Mary Andrews Retirement Village Hostel

RACS ID 0400
857-861 King Georges Road
SOUTH HURSTVILLE NSW 2221

Approved provider: Anglican Retirement Villages

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 31 May 2018.

We made our decision on 13 April 2015.

The audit was conducted on 10 March 2015 to 11 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Audit Report

Mary Andrews Retirement Village Hostel 0400

Approved provider: Anglican Retirement Villages

Introduction

This is the report of a re-accreditation audit from 10 March 2015 to 11 March 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 10 March 2015 to 11 March 2015.

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

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

Assessment team

Team leader:	Sue Kelly
Team member/s:	Robyn Draper

Approved provider details

Approved provider:	Anglican Retirement Villages

Details of home

Name of home:	Mary Andrews Retirement Village Hostel
RACS ID:	0400

Total number of allocated places:	42
Number of care recipients during audit:	41
Number of care recipients receiving high care during audit:	24
Special needs catered for:	N/A

Street/PO Box:	857-861 King Georges Road
City/Town:	SOUTH HURSTVILLE
State:	NSW
Postcode:	2221
Phone number:	02 8558 4400
Facsimile:	02 8558 4444
E-mail address:	nancy.mak@arv.org.au

Audit trail

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

Interviews

Category	Number
Village manager	1
Clinical leader	1
Quality and clinical educator	1
Registered nurses	1
Care staff	8
Lifestyle carer	1
Administration assistant	1
Catering staff	2
Care recipients/representatives	4
Workplace trainer	1
Clinical educator	1
Building Services Manager - South	1
Cleaning staff	1
Cleaning contract supervisor	1
Maintenance officer	1

Sampled documents

Category	Number
Care recipients' files	10
Summary/quick reference care plans	5
Medication charts – electronic and paper-based	12
Personnel files	2

Other documents reviewed

The team also reviewed:

- Activities documentation including assessments, programs and evaluations

- Audit schedules, results and reports

- Complaints and compliments records

- Continuous improvement work plans and register

- Criminal history check records for staff, volunteers and contractors

- Emergency and disaster management plan

- External service provider records including service agreements

- Fire safety information including: log books for the automatic fire detection and alarm system, fire sprinkler system, fire doors and exit and emergency lighting testing; current fire safety certificate, fire safety training records

- Food safety program, current food safety licence, menus, residents' dietary needs and preferences forms, records of equipment and food temperature checks, kitchen cleaning checklists, ordering forms, communication books, kitchen audits including 2014 NSW Food Authority audit with an 'A' rating, NSW Food Authority licence

- Handbook for residents/relatives

- Human resources documentation including recruitment information, orientation program, staff handbook, position descriptions, duty guidelines, performance reviews

- Infection control including register, policy manual, surveillance data and analysis reports, infection statistics, monitoring records, outbreak guidelines, records of clinical refrigerator temperatures and monitoring charts, resident and staff vaccination records, water testing and analysis

- Information management including: meeting minutes, memoranda, registered nurse communication book, communication diary, daily handover reports and newsletter

- Maintenance documentation including: maintenance reports on equipment, temperature records on the hot and warm water system, calibration of the thermometers, chemical register, safety data sheets register, electrical equipment testing and tagging

- Meeting minutes including resident, staff, quality committee, medication advisory committee

- Monthly resident incident data including falls, incident forms including medication errors, internal benchmarking results, accident/incident reports staff and residents including medication incident documentation

- Planned preventative and corrective maintenance schedule, maintenance request logs, environmental audits, service provider reports including pest control, electrical testing and tagging records, thermostatic mixing valve checks and water temperature records

- Policies and procedures

- Mandatory reporting records

- Organisation chart

- Residents' handbook and information package including residential care agreement

- Rhythm of Life program

- Self assessment report for re-accreditation

- Staff competency assessment documentation

- Staff records for registrations of nurses and health/allied personnel

- Staff training records including calendar, attendance records, evaluations, induction

- Surveys - staff satisfaction, resident/relative

- Visitor sign in book

- Work health and safety records

Observations

The team observed the following:

- Activities in progress, activity resources

- Brochures including external and internal complaints mechanisms, advocacy information leaflets

- Catering system and processes including meal service to residents and staff assisting residents, menu displays, dietary information matrix and sheets, white boards in kitchen for staff

- Charter of residents' rights and responsibilities displayed

- Cleaning in progress including use of equipment, trolleys and wet floor signage boards

- Comments and complaints information displayed, suggestion boxes

- Computers at the nurses' stations and in offices

- Dining room at meal times (the serving and transport of meals, staff assisting residents with meals and beverages).

- Equipment, supply, storage and delivery areas

- Fire safety system equipment including current fire safety statement displayed, emergency procedure flipcharts, fireboard, extinguishers, hose reels, fire blankets, emergency exits, fire egresses and emergency evacuation areas

- Hairdressing room

- Infection control resources and equipment including spills kits, outbreak box, personal protective equipment, colour coded cleaning equipment, colour coded waste management equipment, hand washing stations and hand sanitiser dispensers

- Internal and external complaints forms displayed

- Laundry system and processes

- Living environment (internal and external)

- Mission, Values and Vision and organisational structure available

- Mobility and manual handling equipment in use and in storage

- Notice boards containing resident activity programs and notices, menus, memos, staff and resident information

- Notices informing residents, representatives and staff of the re-accreditation audit

- Secure storage of care files and other documents

- Security systems (including phones, resident call bells, external lighting and numeric key coded door locks)

- Short observation in dining area

- Sign in-out folders

- Staff practices and interactions with residents, visitors and other staff

- Staff work areas including clinic/treatment/staff rooms, utility rooms, reception and offices

- Stocks of goods and equipment

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

The home has a quality framework which enables the pursuit of continuous improvement and the monitoring of the home's performance against the Accreditation Standards. Areas for improvement are identified through resident, staff and management meetings, surveys, the complaints process, reporting of incidents and accidents, results of audits, internal reviews, clinical data, observation and verbal feedback. Matters raised are registered, actioned and communicated to all relevant stakeholders. Staff and residents are able to contribute to suggestions for improvement through approaching senior staff, attending meetings, completing feedback forms and surveys. Interviews with residents and representatives confirmed their satisfaction with management's response to any feedback they provide.

The home has made planned improvements in relation to Accreditation Standard One including:

- In 2014, the home recruited a clinical nurse educator who oversights the work of the workplace trainer. Management and staff are very happy with this initiative and with the focus on meeting the education needs of staff.

- The home has established a staff carer committee to allow staff to provide feedback and raise issues. The committee meets monthly and staff are very pleased with the opportunity to discuss issues as a care 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 that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The organisation accesses relevant information through subscription to legislative update services, from government departments,

membership of an industry representative body, attendance at professional meetings and seminars and accessing the internet and other sources. The organisation provides information about changes to the home by email and through the organisation's intranet. Management communicates changes to staff by memoranda, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, competency assessments, staff appraisals and observations by management.

Examples of regulatory compliance relevant to Accreditation Standard One: Management systems, staffing and organisational development include:

- Residents and representatives were informed of the upcoming accreditation audit by posters, by mail and at meetings.

- Management monitors and ensures currency of criminal history checks for staff and other personnel.

- Management ensures all residents, 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 home has an education and training program to ensure staff have the appropriate knowledge and skills to perform their roles effectively. The review of documentation and interviews with management and staff demonstrate training needs are identified. Mandatory training and programmed training opportunities ensure staff have the necessary knowledge and skills to meet the needs of the residents in their care. Qualified staff, competency assessments and external education opportunities are used to ensure a variety of training is provided. There is an orientation process for new staff. All staff interviewed reported they have access to education on a regular basis. Review of the education program, attendance records and interviews confirmed education has been provided in relation to Accreditation Standard One. Examples include: team work, effective communication and bullying and harassment in the workplace.

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

There are internal and external mechanisms for residents, representatives and other interested parties to provide feedback about comments and complaints. External and internal complaints information is accessible to residents and visitors. Complaints are registered and the home ensures complaints are actioned and feedback is provided to the complainant in a timely manner. Information concerning staff complaint avenues and grievance procedures is documented in the staff handbook. Comments and complaints are discussed at the home's

staff meetings. Residents and staff interviewed are aware of the home's feedback system and expressed satisfaction with the resolution of any concern they raised.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The home's philosophy, vision, mission and values are documented and the commitment to quality is expressed in the statements. Observations and document review demonstrates the home's philosophy, vision, mission and values are available to all stakeholders in printed format and are displayed in the home. Interviews with residents and representatives and our observations show management and staff model behaviours consistent with the organisation'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

There are systems and processes for the provision of appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the home's philosophy, vision, mission and values. The home has processes for recruitment, orientation and ensuring staff are eligible to work in aged care. Staffing levels are usually maintained at all times and there are procedures to ensure vacant shifts are filled. Management stated the home increases staff numbers and/or registered staff as residents' needs increase. Registers are maintained to monitor staff criminal history checks as well as staff professional registrations. Staff stated that they enjoy working at the home and they express a commitment to residents. Residents and representatives stated staff are knowledgeable, are responsive to residents' needs and have a helpful and caring attitude.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure that a stock of appropriate goods and equipment is available. Input from residents and staff through meetings are included in the processes of maintaining and introducing new equipment as is organisational inputs. Storage for equipment and goods is available at the home with staff able to access storage areas.

Stock levels are ordered and monitored by key personnel and are rotated and monitored for expiry dates. Preventative maintenance schedules monitor equipment useability and this is documented by the maintenance officer. Corrective maintenance requests are reported to the maintenance officer through the completion of "pink slips". These were noted to be followed up in a timely manner. Faulty equipment is identified, removed from service and replaced or returned to suppliers for replacement. Staff are satisfied with the stocks of appropriate goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has processes and procedures to ensure information is managed in a secure and confidential manner, including restricted access to service information, resident and personnel files, locking of storage areas and offices and restricted password access to computers. Clinical information is updated to guide care delivery needs of residents with back-up systems in place to prevent loss of information. Information is communicated to staff through meetings, memoranda, notice boards, handover processes and residents' clinical files. Staff have position limited access to electronic information. Management communicate with residents/representatives via newsletters, resident meetings, suggestion box and one-to- one discussions. Residents/representatives and staff are satisfied with information which management provides.

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 agreements are managed organisationally by the Building Services Manager - South. The organisation has contracts with external services including, but not limited to, air conditioning, allied health professionals, continence products, medical and chemical supplies. The home has access to an electronic register of approved contractors/tradespersons. Feedback from identified key personnel is provided to management to ensure quality services are maintained; feedback on external services is also provided via resident and staff meetings.

A contractor sign in log is located at the entrance to the home. Allied health professionals are consulted as required to ensure residents' needs are reviewed regularly.
Residents/representatives, staff and management are satisfied with the 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 a description of the overall system of continuous improvement. Resident and representative feedback indicates satisfaction with care provision.

Recent continuous improvement initiatives in relation to Accreditation Standard Two include the following examples:

- In 2014, the home implemented improvements to wound management procedures and updated skin related procedures. Staff have received training in simple wound management techniques, use of photographs to assist assessment of wound progress and referral protocols to doctors, wound clinic and the parent organisation's clinical nurse consultant. Feedback from doctors and staff have been very positive about this initiative.

- During 2014, the home identified opportunities for improvement in pain management and conducted a focussed audit by a clinical specialist. Initiatives included staff training, use of a pain assessment scale, continued liaison with the physiotherapist and liaison with doctors on medication use. Residents, families, staff and doctors are reported to be pleased with the improvements to pain management.

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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Two: Health and personal care include:

- The home has a system to monitor and record registered nurses, allied health professionals and medication practitioner's professional registrations.

- The home ensures residents are provided with services, supplies and equipment as required under legislation.

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

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Two: Health and personal care. Examples of education and training attended by staff in relation to Accreditation Standard Two include: pain management, wound management, aseptic technique and oral care.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home has processes in place to meet residents' individual clinical care needs and preferences. Initial and ongoing assessments are conducted by appropriately qualified staff and registered nurses develop and review care plans to guide staff practice. A collaborative approach to care planning is undertaken that includes the resident and/or their representative, medical officer, physiotherapist and other health professionals as indicated. Care plans are formally reviewed on an annual basis or as a resident's health status changes. Processes to communicate resident information include shift handover, communication diaries, resident care plans and regular staff meetings. Mechanisms to monitor clinical care include the conducting

of audits, monitoring of staff practice, resident surveys and the collection, analysis and trending of clinical incident data.

Residents/representatives are satisfied with the care provided.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

The home has processes to identify the specialised nursing care needs of residents and care interventions are met by appropriately qualified staff. Treatment regimens guide staff practice in relation to oxygen therapy, catheter care, diabetes management, anticoagulation therapy and complex wound management. Staff receive training in specialised nursing care practices. Appropriately qualified staff are responsible for overseeing the specialised care needs of residents. Care staff have an awareness of interventions such as observation and reporting responsibilities that assist registered staff and ensure the specialised nursing care needs of residents are met. Residents requiring specialised nursing care are satisfied with the 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

Residents are referred to specialist medical and/or allied health professionals as their assessed needs indicate. Speech pathology, dietetics, physiotherapy, dental, optometry, audiology and podiatry consultations are arranged according to residents' assessed needs, with care interventions updated as required and documented in care plans. Indicators for referral to other health professionals are recorded in progress notes and residents are assisted to access relevant internal and/or external services. Reports from health related practitioners are documented in residents' clinical records and conveyed verbally to care staff when required. Residents/representatives indicated satisfaction with the access to specialist and allied health services.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The home has processes in place to manage residents' medication safely and correctly by appropriately qualified staff. Medication orders are prescribed by medical professionals and dispensed by pharmacy services. Medication charts reflect identification, allergies and specific administration instructions. Processes are in place to manage 'as required' (PRN) medications

and ensure the competency of residents who self-administer their medications. The safety of the medication management system is monitored through scheduled and random audits and analysis of any medication related incidents. Staff receive education and support in medication management. Residents/representatives are satisfied with the management of medications, as well as with the assistance and support provided.

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

On entry to the home an assessment of each resident's history of pain is conducted. Residents' experiencing acute or new episodes of pain are commenced on ongoing pain assessment. Verbal and non-verbal pain assessment tools are available for staff to use and a pain management plan is developed. Strategies to manage pain involve a multidisciplinary approach with assistance and advice from the physiotherapist and medical officers.

Interventions include medication, massage, heat therapy, repositioning and exercise. Staff monitor and document residents' responses to pain management. Staff have access to information on the home's pain management approaches and demonstrate knowledge of specific pain management interventions for residents. Residents are satisfied that their pain is managed effectively.

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

The home has processes in place to meet the medical, physical, spiritual, emotional and comfort needs and preferences of residents who are at the end stage of their life. Specific palliative care planning is implemented and interventions communicated to relevant staff. Residents and representatives are supported to maximise their time together. Regular consultation with the health care team provides information and assists the staff at Mary Andrews Retirement Village Hostel in meeting the comfort and dignity needs of the resident. Specialised equipment can be accessed when required to maintain residents' comfort and staff are appropriately qualified.

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

The home has processes in place to identify residents' individual dietary needs and preferences. Communication processes between nursing and catering staff are effective in maintaining current resident dietary information and ensuring residents receive the appropriate

textures and diets. Residents are regularly weighed and residents with significant weight loss or gain are reviewed, care plans are modified and interventions (including supplements, textured or modified diets and more frequent weighs) for weight loss or gain are implemented. Residents are referred to their medical officer, speech pathologist or dietician for assessment when the need is identified. The effectiveness of nutrition and hydration is reviewed during residents' meetings, through audits and monitoring of clinical information and observation of residents. Residents/representatives are satisfied that the home provides adequate food and fluids.

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

Residents' skin integrity and associated risk factors are assessed on an ongoing basis and care interventions direct staff practice. Preventive measures implemented include the application of moisturisers, skin protective aids, specialised equipment (mattresses and chairs) repositioning, high protein diets where risk indicates. Staff receive training in safe and correct manual handling procedures. Regular and ongoing assessments occur by the registered nurse in consultation with residents and other health professionals as required.

Documentation shows residents' skin integrity is monitored daily by trained care staff. An external wound specialist is consulted when required. Residents/representatives are satisfied with the assistance provided to maintain residents' skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The continence needs and preferences of residents are identified through the use of focussed assessment. Care plans are developed that reflect individual continence management strategies to guide staff practice. Care plan review processes ensure regular monitoring of the effectiveness of residents' individual continence program. Strategies include scheduled toileting, implementation of continence aids and bowel management regimes; these are recorded and evaluated for effectiveness. A registered nurse monitors the day to day usage and assessment of residents to ensure residents are provided with an adequate supply of appropriate continence aids to meets their individual needs. Staff demonstrated an awareness of residents' individual continence requirements. Residents interviewed noted that staff maintain their privacy when attending to their continence needs and that this is provided in a timely manner.

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

Residents are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Care staff monitor and chart challenging behaviour to enable assessment by appropriate staff. Resident behavioural management needs are identified by initial assessments and individualised behaviour care plans are formulated. Staff are knowledgeable of individual resident needs and risks. Care and lifestyle staff support residents in maintaining their abilities and interests as well as providing distraction and one- on-one support when needed. The effectiveness of strategies used by various staff members to assist residents with challenging behaviours is discussed during handover processes and communicated in progress notes. Residents requesting or requiring protective assistive devices have relevant authorities which are reviewed regularly. Residents are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

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

The home has processes in place to optimise residents' mobility and dexterity. All residents are assessed by a physiotherapist on entry to the home and as needs change. Individual passive/active exercise programs and group exercise sessions are provided for residents on a regular basis. Mobility aids and specialised dietary aids are provided for residents as required. All staff attend manual handling education annually or when required. Monitoring mechanisms include the analysis and trending of resident falls data, audits and monitoring of staff practice. Residents with identified mobility and dexterity issues are satisfied with the exercise programs and the assistance provided to optimise their mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

On entry to the home residents' oral and dental health is assessed and there are processes to ensure their oral and dental health is maintained. Access to dental professionals is available to residents when requested and if required. Care staff assist or prompt residents with teeth and denture cleaning and report any changes in oral health to a registered nurse and this is documented in the care planning system. Equipment to meet residents' oral hygiene needs is provided to residents. Residents are satisfied with the assistance provided by staff in relation to the maintenance of their oral health and dental needs.

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

Information about each resident's care needs in relation to hearing, vision and speech is collected through the initial and ongoing assessment processes. Care interventions reflect identified personal preferences and sensory needs and are linked with other relevant care plans such as hygiene and leisure activities. The activities program provides opportunities for a range of sensory stimulation activities including cooking. Residents are referred to specialists including audiologists, optometrists and speech pathologist as needs indicate and in consultation with the resident/representative. Residents commented they are satisfied with the management of sensory loss.

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

Residents' normal sleep patterns and assistance required to achieve natural sleep are identified and assessed in consultation with the resident/representative. Care strategies are developed, communicated to staff and implemented in response to residents' needs and preferences. Staff provide assistance when residents have difficulty sleeping which includes the provision of refreshment and snacks, attending to hygiene cares and re-positioning if required. Pharmacological intervention is available as prescribed by the residents' medical officer. Residents report that they sleep well and are satisfied with the assistance that staff provide during the night if this is required.

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 information regarding the continuous improvement system which exists in the home.

Examples of improvements in relation to Standard Three over the last year include:

- As a result of feedback from staff, the home has set up a new tea and coffee lounge. Residents and visitors are now able to help themselves to tea, coffee and biscuits in the lounge room area. Management reported they have received very good feedback from residents and visitors. There has been a large increase in the use of this area and there is now more social engagement by residents and visitors.

- As a result of feedback from residents, the home has established an additional prayer group which meets in the chapel. This group meets at a later time of day and feedback has been very positive about this initiative.

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 guidelines as referred to in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Three: Resident lifestyle include:

- Offering an agreement to residents for signing on entry to the home that meets the requirements of the Aged Care Act 1997 and the User Rights Principles.

- The home has a system for the compulsory reporting and recording of allegations or suspected resident assault in accordance with regulatory requirements.

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 that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Three: Resident lifestyle. Examples of education and development attended by staff in relation to Accreditation Standard Three include: resident life stories-reflective practice, spirituality in practice and cultural diversity in action.

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

Residents and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Information is gathered through talking with residents and assessments are undertaken to identify important information for care and activity planning. Staff encourage residents to join in with social activities as they feel comfortable, whilst respecting their right to refuse. Family members are encouraged to visit whenever they wish and say they feel welcome by staff. Ongoing support for existing residents includes management and staff support, contact with volunteers and pastoral care support. Residents state they are happy living at the home and the staff are kind and caring. Observations of staff interactions with residents during the re-accreditation audit showed warmth and respect.

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 provides a welcome environment for visiting resident representatives and community groups, with residents being encouraged to participate in life outside the home whenever possible. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use and a leisure activity program. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon and programs are displayed in communal areas to facilitate independence. Participation in the local community is promoted through bus trips, shopping outings and visiting entertainers. Residents say they are encouraged to maintain their independence and contact with the local community.

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

Management and staff of the home protect the privacy and dignity of residents and ensure the confidentiality of residents' personal information. Staff handovers and confidential resident information is discussed in private and residents' files and computer records are stored securely. Staff demonstrate an awareness of practices which promote the privacy and dignity of residents. These include closing resident doors and window curtains when providing personal care. Residents who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather. Residents say staff are polite, respect their privacy, knock on doors prior to entering and close doors during care provision.

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 provides a varied lifestyle program which is developed in consultation with residents. The individual interests and preferred activities of residents are identified on admission. Information obtained from resident meetings and one-on-one discussions is also used to plan suitable group and individual activities. The lifestyle carer and other care staff provide activity programs six days a week and appropriate activities are available on Sundays. The activity program is displayed and is also provided to each resident to refer to in their room. The program includes physical exercise, mental stimulation, general social interaction and special events. Residents are informed of recreational activities available through the activity calendars in addition to verbal prompts about the activities of the day.

Feedback from residents is regularly sought to ensure the activities provided are of interest and of a good quality. Residents told us there are a variety of activities and outings provided and whilst they are encouraged to participate their decision not to do so is respected.

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 cultural and spiritual lives of residents are acknowledged and celebrated by the home. The home identifies information related to residents' cultural and spiritual background when they first move into the home which is incorporated into care planning where appropriate. A chapel is available for religious activities and a pastoral carer is available. Specific cultural days, holy days and residents' birthdays are celebrated and involvement from families and friends is encouraged. Residents say they are happy with the cultural and spiritual support provided.

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

The home encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Residents are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes choice of participation in activities, choice of personal items in rooms, input into care delivery, and a choice from a selection of meals. All residents are provided with a handbook that details the services available and are able to decorate their own rooms with personal belongings. The resident meetings provide a forum for residents to discuss the running of the home including catering, activities and any issues arising. Staff were observed providing residents with choice in a range of activities of daily living. Residents say they are happy with the choices available to them and that their decisions are respected.

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

All residents/representatives are provided with a copy of the resident handbook and the Residents' Agreement on entry to the home. These documents contain information regarding resident's rights and responsibilities and security of tenure and fees and charges.

Consultation occurs with the resident and or their representative if any change in security of tenure is considered by the home. Residents/representatives report satisfaction with the security of tenure offered by the home and they confirmed they understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home.

Examples of improvements in relation to Standard Four over the last year include:

- As a result of feedback from residents, the home has extended the times for the service of breakfast. Residents who are early risers do not have to wait a long time until breakfast is served. Residents are very happy with this new arrangement.

- To improve fire and emergency systems, the home has installed a sprinkler system throughout the village. Residents and visitors are pleased with the improved safety systems.

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 guidelines as referred to in expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard Four: Physical environment and safe systems include:

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is displayed.

- A current NSW Food Authority licence is displayed and a food safety program has been implemented as required by the NSW Food Safety Authority.

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 that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to

Accreditation Standard Four: Physical environment and safe systems. Examples of education attended by staff in relation to Accreditation Standard Four include: fire and safety, use of lifters, workplace health and safety, infection control, and safe food handling.

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

Management of Mary Andrews Retirement Village Hostel actively works to provide a safe and comfortable environment consistent with residents' care needs. The home accommodates 42 residents in single air conditioned rooms with ensuite bathrooms. The home has a communal dining room, activity areas, lounges and a chapel. There is a secure garden walkway for resident and visitor use. Two lifts are available to assist resident access to the home's three levels. Maintenance programs and a regular cleaning schedule ensure that the home's environment is well maintained. The safety and comfort of the living environment is monitored through feedback from meetings, audits, environmental inspections, incident and hazard reporting and observations by staff. Residents and their representatives said the living 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

Management is actively working to provide a safe working environment that meets regulatory requirements. Management and staff indicated the home has systems to help ensure the provision of a safe working environment for staff, visitors and residents. The home has systems to help promote work place safety and awareness that includes education during staff orientation and on an ongoing basis. Other mechanisms include manual handling training, discussion of work, health and safety issues at meetings, environmental audits, hazard and incident and accident reports. Issues identified by staff through the work, health and safety system are followed up and actioned appropriately and in a timely manner.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks. These include regular checks of equipment by staff and contractors and emergency and fire evacuation procedures. An external provider monitors all fire and safety processes. The home is equipped with fire warning and firefighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. Evacuation diagrams are displayed in public areas throughout the home. Staff confirmed they attend compulsory education for fire training and management monitor their attendance. Emergency exits are clearly marked and pathways to exits were observed to be free of obstructions with exit doors operating as designed. Staff and residents demonstrate knowledge of the home's fire and emergency procedures with residents feeling safe at 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

The home has an effective infection control program to identify, contain or prevent potential and actual sources of infection including a plan in the event of an outbreak. Education is provided for staff in infection prevention and staff demonstrated an understanding of infection control practices relating to their area of work. Processes are established for the identification of resident infections and staff are kept informed of infection incidence through the communication book, handovers and at meetings. Staff monitor temperatures of fridges and freezers, use and understand colour coded equipment and wear protective clothing when required. Hand washing facilities and personal protective equipment are available for use by staff. Staff demonstrated an understanding of, and commitment to, infection control principles and guidelines. Systems for waste management, spills, sharps disposal and effective pest control are in place. Temperatures of equipment for cold food storage and medication refrigerators are monitored to minimise the risk of contamination.

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

Catering services are provided to meet residents' dietary needs and preferences that are identified on entry and an ongoing basis. Meals are prepared centrally by a food services organisation and delivered to the home. Cook chill meals are re-generated in the home's kitchen with alternative choices to the main meal offered. The home's kitchen have monitoring systems to ensure that food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Cleaning schedules are used to ensure

that resident rooms, common areas and service areas are cleaned on a regular basis and all laundry is done on site. Laundry services for flat linen and heavily soiled items are provided by the organisation's offsite commercial laundry. Care staff provide a laundry service for residents' personal clothing in the home's laundries located on both accommodation levels. The home monitors the effectiveness of hospitality services through resident/representative feedback and regular control audits and identified deficiencies are actioned in a timely manner. Residents are satisfied with the catering, cleaning and laundry services provided by the home.