



Australian Government

Australian Aged Care Quality Agency

Snowy River Hostel

RACS ID 0351
7 Jindalee Street
BERRIDALE NSW 2628

Approved provider: Snowy River 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 13 May 2018.

We made our decision on 01 April 2015.

The audit was conducted on 24 February 2015 to 25 February 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

Snowy River Hostel 0351

Approved provider: Snowy River Shire Council

Introduction

This is the report of a re-accreditation audit from 24 February 2015 to 25 February 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 24 February 2015 to 25 February 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:	Margaret Williamson
Team member/s:	Janice Stewart

Approved provider details

Approved provider:	Snowy River Shire Council
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Details of home

Name of home:	Snowy River Hostel
RACS ID:	0351

Total number of allocated places:	14
Number of care recipients during audit:	11
Number of care recipients receiving high care during audit:	0
Special needs catered for:	N/A

Street/PO Box:	7 Jindalee Street
City/Town:	BERRIDALE
State:	NSW
Postcode:	2628
Phone number:	02 6451 1205
Facsimile:	02 6456 3793
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Manager	1
Care coordinator	1
Aged care workers (includes catering, cleaning and laundry)	5
Administration assistant	1
External consultant information systems	1
Director corporate services	1
Risk officer	1
Residents/representatives	5
Volunteers	1
Pastoral carer	1
Activity staff	2
Medical practitioner (visiting)	1
Maintenance officer	1
Human resources manager	1

Sampled documents

Category	Number
Residents' files	4
Resident agreements	3
Medication charts	6
Personnel files	3

Other documents reviewed

The team also reviewed:

- Clinical care documentation including residents' weight documentation, clinical observation reporting, bowel charts
- Education records: calendar, attendance and competency assessments
- External service provider schedule and records

- Fire security and other emergencies: fire safety equipment service records, audits, fire panel monitoring records, emergency flip charts, resident evacuation information and identification, emergency disaster plan, sign in and out registers
- Food safety program: manuals, kitchen cleaning logs, food and equipment temperature records and sanitising of fruit and vegetables.
- Hospitality: cleaning, laundry and catering schedules and records
- Human resources: staff handbook, staff induction and orientation, statutory declarations, job descriptions, confidentiality statements, performance appraisals and staff rosters
- Influenza vaccination register
- Maintenance: preventive, corrective, preferred suppliers' list, thermostatic mixing valve reports, electrical testing and tagging records and equipment service reports
- Medication management documentation including drugs of addiction register, medication care plans, medication advisory committee minutes, self-administration assessments
- Organisational charts, strategic plan and operational plan
- Policies and procedures
- Quality: continuous improvement program, audits, hazard/incident reports, risk assessments, resident satisfaction survey and key performance indicator reports
- Recreational activities documentation Regulatory compliance: criminal history checks, professional registrations, mandatory reporting register and reporting guidelines and resident agreements
- Resident information package and handbook
- Service provider self assessment for re-accreditation
- Staff communication: memoranda, meeting schedule and minutes and handbook
- Workplace, health and safety: policy, committee meeting members and minutes and incident reports.
- Wound charts

Observations

The team observed the following:

- Activities in progress
- Activity program on display; activities in progress and activity resources
- Equipment and supply storage rooms including clinical, medication and linen stock in sufficient quantities
- Fire and emergency equipment and resources

- Infection control resources, facilities and equipment, waste management including clinical waste, outbreak management kit, sharps waste disposal containers, personal protective equipment, colour coded equipment, infection control resource information
- Information on display: Aged Care Quality Agency re-accreditation site audit, notice boards for residents/representatives/visitors and staff, vision, philosophy and values, comments and complaints, advocacy services and charter of resident's rights and responsibilities
- Interactions between staff and residents/representatives
- Living environment
- Mobility and manual handling information and equipment
- NSW Food Authority licence on display
- Secure storage of medications, locked medication trolleys, medication refrigerators and medication rounds
- Shift handover
- Wound trolley and equipment

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The manager and staff actively identify, action, communicate and evaluate continuous improvement across the Accreditation Standards. Opportunities for improvement are identified from stakeholders by feedback/complaints, meetings and audits. Improvements are communicated to stakeholders in written reports and discussed at meetings. The manager monitors the effectiveness of the continuous improvement system. Residents/representatives and staff reported having opportunities to make suggestions and receiving feedback on current improvements.

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

- Staff were employed in casual positions and they expressed a need for permanency in their employment. The manager identified an opportunity to retain staff and recruit appropriate staff by offering permanent part-time positions. The human resource manager, in consultation with the home's manager, restructured staffing positions and developed new position descriptions. These positions referred to as aged care workers are generic (care, catering and cleaning) and staff were recruited through a merit based interview process in August 2014. Management stated this process was successful in employing staff with the right skills and attributes to meet the needs of residents and the organisation. Management predicts the changes will assist in retaining appropriate staff. The aged care workers informed us they are satisfied with the permanent part-time positions.
- The manager identified the need for an administration officer to assist the home's manager and care coordinator. The manager gained approval from the human resource and finance managers for the new position. The position description and selection criteria have been developed and the manager is in the process of recruiting to this position.
- In response to feedback from staff in relation to not enough time during the shift to complete duties, the manager increased the hours for the cleaning position. The cleaning position was allocated six hours per shift and this was changed to seven hours in February 2015. Staff reported they are satisfied with the change and this enables duties to be completed each shift.

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

Management is informed of regulatory changes by an industry peak body, regulatory agencies and corporate services. In response to changes, policies and practices are amended with support from corporate services. Management communicate these regulatory changes to staff by memoranda, meetings and education. The systems for monitoring regulatory compliance include audits, benchmarking, observation of staff practices and feedback.

Residents/representatives are informed of regulatory matters relevant to them by notices, meetings and individual correspondence.

Examples of regulatory compliance related to Accreditation Standard One include:

- Residents/representatives were informed of the re-accreditation audit and notices of the impending audit displayed prominently throughout the home. Residents/representatives interviewed during the audit were aware of the process.
- Criminal history record checks are carried out for all staff and volunteers.
- Management ensures stakeholders have access to internal and external comments and complaints processes.

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

Our observations, documentation and interviews provided evidence that management and staff have appropriate knowledge and skills to perform their roles effectively. The home has an education program based on organisational and staff educational needs. These needs are identified by residents’ needs, feedback from the staff appraisals, meetings, observations and quality improvement systems. The education program covers all four Accreditation Standards, including Accreditation Standard One Management systems, staffing and organisational development. Staff also have access to relevant external educational opportunities and, where appropriate, are supported to obtain formal qualifications.

We noted staff education relevant to Accreditation Standard One included: QUEST training on continuous improvement, accreditation visit, documentation skills and aged care leadership. In addition staff have attended external training courses related to their specialist roles such as “Indispensable office assistant” and Certificate IV in training and assessment.

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 policies and processes to support stakeholders to access internal and external complaints mechanisms. The complaints register and associated documentation demonstrates issues are investigated, analysed and responded to in a timely manner.

Complaints are evaluated through the home's quality forums. There is a system for making confidential complaints and meeting minutes showed there are opportunities to raise concerns. Residents/representatives and staff informed us they are aware of how to make comments/complaints/suggestions. They stated management is approachable and responsive regarding any issues or concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision, values, mission statement and philosophy are communicated to stakeholders. These statements are published in the staff and resident handbooks and are on display in the home. A strategic plan and an operational plan have been developed to communicate the organisational direction as well as the home's future directions. The home's commitment to quality is demonstrated in the pursuit of continuous improvement activities.

The philosophy of care is promoted through documentation, staff education and practices.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a human resources system to ensure appropriate staffing and skills levels for quality service provision, in accordance with the Accreditation Standards and its philosophy and objectives. The system includes appropriate recruitment and selection processes, induction and education and performance management. We noted staff have obtained qualifications and/or attended specific education relevant to their job roles. There are processes to ensure the staffing levels are sufficient to cater for the mix of residents, their changing needs and the demands of the home's daily routine.

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

There are policies and procedures for ensuring there are adequate supplies of inventory and equipment available for quality service delivery. The home has an overall purchasing system of preferred suppliers designed to ensure desired standards are met. A stock control and ordering system is in operation, with particular staff roles having specific responsibility for designated areas of inventory monitoring and ordering. The home also has clear procedures for purchasing necessary equipment for use in various functional areas and in response to residents' needs. We observed storerooms, staff areas, clinical areas, laundry and kitchen to be well equipped and well maintained. Staff advised there are adequate supplies of inventory and equipment for them to perform their job roles effectively. A routine and preventive maintenance program is in operation and ensures equipment is maintained.

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's information technology system, documentation and publications ensure management and staff have access to current policies, procedures and information relevant to their role in the home. Orientation of new staff, a staff handbook, information on noticeboards, memoranda, handover, education and meetings are also mechanisms to ensure current information is available to staff. Electronic information is backed up and password protected with access appropriate to position. There are systems for archiving and documentation destruction to ensure confidentiality of staff and residents' information.

Management monitors the effectiveness of the information system through meetings, audits and verbal feedback. Residents/representatives and staff stated they are kept well informed in 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

The home has a contract management system to ensure externally sourced services are provided in a way that meets needs and service quality goals. A range of contractors and external service providers operate within formalised agreements covering resident services, fire systems and various building maintenance and services. Service agreements encompass the home's requirements/expectations for quality service provision, relevant insurances and criminal history checks. The management and staff of the home monitor the performance of external service providers and take appropriate action in order to ensure that services are

provided at the desired level of quality. The home also relies on feedback from residents/representatives to assess the quality of service providers. It was reported there are good working relationships with the external service providers and services are being provided at required levels.

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:

- Staff identified the single dose supply medication system was creating storage problems and the risk of repetitive hand injury for staff. The manager negotiated with the pharmacy to change the medication system to a multi-dose supply system. The manager and staff informed us the new system is an improvement on the previous system. It solves storage problems and reduces the risk of staff hand injuries.
- Staff identified the need for a dressing trolley with more storage space for dressing products. Management approved the purchase and the home has a new dressing trolley. Staff reported the trolley improves storage for products and wound care delivery.
- The podiatrist visiting the home could only be sourced on a 3 monthly basis. Resident feedback identified the need for more podiatry services. Management have engaged a podiatrist to visit the home monthly. Staff stated residents are satisfied with the increase in podiatry hours and they receive podiatry services in a timely manner.

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 related to Accreditation Standard Two include:

- A record is kept of the current registration of registered nurses.
- There are procedures to ensure notification of unexplained absences of residents is reported to the Department of Social Services according to legislation.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard Two.

We noted staff education relevant to Accreditation Standard Two included: client centred care program, better practice conference, improving nutrition in aged care seminar, dementia care, competencies (medication, hand washing, wound care) and palliative care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a system to assess, document and review care needs. Assessments are completed on admission and a plan of care developed. There is a system for recording accidents and incidents and these are reviewed by management. The resident’s medical practitioner is contacted if there is any significant change in resident condition. Clinical performance is monitored through regular audits. Care staff demonstrate a sound knowledge of individual residents care needs. Residents/representatives express satisfaction with the timely and appropriate assistance given to residents by care staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home ensures residents’ specialised nursing needs are identified and met by suitably qualified staff or specialists. The manager, who is a registered nurse, assesses the residents’ need for specialised nursing care and oversees any specialised nursing treatments.

Equipment is supplied as necessary to meet identified needs. Staff said clinical specialists are consulted and utilised for provision of information and training when required. The staff interviewed said they have the appropriate skills, resources, equipment and support from management to provide specialised nursing care for residents when required.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are assisted to access external medical specialists and allied health professionals. Referrals are arranged to specialists some of whom will visit the home including a podiatrist, occupational therapist and palliative care nurses. Progress notes are reflective of specialist health care practitioners’ recommendations and ongoing care interventions. Residents have pathology testing when ordered by their medical officer including checks for therapeutic medication levels. Residents/representatives confirmed referral to specialists is undertaken and they are provided with assistance to access them if needed.

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

There are systems and processes to ensure care recipients’ medication is managed safely and correctly. The home uses a pre-packed system of medications supplied by the pharmacy. Observation identified staff undertook to administer medications safely and correctly. There is a medication incident reporting system and staff are aware of when and how to use it. Residents who wish to self administer their medication are assessed to determine their ability to safely manage their medications. Residents said they were satisfied with the way their medications were being 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

The home implements a pain management system which ensures all residents are as free from pain as possible. Pain assessments are completed when the resident experiences pain and staff said they are reviewed if the resident’s pain experience changes or increases. A referral to the resident’s medical practitioner and other services is organised as needed. The care staff assist to reduce residents’ pain by encouraging residents participation in gentle exercise programs, walking programs, rest and, if appropriate, the use of medication.

Residents say the care provided at the home relieves their pain or it is managed so they are comfortable.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The comfort, dignity and wishes of terminally ill residents at the home are respected and implemented in a caring way by staff. The home has access to the local palliative care team who will liaise with the home, the family and the medical practitioner. Families are encouraged to stay with the resident and the home can organise a visit by religious clergy if this is the residents’ request. End of life wishes are discussed with residents and representatives as appropriate. Staff were able to describe a range of additional comfort measures such as pressure relieving mattresses, the use of a syringe driver to administer pain relieving medication and oral hygiene swabs, that may be used during end of life care.

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

There are systems and procedures to ensure residents receive adequate nutrition and hydration. Special dietary needs, allergies, likes and preferences are identified on entry and updated as and when required. The dining environment is comfortable and enhances the enjoyment of the meal. Weights are recorded monthly and monitored by the care coordinator. Residents were observed being served meals and drinks. Residents say they like the meals and there is always plenty to eat.

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 a system to ensure residents’ skin integrity is consistent with their general health. Assessments are completed on admission and residents’ skin integrity is monitored by care staff on an ongoing basis. Accidents and incidents, infections and wounds are recorded. A hairdresser and a podiatrist visit the home on a regular basis. The care coordinator oversees skin care provision and completes wound assessments, treatments and dressing changes. Residents say they are satisfied with the manner in which skin care is attended.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The continence management system promotes the dignity, comfort and well-being of residents. Residents are assessed on admission and on an ongoing basis by care staff and a plan of care developed. The effectiveness of continence programs is monitored on a daily basis by care staff who report any changes. Staff confirmed there are adequate supplies of continence aids available. Urinary tract infections are monitored. During the visit, all areas of the home were free of odour. Residents say they are happy with the assistance received in managing their continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure the needs of residents with challenging behaviours are managed effectively. This includes initial and ongoing assessment of residents’ behavioural needs and the development of care plans that includes strategies to address residents’ specific needs. Management said residents may be referred to the local hospital for specialist evaluation if required. Staff interviewed could discuss individual residents, any triggers for behaviours and strategies used to manage these behaviours. Observation of resident and staff interaction shows a patient and gentle approach.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home assists residents to maintain their mobility, dexterity and independence for as long as possible. Clinical assessments on admission identify the assistance required by residents for transferring and mobility. Falls prevention strategies include the completion of risk assessments and interventions noted include group exercises and the provision of mobility equipment and handrails. Residents have access to an occupational therapist who will visit the home and arrange any specialised equipment required. Residents say they are satisfied with the program and assistance they receive from staff.

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

The oral and dental needs and preferences of residents are identified through assessment and consultation when they first move into the home. Staff assist residents to maintain their oral and dental routine including set up assistance, cleaning of teeth or dentures and soaking of dentures according to resident preference. Residents are supported to access external appointments with dentists. Staff demonstrate knowledge in relation to the cleaning of teeth and general mouth care. Residents say they are satisfied with the assistance given in managing their oral and dental care.

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 implements assessments which identify communication difficulties including vision or hearing loss when residents first move into the home. Consultation with residents provides additional information to effectively manage any sensory losses such as the use of glasses or hearing aids. Residents are referred to specialist services, such as optometrists and audiologists as needed. Interventions to reduce the impact of sensory losses include good lighting, large screen televisions and the smell of food at meal times. Residents say they are happy with the assistance from staff in managing any assistive aids.

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

A quiet environment at night and comfortable temperature control assists residents to maintain their natural sleep patterns. Residents are encouraged to maintain their usual bed time and to have rest breaks through the day if they choose. Residents have single rooms with curtaining to facilitate sleeping. Staff said residents who are unable to sleep are offered a warm drink to help them settle. Medications to assist with sleeping are prescribed at the discretion of the resident’s medical officers. Residents say the home is quiet at night and they are able to achieve restful sleep.

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:

- There has been an increase in the number of male residents and they would like more male orientated activities. Residents with the support of staff set up a model train set and staff stated this activity is popular with the men. Residents reported they enjoy the model train set.
- Residents and staff noted it was difficult for some residents to attend the local polling booth to vote. In September 2014 a polling booth was set up for residents at the home. Management stated residents were able to maintain their independence to vote and maintain their civil duties and choices to contribute to the political system. Residents were satisfied with the voting arrangements.

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 residents/representatives to meet legislative requirements. Information provided by the home has been updated to include changes to legislation on 1 July 2014 in relation to rates and accommodation bonds.
- The home has systems to meet their regulatory requirements regarding compulsory reporting of alleged and suspected assault and/or abuse of residents.
- Information is provided to residents/representatives regarding residents’ rights and responsibilities.

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’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard Three care recipient lifestyle.

We noted staff education relevant to Accreditation Standard Three included: grief, loss and quality of life, emotional support, customer service and mental health issues. One staff member completed Certificate IV in leisure and health.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

Residents and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Residents are encouraged to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and say they feel welcome by staff. Ongoing support for residents includes management and

staff support, contact with volunteers and visits by religious representatives by resident choice. Residents say they are happy living at the home and the staff are kind and caring. Observations of staff interactions with residents during the re-accreditation audit showed warmth, respect and laughter.

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

Snowy River Hostel provides a welcome environment for visiting resident representatives and community groups, with residents being encouraged to participate in life outside the home whenever possible. A range of individual and general strategies are implemented to promote independence, including the provision of equipment for resident use, a leisure activity program and regular mobility and exercise regimen. Residents' independence is also fostered through residents having personal items such as televisions in their rooms and by having access to telephones and newspapers. Participation in the local community is promoted through bus trips and visiting entertainment and social groups. Residents say they are encouraged to maintain their independence and contact with the local community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff of the home protect the privacy and dignity of residents and ensure the confidentiality of residents' personal information. Residents sign consent forms for release of information to appropriate parties and staff sign confidentiality agreements. Shift handovers are conducted away from the hearing of residents and visitors to the home. All residents are provided with a private room and bathroom. Residents say staff are polite, respect their privacy, knock on doors prior to entering and close doors during care provision.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home provides a varied lifestyle program which is developed in consultation with residents. The individual interests and preferred activities of residents are identified on admission. Information obtained from resident meetings and one-on-one discussions is also used to plan suitable group and individual activities. Residents are informed of recreational activities available through the activity calendars in addition to verbal prompts about the

activities of the day. Residents told us there are a variety of activities and outings provided and whilst they are encouraged to participate their decision not to do so is respected.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The cultural and spiritual lives of residents are acknowledged and celebrated by the home. The home identifies information related to residents' cultural and spiritual background when they first move into the home which is incorporated into care planning where appropriate.

Church services are held by religious representatives and volunteers from the local area. Residents choose whether to participate in celebrations of significant cultural days such as ANZAC Day, Easter, Mothers' Day, Fathers' Day and Christmas. Residents say they are satisfied with the spiritual and cultural support provided.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Residents are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes use of preferred name, choice of clothing, shower and bed times and whether to participate in activities. The resident meetings provide a forum for residents to discuss the running of the home including catering, activities and any issues arising. Staff were observed providing residents with choice in a range of activities of daily living. Residents say they are happy with the choices available to them and that their decisions are respected.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. On entry residents/representatives receive a resident agreement and handbook. The resident agreement sets out the standard requirements under the relevant legislation, including security of tenure. The manager and finance officer discuss the information in the agreement with each resident/representative. The Charter of residents' rights and responsibilities is displayed in the home.

Residents/representatives 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:

- Management and staff identified the resident call bell system was unreliable and out dated without a staff duress system for after hours. The manager successfully negotiated a budget to purchase a new call bell system and a new smart system was installed in January 2014. This system includes call bells in residents’ en-suites, bedrooms and pendants plus a staff duress system. The residents are satisfied with the new system and the manager stated residents’ care and staff safety has improved.
- The chef identified the residents’ menus didn’t have input from a dietician. The nearest dietician was 100kms away from the home. Researching other options the staff discovered dietician approved recipe resource booklets for soups, salads, light meals, main meals, vegetables, deserts and morning and afternoon tea. These recipes have been compiled by a dietician for the aged care industry to ensure dietary and nutritional suitability. The recipes also cover special diets such as vegetarian, gluten free, high protein and are suitable for pureed diets. The staff and residents are very satisfied with the new menus.
- The NSW Food Authority identified the food storage containers in the kitchen pantry needed an upgrade. In October 2014 the new food safety containers were purchased and installed in the main kitchen and pantry. We observed the food containers in place and staff informed us the new containers provide sanitary storage and make it easy to access the food when cooking.

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:

- Fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations
- The home has a food safety program.

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’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard Four - physical environment and safe systems.

We noted staff education relevant to Accreditation Standard Four included: fire safety, manual handling, chemical handling, infection control, work health and safety and safe food handling.

4.4 Living environment

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

Team’s findings

The home meets this expected outcome

The home has accommodation provided in single rooms with en-suite bathrooms. Rooms are personalised with items from residents’ homes and are fitted with call bells. There are communal areas, courtyard and garden area for residents/representatives to enjoy.

Residents’ rooms and communal areas have a heating/cooling system to maintain a comfortable temperature. The living environment is clean and free of clutter. There are corrective and preventative maintenance programs and a regular cleaning schedule to maintain the home’s environment. The safety and comfort of the living environment is monitored through environmental inspections, resident/representative feedback,

incident/accident reports and observation by staff. Residents/representatives expressed their satisfaction with 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 have policies and practices to provide a safe working environment for staff aligned with regulatory requirements. The local council work health and safety department support the home's manager to implement these policies and staff have an opportunity to nominate to be a member of the work health and safety committee. Staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and on an on-going basis. The home has appropriate equipment and resources to assist staff to safely deliver services to the residents. There is a process for purchasing new equipment and a maintenance program to ensure the safety of equipment and the working environment. The home monitors the environment and the work health and safety of staff through workplace inspections, regular audits, hazard reporting, incident/accident reporting and observations by the management and staff. The home has a return to work program to support staff if they have an injury at work. We observed staff using safe work practices and they stated management is actively providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's fire and safety systems are monitored and maintained to provide an environment that minimises fire, security and emergency risks. The home is fitted with appropriate fire-fighting equipment and warning systems and the equipment is regularly inspected and maintained. Emergency flipcharts and evacuation plans are displayed throughout the home. There are evacuation backpacks to assist staff to manage an evacuation for residents if needed. The home's fire safety and security system is monitored through audits and inspections. Staff stated they have received education and know how to respond to fire and other emergencies. Residents/representatives stated they feel safe in the home and know what to do on hearing the fire alarm.

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 established policies and practices that support an effective infection control program which is overseen by the manager and the care coordinator. The home has mandatory training in infection control and hand washing competencies are assessed. Hand

washing facilities, personal protective equipment and other equipment is available to enable staff to carry out infection control procedures. The infection control program also includes an outbreak management policy and kit, a food safety program used in the kitchen, a vaccination program for residents, pest control and waste management. Staff interviewed showed they have a good knowledge and understanding of infection control and were observed implementing the program.

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

The hospitality services meet the needs and preferences of the residents and working environment of the staff. The catering staff deliver services aligned with a food safety program. There is a process to assess residents' dietary preferences and special requirements and communicate and regularly update this information to the catering staff. There is a seasonal four weekly rotating menu developed by the catering staff aligned with the dietician approved resource recipes for aged care residents. Cleaning and laundry services are provided according to schedules (regular and spring cleaning) and infection control guidelines. Laundry services are provided on-site and there are processes to minimise and manage lost clothing. These services are monitored by the manager and evaluated by the home's quality system. Residents/representatives informed us they are satisfied with the hospitality services.