



Australian Government

Australian Aged Care Quality Agency

Naroo Frail Aged Hostel

RACS ID 0273
152 Long Street
WARIALDA NSW 2402

Approved provider: Gwydir Shire Council

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 08 December 2018.

We made our decision on 15 October 2015.

The audit was conducted on 08 September 2015 to 09 September 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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



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Audit Report

Naroo Frail Aged Hostel 0273

Approved provider: Gwydir Shire Council

Introduction

This is the report of a re-accreditation audit from 08 September 2015 to 09 September 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 08 September 2015 to 09 September 2015.

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

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

Assessment team

Team leader:	Sandra Heathcote
Team member/s:	Jane Satterford

Approved provider details

Approved provider:	Gwydir Shire Council
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Details of home

Name of home:	Naroo Frail Aged Hostel
RACS ID:	0273

Total number of allocated places:	36
Number of care recipients during audit:	35
Number of care recipients receiving high care during audit:	22
Special needs catered for:	Dementia specific unit – 6 beds

Street/PO Box:	152 Long Street
City/Town:	WARIALDA
State:	NSW
Postcode:	2402
Phone number:	02 6729 1314
Facsimile:	02 6729 1780
E-mail address:	vboland@gwydir.nsw.gov.au

Audit trail

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

Interviews

Category	Number
Manager	1
Administration/second in charge	1
Registered nurses	2
Care staff	5
Activity officer	1
Care recipients	10
Training and counselling consultant	1
Housekeeper	1
Cook/kitchen hand	2

Sampled documents

Category	Number
Care recipients' files	6
Signed resident agreements	3
Medication charts	20
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity programs, assessments and care plans, activity participation records
- Cardiopulmonary resuscitation orders
- Care recipient room listing
- Cleaning chart weekly schedule
- Clinical care assessment, care planning documentation, progress notes, medical notes, medical specialists reports, allied health reports, pathology results
- Clinical monitoring charts including weights, temperature, pulse, blood pressure, blood glucose levels, pain, wound, bowel, food and fluid charts
- Comments and complaints register; compliments folder

- Continuous improvement documentation including continuous improvement log, scheduled audits and results, quality and incident data, trend analysis
- External services including contractor/supplier service agreements, supplier approved applications, equipment service reports
- Fire security and other emergencies including fire safety equipment service records, emergency management plan, care recipient photographic evacuation and identification information, chemical register, annual fire safety statement
- Food safety program including manual, kitchen cleaning logs, food and equipment temperature monitoring records, sanitising of fruit and vegetables, NSW food authority audit results
- Human resource management including handbooks - care staff, housekeeper, catering staff, position descriptions, duties lists, code of conduct, signed confidentiality of information agreements, performance appraisals, rosters, staff allocations
- Infection control information including manual and outbreak management, care recipient and staff vaccination program, infection and antibiotic use register, pest control records
- Information systems including organisational charts, policies and procedures, committee meeting schedule, agendas and minutes - various, surveys
- Inventory and equipment including stock control and ordering system, maintenance request book, preventative maintenance schedule, hot water temperature testing, electrical test tagging records
- Medication fridge temperature monitoring charts
- Medication records including register of schedule eight medications, medication incident forms; self-medication assessment documentation
- Nutrition and hydration management including care recipient dietary assessments, thickened fluids and nutritional supplement requirements, rotating menu, dietician review
- Regulatory compliance including reportable and non-reportable incidents register, unexplained care recipient absences, criminal record checks and alert system, clinical and allied health staff professional registrations
- Residents handbook
- Restraint authorities, restraint monitoring charts
- Self-assessment report for re-accreditation and associated documentation
- Staff education including calendar, orientation checklist, mandatory and non-mandatory education attendance records, competencies - medication administration, hand washing, manual handling, resources
- Workplace health and safety (WH&S) information including audits, hazard reports, staff accidents/near misses register

Observations

The team observed the following:

- Activities in progress
- Aged care complaints scheme, advocacy, posters and other information on display
- Archive room
- Care recipients lifestyle resources and equipment – various
- Cleaning in progress, trolleys and supplies, wet floor signage in use
- Dining rooms at meal times (the serving and transport of meals, staff assisting care recipients with meals and beverages, seating, assistive devices for meals and nutritional supplements).
- Displayed notices including Quality Agency re-accreditation audit notices, charter of care recipients' rights and responsibilities, menu, mission, purpose and philosophy statements
- Equipment and supply storage areas including linen, clinical and continence supplies
- Firefighting equipment checked and tagged, fire indicator panel, sprinkler system, evacuation diagrams, emergency flip charts, emergency evacuation back-pack, designated smoking area
- Hairdressing room
- Help us help others forms, locked suggestion box
- Infection control resources including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak kits, personal protective and colour coded equipment, waste management
- Interactions between staff and care recipients/representatives
- Kitchen and servery, NSW food authority licence on display
- Laundry and sorting area
- Living environment - internal and external
- Manual handling and mobility equipment in use
- Medication administration round, storage of medications and dressings, contents of medication fridge and trolleys
- Noticeboards
- Nurse call bell system, keypad locks, closed circuit television security
- Pet therapy dogs

- Safe chemical and oxygen storage, safety data sheets (SDS) at point of use
- Short group observation in South East lounge area
- Sign in/out books
- Staff clinical and work areas including nurses' stations and storage of residents' files, treatment/utility rooms, staff room

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management at Naroo Frail Aged Hostel actively pursues continuous improvement across the four Accreditation Standards. The home's quality system identifies improvement opportunities from a range of sources that include audit results; surveys; quality indicator reporting; meetings and feedback mechanisms. Management maintains a continuous improvement log to prioritise, action and evaluate identified opportunities for improvement. Ongoing continuous improvement activities are discussed at the home's meetings. Care recipients/representatives and staff are encouraged to make improvement suggestions and are kept informed regarding improvements undertaken in the home.

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

- Management identified the requirement for additional registered nurse cover following two extensions to the home and increased bed numbers in 2014. Approval was given by the approved provider Gwydir Shire Council for a second part-time registered nurse who commenced in May 2015. There are now two part-time registered nurses so there is one registered nurse in attendance six days per week. As a result there are improved clinical outcomes for care recipients and more clinical oversight of care staff.
- Staff were invited to propose a new logo for the home in 2015. The new logo of a branching tree is now used on documentation and is being embroidered on staff uniforms along with their name. Staff were also given the opportunity to choose an alternative uniform and a number of clinical and care staff opted for 'scrubs' style. Staff feedback is they find scrubs comfortable and practical and they like the variety of available colours.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

Examples of regulatory compliance with Accreditation Standard One include:

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

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The staff education and training program incorporates a range of topics across the four Accreditation Standards from both internal and external sources. Management develops an education calendar based on legislative requirements; feedback from staff appraisals; review of clinical indicators and feedback mechanisms. A training consultant attends the home monthly and conducts annual mandatory and other relevant education. Staff also have access to resources from an aged care specific education program. The training requirements and skills of staff are evaluated on an ongoing basis through appraisals; annual competency assessments; the changing needs of care recipients and verbal feedback.

Education attendance records are maintained by management to monitor staff attendance at mandatory and non-mandatory education. Staff stated the education program offered is varied and relevant to their roles in the home.

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

- Staff orientation; code of conduct; conflict resolution; teamwork; training with new equipment.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a policy and procedures for feedback management. All stakeholders are encouraged to provide feedback on the services provided through meetings, brochures and notices. Care recipients/representatives are informed of the internal and external complaints mechanisms on entry to the home. This is documented in the resident handbook and resident agreement. 'Help us help others' feedback forms and a locked suggestion box are accessible for all stakeholders. Information on the external complaints scheme and advocacy services are on display. Any comments and complaints received are logged on a register and responded to by management. There is an escalation process to the approved provider Gwydir Shire Council if required. Care recipients stated management has an 'open door policy' and they prefer to discuss any problems in person. Staff complaints are discussed through the home's meetings.

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

Naroo Frail Aged Hostel's mission, purpose and philosophy statements are communicated to all stakeholders. These statements along with the corporate goals are documented and are on display in the home. The home's commitment to quality is demonstrated in the pursuit of continuous improvement activities. The philosophy is promoted through staff orientation and education processes.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Gwydir Shire Council oversees recruitment to ensure selected staff meet the requirements of their roles at the home. Human resource management is implemented at the home through provision of policies and procedures; position descriptions; role specific handbooks; orientation program; duties lists and annual performance appraisal. Management strives to roster sufficient skilled and qualified staff to meet the needs of care recipients and legislated requirements. This currently includes registered nurse cover for day shift six days a week.

Personnel files containing a signed code of conduct and confidentiality of information agreement are maintained at the home. Human resource management is monitored through meeting feedback; surveys; audits and results of clinical indicator reports. Staff stated they work together to complete their duties. Care recipients were very complimentary regarding staff attitude and skills.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has purchasing systems and available stocks of goods and equipment appropriate for quality service delivery. Major items are purchased through Gwydir Shire Council procurement services. Goods in regular use are ordered through established approved service suppliers. Stock levels are managed and maintained by designated staff at the home. Management monitors the inventory and equipment system through inspections; audits; review of incident and hazard forms and requests from stakeholders. Preventative and corrective maintenance of equipment is carried out by external contractors and Gwydir Shire

Council maintenance staff. Care recipients and staff stated and observations indicated there are plentiful supplies of goods and equipment available.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

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

1.9 External services

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure external services are provided to meet the home's care and service needs and quality goals. Contracts or service agreements with major external providers and service suppliers are established and managed at the home. Local service providers are used where possible. External suppliers of goods and services are required to provide evidence of their insurance; workplace health and safety obligations; license or business registration details and criminal record checks as required. Work performed is monitored for quality and effectiveness of service through inspection; surveys; audits and feedback. Allied health professionals and a hairdresser also provide on-site care and services for care recipients. Care recipients and staff are satisfied with external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

- Registered nurses identified some applications of the electronic clinical care documentation system in use at the home were not being utilised. Use of food and fluid charts and pain charts were commenced for care recipients on indication. The system provider is attending the home for two days in October 2015 to give additional education and training on other applications of the system. Registered nurses anticipate this will provide assistance for all staff in improving documentation of care recipients' clinical needs.
- Medication competent care staff were administering pre-packed medications to care recipients as part of their regular duties. Following an increase in medication incidents in early 2015, designated morning and afternoon medication shifts were introduced in March 2015. Once medication rounds are completed staff return to regular duties. This has resulted in safer administration of care recipient medication and a reduction in medication incidents.
- Management introduced a new form following poor staff compliance with recording the daily temperature of the medication refrigerator. The new form clearly indicates the required temperature range of plus two to eight degrees celsius and that management must be informed if the temperature falls outside this range. Responsibility for completion of the chart has been given to the medication nurse on shift. This has resulted in improved monitoring and unnecessary destruction of medication when out of range temperatures are not reported promptly.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Two include:

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

2.3 Education and staff development

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

Team’s finding

The home meets this expected outcome

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

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

- Medication administration competencies; clinical and personal care competencies; medication errors; managing behaviours of concern; continence; pain and dementia.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. The home has systems to assess, identify, monitor and evaluate care recipients’ care needs on entry to the home and on an ongoing basis. Information obtained from care recipients and representatives when care recipients move into the home, together with a range of assessments are used to prepare individualised care plans. Care plans are reviewed and changed to meet the care recipients’ needs as required. Medical practitioners conduct regular reviews and in emergencies after hours medical services are contacted or care recipients are transferred to hospital. Care recipients expressed satisfaction 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

Specialised nursing care needs are identified and appropriate qualified staff deliver care to meet care recipients’ needs and preferences. The registered nurses assess care recipients for specialised nursing care and undertake or oversee any specialised nursing treatments. Care recipients are referred to a range of allied health professionals and other specialists to assist the home’s staff to manage care recipients’ complex and specialised needs.

Management of care recipients’ specific specialised care needs such as diabetes management and wound management is recorded. Care recipients said they are satisfied the home’s staff are able to provide specialised nursing care.

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

The home ensures care recipients are referred to appropriate health specialists in accordance with care recipients’ needs and preferences. Care recipients requiring referral to other health services are identified through assessments which are completed during entry processes and also during ongoing observation, monitoring and reviewing of care recipients’ needs. Wherever possible, the services of other health professionals such as a podiatrist, physiotherapist, dietician, optometrist, speech pathologist, dentists are arranged for consultation on site or accessed from the community. In addition the home can access services from the area health service for palliative care advice and geriatric review.

Information and recommendations made by health professionals are referred to the medical practitioner and actioned where necessary. A hairdresser is also available in the home for care recipients. Care recipients are assisted to access external services through transport provided by the care recipients’ representatives or as arranged by the home. Care recipients confirm they are referred to specialists as the need arises.

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 systems to ensure that care recipients’ medication is managed safely and correctly. The home uses a blister pack system of packed medications and liaison with the supplying pharmacist ensures that new or changed medications are supplied promptly.

Medications are stored securely and we observed staff administering medications according to the home’s procedures. Medications are administered by staff who are trained and competency tested in this task. Regular medication reviews are undertaken by the medical practitioner and an external consultant pharmacist. Care recipients expressed satisfaction with the way their medication is managed.

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

To ensure that care recipients are as free from pain as possible all care recipients are assessed for pain on entry to the home and ongoing pain assessments are conducted to monitor care recipients’ pain. Consultation with the care recipient, physiotherapist and their medical practitioner is conducted by the home with the specific management strategies

devised recorded on care recipients' care plans. The registered nurses provide treatment such as heat therapy and massage. The effectiveness of pain management is monitored through feedback from care recipients and the use of pain charts. Care recipients said they are satisfied with how the home manages their pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

There is a system to ensure the comfort and dignity of terminally ill care recipients is maintained. End of life wishes are identified and documented to direct care staff about the care recipients' preferences. Care recipients are supported to remain in the home as long as possible. Any transfer to hospital or another residential aged care home for palliation is discussed prior to the event with the care recipient and their representative. The home has access to the local palliative care team if needed.

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 systems to provide care recipients with adequate nutrition and hydration through initial and ongoing assessment of care recipients' dietary preferences and requirements. Care recipients identified as having changes in swallowing are assessed, monitored closely and referred to relevant health professionals as needed. Special dietary requirements or alterations to diets are specified in care recipients' dietary plans and communicated to the catering department. Care recipients are weighed monthly to monitor changes and significant weight loss is investigated and appropriate action taken. Care recipients said they are satisfied with the home's approach to meeting the care recipient's nutrition and hydration needs.

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

The home has an effective system to ensure that care recipients' skin integrity is consistent with their general health. Assessments are conducted to identify skin care needs and management strategies are incorporated into a care recipient's care plan. Repositioning of care recipients when required and the application of emollients aids in maintaining care recipients' skin integrity is undertaken. In addition the home also uses devices such as pressure relieving mattresses and chair cushions, sheep skin booties and limb protectors. A

podiatrist regularly visits the care recipients for assessment and treatment. Care recipients' wounds are managed appropriately and sufficient supplies are available. Care recipients report satisfaction with the way the home manages their skin care needs.

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 home has systems to ensure that care recipients' continence is managed effectively. On entry to the home care recipients are assessed for their continence needs and then on an ongoing basis. Continence management care plans are formulated and monitoring is by daily recording by care staff with appropriate procedures in place if any issues are identified. Care staff are knowledgeable about care recipients' care needs and preferences for toileting and the use of continence aids. Aids to manage and support care recipients with continence care include a range of continence aids, exercise programs, dietary supplements and medications. Staff said the home has an adequate supply of continence aids and linen. Care recipients said they are satisfied with the continence care provided.

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

The home has systems to assess and manage care recipients with expressions of unmet needs. This includes using initial and ongoing assessment tools and monitoring charts to develop appropriate care plans and interventions. The registered nurses said the medical practitioners are consulted and referral to a geriatrician is arranged if needed. Registered nurses demonstrate an understanding of care recipients' behaviours and specific interventions they use to minimise the incidence of the behaviour. Physical restraint is only used in the home after consultation with the care recipient/representative and medical practitioner. Restraint use is monitored by care staff to ensure the safety of care recipients. Care recipients are satisfied with the way in which staff manage care recipients' expressions of unmet needs.

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

Optimum levels of mobility and dexterity are achieved for all care recipients. The registered nurses assess care recipients' mobility and dexterity needs and refer care recipients to the physiotherapist if required. Exercise classes are available for care recipients to attend and some care recipients also have individual exercise programs. A range of assistive devices are provided including walking frames, walking belts, wheelchairs, lifters and slide sheets. The

environment is kept safe to decrease the risk of falls. Handrails are throughout the home, corridors' are free of clutter, staff supervise and assist care recipients to mobilise and care recipients are encouraged to use their mobility aids. Modified crockery and cutlery is provided to care recipients with reduced dexterity. Care recipients expressed satisfaction with the assistance they receive in relation to 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

Care recipients' oral and dental health is maintained. Staff assist care recipients access dental services when required. Oral health care is monitored daily by care staff during teeth and denture cleaning. The day-to-day oral care is attended as per care recipients' care plans with care recipients being encouraged to brush their own teeth or dentures to maintain their independence. Aids to maintain dental hygiene include toothbrushes, toothpastes and mouth swabs. Care recipients are satisfied with the oral and dental health assistance provided to care recipients.

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

The home has systems to identify and address the sensory loss of individual care recipients. Care recipients have access to specialist services including speech therapy, audiology and optometry. The physical environment is designed to assist care recipients with sensory impairment and includes safe walking areas, clear corridors, hand rails along the corridor and grab rails in the bathrooms. Activities such as hand massage, relaxing music, gardening and craft provide sensory stimulation. Care recipients said they are satisfied with the manner in which the home manages their 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

The home ensures care recipients are able to achieve natural sleep pattern. Each care recipient has their own room, which is decorated to meet their wants and needs. Staff reported that if care recipients are having difficulty sleeping, staff will offer warm drinks, assist the care recipient to the toilet or provide reassurance to promote relaxation and sleep. The home also uses strategies such as dimming the lights, answering buzzers promptly and ensuring noise is at a minimum. Care recipients said they are able to sleep and if not are given individual attention to make them comfortable.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- Activity staff regularly hold special ‘theme’ days at the home. One recent successful event involved a special afternoon high tea with a visit from ‘Queen Elizabeth’ and ‘Prince Philip’. Photographs show care recipients enjoying the occasion and staff had fun dressing up as royalty.
- Following the success of pet therapy provided by the activity officer’s visiting dog, care recipients are pleased that ‘Noodles’ a second dog also visits them regularly. ‘Noodles’ was donated to the home by a local kennel with all veterinary care generously provided.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Three include:

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

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

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

- Mandatory reporting; critical incidents; sexuality in residential care.

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

The entry process includes a tour of the home for new care recipients and their representatives, the gathering of information from care recipients and their representatives to identify the care recipients' care needs and social histories. Information about care recipients' assessed emotional support needs is included in their care plan. The staff spend one-to-one time with care recipients during their settling in period and thereafter according to need. Care recipients are welcome to personalise their rooms with familiar objects. Care recipients said they are provided with appropriate emotional support and feel the staff are supportive in helping them to adjust to their new life within the home.

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 has systems to ensure that care recipients are assisted to maximise their independence, maintain friendships and participate in the life of the community within and outside the care recipients' care service. Care recipients are encouraged to be as independent as possible with their activities of daily living, and receive support to maintain and improve their mobility and dexterity. Visitors to the home are welcomed. Some care recipients have their own cars or motorised scooters to go into town or visit friends and family. Other care recipients go out with family and friends and also have the opportunity to go into the community on bus outings. Members of the community come to the home through the activity

programs providing further opportunities for care recipients to participate in community life. Care recipients said they are satisfied with the opportunities available to them to participate in the life of the 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

Care recipients' privacy and dignity and confidentiality is recognised and respected at all times. Staff sign a confidentiality agreement on commencement in the home. We observed staff addressing care recipients in a courteous and polite manner, only entering care recipients' rooms with permission. Care recipients' notes are stored securely. The home has single rooms with ensuite bathrooms for care recipient privacy. Lounge rooms, sitting areas and outdoor areas are also available to entertain family and friends. Care recipients said they are addressed by their name of choice and staff treat them with respect and consideration.

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 has systems to ensure care recipients are encouraged and supported to participate in activities of interest to them. The activity program includes activities such as bingo, craft, sing along, concerts and bus trips. Activities are modified as necessary to optimise care recipients' enjoyment and participation. Staff also assist care recipients to undertake individual activities such as listening to music, organising books and local newspapers for reading. Care recipients said they are satisfied with the activities on offer and can choose whether or not to participate.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients reported they are satisfied with the support provided for their cultural and spiritual needs. The individual requirements of care recipients to continue their beliefs and customs are identified in the assessment process on entry. Specific cultural days such as Australia Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. A number of religious clergy hold services at the home and care recipients are invited to attend these if they wish to do so. Care recipients said they are happy with the way the home supports their cultural and spiritual needs.

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

Care recipients reported satisfaction with the choices available to them at the home. They said they are able to have control over matters that affect them by putting their views forward at meetings or through the complaints process. Care recipients/representatives are offered the opportunity to discuss and plan end of life choices, but any decision not to do so is respected. Participation in group activities is the choice of the care recipient and they are asked to choose how they wish to spend individual time with activity staff. Care recipients have personalised their rooms with memorabilia and items of their choosing.

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

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. On entry care recipients/representatives receive a resident agreement and handbook. The agreement sets out the standard requirements under the relevant legislation, including security of tenure. Relevant staff discuss the information in the agreement with each care recipient/representative. The Charter of care recipients' rights and responsibilities is displayed in the home and is contained in other care recipient documentation. Management stated any relocation of care recipients within the facility is fully discussed with care recipients/representatives prior to the care recipient being relocated. Care recipients indicated awareness of their rights and responsibilities and security of tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- The home has undergone two extensions with a six bed wing opened in May 2014 and a further ten beds in December 2014. The recent ten bed addition is built in two sections. There are currently six care recipients living with dementia in one of the sections which is a spacious and bright unit with a central garden courtyard. Feedback has been positive from care recipients/representatives on changes to the home’s environment.
- In February 2015 staff identified that following the home’s extensions, some resources such as the single outbreak box, spills kit and laundry skip were inconvenient for them to access. For improved infection control, additional outbreak boxes and spills kits were established. There are now boxes in each of the four wings of the home with designated staff responsible for the maintenance of the contents. Three additional sets of laundry skips were also purchased so each wing has a set. There has been positive feedback from staff regarding the convenience of this initiative.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Four include:

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

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

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

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

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Naroo Frail Aged Hostel is a 36 bed home that includes a flexible six to ten bed dementia secure unit. Care recipients are provided a single room with an ensuite bathroom. Rooms are individually air-conditioned, personalised with items from care recipients' homes and are fitted with call bells and a lockable drawer. There are communal and private areas including gardens for care recipient and visitor use. The home is designed to maximise access to natural light and local views. For safety and ease of mobility there are hand rails in corridors and grab rails in bathrooms. There are reactive and planned preventative maintenance programs managed by Gwydir Shire Council maintenance staff and a regular cleaning schedule to maintain the home's environment. This is monitored through feedback from meetings; incident and hazard reporting; surveys; audits and inspections. Care recipients said they are satisfied with the safety and comfort of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home provides a safe working environment consistent with workplace health and safety (WH&S) policy and regulatory requirements. Gwydir Shire Council has a system to manage any staff accidents and incidents. The home has a system to record, analyse and review

identified hazards. WH&S issues are discussed at committee meetings as needed. A designated staff member attends quarterly Council WH&S meetings. Staff complete WH&S education and manual handling training on orientation and on an annual basis. Management monitors the WH&S system through incident and hazard reporting; audits; workplace inspections and feedback. Safe work practices were observed on site and staff stated they receive relevant education.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to promote the safety and security of care recipients, visitors and staff. These include emergency and fire evacuation policy and procedures as well as regular checks of the fire indicator panel, sprinkler system and other fire safety equipment by an authorised contractor. Staff attend annual mandatory fire safety and emergency training with an accredited training organisation. There are two trained level one fire safety officers on-site. Fire evacuation diagrams and emergency flip charts are displayed. The home has an emergency management plan with care recipient photographic evacuation information. Safe storage of chemicals and oxygen is maintained in all areas and safety data sheets are available at point of use. Safety and security measures include a lock-up procedure; keypad entry; sign in/out books; closed circuit television security (CCTV) and a nurse call system.

The fire safety and security system is monitored through regular services; audits and inspections. Staff stated they have received training and know how to respond in the event of the fire alarm sounding. Care recipients are generally aware to await staff assistance.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control policy and program with infections and antibiotic use recorded and monitored for trends by registered nurses. Preventative measures include mandatory annual infection control education and a hand washing competency for all staff disciplines; hand sanitising cleanser availability; a cleaning regime and a care recipient and staff vaccination program. There is a food safety program in the kitchen to monitor food and equipment temperatures. Outbreak management information and resources are available. The home maintains a waste management system and a pest control program. Care recipient infections are reviewed at handover and staff committee meetings. Staff have access to personal protective clothing and colour coded equipment and have understanding of infection control measures relevant to their work area.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

There are systems for all aspects of hospitality services to be conducted in accordance with infection control and WH&S guidelines. Care recipients' dietary requirements, special diets and allergies are identified on entry to the home. The kitchen is informed of changes in requirements by registered nurses. The home's cook and catering staff provide fresh cooked meals with a choice of main meal served. The four weekly seasonal rotating menu is developed in consultation with care recipients and is reviewed by a dietician. Cleaning is provided by the home's housekeeping staff six days a week according to set schedules or as needed. Laundering of all personal items and flat linen is provided by housekeeping staff in the on-site laundry six days a week. Care is taken that personal clothing is marked to assist with prompt return. Hospitality services are monitored through feedback; surveys and meetings. Care recipients said they are very satisfied with the hospitality services offered by the home.