



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Archbold House Hostel**

RACS ID 0147  
16 Trafalgar Avenue  
ROSEVILLE NSW 2069

**Approved provider: KOPWA Limited**

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 22 November 2018.

We made our decision on 14 October 2015.

The audit was conducted on 15 September 2015 to 16 September 2015. The assessment team's report is attached.

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

# Most recent decision concerning performance against the Accreditation Standards

## Standard 1: Management systems, staffing and organisational development

### Principle:

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

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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.

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Archbold House Hostel 0147**

**Approved provider: KOPWA Limited**

### **Introduction**

This is the report of a re-accreditation audit from 15 September 2015 to 16 September 2015 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 15 September 2015 to 16 September 2015.

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

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

## Assessment team

<b>Team leader:</b>	Kathleen McDonagh
<b>Team member:</b>	Jane Satterford

## Approved provider details

<b>Approved provider:</b>	KOPWA Limited
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## Details of home

<b>Name of home:</b>	Archbold House Hostel
<b>RACS ID:</b>	0147

<b>Total number of allocated places:</b>	61
<b>Number of care recipients during audit:</b>	56
<b>Number of care recipients receiving high care during audit:</b>	55
<b>Special needs catered for:</b>	N/A

<b>Street/PO Box:</b>	16 Trafalgar Avenue
<b>City/Town:</b>	ROSEVILLE
<b>State:</b>	NSW
<b>Postcode:</b>	2069
<b>Phone number:</b>	02 9412 0284
<b>Facsimile:</b>	02 9416 6748
<b>E-mail address:</b>	<a href="mailto:administration@kopwa.org.au">administration@kopwa.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Chief executive officer	1
Facility manager	1
Quality and education manager	1
Care manager	1
Registered nurses	2
Care staff	8
Recreational activities officer	1
Music therapist	1
Hairdresser	1
Contract maintenance officer	1
Care recipients	14
Representatives	3
Property and procurement officer	1
Physiotherapist	1
Pharmacist	1
Administration	1
Accounts officer	1
Chef/catering staff	3
Laundry staff	1
Contract cleaning service area manager/cleaning staff	3

### Sampled documents

Category	Number
Care recipients' files (including assessments, progress notes, care and lifestyle plans and associated documentation)	7
Medication charts	7
Signed resident agreements	3
Personnel files	6

## Other documents reviewed

The team also reviewed:

- Behaviour management, including behaviour assessments, behaviour monitoring records, behavioural care plans and evaluations
- Care recipient entry information, resident handbook, identification of person responsible and next of kin
- Care recipient room listing
- Clinical monitoring records, care plan review and audit schedule
- Continence management, including continence assessments, management plans, toileting schedules, daily bowel monitoring records
- Continuous quality improvement documentation, including action plans and register, annual audit schedule and results, quality and clinical indicator reports, trend analysis and benchmarking
- Contract cleaning services manual, duty statements, audits, daily schedule
- External services, including contractor/supplier contracts and agreements, preferred contractor/service supplier list, equipment service reports, contractor handbook
- Feedback register - comments, complaints, compliments, suggestions
- Fire security and other emergencies, including fire safety equipment service records, fire and evacuation manual, disaster/emergency management plan, care recipient photographic evacuation and identification information, annual fire safety statement
- Food safety plan, kitchen cleaning logs, food and equipment temperature monitoring records, sanitising of fruit and vegetables, NSW food authority audit results
- Human resource management, including employee handbook, job descriptions, duties lists, signed code of conduct and confidentiality agreements, statutory declarations, visa status, rosters, working day sheets
- Infection control information, including manual and outbreak management, care recipient and staff vaccination program, surveillance data, monthly reports and trend analysis, pest control reports
- Information systems including, organisational chart, policies and procedures, memoranda, committee meeting schedule, agendas and minutes, surveys, newsletters, communication diary, medical officers' communication folders
- Inventory and equipment, including stock control and ordering system, maintenance procedure manual, maintenance request book, internal and external programmed preventative maintenance programs, service providers certificates of currency, warm water temperature testing, electrical test tagging records, Legionella testing reports
- Laundry allocation schedule



- Lifestyle documentation, including lifestyle, social and leisure profiles and spiritual and cultural assessments, lifestyle plans, lifestyle attendance records, activities calendar
- Medication management, including medication policy, medication incident data, diabetic and anticoagulant medication management, medical advisory committee meeting minutes, clinical refrigerator monitoring records, Drugs of Addiction registers, self-medication assessments
- Mobility documentation, including physiotherapy assessments, mobility assessments, physiotherapy care plans, falls risk assessments and manual handling guidelines
- Nutrition and hydration management, including care recipient dietary requirements, thickened fluids and nutritional supplement requirements, rotating menu, dietitian review
- Pain management, including pain assessments, heat therapy records, pain management plans and evaluations
- Regulatory compliance, including compulsory reporting register, unexplained care recipient absence procedure, police check certificates - staff, contractors and volunteers, registered nurses professional registrations
- Self-assessment report for re-accreditation and associated documentation
- Skin integrity, including wound assessment and management plans, accident and incident reports
- Staff education, including monthly calendars, orientation checklist, mandatory and non-mandatory education attendance records, evaluations, competencies, including medication administration, hand-washing, manual handling, education resources
- Workplace health and safety (WH&S) information, including audits and inspection reports, hazard alert report forms.

## Observations

The team observed the following:

- Activities in progress
- Aged care complaints scheme, advocacy, posters and other information on display
- Cleaning in progress, trolleys and supplies, wet floor signage in use
- Concerns, complaints, compliments and suggestions 'pink' forms, locked suggestion boxes
- Confidential staff handover
- Displayed notices, including Quality Agency re-accreditation audit notices, Charter of recipients' rights and responsibilities, menu, vision, purpose and values statements
- Equipment and supply storage areas including linen, clinical and continence supplies

- Firefighting equipment checked and tagged, fire indicator panel, sprinkler system, emergency evacuation diagrams, emergency flip charts, emergency evacuation trolleys
- Infection control resources including, hand-washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak resources, personal protective and colour coded equipment, waste management
- Information noticeboards
- Kitchen, NSW food authority licence on display
- Laundry and sorting area
- Living environment
- Manual handling and mobility equipment
- Meal and beverage services with staff assistance
- Medication administration and storage
- Nurse call bell system, key fob access
- Safe chemical and oxygen storage, safety data sheets (SDS) at point of use
- Secure storage of confidential care recipient and staff information
- Short group observation in central lounge area
- Sign in/out books
- Staff interactions with care recipients and visitors
- Staff work practices and work areas, staff room.

## Assessment information

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

### Standard 1 – Management systems, staffing and organisational development

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

Management at Archbold House Hostel actively pursues continuous improvement across the four Accreditation Standards. The home's quality system identifies improvement opportunities from a range of sources that include scheduled audit results, surveys, quality and clinical indicator reporting, benchmarking and feedback mechanisms. There are systems to record data and track incidents, hazards, clinical indicators and comments/complaints.

Data is collated and action plans developed to assist with planning improvements. Management maintains a continuous improvement register to prioritise action and evaluate identified opportunities for improvement. Continuous improvement is monitored through the monthly continuous quality improvement and other meetings at the home. Care recipients/representatives and staff are encouraged to make improvement suggestions and are informed regarding improvements undertaken in the home.

Examples of recent improvements implemented in relation to Accreditation Standard 1 include:

- The home underwent a management re-structure in 2015 and the appointment of a board member as chief executive officer. The management team consists of a newly appointed facility manager, a finance manager, a newly created full-time position of quality and education manager and a care manager. Care recipients/representatives and staff are positive regarding changes and improvements implemented by the new management team.
- Feedback from staff was they would like to wear a uniform. Management sourced a suitable style and staff were involved in the choice. Uniform shirts are a role designated colour and assist care recipients/representatives to easily identify staff roles. Staff received their uniforms in August 2015 and stated they are very pleased with the smart and professional style and they feel part of a team.

## 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 home has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to aged care. This is achieved through access to a variety of authoritative sources including, a peak body.

Management also develops policies and procedures with reference to industry guidelines and legislation. Management notifies staff at the home of changes to policies, procedures and regulations through meetings, memoranda, at handover and by providing education. Updated policies, procedures and information manuals are readily available for staff. The system for monitoring compliance with obligations under the *Aged Care Act 1997* and other relevant legislation includes audits, observation of staff practices and feedback.

Examples of regulatory compliance with Accreditation Standard 1 include:

- Care recipients/representatives and staff were informed of the upcoming Quality Agency re-accreditation audit by notices, mail out and at meetings.
- There is a system to monitor currency of staff, contractor and volunteer police certificates.
- There is a system to monitor and record professional registrations and authorities to practice for clinical staff.
- Management ensures care recipients, staff and visitors to the home have access to internal and external comments and complaints mechanisms.

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

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

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

The home meets this expected outcome

The staff education and training program incorporates a range of topics across the four Accreditation Standards from both internal and external sources. The education calendar is developed by the home's educator with reference to staff requests, review of clinical indicators, feedback mechanisms, legislative requirements and audits. Staff are required to complete a suite of mandatory education topics annually. Staff also have access to resources from an external aged care specific education program. The training requirements and skills of staff are evaluated on an ongoing basis through competency assessment, the changing needs of care recipients and verbal feedback. Education attendance records are maintained by the home's educator to monitor staff attendance at mandatory and non- mandatory education. Staff stated the education program offered is varied and relevant.

Examples of education and development attended by management and staff in relation to Accreditation Standard 1 include:

- Staff orientation; understanding Accreditation; benefits of audits; what is aged care funding instrument (ACFI); training with new equipment.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home has a policy and procedures for feedback management. All stakeholders are encouraged to provide feedback on the services provided through meetings, newsletters, brochures and notices. Care recipients/representatives are informed of the internal and external complaints mechanisms on entry to the home. This is documented in the resident handbook and resident agreement. 'Pink' feedback forms and locked suggestion boxes are accessible for all stakeholders. Information on the external complaints scheme and advocacy services are on display. Feedback received, including concerns, complaints, compliments and suggestions are logged on a register. Any complaints received are responded to and actioned by management in a timely manner. Feedback, complaints and compliments are discussed at the home's meetings. Care recipients/representatives and staff stated management is accessible to discuss any concerns.

## 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

Archbold House Hostel's vision purpose and values statements were recently reviewed and are communicated to all stakeholders. These statements are documented in the resident handbook and are on display in the home. The home's commitment to quality is demonstrated in the pursuit of continuous improvement activities. The home's philosophy is promoted through staff orientation and education processes.

## 1.6 Human resource management

*This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".*

### **Team's findings**

The home meets this expected outcome

The home has policies and procedures to facilitate recruitment to ensure selected staff meet the requirements of their roles at the home. Human resource management is implemented through job descriptions, provision of a handbook, an orientation program, duties lists and 'buddy' shifts. Management at Archbold House Hostel ensures sufficient skilled and qualified staff are rostered to meet the needs of care recipients and legislated requirements.

Personnel files are securely stored and contain a signed code of conduct and confidentiality agreement. Human resource management is monitored through meeting feedback, surveys, audits, results of clinical indicator reports and benchmarking. Staff stated there is a culture of teamwork and management are supportive. Care recipients/representatives were very complimentary regarding staff attitude and skills.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

The home has purchasing systems and available stocks of goods and equipment appropriate for quality service delivery. Goods in regular use are ordered through established approved service suppliers. Major items are subject to board approval. Stock levels are managed and maintained by designated staff at the home. Management monitors the inventory and equipment system through inspections, audits, review of incident and hazard forms and requests from stakeholders. Preventative and corrective maintenance of equipment is carried out by the on-site contract maintenance officer and external contractors. Care recipients/

representatives and staff stated and observations indicated there are plentiful supplies of goods and equipment available.

## **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

Archbold House Hostel has effective information management systems. Care recipients/representatives are provided with information prior to entry, in a resident agreement, a handbook, by newsletters, notices and at meetings. Family conferences are scheduled to ensure consultation with care recipients/representatives is made to meet care needs. The home's information technology systems, documentation and publications ensure management and staff have access to current policies, procedures and information relevant to their roles in the home. Orientation of new staff, a handbook, handover, memoranda, education and meetings are also mechanisms to ensure current information is available for staff. Electronic information is backed-up daily off-site, password protected and staff have access appropriate to position. There are systems for archiving and document destruction to ensure confidentiality of care recipient information. Management monitors the effectiveness of the information system through meetings, audits, surveys and verbal feedback. Care recipients/representatives and staff stated they are well informed regarding matters of importance to them.

## **1.9 External services**

*This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".*

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

The home meets this expected outcome

There are systems and processes to ensure external services are provided to meet the home's care and service needs and quality goals. Contracts or service agreements with external providers and service suppliers are established and are reviewed regularly. External suppliers of goods and services are required to provide evidence of their insurance, workplace health and safety obligations, license or business registration details and police certificate as required. The home has an established preferred contractor/supplier list.

Contractors wear identification and are overseen by the maintenance officer when on-site. All work performed is monitored for quality and effectiveness of service through inspection, audits and feedback. There are agreements with a range of allied health professionals and a hairdresser who provide on-site care and services for care recipients. Care recipients/representatives and staff are satisfied with external services provided.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard 2 include:

- The new management team identified a number of care recipients, especially those with increasing frailty or low body weight would benefit from a daily cooked breakfast service. Previously care recipients made breakfast in their own room with some staff assistance. The breakfast service involved review of the menu, the catering staff roster and duty lists. Since June 2015 breakfast has been available from 8.00am to 9.00am in the dining room. Consensus was gained from care recipients that dressing gowns are acceptable attire for breakfast if they prefer, and then they may get showered and dressed at their leisure. Some care recipients chose to continue with tray service to their room. Management stated the provision of cooked breakfast allows for improved monitoring of care recipients' nutrition and hydration. Care recipients enjoy the variety of breakfast options.
- Management has accessed local services, such as a mobile x-ray and a hospital based geriatric rapid acute care evaluation (GRACE) team. Establishing a relationship with such services that can attend care recipients in the home provides improved support for clinical staff and may reduce the need for hospitalisation.



## 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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard 2 include:

- Initial and ongoing assessments, planning, management and evaluation of care for care recipients are undertaken by a registered nurse as per the *Quality of Care Principles 2014*.
- The home has a system to manage unexplained care recipient absences in accordance with regulatory requirements.
- An accredited pharmacist undertakes care recipients’ medication management reviews for the home.

## 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 finding**

The home meets this expected outcome

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard 2. Care staff have achieved a minimum requirement of Certificate III in aged care.

Examples of recent education and training attended by staff in relation to Accreditation Standard 2 include:

- Medication management competencies; continence management; palliative care; falls prevention; nutrition and hydration; pain management; diabetes management; wound management; dementia care; oral care in the elderly.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure care recipients receive appropriate clinical care and policies and procedures to guide staff practice. A comprehensive program of assessments is completed on entry. Individualised care plans are formulated, regularly reviewed and monitored by registered nurses. Care is planned in consultation with the care recipient and/or their representative, the care recipient’s medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of care recipients. Care recipients/representatives state they are satisfied with the clinical care provided and representatives say they are informed of changes in the care recipient’s condition and care needs.

## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show care recipients’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Registered nurses coordinate assessments on the care recipients’ specialised care needs. The home liaises with external health professionals, including the local area health service to ensure care recipients’ specialised nursing care needs are met. Staff access internal and external education programs and there are appropriate resources and well maintained equipment to provide specialised nursing care. Care recipients/representatives are satisfied with the specialised nursing care provided.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Documentation shows the home refers care recipients to external health professionals and any changes to care following specialist visits are implemented in a timely manner. A physiotherapist is on-site four days each week and several allied health professionals visit the home on a regular basis, including a podiatrist, dietitian and pathology services. Care recipients/representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Care recipients/representatives are satisfied with the way referrals are made and the way changes to care are implemented.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrates care recipients’ medication is managed safely and correctly. Registered nurses and medication competent endorsed care staff administer medications via a blister packaging system. A current pharmacy contract and locked storage of medication promotes safe and correct management of medication to care recipients. A photographic identification of each care recipient with their date of birth and clearly defined allergies is on each medication chart. Pharmacy and medical practitioner protocols have been established in the home and staff practices are consistent with policy and procedures as evidenced through audits and training. The medical advisory committee review legislation changes, medication and pharmacy issues. Regular medication reviews are completed by a consultant pharmacist. Medication incident data is collated as part of the quality clinical indicators and is reviewed and actioned by the care manager. Care recipients/representatives are satisfied care recipients’ medications are managed in a safe and correct manner.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure all care recipients are as free as possible from pain. Initial assessments identify any pain a care recipient may have and individual pain management plans are developed. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows strategies to prevent and manage care recipients’ pain include attendance to clinical and emotional needs, medication and alternative approaches, including heat, massage and pressure relieving devices. Pain management measures are followed-up for effectiveness and referral to the care recipient’s medical practitioner and other services is organised as needed. Staff regularly liaise with medical practitioners and allied health personnel to ensure effective holistic care planning. Care recipients/representatives report care recipients are as free as possible from pain and staff respond in a timely manner to their requests for pain control.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill care recipients and support for their families and those involved in their care. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of care recipients are

considered in care planning and ongoing pastoral care and emotional support is provided. Representatives are informed of the palliation process and the home is in regular communication with representatives, medical practitioners and specialists throughout the palliative care process.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Documentation demonstrates care recipients’ nutrition and hydration status is assessed on entry to the home and individual needs, including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning.

Appropriate referrals to the speech pathologist, dietitian and dentist are made in consultation with the care recipient and/or representative and others involved in their care. The seasonal menu is reviewed by a dietitian and provides care recipients with an alternative for the midday and evening meal. Care recipients are weighed monthly or more often if indicated and weight loss/gain monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. Nutritional supplements and assistance with meals are provided as needed. Care recipients are satisfied with the frequency and variety of food and drinks supplied.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is assessed through the initial assessment process. Staff monitor care recipients’ skin care as part of daily care and report any changes in skin integrity to the registered nurse for assessment, review and referral to their medical practitioner as needed. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of care recipients. Staff receive ongoing training and supervision in skin care and the use of specialist equipment, such as lifting devices used to maintain care recipients’ skin integrity. The home’s reporting system for accidents and incidents includes skin integrity and is monitored monthly and included in the quality clinical indicators. Care recipients have access to a physiotherapist and other external health professionals. Care recipients/representatives report staff pay careful attention to care recipients’ individual needs and preferences for skin care. Observation confirms the use of pressure relieving and limb protecting equipment.

## **2.12 Continence management**

*This expected outcome requires that “care recipients’ continence is managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure care recipients’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each care recipient following initial assessment. Staff are trained in continence management, including scheduled toileting, the use of continence aids and the assessment and management of urinary tract infections. Bowel management strategies include daily monitoring. Staff ensure care recipients have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are appropriate supplies of continence aids to meet the individual care recipient’s needs. Care recipients/representatives state they are satisfied with the continence care provided to the care recipients.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to effectively manage care recipients with expressions of unmet needs. Documentation and discussions with staff show care recipients’ behavioural management needs are identified by initial assessments and behaviour care plans formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the care recipient and/or representatives and other specialist services.

Staff confirm they have received education in managing changed behaviours and work as a team to provide care. The home has access to other health professionals, including the area health service mental health team. Staff were observed to use a variety of management strategies and resources to effectively manage care recipients with expressions of unmet needs and to ensure the care recipients’ dignity and individual needs were respected at all times. Care recipients/representatives are satisfied with how expressions of unmet needs are managed at the home.

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

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure optimum levels of mobility and dexterity are achieved for each care recipient. These include comprehensive assessments, the development of mobility and dexterity plans and mobility programs. There is a physiotherapist on-site four days each week. Group exercise classes, Tai Chi and individual scheduled walking programs are conducted regularly. Remedial individual programs are designed and implemented by the physiotherapist

to promote optimum levels of mobility and dexterity for all care recipients. Falls incidents are analysed and are monitored in the quality clinical indicators. Care recipients/representatives report appropriate referrals to the physiotherapist are made in a timely manner. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices, such as mobile frames, mechanical lifters and wheelchairs are available.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure care recipients’ oral and dental health is maintained. Oral and dental health is assessed on entry to the home and documented on care plans. Staff state they receive education in oral and dental care and assist care recipients to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Care recipients/representatives state care recipients are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Sensory loss is assessed on entry to the home and appropriate referrals are made to ensure care recipients’ care needs are managed effectively. Specialist equipment is maintained in good working order and staff are trained in sensory loss. Staff have implemented programs to assist care recipients with sensory stimulation, including of taste, touch and smell. Care recipients/representatives report staff are supportive of care recipients with sensory loss and promote independence and choice as part of daily care.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ sleep patterns, including a history of night sedation are assessed on entry and sleep care plans are formulated. Lighting and noise is subdued at night. Care recipients’ ongoing sleep patterns are reviewed and sleep disturbances monitored and appropriate interventions put in place to assist care recipients to achieve natural sleep. Staff report care recipients who experience sleep disturbances are assisted with toileting, repositioning, snacks and fluids as requested and assessed as needed. Care recipients/representatives are satisfied with the way care recipients’ sleep is managed.

## Standard 3 – Care recipient lifestyle

**Principle:** Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard 3 include:

- An extension and renovation to the hairdressing salon was completed in April 2015. During the re-accreditation audit the weekly hairdressing service was seen to be well utilised and popular with care recipients.
- Enjoyment of the home’s well-tended grounds and gardening are popular activities for a number of care recipients. A raised flower bed has been provided for growing herbs and hanging baskets for fruit.
- Management was recommended and recently engaged the services of a music therapist for care recipients. The therapist attends the home weekly and engages care recipients in group and individual instrumental and vocal sessions. During the re-accreditation audit the music therapist also played the piano prior to lunch in the dining room and played guitar and sang to care recipients enjoying a barbeque lunch in the garden. Everyone present evidently enjoyed the music.

### **3.2 Regulatory compliance**

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

#### ***Team’s findings***

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard 3 include:

- A resident agreement is offered to care recipients/representatives to meet legislative requirements.
- The home has systems to meet regulatory requirements regarding mandatory reporting.

### **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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard 3.

Examples of recent education and development attended by staff in relation to Accreditation Standard 3 include:

- Mandatory reporting; managing grief and loss; privacy, confidentiality and dignity; dementia and meaningful activities; one staff - Certificate IV in leisure and health.



### **3.4 Emotional support**

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

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

The home meets this expected outcome

There are effective systems to ensure each care recipient receives initial and ongoing emotional support. These include orientation to the home, staff and services for new care recipients and their families, visits from the recreational activities officer, care recipient/representatives' meetings and involvement of family in the activity program.

Emotional needs are identified through the lifestyle assessments including one-to-one support and family involvement in planning of care. Care recipients are encouraged to personalise their living area and visitors, including pets are encouraged. Care recipients/ representatives are satisfied with the way care recipients are assisted to adjust to life at the home and the ongoing support they receive.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home ensures care recipients are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. There is a range of individual and general strategies implemented to promote independence, including mobility and lifestyle engagement programs. Pastoral carers, community visitors and a hairdresser all visit. Care recipients' voting is facilitated by postal vote and the mobile voting service. The environment encourages care recipients, their representatives and their friends to participate in activities. Documentation, observation, staff practices and care recipient/representative feedback confirms care recipients are actively encouraged to maintain independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

There are systems to ensure privacy and dignity is respected in accordance with care recipient's individual needs. The assessment process identifies each care recipient's personal, cultural and spiritual needs, including the care recipient's preferred name. Permission is sought from care recipients for the display of photographs. Staff education promotes privacy and dignity and staff sign to acknowledge confidentiality of care recipients' information. Care recipients' rooms are managed so that privacy is not compromised; lockable storage is

available to all care recipients. Staff handovers and confidential information is discussed in private and care recipients' files securely stored. Staff practices respect privacy and dignity and care recipients/representatives are satisfied with how privacy and dignity is managed at the home.

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

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

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

The home meets this expected outcome

The home's lifestyle program offers an extensive range of activities five days a week. Care recipients' past recreational interests and preferences are assessed on entry and monitored on an ongoing basis. The home demonstrates care recipients are encouraged and supported to participate in a wide range of activities of interest to them. The recreational activities officer oversees the program and guides the volunteers. Lifestyle programs include twice weekly bus outings, daily newspaper reading, café club, entertainers, craft, bingo, art therapy, board games and music therapy. Care recipients are given the choice of whether or not to take part in activities. The results of interviews, document review and observations confirm care recipients/representatives are highly satisfied with the activities provided to the care recipients.

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

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

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

The home meets this expected outcome

Care recipients' cultural and spiritual needs are fostered through the identification and communication of care recipients' individual interests, customs, religions and ethnic backgrounds during the assessment processes. The home recognises and celebrates culturally specific days consistent with the care recipients residing in the home. Culturally significant days and anniversaries of importance to the care recipients are celebrated with appropriate festivities. Care recipients and/or representatives are asked about end of life wishes and this information is documented in their file. Pastoral visitors of various denominations regularly visit and religious services are held on-site. Care recipients/representatives confirm care recipients' cultural and spiritual needs are being met.

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

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

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

The home meets this expected outcome

Management demonstrates each care recipient participates in decisions about the services the home provides and is able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. Management has an open door policy and this promotes continuous and timely interactions between the management team, care recipients and/or representatives. Observation of staff practices and staff interviews show care recipients have choices available to them, including waking and sleeping times, shower times, meals and activities. Care recipients/representatives meetings and surveys occur regularly to enable care recipients/representatives to discuss and provide feedback about the services provided. Care recipients/representatives state they are satisfied with the support of the home relative to their choice and decision making processes.

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

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

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

The home meets this expected outcome

An information pack is provided by the home and designated staff explain services and fees and charges for new care recipients/representatives prior to entry. A resident agreement is offered to each care recipient/representative to formalise occupancy arrangements. The resident agreement includes information about rights and responsibilities, fees and charges, care and services, complaints handling, their security of tenure and the process for the termination of the agreement. Care recipients/representatives are advised to obtain independent financial and legal advice prior to signing the agreement. Care recipients' rights and responsibilities and other relevant information are documented in a handbook and are on display in the home. Care recipients/representatives are satisfied with the information provided by the home regarding security of tenure and their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard 4 include:

- A number of improvements have been made to the home’s environment in 2015. This includes renovation of the dining room with re-painting, new vinyl flooring and furnishings. There has been positive feedback from care recipients/representatives on the improved appearance to the home.
- The home’s laundry that caters for all care recipients’ personal clothing was re-designed and renovated in March 2015. As an improved infection control initiative the laundry now has separate clean and dirty rooms. Since April 2015, designated laundry staff are rostered five days a week. Night staff who previously managed care recipients’ personal laundry can focus on meeting care needs. Care recipients stated the laundry service is very good.
- The new management team identified there was a lack of hand cleansing facilities around the home. Hand sanitiser dispensers have been installed in a number of locations. Hand washing stations that include disposable gloves, hand-wash and paper towels have been fitted in all 58 care recipient rooms and in common area facilities. Staff commented this provides convenience when they are providing assistance with personal care.

## 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 and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard 4 include:

- A current fire safety statement meets regulatory requirements.
- The home has a food safety program audited by the NSW food authority. A current NSW food authority licence for vulnerable persons is on display.

## 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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard 4.

Examples of recent education attended by staff in relation to Accreditation Standard 4 include:

- Annual mandatory fire awareness, equipment and evacuation procedure; warden and emergency coordinator training; workplace health and safety; manual handling/competency; infection control/hand-washing competency; safe food handling; chemical safety.

## 4.4 Living environment

*This expected outcome requires that “management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients’ care needs”.*

### **Team’s findings**

The home meets this expected outcome

Archbold House Hostel is a 58 bed home on two levels with accommodation provided for care recipients in a single room with an ensuite. Rooms are personalised with items from care recipients’ homes and are fitted with call bells and a lockable drawer. There are communal and private areas, including landscaped gardens for care recipient and visitor use. The

temperature and lighting of care recipient rooms and communal areas are monitored to ensure a comfortable environment. For safety and ease of mobility there are hand rails along ramps, in corridors and grab rails in bathrooms. There are reactive and planned preventative maintenance programs and a regular cleaning schedule to maintain the home's environment. This is monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. Care recipients/representatives are satisfied with the safety and comfort of the home.

#### **4.5 Occupational health and safety**

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

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

The home meets this expected outcome

The home provides a safe working environment consistent with workplace health and safety (WH&S) policy and regulatory requirements. There is a system to record, analyse and review accidents and incidents and identified hazards. WH&S is a standing agenda item at the continuous quality improvement committee meetings which are attended by the physiotherapist. Staff complete mandatory WH&S education and manual handling training on orientation and on an annual basis. Management monitors the WH&S system through incident and hazard reporting, audits, workplace inspections and feedback. The home has a return to work program if required following any staff injuries. Safe work practices were observed on site and staff stated they receive relevant education.

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

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

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

The home meets this expected outcome

The home has systems to promote the safety and security of care recipients, visitors and staff. These include emergency and fire evacuation policy and procedures as well as regular checks of the fire indicator panel, sprinkler system and other fire safety equipment by an authorised contractor. Staff attend annual mandatory fire safety and emergency training with an accredited training organisation. Evacuation diagrams and emergency information flip charts are on display. The home has a fire and evacuation manual and a disaster/emergency management plan with care recipient photographic evacuation information. The home is a no smoking environment. Safe storage of chemicals and oxygen is maintained in all areas and safety data sheets are available at point of use. Safety and security measures include a lock-up procedure, key fob access, sign in/out books and a nurse call system. The fire safety and security system is monitored through regular services, audits and inspections. Staff stated they have received training and know how to respond in the event of the fire alarm sounding. Care recipients are generally aware to await staff assistance.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an infection control policy and program with infection control clinical indicators and antibiotic use collated monthly, analysed for trends and benchmarked. Preventative measures include mandatory annual infection control education and a hand-washing competency for all staff disciplines, hand sanitising cleanser availability, a cleaning regime and a care recipient and staff vaccination program. There is a food safety plan in the kitchen to monitor food and equipment temperatures. Outbreak management information and resources are available. The home maintains a waste management system and a pest control program. Results of infection control audits and clinical indicator reports are reviewed at the home's committee meetings. Staff have access to personal protective clothing and colour coded equipment and have understanding of infection control measures relevant to their work area.

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

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

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

The home meets this expected outcome

There are systems for all aspects of hospitality services to be conducted in accordance with infection control and WH&S guidelines. Care recipients' dietary requirements, changes in needs, special diets and allergies are identified and communicated to the chef by registered nurses. The home's chef and catering staff provide fresh cooked meals with a choice of main meal served. The five weekly seasonal rotating menu is developed in consultation with care recipients and is reviewed by a dietitian. Cleaning is provided by a contract cleaning service five days a week according to set schedules or as needed. Care recipients' personal clothing is laundered by staff in the on-site laundry five days a week. Iron-on labels are used to assist with prompt return of personal clothing. Laundering of flat linen is outsourced. Hospitality services are monitored through feedback, audits, surveys and meetings. Care recipients/representatives are very satisfied with the hospitality services offered by the home.