handover sheet
- Resident list
- Resident satisfaction survey 2012
- Self medication assessment form
- Sling washing schedule
- Staff competencies - completed
- Staff education records
- Staff incident and injury form
- The ANZAC bugler newsletter - Summer 2011-12
- The how to HELP folder (program plans for running activity group programs)
- Training evaluation forms
- Vasey RSL Care On Show conference day documentation
- Welcome to Anzac hostel procedure booklet
- What's important to me forms, resource booklet and tools
- Workplace inspection checklist.

Observations

The team observed the following:

- Activities in progress
- Archive room
- Australian flag raised on flag pole
- Cleaners' room
- Cleaning in progress
- Confidential locked waste bins
- Egress routes
- Equipment and supply storage areas
- Evacuation pack
- Food storage in kitchen
- High low beds
- Interactions between staff and residents
- Internal and external living environment
- Kitchen registration certificate displayed
- Laundry in progress
- Lifting equipment

- Lunch time service
- Medication fridge
- Medication room
- Medication round
- Menu displayed
- Notice about employee assistance program
- Resident and staff noticeboards
- Resident art displayed
- Safety goggles
- Shredder
- Staff room
- Storage of medications
- Water tanks
- Weighing machine

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Anzac Hostel, as part of Vasey RSL Care, has an effective quality system in place that identifies, actions and evaluates continuous improvements across the Accreditation Standards. Information is collected through comments, complaints and suggestions from staff, residents and representatives, monthly audits, incident reports, clinical indicators, legislative changes and strategic planning. Items are logged, allocated and prioritised with progress monitored. Evaluation is evident, with staff gathering information that allows management to gauge effectiveness on any given improvement. Continuous improvement is discussed at meetings, and relevant information is disseminated through memoranda, noticeboard displays, via electronic mail and in newsletters. Residents, representatives and staff are aware of the various avenues to make comments, complaints and suggestions and confirm they are encouraged to contribute to continuous improvement at the home.

Examples of improvements in Standard one include:

- The quality manager observed different homes within the organisation using different indicators and different definitions after the collection of information. Following a literature review, a data dictionary was formulated which gave staff consistent key performance indicators and instructions regarding the same. The outcome has seen consistent data collected across Vasey RSL Care allowing management to prioritise when making decisions.
- The quality manager identified the home required further knowledge around continuous improvement. Quality assurance and maintenance were done well but continuous improvement needed further staff understanding. A continuous improvement system was established after consultation with staff and the formulation of a quality committee. Education and mentoring were established to assist staff. Management said as a result, improvement projects have been increasing in numbers across the home.
- Management responded to an increase of high care residents in the home by altering the staff mix for the after hours shifts. An endorsed enrolled nurse has replaced a personal care worker on these shifts and is in charge of the facility after hours. There has been an improvement in medication administering as a result. A four-hour shift has also been included in the afternoon to assist with increased care needs of residents. The result has seen call bell response times improved and feedback from residents has indicated satisfaction with the changes.

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 subscribes to legislative update services and receives newsletters and information from aged care industry associations and relevant government departments.

When changes to legislation are identified, the quality manager sends the relevant information to the general managers of each home in the organisation's group who analyse the impact of the change to current policies and procedures. If changes are required, there is a system of updating, reviewing and document controlling that takes place before the changes are made and endorsed by the quality committee, and disseminated to staff for comment and/or implementation. Education sessions are arranged as required. Staff can access all policies and procedure via the organisations' intranet system and in hard copy. Effective systems are in place to record that staff, volunteers' and relevant external contractors' criminal record checks and statutory declarations have been carried out, and alert systems are in place to ensure these are current.

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

Anzac Hostel clearly demonstrates that management and staff have the knowledge and skills to perform effectively in their roles. An annual calendar shows scheduled mandatory and other relevant topics and is derived from an annual education needs analysis process, staff appraisals and identified residents' needs. It is also reactive to gap analysis, changing residents' needs, and suggestions from staff. Attendance records are monitored, sessions are evaluated for effectiveness and staff undertake appropriate competencies to ensure their skills are maintained. Staff can access education on site or externally, or attend relevant conferences. The organisation has recently introduced competency based electronic self directed learning packages and provides staff with equipment and resources to access this. Staff are also able to access this training from home. The organisation provides financial support for staff, upon successful application, to increase their qualifications. Staff said they are satisfied with the education opportunities offered to them at the home.

Education conducted relating to Standard one includes:

- essential skills for supervisors
- customer service/complaints management
- computer training - My-learning and email system
- inductions.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Anzac Hostel's comments and complaints system is explained in the information pack given to residents when entering the home. Information brochures on the complaints resolution scheme are also available in the home. Stakeholders can use the home's feedback form or they can verbalise their concerns to management and staff. Complaints are registered, assigned to the relevant personnel for action by the residential manager, with responses being evaluated by senior management. Documentation confirmed complaints are registered on the quality improvement system and themes or required improvements are reported back to staff at meetings. Residents and representatives said they knew how to raise concerns with management and staff and were pleased with the follow up and outcomes generated.

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

Anzac Hostel, as part of Vasey RSL Care, documents its vision, mission and values statements. These are displayed in the home. We also observed these statements in resident and staff handbooks. Management said staff are aware of the home's commitment to quality care and this is inherent in the home's vision, mission and values.

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

Anzac Hostel has appropriately skilled and qualified staff to ensure care and services are delivered in accordance with regulatory requirements, professional guidelines, policies and procedures, the home's philosophy and the current needs of residents. There are effective systems to ensure appropriately qualified staff are recruited, retained and, if required, performance managed. New staff sign a formal contract and undertake induction to the organisation and to the workplace. Staff roles are defined in position descriptions and performance is monitored using audits, competencies and management observations. Staff are supported to gain additional skills and knowledge through the learning and development program, and an employee assistance program, salary packaging and other flexible work options are available to staff. Staffing levels are monitored and systems are in place to manage planned and unplanned leave. Staff said they are well supported by management and residents stated that they are satisfied with staffing levels and the care they receive.

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

Anzac Hostel ensures there are sufficient stocks of supplies to meet residents' needs. The home orders goods through approved suppliers and effective ordering and stock rotation processes are in place. Selection of new equipment is based on residents' needs, trials are conducted prior to purchase, and education is provided on the correct use of all new equipment obtained. The home's equipment is maintained by qualified maintenance personnel and external contractors, and a system is in place to address non-scheduled maintenance requests. Electrical tagging and testing is conducted and records are kept. Residents and their representatives and staff stated there are adequate supplies of goods and equipment to meet their needs, and are satisfied with the timeliness and quality of maintenance tasks performed for them.

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

An effective system for managing and distributing information is in place at Anzac Hostel either electronically, written or by verbal means. Resident care needs are documented after assessments and evaluated according to a schedule. There is regular collection of data through audits, to inform management and monitor performance. Information is stored appropriately and confidential information is stored securely with staff aware of the importance of this security. Management and staff demonstrate they have ready access to accurate information. Residents and staff said they are provided with relevant information, meeting minutes and newsletters to ensure they are kept informed. Representatives also expressed satisfaction with the amount and regularity of information received.

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

External service providers are sourced through the organisation's property services department, and a list of approved service providers is available to staff. Systems are in place for the negotiation of formal service agreements and thorough checks are made to ensure prospective contractors are able to meet the organisation's needs, and are compliant with regulations and industry standards prior to signing an agreement. Approved suppliers are required to adhere to the organisation's policies, police check requirements and conditions of entry to the home. Staff and management closely monitor the quality of all goods and services received and any issues are dealt with immediately to ensure the continuity of delivery of high standard goods and services. Residents, representatives and staff stated that they are satisfied with the goods and services they receive from external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has an established continuous improvement system that shows ongoing improvement in resident health and personal care. For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvement in Standard two include:

- Following an organisational directive, a new electronic medication system has been implemented to improve the safety of medication administration in the home. Management said audits have identified an improvement in missing signatures and staff's feedback has been positive.
- The registered nurse and quality manager identified that the forms for evaluating care were not user friendly especially for the personal care staff. After discussion and feedback from staff, a new form has been developed and implemented. Staff feedback has indicated satisfaction with the new process, with more information available for review of resident care.
- Following an audit of falls prevention, more information was required to assist in staff knowledge for residents at risk of falls. New assessment and care plans were formulated and attended to by the physiotherapist. These are now available in resident rooms for staffs' easy access. Included were strength and balance exercises to prevent falls. The result has seen falls prevention assessments including more information. Management said staff awareness of falls risk for residents has increased.

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

Clinical staff are updated about changes to legislation through the email system and can access policies and procedures through the organisational intranet system. Information is also provided to care staff at staff meetings and during shift handovers. Clinical staff have access to electronic and hard copy versions of relevant regulatory information, guidelines and acts. The register of professional registrations of nursing staff and allied health professionals is updated annually. Medications are stored and administered according to legislative requirements. Competency tests are conducted on staff who administer medications and staffing levels are adjusted to meet resident needs.

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 about the home’s education and staff development systems and processes.

Education conducted relating to Standard two includes:

- oxygen equipment
- wound management
- indwelling catheters
- application of *Tubigrips*
- pain management
- foot care
- skin care
- nutrition and hydration
- oral and dental
- continence management
- diabetes
- medication management
- asthma and nebulisers
- hearing aids
- electronic medication management system

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents’ receive appropriate clinical care. The home has systems and processes that ensure assessments of residents’ clinical care needs and preferences are completed on entry to the home. Care plans are derived from the assessment information and in place for staff to consult for up to date information about the residents’ care needs. Evaluation of care occurs on a regular basis and is updated as required. Residents have access to general practitioners and visiting allied health professionals as appropriate. Monitoring of clinical care is through feedback from staff and residents, observations, audits, incident analyses and a formal review process. Residents said they are satisfied with all aspects of their clinical care and its delivery by staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Anzac Hostel demonstrates there are processes that assess the needs of residents requiring specialised nursing care. Residents’ specialised care needs are identified through initial assessments and care is planned, met and evaluated by a registered nurse. Documentation

shows specialised nursing care is delivered by qualified staff in a timely manner. Specialised nursing care is monitored through care plan reviews and clinical audits. Feed back is also welcome from general practitioners, allied health professionals, residents and representatives. Staff showed their knowledge of the specialised care needs of the residents as documented in nursing care plans. Residents said specialised care is delivered appropriately by nursing staff and they are consulted about the care.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Anzac Hostel staff demonstrates residents are referred to appropriate health specialists in accordance with their assessed needs and preferences. A range of specialist allied health professionals such as physiotherapy, dietician, podiatry and optometrist are available to residents. Allied health professionals consult with the home’s care staff, directives are entered into individual care plans, and progress notes and resident care is modified accordingly. Staff said general practitioners are available to address residents’ immediate requirements and there is an effective relationship between the home and external health professionals. Care staff report any change to a resident’s needs triggers a new assessment or changes to care plans as appropriate. Residents and representatives are satisfied with access to allied health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents expressed satisfaction with the home’s approach to medication management. Registered nurses oversee the medication administration system and provide support and direction to other administering staff. Staff undertake a medication competency on an annual basis and education records verified this. Records show residents’ medication needs are reviewed and administered according to medical practitioners’ orders. Policies and procedures are accessible to guide staff practice, and medication incidents are investigated and tabled at various meetings. Staff are aware of expectations in relation to medication management and we observed staff administering medications in a professional way.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents live as pain free as possible. This approach is demonstrated when residents enter the home with assessment of pain needs conducted. Assessments are also used if the resident develops pain thereafter. Documentation shows various approaches to pain management, including the use of medication. Alternatives to medication such as heat packs are used to alleviate or mitigate pain. Residents said staff assist in the management of pain and use various strategies to meet their needs. Staff said

they assist residents with their pain relief needs in a timely fashion and we observed this practice.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes to assess the palliative care needs of residents on entry to the home and thereafter at care consultation meetings. Management encourages residents and representatives to consider having advance care directives, to record their final wishes and palliative care preferences. The home has access to an external palliative care service as required and in consultation with the resident and representative. Staff are supported in the care of palliative care residents by senior staff. Residents said they are consulted about care needs and wishes when their care is reviewed.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home demonstrates it has systems and processes to meet the need of resident nutrition and hydration. There is a process for regular review of resident’s weight and nutritional status and is monitored more often as required. A dietician assesses residents after identification of issues by the registered nurse and doctor. A review of resident files indicates care plans are consistent with assessments. We observed staff serving residents meals and fluids at lunchtime and assisting residents with setting up for eating. Residents and their representatives said the meals are enjoyable and they are satisfied with the food served at the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home ensures there are staff practices to maintain resident skin integrity and the management of wounds. On entry to the home, residents undergo a review of their skin integrity including the potential risks of pressure injury to the skin. Registered nurses guide staff practices and oversee wound healing. There is expert wound healing knowledge amongst the senior nursing staff at the home. Residents are monitored during their activities of daily living and any changes are reported to the nurse in charge and documented in the progress notes. Staff said they have access to education in wound management. Residents said they are satisfied their skin care needs are attended to by staff and staff assist them as required.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ continence needs are managed effectively. This includes assessment on entry to the home and if required, continence management programs are implemented. Plans are instigated to assist staff practice in the management of residents with continence needs. Designated continence management staff members undertake regular audits and these are reported to quality personnel for analysis. Results of audits are reported to various forums including staff meetings. Residents are satisfied staff attend to their needs in a timely manner.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents with challenging behaviours are identified through an assessment process and care plans developed in consultation with the resident and/or their representative. Staff complete behavioural assessments and devise care plans in consultation with other health professionals if required. The home has access to necessary referrals to gain diagnoses and appropriate treatment through psycho-geriatric professionals if required. Staff said they have access to training on dementia care. Residents said they are not disturbed by residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents’ levels of mobility and dexterity are assessed by a physiotherapist. Changes to a resident’s condition are communicated to relevant staff and the physiotherapist will make recommendations to ensure optimal outcomes for each resident. Manual dexterity is optimised through exercise activities. Staff said they receive regular manual handling education and learn how to maintain residents’ mobility and dexterity status. We observed mobility risk plans in resident rooms to assist staff with resident’s mobility status. Residents are satisfied with how their mobility and dexterity needs are managed at the home.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents’ oral and dental health is maintained at the home. Residents are assessed on entry to the home for their oral and dental care needs. A care plan is developed and documents individual preferences. Oral and dental issues are reported to the medical officer

if required and external appointments to dentists are arranged. Registered nurses regularly evaluate oral and dental care plans and changes are made as required. Education documents record staff attendance at oral and hygiene education sessions. Resident's said staff encourage them and assist them where required in the maintenance of their oral and dental care needs.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Assessment of residents' sensory losses is completed as part of the entry assessment period at the home by both nursing and lifestyle staff. A care plan is formulated to identify interventions to assist residents maintain quality of life and for staff to follow. Care plans are regularly reviewed and evaluated as part of the review system at the home by a registered nurse. Staff said they are aware of the sensory losses of each resident and the care required. Residents said they are satisfied with the care they receive from staff.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Staff and practices at the home assist the residents to achieve quality sleep. Residents are assessed on entry to the home to help identify their natural sleep patterns. Sleep assessments are completed to determine the natural sleep patterns. A care plan is formulated by the registered nurse following the sleep assessment. Residents said night staff assist them achieve sleep by offering comfort measures or attending to pain requirements as the need arises. Residents said the home's environment at night is quiet and conducive to 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”.

Team’s findings

The home meets this expected outcome

The home actively pursues improvements in the areas of resident lifestyle. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard three include:

- The lifestyle coordinator identified that lifestyle assessments were not person centred. New assessments and care plans were developed with a focus on life enhancement. More information was collected and activities programmes developed around resident needs. The program named HELP (harmony, energy, legacy and purpose) has seen the introduction of a companion programme with local schools. Resident feedback has been positive and resident satisfaction results have recorded high satisfaction with the program.
- Following a quality improvement request regarding the resident handbook, which essentially recommended an update, the organisation revised the handbook. Resident feedback has indicated the handbook is now user friendly, easier to read and less jargon used and they are satisfied with the changes made.
- A suggestion from lifestyle staff has led to the formation of ‘resident of the week’. Nursing and care staff as well as lifestyle staff meet twice per week to discuss a particular resident in an effort to further identify useful information that can enhance the resident’s life. Laundry, cleaning, kitchen and administrative staff can also attend these discussions. Staff feedback has indicated satisfaction with this resident of the week process.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home offers residency agreements to all residents and the assessors observed signed agreements, with relevant schedules attached, on file. The Charter of Residents’ Rights and Responsibilities is displayed in the home and in the resident handbook, together with information about fees and charges, guardianships and powers of attorney, care and services provided, and internal and external complaints systems. Staff sign a privacy and confidentiality agreement and further information about privacy and confidentiality is included in the staff handbook. Residents are requested to provide consent to release personal information and are provided with a lockable drawer in their rooms. The home has policies and procedures for the mandatory reporting of abuse and missing residents. There are systems in place to ensure residents receive all specified care and services items to which they are entitled.

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 about the home's education and staff development systems and processes.

Education conducted relating to Standard three includes:

- behaviour management
- privacy and dignity
- life enhancement program and HELP systems
- understanding the needs and cultural characteristics of our residents

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has adopted a new approach to assessing, managing, monitoring and the delivery of activities in relation to residents' lifestyle needs and preferences. The lifestyle coordinator developed a suite of components that form the new life enhancement program called the HELP system. A major aspect of this approach is that residents drive an interactive assessment session to identify their preferences for the type and frequency of emotional support they prefer. Programs are then put in place to accommodate these preferences and all staff are educated on ways to support residents through different emotional stages. Emotional support is also provided to residents through a student companions program that is ongoing throughout the school year. Residents and representatives praised staff for the high level of emotional support they receive, especially during difficult times.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Staff encourage and assist residents to maintain their physical, emotional and recreational independence wherever possible. The person centred HELP plans record individual levels of support and assistance required for each resident, and identify those residents who require an authorised person to act for them. Residents are assisted to maintain civil rights and to maintain control over their medical and financial affairs wherever possible. A petty cash system is in place to further assist residents with financial independence. The assessors observed residents using mobility aids and assistive devices to maximise their independence. Residents and representatives confirmed staff and management support residents to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff respect each resident's right to privacy, dignity and confidentiality. Resident and staff handbooks and residents' contracts document policies in regard to privacy. Residents sign consent forms for the release of information and staff sign privacy and confidentiality agreements. Care interventions are conducted in the privacy of residents' rooms. Files are stored in secure areas and handover occurs discreetly. Staff were observed knocking on doors before entering residents' rooms and addressing residents respectfully and by their preferred name. Residents and representatives confirm that staff treat residents with respect and are satisfied that their privacy is maintained. All respondents to the 2011 residents' satisfaction survey indicated that they were satisfied with the dignity and respect with which they were treated.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The new person centred HELP life enhancement program provides leisure interests and activities that are identified through the resident directed assessment process and through ongoing consultation with residents and their representatives. A wide range of activities (over 80) is included and volunteers and students have been trained to run activity sessions. Activities are developed to stimulate residents' needs for entertainment, creativity, physical activity, mental stimulation, outings, shopping, sensory, quiet times, reflection and reminiscences, spiritual and cultural observances. Programs are reviewed on an ongoing basis and resident participation is recorded. Residents and representatives praised the lifestyle staff for the range and quality of activities and outings they provide, and this was supported in the 2011 residents' satisfaction survey.

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

The organisation is actively involved in promoting the cultural importance of the legacy of war veterans and war widows within the home and in the wider community. Flag raising ceremonies and recognition of significant Australian wartime participation anniversaries feature in cultural observations. Residents identify their spiritual needs through the resident driven HELP assessment process and advise staff of the types of religious or spiritual services in which they would like to participate. One lounge area in the home has been set up to facilitate church services, and pastoral care is arranged for residents who choose to receive it. A prayer group and faith promotion session is conducted through the student companion program. Residents and representatives stated that they are encouraged and well supported to maintain their cultural and spiritual life in the home.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home is committed to the promotion of each resident's right to participate in choices and decisions regarding all aspects of their care and lifestyle. The appointment of authorised powers of attorney is encouraged where assessed cognitive levels indicate the need. The home's resident handbook contains information in regard to residents' rights and responsibilities, the complaints process and external advocacy services. The HELP assessment and care planning processes are resident driven and ensure that staff practices relating to clinical care and lifestyle are based on resident choices. Audits and feedback from residents' meetings are monitored for resident satisfaction, and staff are clear about residents' rights to choice regarding their care and lifestyle. Residents stated their satisfaction with their ability to make independent choices and decisions.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Prospective residents and their families are offered a tour of the home and provided with information to assist them to ascertain if the home meets their needs. On acceptance of a bed, the resident is offered security of tenure in their chosen room and provided with a residency agreement to confirm details. Checklists are used to ensure all relevant information is discussed with the resident during their admission, and a copy of the residents' handbook is provided for ongoing reference. Residents are welcomed to the home by staff and assisted to settle in. The resident handbook includes information and contact numbers for internal and external avenues for complaint, advocacy services, fees and charges, residents' rights and responsibilities and residents' meetings. Residents and their representatives confirmed they feel secure in their tenure in the home, are consulted appropriately and are kept informed of changes.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard four include:

- Following a gap analysis against infection control guidelines, it was determined there was a lack of infection control expertise in the home. A tender was implemented with the result being an external infection industry provider now assisting the home with infection control issues. The result has seen an improvement in audit results across all areas of the home. There has been an increase in staff knowledge as mandatory education in the area of infection control and hand hygiene has been implemented.
- Resident, representative and staff feedback suggested the living environment needed improvement. New outdoor furniture was purchased, raised garden beds were placed in the garden for a resident to tend to, new lounge and dining room chairs were purchased and a sunblind purchased for the dining room. Resident artwork now adorns the walls of the home and other artwork has been chosen by residents. Resident feedback has indicated their satisfaction with the improvements in the home.
- Following an emergency procedures review, changes have been made that include the purchase of additional equipment, extra training for staff has been implemented and evacuation lists have been improved. The impact for staff has been they feel better prepared for an emergency situation.

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

The home has systems to identify relevant legislation, regulations and guidelines relating to the physical environment and safe systems. Staff are orientated to the home’s environmental and safety systems and undergo compulsory annual training in these areas thereafter. An approved food safety plan is in place. The laundry design and operations meet Australian standards and up to date material safety data sheets are located appropriately. The home demonstrates compliance with building certification codes. A safe working environment is provided and staff use effective infection control precautions and guidelines.

Physical and safe systems are monitored through scheduled environmental audits. The home has appropriate systems in place to monitor and service its essential services equipment. The home is maintained to a high standard through scheduled and reactive maintenance 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 about the home's education and staff development systems and processes.

Education conducted relating to Standard four includes:

- chemical handling
- occupational health and safety management systems
- occupational health and safety refresher courses
- area warden training
- fire panel.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Residents are accommodated in single en-suite rooms and there are systems in place to ensure that the environment meets residents' individual preferences for heating and cooling. The home is well lit and clean throughout. Issues identified through scheduled environmental audits and the reactive maintenance system are fixed in a timely manner, and faulty equipment is taken out of service as required. Furniture is appropriate for residents' needs and residents are encouraged to personalise their rooms. There are a number of internal and external living areas for residents to use. Staff monitor the safety and comfort of residents and employ appropriate practices to maintain their comfort. Residents and representatives stated that they feel safe living in the home and the environment is comfortable and meets their needs.

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

An occupational health and safety consultant is assisting the organisation to review and update its occupational health and safety policies and procedures in preparation for the introduction of new occupational health and safety legislation. The organisation's occupational health and safety management system is driven through a consultative committee that comprises representatives from each home who have undertaken the appropriate training. Meetings are held every two months where hazards, incidents, audits and other environmental indicator data is discussed. Information is disseminated to staff at staff meetings, where occupational health and safety is a standing agenda item. Risk assessments are undertaken on all equipment in accordance with Worksafe guidelines and staff receive appropriate training in their use. Up to date material safety data sheets are in place and these are managed and monitored by the occupational health and safety

coordinator. An employee assistance program and return to work manager further support staff as required. Staff are knowledgeable about their responsibilities to report hazards, incidents and accidents, and advised that they work in a safe environment.

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

New staff undertakes education about general fire and emergency training and are shown on-site equipment and evacuation procedures during their orientation. Mandatory fire extinguisher training and mock evacuations are scheduled through the year and fire wardens attend additional training for these duties. There are emergency procedures and site maps displayed in the building and emergency response information is also included in the staff handbook. The home has a current and satisfactory annual essential safety measures report and egress doors are all free from obstruction. Chemicals are stored appropriately in locked areas and coded access is required to restricted areas throughout the home. The home has a business continuity plan and an emergency disaster management plan in place. Residents and representatives stated their satisfaction with safety and security in the home.

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

Management demonstrate an effective infection control program is operational at the home. Regular auditing identifies the incidence of infections and treatments with results reported at various meetings. Anzac Hostel has access to external expert infection control providers that give advice and education on a regular basis. The team observed washbasins and hand washing equipment throughout the home. Staff practices are monitored with competencies undertaken on a regular basis. Staff said they have regular education on infection control and hand hygiene principles. Residents said they are satisfied with staff practices of hand washing and feel confident staff are knowledgeable in the area of infection prevention and control.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home offers a four-week rotating menu that has been approved by a dietician and all food is cooked on site by an external service provider. Residents are offered a choice of main meals and alternatives, and refreshments and snacks are available outside meal times. There are systems to ensure residents receive meals that are consistent with their needs and preferences. An audited food safety plan is in place and all catering staff have current food handling certificates. Cleaning is undertaken five days per week by an external service provider according to schedules, and care staff undertake cleaning duties as required on weekends. Cleaning staff receive education regarding infection control and safe chemical

handling and storage. The home provides all laundry services onsite five days per week. Clean and soiled laundry areas are separated and soiled linen is transferred to the laundry in covered skips. Staff and residents confirmed there is enough linen for their needs. Staff are aware of their roles and responsibilities within their designated service areas. Material safety data sheets are available to all staff and these are located appropriately. Residents confirmed they are happy with the laundry, cleaning and catering services provided by the home and this satisfaction was reflected in the 2011 resident satisfaction survey.