



Australian Government

Australian Aged Care Quality Agency

Nareen Gardens Hostel

RACS ID 0015
5 Yakkalla Street
BATEAU BAY NSW 2261

Approved provider: The Uniting Church in Australia Property Trust (NSW)

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 01 September 2017.

We made our decision on 01 August 2014.

The audit was conducted on 23 June 2014 to 27 June 2014. 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



Australian Government

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Audit Report

Nareen Gardens Hostel 0015

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Introduction

This is the report of a re-accreditation audit from 23 June 2014 to 27 June 2014 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 23 June 2014 to 27 June 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Frances Stewart
Team member/s:	Kristine Hodyl

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
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Details of home

Name of home:	Nareen Gardens Hostel
RACS ID:	0015

Total number of allocated places:	95
Number of care recipients during audit:	88
Number of care recipients receiving high care during audit:	36
Special needs catered for:	14 bed dementia specific unit

Street/PO Box:	5 Yakkalla Street
City/Town:	BATEAU BAY
State:	NSW
Postcode:	2261
Phone number:	02 4332 5422
Facsimile:	02 4334 1475
E-mail address:	pchittick@unitingcarenswact.org.au

Audit trail

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

Interviews

Category	Number
Service manager	1
Residential operations manager	1
Deputy service manager	2
Health safety and wellbeing business partner (area)	1
Human resources consultant (area)	1
Learning and development officers	2
Work health and safety chairperson (site)	1
Care staff	8
Registered nurses	3
Diversional therapist	1
Care coordinators	2
Residents/representatives	14
Continuous quality improvement coordinators (area and site)	1
Volunteers	4
Administrative staff	3
Admission officers	2
Hotel services manager (area)	1
Catering service officers	5
Cleaning service officers	3
Maintenance/property services staff	2
Laundry staff	1
State operations catering manager	1

Sampled documents

Category	Number
Resident files hard copy and computerised systems	11
Medication medical signing sheets	10
Blood glucose monitoring documentation	4
Personnel files	3
Wound assessment and wound treatment charts	5

Other documents reviewed

The team also reviewed:

- Activities program including newsletters, weekly calendars, activities records and evaluations, attendance forms, meeting minutes
- Cleaning schedules, duty statements and quality inspection reports
- Clinical and care assessment documentation (including initial and ongoing resident care needs and preferences such as resident dietary and menu choices, observation charts including weights, continence, behaviours, hygiene/grooming, sleep, skin integrity, pain, mobility, falls risk, toileting, oral health and physiotherapy; wound assessments and leisure and lifestyle)
- Clinical pathways for wound management
- Comments and complaints records
- Communication books for medical officers, physiotherapist, care staff
- Comprehensive medical assessments
- Continuous improvement documentation including audits, clinical indicators and continuous improvement log
- Electronic care communication systems
- Fire and emergency documentation including current annual fire safety statement, emergency action plan, emergency flipcharts, fire equipment service records, fire safety officer listing and resident evacuation folder
- Food documentation including current NSW Food Authority Licence, food safety plan, food feedback records, kitchen cleaning schedules, menus, menu choice forms, resident dietary (C12) forms and temperature record checks
- Human resource documentation including code of ethical behaviour, confidentiality agreement, criminal record check listing, electronic recruitment resources, nurse registration listing, performance appraisal schedule and appraisal forms, rosters and staff handbook

- Incident and accident/hazard documentation
- Infection control folder including outbreak management plans and guidelines
- Laundry cleaning schedules and temperature logs
- Maintenance program records including preventative maintenance program and calendar, service reports, breakdown maintenance reporting registers, pest control service records and service records
- Mandatory reporting register and incident forms
- Medication management documents
- Meeting minutes
- Newsletter
- Pastoral care program (including brochure, register of visits and spiritual care plans)
- Pharmacy folder
- Policies, procedures and flowcharts
- Progress notes
- Resident agreements
- Residents' information package, handbook and newsletters
- Service provider contracts and approved service provider listing
- Specialised nursing folder
- Staff communication diary and handover sheets
- Staff learning and development documentation including attendance lists, learning and development calendar, learning action plan, mandatory training report, orientation program checklist, training evaluation forms and training resources
- Stock product list and monthly stock check listing
- Volunteers' folder
- Work health and safety documentation including notices, safety alerts, site action plan and safety scorecard, standard operating procedures and safe work practices and workplace inspection reports

Observations

The team observed the following:

- Activities in progress

- Activities room - with memorabilia, arts and crafts, photography albums, books, magazines
- Chemical storage and safety data sheets
- Cleaning in progress, associated equipment, supplies and storage
- Clinical equipment and supplies
- Dining rooms during lunchtimes, morning and afternoon tea
- Disaster kit supplies and first aid box
- Displayed notices including re-accreditation audit notices, aged care complaints scheme and advocacy brochures, Charter of residents' rights and responsibilities, and organisation's mission, vision and values statement
- Feedback 'have your say' forms and suggestion boxes available for use
- Fire safety equipment, fire panel and evacuation maps on display
- Flu and gastro information for family and visitors
- Infection control resources including supplies of personal protective equipment, hand sanitiser stations, spill kits and sharps containers
- Medication rounds and safely stored medications
- Interactions between staff and residents/representatives
- Kitchen – main and servery
- Laundry – main and residents' laundry
- Living environment
- Manual handling and mobility equipment
- Meals in progress
- Secure storage of residents' files
- Staff clinical areas including medication trolleys, wound management equipment, clinical information resources and computer terminals
- Staff handovers
- Staff work areas
- Waste disposal area

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Nareen Gardens Hostel has a quality system which identifies continuous improvement opportunities and monitors performance across the Accreditation Standards. The system uses audits, feedback mechanisms and clinical indicator analysis to identify opportunities for improvement. Identified improvements are actioned, monitored and evaluated. The site has a quality committee which meets bimonthly and a continuous improvement log is maintained by management. Information about improvements is provided to stakeholders through notices, education and discussions at meetings. Staff are knowledgeable about the system for continuous improvement and of improvements which have been made.

Residents/representatives also said they have input into suggestion and feedback processes and are aware of improvements being made at the home.

Recent examples of improvement activities implemented at the home relating to Standard 1 Management systems, staffing and organisation development include

- To improve the information provided to residents and relatives, an electronic noticeboard was installed in the main foyer in November 2013. The noticeboard displays information on events being held as well as general news relating to the home. Management stated that residents and relatives have provided highly positive feedback about the noticeboard. As a result of its popularity, two additional electronic noticeboards have been installed in other prominent locations in the hostel.
- An organisational electronic recruitment system was implemented at the home in early 2014. This system guides management through the process of recruiting new staff, including prompts and templates for reference checks, criminal record checks, staff contracts and confidentiality agreements. Management reported the new system has decreased the average length of the recruitment process to one week. The system also maintains a database of qualified candidates to expedite future recruitment programs.
- The home's staffing was reviewed in 2014 and new positions added as follows:
- A second deputy care manager was appointed to the Nareen site in June 2014. The new deputy will focus on lower care residents in the hostel and in Nareen Lodge (located

across the street). Management stated this role will provide greater clinical oversight of staff practice and resident care in the hostel.

- The new position of a continuous quality improvement coordinator for the site was filled in June 2014. Management stated this is a dedicated fulltime role which will enhance the coordination and monitoring of audits and other quality improvement tasks in the hostel.
- An additional night duty care staff member was added to the home's roster in March 2014. Prior to this appointment, there had been only one overnight staff member who had called for any required assistance from staff in the co-located nursing home.

Management reported the new role has received positive feedback from both staff and residents.

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

Organisational systems are in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home's manager receives information and updates from the corporate office through meetings, emails and on the organisation's intranet. This information includes updates from local, state and national government agencies, industry bodies, professional associations and legislation alert services. Any changes in policy or practice are communicated to staff through the organisation's intranet, emails or memoranda, meetings and education sessions. Compliance is monitored through audits, investigation of complaints and the incident reporting system.

Management and staff demonstrated awareness of legislation and guidelines relevant to their roles.

Examples of regulatory compliance relevant to this Standard are listed below:

- The organisation has a system to monitor national criminal record checks for staff, volunteers and relevant contractors.
- Notices were on display to advise residents, representatives and staff that the re-accreditation audit was taking place.
- All staff are required to read and sign the organisation's code of ethical behaviour and a confidentiality agreement.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has a range of mechanisms to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Training needs are determined by an annual training needs analysis, audit and clinical indicator results, regulatory requirements, organisational directives and the care needs of residents. Education is delivered in orientation sessions, computer based learning modules and packages, and through in- service training held at the home or externally. Annual mandatory training sessions for staff cover cultural awareness, fire and emergency, food safety, hand hygiene and infection control, manual handling, prevention of elder abuse, and work health and safety issues.

Records are kept to monitor attendance at training and there is follow-up to ensure attendance at mandatory sessions. The knowledge and skills of staff are evaluated on an ongoing basis through observations by senior staff and analysis of incidents and audit results. Staff said they are encouraged and supported to attend education relevant to their roles.

Examples of recent education and staff development topics relevant to this Standard are listed below:

- code of ethical behaviour
- aged care funding instrument
- teamwork
- electronic recruitment system training for managers.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents and their representatives have access to internal and external complaints mechanisms at the home. Information on available comments and complaints processes is provided in the resident handbook and the resident agreement. Suggestion boxes and 'have your say' feedback forms are located throughout the home. Residents and representatives are also encouraged to make verbal complaints and suggestions through the management team's 'open door policy'. Further opportunities for feedback are provided to residents and representatives in regular meeting forums, case conferences and surveys. An electronic comment and complaint register is maintained and reviewed regularly by management.

Residents/representatives stated they are able to raise concerns with staff and management and are provided with feedback.

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 organisation's mission, vision, values and philosophy of care are displayed within the home and included in the resident handbook which is given to all new residents. The material is also documented in the staff handbook and discussed during the staff orientation program.

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

Nareen Gardens Hostel has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards. Management considers changes in resident care needs, feedback from residents and staff, incident and accident data, and audit results to review overall staffing numbers and skills mix. Planned and unplanned vacancies are replaced through a pool of part time and casual staff and through occasional use of agency staff. Hostel staff also have access to staff assistance from the co-located nursing home, including 24 hour registered nurse coverage. Mechanisms used to ensure new staff have the knowledge and skills to meet the requirements of their roles include recruitment selection criteria, reference checks, position descriptions, organisation and site specific orientation sessions, and supernumerary 'buddy' shifts with a more experienced senior staff member. Ongoing monitoring processes implemented for all staff include mandatory training quizzes and observation by senior staff members. Staff reported they are generally able to complete their work within the allocated time.

Residents/representatives provided positive feedback regarding the manner and skills of staff and are satisfied with the responsiveness of staff.

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 processes to facilitate the purchase, use, storage, maintenance and management of goods and equipment to ensure they are appropriate for service delivery. Designated staff in the home order stock and monitor usage to maintain adequate supply. Preferred suppliers are used and services are regularly evaluated. The preventative maintenance program ensures equipment is monitored and replacement needs are identified. New equipment is trialled prior to purchase and staff receive relevant training in its use.

Storage areas contain sufficient supplies of stock and items are stored in secure areas as necessary. Staff and residents/representatives said there are ample supplies of goods and equipment available for use.

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

Nareen Gardens Hostel has information management systems that allow the flow of information between all stakeholders. Management and staff have access to current policies, procedures and information relevant to their role in the home. Mechanisms to ensure stakeholders receive current information include meetings and associated minutes, resident and staff handbooks, and information on noticeboards. Residents' assessments, care plans and progress notes record and communicate relevant care needs to staff. There are secure systems for the storage, archiving and destruction of documentation to ensure resident privacy and confidentiality is maintained. Staff also sign a confidentiality agreement as part of their conditions of employment. The effectiveness of the information system is monitored through audits and feedback. Staff are satisfied with the availability of information relevant to their roles and residents/representatives stated they are kept well informed.

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

The home has systems and processes to ensure external services are provided in a way that meets the care and service needs of residents. The organisation manages service contracts for external service providers who are required to have current police checks, insurances and licences as necessary. There are schedules for all routine maintenance work to be undertaken by contractors and a listing of approved contractors is accessible to relevant staff. The services provided are monitored at a local and regional level through regular inspections, audits and the feedback mechanisms of the home and there is a process for managing non-conformance of suppliers. Staff and residents/representatives expressed satisfaction with the quality of the services currently provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system. Recent examples of improvement activities implemented at the home relating to Standard 2 Health and personal care include:

- To provide therapeutic massage services for residents' pain management, an extra registered nurse was recruited in January 2014. This role covers 30 hours per week and is shared between the hostel and the co-located nursing home. Feedback from staff indicates the therapeutic massage program is very successful, both in terms of pain relief and for the additional social benefits of residents spending one-to-one time with the nurse. The nurse also identified that some residents' needs were more complex so a decision was made to add another pain management program, run by the home's physiotherapist, in May 2014. Management stated resident pain management has improved significantly with the implementation of the two programs.
- To better service residents' allied health requirements, physiotherapy hours were increased (from 21 to 32 hours per week) and a new podiatrist service was appointed in 2014. Management reported the increased physiotherapy hours have particularly assisted in the management of residents with complex pain requirements, as well as improving assessments of resident function and mobility. Management said the new podiatry service has resulted in more comprehensive resident assessments and that residents are now being reviewed at least every six weeks (and more often if required).
- The home implemented an electronic medication management system in April 2014. Management stated the system interfaces with and updates residents' care documentation and also acts to minimise medication errors, e.g. staff cannot leave a resident's medication record until they have 'signed off' administration of relevant medication. Another benefit is that the new system allows for improved and quicker communication with the home's pharmacy. Staff provided positive feedback about the new system and said it was easy to use.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for an overview of the home’s processes for identifying and ensuring regulatory compliance. Examples of regulatory compliance relevant to Standard 2 Health and personal care are listed below:

- There are procedures for the notification of any unexplained resident absences.
- A record of registrations is maintained for nursing staff working within the home.
- Medication management audits are conducted to ensure compliance with regulations.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard are listed below:

- clinical care admission and review
- nutrition and hydration
- medication management
- falls prevention.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and policies to ensure residents receive clinical care appropriate to their needs. The home has a computerised system for all care documentation. A comprehensive initial assessment of all residents occurs on entry to the home. The information gathered identifies any personal, clinical, psychological or social needs of the resident. The computerised system develops a nursing care plan from the data entry information and is used to guide the staff when managing the resident’s identified needs. The clinical care is regularly

monitored, reviewed and evaluated and the care requirements are documented and communicated to relevant staff. There is a regular three monthly schedule for reviewing and evaluating the care plans by the registered nurses. The medical officer is informed of any changes to the resident's health status or if required transfer to hospital occurs for emergency treatment to meet specific care needs. Care staff are kept informed of changes to residents' care plans and charts, treatments by communication books, handovers and instructions from registered nurses and team leaders. Residents are consulted regarding residents' ongoing care needs as evidenced in progress notes. Staff interviews demonstrate staff are knowledgeable about the care requirements of individual residents and procedures related to clinical care. Residents/representatives confirm that the care they receive is appropriate and meets their needs and preferences.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

The home has effective systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are regularly assessed and documented by nursing staff and consultation with other health professionals occurs when required. A range of specialised care needs are managed effectively at the home including urinary catheters, wound management, oxygen therapy and diabetic management. The home's policies and procedures are in place to direct the staff in specialised care needs. Staff interviews confirm that appropriately qualified staff are responsible for overseeing specialised care needs of residents.

Residents/representatives confirm that specialised nursing care needs are assessed and managed appropriately by staff.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home ensures referrals are arranged for appropriate health specialists in accordance with assessed needs and preferences. Review of documentation confirms residents' needs are assessed and they are referred to other health and related services when needed. The documentation and staff interviews confirm that a wide range of health and related services are available for residents to access. These include physiotherapy, podiatry, speech pathology, dietician and optometry. Residents/representatives confirm residents are referred to appropriate specialists as needed and that staff assist them to access these services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home demonstrates that the management of medication is safe and meets relevant legislative and regulatory requirements and professional standards and guidelines. A pre packed medication system whereby medications are packed by a pharmacist and administered by appropriate staff is in place. The external pharmacist reviews are conducted, along with medical officer’s review of medications on a three monthly basis. The medications are stored safely and correctly. The staff demonstrated a sound knowledge of the new medication system when observed administering medications. Staff are required to demonstrate competency with medication management, internal audits and review of medication management are conducted. A local multidisciplinary Medication Advisory Committee incorporating other homes in the area meets regularly. Residents/representatives confirm they are satisfied with the home’s management of medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents’ pain management needs are regularly assessed, monitored, reviewed and documented. The initial and ongoing pain assessments are completed on entry to the home. The care plan is generated and formulated from the information. Individualised physiotherapy assessment in consultation with the specific pain registered nurse helps to identify changing pain levels in the residents.

Interventions of massage, gentle exercise and ‘nerve stimulation therapy’ help to manage resident’s pain. Care staff demonstrate an ability to recognise and evaluate pain, including nonverbal and behavioural signs of pain among residents with communication and cognitive deficits. Residents/representatives confirm that staff regularly monitor residents’ pain relief needs and that residents are maintained as free as possible from pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home can demonstrate that the dignity and comfort of residents who are terminally ill is maintained in consultation with residents and their representatives. Staff at the home receive education about managing the palliative care needs of residents and have access to appropriate health professionals for advice and assistance. Pastoral carers and spiritual support for residents, their representatives and staff is provided by the home and used, as requested, for the end of life wishes of residents. Analgesia, as well as pressure mattresses and equipment such as heat packs are available to minimise resident distress. To ensure

residents' comfort. In consultation with representatives, residents whose health status changes in relation to their mobility are transferred to the nursing home for further care.

Residents /representatives confirm the home's practices maintain residents' comfort and dignity.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home demonstrates residents receive adequate nutrition and hydration. Regular assessments of residents' dietary and hydration preferences and needs are conducted and communicated to relevant staff. There is regular consultation with residents and relevant others such as medical officers, dieticians and speech pathologists about nutrition and hydration needs and strategies to ensure these are effectively meet. Dietary supplements, special diets and specially prepared food for residents with swallowing difficulties are prepared by the home. A review of documentation and staff interviews show residents are regularly weighed and changes are monitored with significant weight variations being investigated by qualified staff. Residents are assisted with meals as needed and utensils to promote independence supplied. A rotating menu is provided and residents and representatives are involved in the choice of meals. Residents say they are generally satisfied with the meals provided in the home.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has practices and processes to ensure the skin integrity of residents is maintained in a state consistent with their general health status. Assessments are conducted that include risk of skin care integrity, nutritional status, level of mobility and risk of falls. Care staff can describe the process of identifying changes in skin integrity and will report daily to the registered nurse of the changes. Skin care needs are assessed, monitored and evaluated on an ongoing basis in consultation with resident and/or representative, medical officers and other health professionals where appropriate. The home's physiotherapist and pain registered nurse assist in the promotion and maintenance of residents' skin integrity. The staff say there is sufficient supplies of the appropriate equipment and wound management products. The home's reporting system for accidents and incidents affecting skin integrity is monitored monthly. Podiatry and hairdressing services are available at the home.

Residents/representatives interviewed say they are satisfied with the care provided in relation to residents' skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that residents’ continence needs are managed effectively. Residents have an assessment completed on entry to the home and ongoing needs are assessed and documented. Staff said each resident’s ability to mobilise, their cognitive ability, privacy and dignity are considered at all times in all aspects of continence care.

Individual toileting programs are implemented where appropriate and these are reviewed as necessary. Continence and mobility aids are available to assist residents and staff to manage continence needs. Staff have the assessment information in the nurses’ work folder alerting them of the resident’s continence needs and the type of aid required. Residents are referred to specialists and continence advisors as needed. Staff say there are adequate supplies of continence aids available for residents’ needs. Residents/representatives interviewed are satisfied with the program, stating that the home manages residents’ continence effectively.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has effective strategies to manage residents with challenging behaviours. Behaviour management assessments are conducted in consultation with resident/representatives and appropriate other health professionals. A psychiatrist and mental health team are accessed when necessary by the home. Care plans are generated from the information and contain interventions strategies for the staff to follow. Triggers that may intensify behaviours of concern are noted and management strategies implemented, evaluated and reviewed on an ongoing basis. Other care needs that impact on behaviour such as pain management and sleep are also considered when assessing behaviours. Residents identified with dementia are transferred to the dementia specific secure unit after appropriate consultation. Staff interviews and observation of staff/resident interaction confirm staff members are familiar with appropriate behaviour management strategies. The residents have access to a variety of sitting and activity rooms where they are able to participate in appropriate activities programs suitable to their needs. Residents/representatives are very satisfied that behaviours of concern are addressed appropriately by care staff.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

All residents are assessed on entry for mobility, dexterity and transfers. A physiotherapist attends the home weekly and, following the resident’s assessment, initiates an individualised

physiotherapy care plan that is implemented by the physiotherapist assistants. The bedroom doors in the hostel are narrow and do not allow easy access of mobility equipment to the residents' rooms. The physiotherapist keeps the management team informed of any changes to the individual resident's declining mobility so appropriate mobility strategies may be implemented. The residents identified by the physiotherapist as having pain are reviewed and managed by the pain management registered nurse. Assistive devices such as wheel chairs and manual lifting belts are available. An accident and incident reporting system includes analysis to identify trends and the implementation of strategies to reduce falls. The home is well lit with handrails available on all corridors. External courtyards are paved and the concrete surfaces were clear of clutter and debris. Residents were observed to be walking around the home and those unable to mobilise alone were being assisted by the staff. Residents/representatives say they are satisfied with the mobility, dexterity and rehabilitation programs offered by the home.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has policies and procedures to maintain residents' oral and dental health. Residents' dental history, preferences relating to management of their teeth and dentures and other oral/dental care needs are identified through the assessment information on entry to the home. The local dentist is available and staff or family are available to escort the residents to the appointments. Staff stated they receive education in oral and dental care and assist residents maintain daily dental and oral health. Special oral hygiene equipment is available for residents requiring assistance from the staff with dental care.

Residents/representatives say they are satisfied with the oral and dental care provided by the home.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has a system in to identify and effectively manage residents' sensory losses. Assessments of residents' sensory needs are completed on entry to the home and when a change in the resident's condition is identified. Staff can identify various ways they assist residents who have sensory loss. Residents who are identified as having sensory deficits, such as requiring glasses or hearing devices, have management strategies documented in their plans of care. Residents are assisted to attend specialist health appointments outside the home. Residents say the staff assist them with the care and maintenance of their glasses and hearing devices.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has implemented strategies to assist residents to achieve natural sleep patterns. A sleep assessment is conducted after entry to the home during the initial assessment period and needs are reassessed if there is a change to the resident’s care needs. Care plans are developed and reviewed. Strategies used include reduced noise levels, identifying those residents who choose not to be disturbed during the night, one-to-one time and night sedation and/or pain medication if ordered by a medical officer. Staff confirm various ways in which they can assist residents to maintain a natural sleep pattern. Residents are satisfied with the home’s approach to sleep management.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system. Recent examples of improvement activities implemented at the home relating to Standard 3 Resident lifestyle include:

- A new ‘welcome pack’ was developed for incoming residents in 2013. Along with a resident handbook, the pack contains gender specific toiletry items and is placed in the resident’s room ready for their arrival. Management and staff stated residents and their relatives have made positive comments about the pack.
- As part of the hostel’s efforts to facilitate residents’ involvement with younger people, a pen pal program was commenced in April 2014. This program involves local school students with writing difficulties being linked with hostel residents to write to one another. The school students write to the residents weekly in an exercise book which is then dropped off in the hostel for residents’ replies. Management and staff said the program has been very popular with residents and will be continued.
- Additional electronic resources have been purchased during 2013-14 for the enjoyment of residents. These include a mobile ‘brain trainer’ – a computer which runs touch screen cognition activities – and computer tablets which will provide residents with access to internet video and audio calling services to communicate with family and friends. Management and staff stated the ‘brain trainer’ is very popular with residents. The computer tablets were bought in May 2014 and lifestyle staff have been booked into associated education sessions in July 2014 to facilitate resident involvement.
- The home’s leisure program has been expanded to include more creative art pursuits. An art therapist was engaged in December 2013 to conduct artwork sessions with residents and a music therapist commenced in June 2014 to run music therapy groups. Both therapists visit fortnightly and see residents in the home and the co-located nursing home. Management and staff reported that the sessions have been highly successful in terms of resident engagement and have been permanently added to the home’s lifestyle program.
- A ‘top 5’ resident profile was developed for residents in the home’s dementia specific unit in April 2014. The profile identifies five specific resident interests or related individualised information points which help staff to develop rapport with the resident. The profile is framed and placed in the resident’s room. Staff reported the profile has been highly successful in helping them with resident engagement strategies and will be rolled out to other sections of the home in the near future.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for an overview of the home’s processes for identifying and ensuring regulatory compliance. Examples of regulatory compliance relevant to Standard 3 Resident lifestyle are listed below:

- There is a system to meet regulatory obligations regarding mandatory reporting requirements.
- Residents and their representatives are informed about the Charter of residents’ rights and responsibilities in information provided at the time of the resident’s arrival and as displayed throughout the home.
- Residents’ right to security of tenure is upheld. All residents are offered a resident agreement which provides a cooling off period, information on the care and services provided and other related information.
- All staff are required to read and sign the organisation’s confidentiality agreement.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard are listed below:

- advocacy for residents
- prevention and management of elder abuse in health care settings
- mental health and diversional therapy
- empowering dementia.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each resident receives initial and ongoing emotional support. Residents and representatives are provided with information prior to entering the home detailing care and services. Each resident's emotional support needs are identified through the initial assessments and social profile. The individual care plan is developed with the relevant information to assist the staff to provide the emotional support required by residents. Several of the staff have worked at the home for many years and are very familiar with the residents and their families from the local community. Management and staff were observed greeting and talking with residents throughout the re-accreditation audit. All residents/representatives interviewed said they are satisfied with the ways in which staff provided information prior to entry, assisted them to adjust to life within the home and for their ongoing emotional support. Resident/representatives are consulted through meetings and discussions in relation to residents' care needs and requirements. Residents say staff are caring and give emotional support to both residents and representatives.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are encouraged to achieve maximum independence as they are able, to maintain friendships and participate in life both within and outside of the home. Regular resident meetings are conducted where residents/representatives can express their views and have them acted upon. The home's activity and exercise program supports and maintains mobility and independence. Residents are supported to attend functions both within the wider community and the home. Relatives and friends visit regularly and regular church services are held in the home's chapel. Memorial services are conducted along with funerals if the relatives wish. Community visitor and external performers visit the home. The home's bus provides a service to the local shop weekly or community functions more often if required.

Residents interviewed confirmed they are able to be as independent as they wish and are able to maintain contacts and participate in activities within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents are supported to maintain their rights to privacy and dignity with policies to guide staff in maintaining residents' rights. Interviews with residents and observations demonstrate residents' privacy, dignity and confidentiality are recognised and respected. Information on residents' rights and responsibilities is displayed at the home. Observations of staff practices show these are consistent with the home's privacy and dignity related policies and procedures. Staff address residents in a respectful manner and all staff sign an agreement that includes an undertaking to ensure all resident related information remains confidential. Shift handover reports occur in a manner that ensures privacy of information. Residents are able to access the comments and complaints confidential improvement log system. Staff have received education on resident privacy and dignity. Residents interviewed say the staff respect, recognise and respect their privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home provides a comprehensive program of activities to encourage and support residents to participate as they wish and are able. Residents are assessed on entry for their lifestyle preferences, with the social profile providing a background history of the resident.

This information is used to plan activities for the residents. Resident activity records are maintained to demonstrate residents' attendance at activity programs. The recreational staff review resident capabilities regularly and note their particular interests in progress notes.

Resident satisfaction with the activities program is monitored and the program is amended based on feedback. Care and activities officers incorporate individually tailored activities into the daily care of all residents living in the secure unit. Residents/representatives are informed of the recreational activities available through activities programs on display and verbally by staff.

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 home has systems that support and value residents' individual interests, customs, beliefs and cultural backgrounds. The role of the Chaplain and pastoral carer plays an integral part in ensuring individual interests, customs, beliefs and cultural and ethnic backgrounds are valued

and fostered. The home's chapel is available for all the residents residing at the home. Residents' individual cultural/spiritual and leisure needs are documented and provision is made for the celebration of culturally and spiritually significant events, and friends and family are encouraged to participate. The home has several quiet sitting rooms, gardens and walks for the residents to access. Residents are satisfied with the home's level of support for the interests, customs and beliefs of individual residents.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home can demonstrate that each resident and/or representative participates in decisions about the services provided. Assessment of residents' specific needs and preferences is undertaken on entry to the home and the information is used to formulate individualised care plans. The care plan contains specific strategies that include preference for diet/meals, showering, bedtime and the choice of medical officer. Documentation and interviews with staff identify residents can choose to alter their showering times and meal preferences and special requests are noted in the catering forums. The feedback from residents indicated they are encouraged to express views about care and service. Residents are also able to participate in decisions about the services residents receive and lifestyle issues. Staff interviewed and observations show the staff are aware of the importance of respecting residents' rights.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Nareen Gardens Hostel has processes to ensure residents have secure tenure and are assisted to understand their rights and responsibilities. Designated staff officers discuss security of tenure and rights and responsibilities with residents and/or their representatives prior to the resident's arrival to ensure awareness of these issues. Documentation provided to all new residents and/or their representatives includes the resident handbook and the resident agreement. This agreement explains the services provided by the home, resident rights and responsibilities, 'cooling off' periods, conditions of occupancy, and payable fees. The Charter of residents' rights and responsibilities is displayed in the home and also included in the resident handbook and agreement. Residents/representatives reported a general awareness of resident rights and responsibilities and felt secure about resident tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system. Recent examples of improvement activities implemented at the home relating to Standard 4 Physical environment and safe systems include:

- A major internal refurbishment program has commenced to improve the home’s living environment. Changes completed in 2014 include the installation of new vinyl flooring, repainting of walls and the purchase of new soft furnishings, clocks and art work. The hostel’s internal Fountain unit courtyard was also re-modelled in August 2013 to make it more visually appealing and accessible. Improvements included increased garden space and garden beds, new pavers and outdoor furniture, and the construction of a pergola. Management reported the refurbishments have been well received by residents, relatives and staff.
- Management outsourced the site’s catering services to a contractor in April 2014. The new contractor provides meals which are cooked freshly onsite seven days per week (previously meals were delivered using ‘cook-chill’ technology). Other improvements include the introduction of an additional layer of texture modified meals and an increase in hot breakfasts to two days per week. Resident food forum meetings were introduced with the change of service and management stated these will continue so the menu can be further adjusted to residents’ preferences. Management stated the variety of meals provided to residents has increased and that monitoring of food wastage levels indicates that plates are coming back empty.
- Cleaning services were outsourced to a specialist provider in May 2014. Management stated there has been a marked improvement and greater level of consistency in the quality of cleaning, especially in terms of cleaner floors and a decrease in odours. Cleaning is being monitored on a regular basis and routine audits are conducted by the cleaning supervisor, as well as the home’s staff, to ensure compliance with performance standards. Positive feedback was received from staff, residents and representatives about the cleanliness of home.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for an overview of the home’s processes for identifying and ensuring regulatory compliance. Examples of regulatory compliance relevant to Standard 4 Physical environment and safe systems are listed below:

- There is a food safety program and the home has a current New South Wales Food Authority Licence to prepare and serve food to vulnerable populations.
- There are processes to ensure compliance with fire safety regulations and the home has a current annual fire safety statement.
- Work health and safety procedures are maintained in line with regulations.
- Safety data sheet information is maintained and chemicals stored in accordance with guidelines.
- The home has outbreak management procedures.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard are listed below:

- safe manual handling
- food hygiene
- infection control
- fire evacuation and equipment.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The residents of Nareen Gardens Hostel are accommodated in single rooms with ensuite bathrooms and have the opportunity to personalise their rooms. The living environment is clean, appropriately furnished, well lit and kept at a comfortable temperature. Residents also have access to safe outdoor and garden areas. There are security measures and cleaning and maintenance programs to promote residents' comfort and safety. In addition, there is a call bell system installed in resident rooms and handrails are located along corridors. The safety and cleanliness of the living environment is monitored through audits and observations by staff and using direct feedback sourced from residents and representatives.

Residents/representatives said they are encouraged to personalise residents' rooms and expressed satisfaction with the comfort and safety of the living environment.

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 and staff at organisational and site levels are actively working to provide a safe working environment that meets regulatory requirements. There is a site work health and safety (WHS) committee with representatives from different work areas and shifts. All staff at the home undertake workplace safety training at their orientation and during annual manual training sessions. The home has a range of safety monitoring processes including environmental audits, hazard reporting and workplace inspections. Staff have access to appropriate equipment which assists them to minimise the risk of workplace injury. Staff stated management is responsive to feedback regarding WHS issues and reported they feel safe working in the home.

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

Nareen Gardens Hostel has procedures for detecting and acting upon fire risk, breaches in security and other emergencies. Mechanisms include fire detectors, smoke doors, fire-fighting equipment and emergency protocols. Emergency procedures and evacuation maps with designated assembly points are prominently located around the home and all detection and fire management equipment is regularly maintained and checked annually. Emergency procedures are explained in the staff orientation program and during annual mandatory

education sessions. Resident evacuation information - including photographic identification and details of residents' medical diagnosis, allergies, emergency contacts and treating doctor

– is regularly updated and kept adjacent to the fire panel. Security measures include evening lockup procedures and video surveillance monitors. Staff are aware of how to respond in an emergency situation or in the event of the fire alarm sounding. Residents/representatives stated they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program that includes policies and procedures, education, infection prevention strategies, tracking and analysis of infection rates and associated auditing. Prevention strategies include the use of standard precautions, a food safety program, management of contaminated waste, use of personal protective equipment, cleaning schedules and colour coded cleaning equipment. Hand washing facilities and sanitising stations are available throughout the home and residents and staff have access to an immunisation program. Staff displayed understanding of infection control measures and were observed applying a range of infection control practices. Residents/representatives are satisfied with the hygiene practices of staff and with the overall cleanliness of the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The hospitality services provided at Nareen Gardens Hostel are meeting the needs of the residents and enhancing their quality of life. Catering and cleaning services are delivered by contracted officers while laundry services are provided by the home's staff. Clinical staff assess all residents for their dietary preferences and needs when they first move into the home. This information is communicated to catering staff who are responsive to the changing needs and preferences of residents. There is a four week rotating seasonal menu that has been assessed by a dietician, caters for special diets and provides choices for residents.

Cleaning services are delivered according to a schedule and are monitored on a regular basis. Personal clothing and linen is laundered at the home six days a week. Clothing is marked to minimise any losses and there is a system in place for the management of misplaced clothing. All hospitality services are monitored through audits, meetings and other feedback mechanisms. Residents/representatives expressed overall satisfaction with the hospitality services provided at the home.