



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Cooinda Court Hostel RACS ID: 0315

Approved Provider: Junee Hostel for the Aged Inc

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on	13 October 2017
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 16 February 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 15 April 2015 to 15 December 2018.
Reason for decision	<p>Under section 2.69 of the <i>Quality Agency Principles 2013</i>, the decision was reconsidered under 'CEO's own initiative'.</p> <p>The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program.</p> <p>The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.</p>
This decision is effective from	13 October 2017
Accreditation expiry date	15 December 2018



Australian Government

Australian Aged Care Quality Agency

Cooinda Court Hostel

RACS ID 0315

24-28 Commins Street

JUNEE NSW 2663

Approved provider: Junee Hostel for the Aged Inc

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 15 April 2018.

We made our decision on 16 February 2015.

The audit was conducted on 13 January 2015 to 14 January 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Cooinda Court Hostel 0315

Approved provider: Junee Hostel for the Aged Inc

Introduction

This is the report of a re-accreditation audit from 13 January 2015 to 14 January 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 Accreditation Standards.

There are four Accreditation 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 Accreditation Standards. The Quality Agency then decides whether the home has met the Accreditation 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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 13 January 2015 to 14 January 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 McCartney
Team member/s:	Rodney Offner

Approved provider details

Approved provider:	June Hostel for the Aged Inc
--------------------	------------------------------

Details of home

Name of home:	Cooinda Court Hostel
RACS ID:	0315

Total number of allocated places:	22
Number of care recipients during audit:	18
Number of care recipients receiving high care during audit:	5
Special needs catered for:	Not applicable

Street/PO Box:	24-28 Commins Street	State:	NSW
City/Town:	JUNEE	Postcode:	2663
Phone number:	02 6924 2588	Facsimile:	02 6924 3975
E-mail address:	cooinda.court@yahoo.com.au		

Audit trail

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

Interviews

	Number		Number
Chairperson	1	Care recipients/representatives	13
Acting supervisor	1	Laundry staff/care staff	1
Acting assistant supervisor	1	Cleaning staff	1
Registered nurse	1	Maintenance staff/fire officer	1
Care staff	2	Catering staff	1

Sampled documents

	Number		Number
Care recipients' files (assessments, care plans, progress notes, medical officers notes, privacy statements for resident information, patient medication sheets)	8	Medication signing sheets and administration records	14
Resident weights	8	PRN (as required) and non-packed medication signing sheets	5
Wound assessment chart and treatments	1	Resident medication management reviews	4
Continence records by staff (bowel charts)	9	Advanced care plans	3
Blood glucose level readings	4	Preferred supplier: approval agreements	5
Maintenance request forms	10	Personnel files	5
Resident agreements	2	Complaints forms	6
Near miss/hazard alert forms	4		

Other documents reviewed

The team also reviewed:

- Cleaning schedules
- Clinical care and specialised nursing care documentation: complex health care directives, blood glucose level directives, admission assessment flow chart, stoma care supplies information
- Communication documentation: staff memorandums, handover sheets, notices, diaries, newsletters
- Continence management documentation: scheduled toileting routine report, continence aid order, continence aid usage lists, continence aid supply list
- Cultural and spiritual support documentation: church dates, regular appointments

- Education documentation: education calendars, education attendance records, skills assessments
- Fire safety and emergencies documentation: inspection records, annual fire safety statement, catastrophic events manual, emergency procedures flipcharts, evacuation details of residents, evening security round staff check sign off sheets, emergency evacuation signage
- Food safety program, food safety monitoring records, care recipient meal preferences and diet requirement forms, menu
- Home's mission, vision and values
- Human resource management documentation: confidentiality agreements, position specifications and descriptions, staff handbook, staff appraisals, staff roster, orientation program, volunteer employment folder, competency assessments, work instructions
- Infection control documentation: manual, infection surveillance data, audit reports, immunisation records, legionella species reports, pest control reports
- Maintenance documentation: preventative maintenance schedule, maintenance request reports, warm water temperature check records, emergency lighting test records
- Medication management documentation: medication audits, medication incidents, temporary medication, pathology folder, pharmacist letters, medication advisory committee meeting minutes, medication sheet for schedule eight oral medication administration, oral morphine procedure for administering high risk medications, patch application history, self-medication assessment
- Minutes of meetings - various
- Nutrition and hydration documentation: body mass index list, resident weight variances register, surveys for winter menu, resident dislikes list
- Physical mobility scale assessment tools
- Policies and procedures - various
- Quality management system: policies and procedures, continuous quality improvement register, register of complaints, audit schedule, audit results and reports, surveys, Cooinda Court Hostel self-assessment documentation for re-accreditation
- Recreational activity documentation: yearly activity planner, activity contacts, resident meeting dates, monthly hostel activities calendars, activity attendance records, individual leisure activities audits, resident progress notes
- Regulatory compliance documentation: compulsory reporting register, police check records, New South Wales (NSW) Food Authority Licence, professional registration records and consent forms for the collection and handling of private information
- Resident information handbook, care recipient information booklets
- Resident list
- Review of contractor and preferred suppliers documentation, external contractor/supplier agreements
- Sensory loss documentation: weekly cleaning of residents' glasses record, hearing aids monthly cleaning and changing batteries record,
- Skin care documentation: shower list, shower routine and treatment for rooms, podiatry folder, feet massage and nails record
- Sleep over staff call out book

- Work health and safety system documentation: incident reports, hazard logs, electrical tagging records, safety data sheets
- Wound care folder information.

Observations

The team observed the following:

- Activities in progress
- Annual fire safety statement, fire safety plans, equipment and emergency first aid kits
- Charter of Residents Rights and Responsibilities on display
- Complaints information including internal and external mechanisms on display, provision of confidential complaints mechanism, suggestion box
- Dining room during lunch and beverage services with staff assistance, morning and afternoon tea including resident seating
- Equipment and supply storage rooms including clinical, linen stock, chemicals, continence aid storage, wound care equipment, equipment available manual handling such as hand rails, ramps and mobility aids
- First aid box
- Infection control resources including personal protective clothing and supplies, spills kit, sharps containers and infection control (outbreak) toolkit
- Interactions between residents, representatives and staff
- Living environment - internal and external including private areas and courtyard area
- Medication storage, staff member administering medications
- Mission, vision and values on display
- Nail care bags
- New South Wales Food Authority licence on display
- Notice boards – resident and staff areas
- Notices including re-accreditation notices, activity programs, education calendars and menus, work health and safety information and status of installation of fire sprinklers
- Nurse call system in operation
- Quiet room
- Red folders for residents with advanced care plans completed
- Resident providing piano music
- Residents using mobility aids
- Safety data sheets
- Secure document storage including care recipient and staff files
- Short group observation in resident dining room
- Sign in out books: visitors, contractors and care recipients
- Staff handover
- Staff work areas including kitchen, laundry/hairdressers, sleep over room, cleaning store and equipment, staff room, laundry collection and distribution, reception/office

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home utilises a continuous improvement system which includes a quality management system and performance review mechanisms. Improvements are identified through a number of avenues including resident and representative meetings, staff meetings, audits, benchmarking and review of clinical data. In addition the home utilises surveys, comments, complaints and suggestions, incidents and staff performance appraisals. Part of this system also includes ensuring compliance with the Accreditation Standards through the audit program. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Residents/representatives and staff reported they have opportunities and are encouraged to participate in the home's continuous improvement activities.

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

- Staff identified the need for respite residents' entry procedure to include 'How to provide feedback' and have included the complaints, suggestions, privacy issues and complaints mechanism process chart in the respite entry information pack. This has been effective in ensuring all residents, their representatives and friends are aware of how to make a suggestion or complaint.
- The home's board of management has undertaken a review of all externally sourced contracted services to ensure such services are based on clearly identified needs and quality standards. Management stated as a result of this review some external service contracts have been amended or changed, for them to more effectively meet the home's requirements.
- Management and staff identified the need to have more appropriate storage locations for goods and equipment and as such a new maintenance shed was erected. Stock has also been located to specific storage areas based on ease of access and frequency of use. Staff reported the new storage locations for goods and equipment are more appropriate and effective.
- Management identified the need to enhance the home's management information system and in response to this two computers were purchased. Management reported the use of these computers has resulted in a more effective and efficient communication process between management and staff.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home accesses relevant information through subscription to legislative update services, membership with a peak body, from government departments as well as accessing the internet and other sources. Management communicate changes to staff by documentation, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, skills assessments, staff appraisals and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The home’s board of management together with appropriate staff members conduct reviews of all policy and procedure manuals on a regular basis to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for monitoring police certificates for staff and volunteers are in place. Interviews and documentation confirmed that these are current.
- The home has a system whereby external contractors’ registrations and insurances are checked to ensure they are current.
- Information brochures on the Aged Care Complaints Scheme are available in the home.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems that ensure staff have appropriate knowledge and skills to perform their roles. A calendar of education sessions is developed which includes mandatory training sessions and education of interest or importance to various staff members. Learning packages are provided and some are skills based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Management and staff are supported to attend internal and external courses. Participation records are maintained and reviewed by management when planning future education programs. Staff interviews indicated they are provided with training as part of the home’s orientation process and have access to on-going education.

Examples of education and staff development relating to Accreditation Standard One include:

- The home regularly undertakes induction and orientation sessions for new staff.
- There is a calendar of education sessions which has been developed through a consultative needs analysis between managers and staff.
- Staff receive training on a wide range of topic areas relating to the Accreditation Standards.

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

Information about internal and external complaint mechanisms is provided to residents and representatives on the resident's entry to the home. This information is contained in the resident information pack. Information is also communicated on a regular basis through resident and representative meetings and information on display in the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Comment and complaint forms are available throughout the home. Brochures about external complaint mechanisms are also on display. Staff demonstrated they have knowledge and understanding of the complaint handling process and of their role in assisting residents to raise issues if necessary. Review of comments and complaints as well as other relevant documents indicates that issues raised are responded to in an effective and timely manner. Residents/representatives are aware of the home's comment and complaint process. They also reported they currently have no complaints.

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 mission, vision and values are on display and available in a number of documents including handbooks for residents and staff. The home's mission, vision and values form a part of the staff induction program and are discussed with staff.

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 system that aims to ensure there are enough staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. The home's board of management and senior staff review the home's staffing requirements to ensure sufficiency of human resources. Management reported that factors considered to ensure the adequacy of the home's staffing levels and skill mix include residents' needs and quality performance indicators. Feedback from staff, the layout of the home and work, health and safety requirements are also utilised. There are systems in place for staff orientation, education and performance management. Recruitment procedures ensure the best possible match between candidates and roles are achieved. Job descriptions, selection criteria and reference checks are used by management to increase the effectiveness of the process. Staff are provided with their position descriptions. Performance appraisals are conducted and results are fed into the home's human resource management system. Observations, documentation and resident/representative interviews showed there are sufficient staff with the appropriate knowledge and skills to perform their roles effectively. Residents/representatives said there

are adequate levels of staff and that staff respond to residents' needs in an acceptable and timely manner.

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 stocks of goods and equipment that support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance request reports are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

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 an information management system that provides relevant information to stakeholders. The home's communication system includes meetings, handbooks for residents and staff, newsletters, policies and procedures, noticeboards, staff handovers and a clinical documentation system. The home utilises these communication channels along with management's 'open door' policy to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has policies covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised staff. Observations demonstrated that resident and staff files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively. Residents/representatives stated they are well informed regarding residents' needs and all other matters appropriate 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's externally sourced services are arranged primarily by way of specified contract agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied and references, insurance and criminal history checks are made.

All major contracts are reviewed regularly through feedback by the home. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor/supplier, lists are maintained at the home and updated as required. Staff are informed of appropriate matters relating to the provision of externally sourced services.

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 improvements for information about the home's continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

- As a result of a suggestion pre-packed medication blister packs have been changed from the multi-dose to unit dose packs. This has been effective in ensuring compatibility of medications when residents transfer to/or from the multi-purpose health service (MPS). Staff also reported reduced financial cost to residents as when medications are ceased or changed there is no longer the necessity to send the whole pack to the pharmacy.
- A staff member attended a best practice education session on maintaining residents' skin integrity. At this session the use of vegetable oil in assisting to minimise skin tears was discussed and consequently staff are now using this treatment on appropriate residents. Management reported use of this treatment has resulted in improved skin integrity for those residents receiving such treatment.
- An external consultant was engaged by the home's board of management to review some of the home's operating practices including its care documentation system. Through their review of the documentation system they recommended the use of a more structured approach for assessing residents' health and personal care needs. The use of new assessment forms relating to such areas as skin integrity, personal hygiene and nutrition and hydration was also recommended. Management stated they are currently implementing these improvements with the anticipated result that more effective assessment of residents' health and personal care needs will be the outcome.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors the registered nurse's registrations.
- Management reported that in accordance with changes to the legislation on 1 July 2014 the home now supplies all residents with toiletries in accordance with their entitlements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relating to Accreditation Standard Two include:

- caring for a person with respiratory issues
- clinical skills enteral feeding
- dementia everyday care
- diabetes mellitus
- falls management risk
- medication administration and
- urinary continence management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes to support residents to receive appropriate clinical care including assessment and care planning processes. A medical officer attends the home regularly and on request or residents are sent to hospital for review when indicated. A number of residents also visit the medical officer of their choice externally. Care staff are satisfied with the verbal and written communication processes used to inform them of residents’ care needs. Residents’ blood pressures, pulses and blood glucose levels are monitored in accordance with medical officers’ orders. Residents’ weights are recorded each month and monitored. Residents and their representatives have opportunities for input into the residents’ care delivery through ongoing verbal discussions. The home has a resident accident and incident reporting system from which data is collated and reviewed. Residents/representatives expressed satisfaction with the care provided and the access to medical officers.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents’ specialised nursing care needs can be met within the level of care available in the home. A registered nurse works in the home one day a week and is on call at other times to advise care staff as necessary. The home also has access to clinical nurse consultants through hospitals in the region for advice when required

Complex health care directives are developed by medical officers to guide staff on residents' blood pressure levels and blood glucose levels when monitoring is required. Residents have specialised nursing care plans completed. Residents' wound care is documented and overseen by the registered nurse. There are processes to access equipment for residents' specialised nursing care needs. Residents/representatives expressed satisfaction with the support for residents' specialised nursing care needs.

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 has processes to support residents to be referred to appropriate health specialists in accordance with their needs and preferences. Processes include assessments and referring residents to their medical officers for review. Health services which visit the home and provide regular services for residents include podiatry, pharmacy and pathology services. Documentation reviews demonstrate residents have also accessed health services such as surgical specialists, a mental health specialist team, optometry, audiology and a speech pathologist. Management reported a physiotherapist and occupational therapist can be requested to see residents in the home when required. Management said residents are transported to external appointments by family members or a local transport service when necessary. Residents/representatives expressed satisfaction with residents' access to health specialists and services in accordance with their needs and preferences.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has processes to support residents' medication to be managed safely and correctly. Processes include using a pre-packed medication administration system, medication audits and medication incident reporting. Care staff administer residents' oral and topical medications and are required to have medication administration skills testing. Documentation is maintained to guide staff on residents' medication allergies and residents' photographic identification. Management advised that no residents need to have their medications crushed as alternative medications have been sourced from the pharmacy. The registered nurse administers residents' injections. Eye drop containers are labelled when opened to guide staff on their use by date. The home has a medical advisory committee and a pharmacy service is available to complete medication reviews for residents. Residents who choose to self-administer their medications have assessments for their suitability completed. Residents/representatives expressed satisfaction with residents' medication management.

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 has processes for the assessment and care planning of residents' pain management needs to support residents to be as free as possible from pain. This includes assessments available for residents' verbal and/or non-verbal indicators of pain. Management reported the home has a pain chart for monitoring residents' levels of pain, however, no residents are currently identified to require this. The home demonstrates medical officers have been accessed for advice on residents' pain management. Examples of strategies currently in use for residents' pain management include the administration of pain relieving medications, heat pack applications, cream rubs and therapeutic massage by the registered nurse. Residents/representatives expressed satisfaction with the pain management provided and residents said they are as free as possible from 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

The home has processes to assist residents requiring end of life care to transfer to alternative accommodation to ensure their comfort and dignity is maintained. The resident information booklet records aging in place is not provided and residents interviewed are aware they would need to be transferred from the home should their care needs increase beyond the level of care available. Advanced care plans are offered to residents for completion and the home's policy includes sending these plans with residents when hospitalised. Management reported a palliative care team can be accessed from a nearby town for advice on residents' palliative care needs if indicated. Management also advised the families of residents can stay in the home overnight when required.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has processes to support residents to receive nourishment and hydration. This includes the initial assessment and documentation of residents' dietary needs and the communication of these needs to the kitchen staff. Provision is made to support residents who require dietary assistive devices, special diets and meals cut up. Residents have input into the four week rotating seasonal menus and fresh fruit is served regularly. Residents are provided with drinks at regular intervals to ensure their hydration is maintained. Residents also have refrigerators in their rooms in which they can store snacks and cool drinks to take at their leisure. Residents' weights are recorded and their body mass indexes have been calculated. No residents are currently identified to require nutritional supplements. A local speech pathologist is available to review residents when needed. Residents/representatives expressed satisfaction with the quantity and quality of the food and drink the home provides.

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 processes for maintaining residents’ skin integrity consistent with their general health including assessment and care planning processes. A podiatrist and a hairdresser visit the home regularly to attend to residents. Individual nail clippers and files are maintained for each resident’s fingernail care and a shower list guides staff on residents’ showering times. Care staff advised of strategies for maintaining residents’ skin integrity such as applying creams or an oil and using pressure relieving cushions. The accident and incident reporting system includes the monitoring of incidents of residents’ skin integrity breakdown. A first aid box is set up to use for the initial treatment of residents’ skin tears. No residents are identified to have pressure areas. Residents/representatives expressed satisfaction with the support provided for residents’ skin and wound care.

2.12 Continance management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed through assessment and care planning processes and resident/representative feedback. There are processes for the supply and distribution of residents’ continence aids. Management reported the continence aid supplier representative is available to assess residents’ continence aid needs when requested. Care staff reported they have access to sufficient supplies of continence aids and described their support for residents with toileting support needs. The home has strategies for residents’ bowel management such as maintaining bowel charts, fibre in diets, prunes available for breakfast and the administration of medications for bowel management regularly or as required. Residents have ensuite bathrooms and commode chairs can be placed near their beds at night for their convenience when requested. Residents/representatives expressed satisfaction with the support for residents’ continence management.

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 processes through which the needs of residents with behaviours of concern are managed effectively. This includes assessment and care planning processes and referring residents with changed behaviours to their medical officers for review when necessary. A mental health team and a psychologist are also available to review residents when indicated. Management interviews and documentation reviews demonstrated that residents who develop wandering behaviours are required to transfer to alternative accommodation. Authorisations are maintained for residents who have psychotropic medications administered. No residents have physical restraint in use. Staff advised of behavioural management strategies they use to support residents when needed. Resident/representative interviews demonstrated staff are supportive of residents with behaviours of concern.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has processes to assist residents with their mobility and dexterity needs including assessment and care planning processes. Assessments include the identification of residents’ falls risk. Criteria for residents to remain in the home includes being able to transfer and to mobilise. A number of residents were observed mobilising with mobility aids. Daily exercise groups and activities which provide exercises are included in the recreational activity programs. Residents said they like to have regular walks along the home’s corridors and care staff reported they take residents for walks outside the home. Strategies for residents’ falls prevention and management include providing mobility aids, tape to secure non-slip mats in bathrooms and accident/incident reporting. Residents who sustain falls are referred to their medical officer or an ambulance is called to transfer them to hospital when indicated. Management reported a physiotherapist and occupational therapist are available to attend the home on request. Residents/representatives expressed satisfaction with the support provided for residents’ 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

The home has processes through which residents’ oral and dental health care is maintained including the assessment and care planning processes. Residents’ oral and dental care needs are monitored through staff observations and resident/representative feedback. Residents are required to visit a dentist of their choice externally when needed. Care staff reported they provide residents with assistance with denture care and teeth cleaning if required. Most residents interviewed said they are independent in their oral hygiene. Representatives expressed satisfaction with the support provided for residents’ oral and dental health 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 has processes to identify and manage residents’ sensory loss needs including assessment and care planning processes. Assessments include the identification of residents’ hearing, vision, taste, touch and smell sensory loss needs. Residents who require optometry and audiology services are required to access these services externally when needed. Care staff advised of strategies they use to assist residents with vision and hearing loss such as cleaning residents’ spectacles and providing hearing aid care. Management reported the library supplies large print books and auditory books for residents if required. The living environment is free of clutter and well lit. Residents/representatives expressed satisfaction with the support for residents’ sensory loss needs.

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 assists residents to achieve natural sleep patterns through ways including assessment and care planning processes. The home provides one sleep over staff member at night and residents have call bells in their rooms to call for assistance at night if required. A review of the night staff call out book demonstrates a staff member has attended to residents in need of assistance during the night. Strategies available to support residents to achieve natural sleep patterns include suppers in the evenings, drawing of curtains in residents’ rooms and night sedation as per medical officers’ orders. Residents’ care plans also identify residents’ sleep times, the number of pillows and blankets they like and if they want their lights left on or turned off. Residents reported the home is quiet at night and they sleep well. Residents’ representatives did not identify any problems with residents’ achieving natural sleep patterns.

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 the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

- A resident expressed a desire to play the piano and as such donated their piano to the home. Consequently the resident now plays the piano in the home and very much enjoys this activity. Also staff reported other residents enjoy listening to the piano being played.
- Residents expressed an interest in having a day a month when movies could be shown. In response to this the recreational activity program was amended to include monthly movie showings. Residents expressed a high level of satisfaction regarding these monthly movie showings.
- As a result of a resident feedback survey a change to Christmas party arrangements was made. Christmas parties were held at the local club where family and friends were invited however feedback from the survey found residents preferred having their Christmas party at the home where they could choose their own menu. As a result of this Christmas parties are now held at the home with a menu based on residents’ food preferences.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Three include:

- The Charter of Residents’ Rights and Responsibilities is on display in the dining room.
- The residency agreement outlines security of tenure and is based on applicable legislation.
- The home has a system for compulsory reporting according to the requirements of The Aged Care Act 1997 (Cth), The Accountability Principles 1998 (Cth) and The Records Principle 1997 (Cth).

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation demonstrate that staff have knowledge and skills relating to resident lifestyle.

Examples of education related to Accreditation Standard Three include:

- spirituality in practice
- workshop in diversional therapy
- cultural diversity in ageing and
- the 'now' resident.

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 home has processes through which each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Processes include providing prospective and new residents and their representatives with information on the care and services available in the home. Various assessments and care plans are completed for residents on entry to the home through which their support needs are identified. Staff advised they support new residents through welcoming and orientating them to the home as well as providing ongoing support. A resident orientation checklist is completed. Residents/representatives expressed satisfaction with the initial and ongoing emotional support provided. All residents said they are happy living in the home and they think it is a good place to live.

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

Residents are assisted to achieve independence, maintain friendships and participate in the life of the community within and outside the home. The home provides an environment in which representatives, friends, school groups and volunteers are welcome to visit. Residents' independence is fostered through regular outings using a community bus. Residents also reported they attend external activities with their families and staff advised of residents attending local clubs. Residents can have telephones, radios and televisions in their rooms. Newsletters keep residents and their representatives informed of events in the home. Residents are supported to access newspapers when requested. Management reported a polling booth is provided in the home for residents to vote during elections. Care staff

advised they encourage residents to do as much as they can to maintain their independence. Equipment is available to support resident independence such as mobility aids and raised toilet seats. Resident/representative interviews demonstrated residents are supported to maintain their independence and friendships.

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

The home demonstrates that each resident's right to privacy, dignity and confidentiality is recognised and respected. Assessment processes include identifying residents' preferred names. Residents and/or their representatives are requested to complete privacy consents relating to the use of residents' photographs and the display of names. Staff described strategies for maintaining respect for residents' privacy and dignity such as knocking on doors and closing doors when providing treatments in residents' rooms. Staff also demonstrated an understanding of the need to maintain the confidentiality of resident information. Resident information is stored securely. Residents/representatives expressed satisfaction with the way staff show respect for residents and support residents' privacy and dignity.

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

Residents are encouraged and supported to participate in interests and activities of interest to them. Care staff provide activity programs of interest to residents. Examples of activities provided include musical entertainments, bingo, card games, board games, exercises, knitting and movies. Residents and their representatives are informed of activities available through the home's newsletters, activity programs on display and verbal reminders. Residents' attendance at activity groups is recorded and evaluations of these activities are completed. Staff advised of volunteers who provide one-to-one interactions for residents. Residents/representatives expressed satisfaction with the activities available. Resident/representative interviews also demonstrated some residents enjoy completing activities of their choosing in their rooms.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home demonstrates there is support for residents' individual interests, customs, beliefs and cultural backgrounds. Special celebrations are held for cultural and religious days such as ANZAC Day, Melbourne Cup, Easter and Christmas. Staff advised that each resident's birthday is celebrated with a cake served on the day of their birthday and a card is given. Church services are held regularly in the home and various church representatives visit to

provide support for residents. This includes providing Holy Communion for residents who belong to the Roman Catholic Church. No residents are currently identified to require cultural diets and English is spoken and understood by all residents. Residents/representatives expressed satisfaction with the support provided for residents' 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

The home supports residents and/or their representatives to participate in decisions about the services provided and to exercise choice and control over their lifestyle. Residents/representatives are informed of choices available and their rights through information provided such as information brochures and the resident information handbook. Information on advocacy services is also available and the Charter of Residents' Rights and Responsibilities is on display. Examples of residents' choices for care and services include choice of participation in activities, choices in bed times and choices of meals. Examples of mechanisms through which residents and/or their representatives can have input into the care and services provided include: resident committees, meetings, surveys, audits and comments and complaints mechanisms. Management also provides an 'open door' policy. Residents/representatives expressed satisfaction with the choices available and the control over the care and services provided for residents within the home.

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 systems to ensure residents have secure tenure within the home and understand their rights and responsibilities. Information on security of tenure and residents' rights and responsibilities is provided and discussed with prospective residents and their representatives prior to and on entering the home. The resident agreement accompanied by information booklets outline care and services, residents' rights and feedback mechanisms. Any changes in room and/or location within the home are carried out in consultation with residents and/or their representatives. Ongoing communication with residents and representatives is through meetings and correspondence. Residents interviewed said they feel secure in their residency at the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for further information relating to the home’s continuous improvement system.

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

- Management identified the need to improve the maintenance schedule to ensure maintenance processes and activities of the home provide a safe and comfortable living environment. Consequently management undertook a benchmarking exercise involving other aged care homes in the area and as a result improvements were made to the schedule. Management reported the new schedule is working well and is more effective.
- Management identified the need to have an appropriate area where maintenance duties could be undertaken and where an appropriate maintenance workshop could be located. As such a new maintenance shed was purchased and erected incorporating a workshop. This shed has improved working conditions for the maintenance officer and is a safer working environment.
- A staff member identified two residents were at increased risk of falling in the shower due to their increasing frailty and the fact the ‘non-slip’ shower mats were moving. The maintenance officer installed non-slip waterproof tape on the floors effectively anchoring the mats. Both residents as a result felt more stable and secure when showering. Management advised that due to the effectiveness of the tape it has also been placed in other residents’ bathrooms.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.
- The home has a current fire safety statement on display. A sign alerting residents and visitors to the home that a fire sprinkler system is to be installed in 2016 is on display. Fund raising events are currently being held to assist with covering this expense.
- The home has safety data sheets with stored chemicals.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relevant to Accreditation Standard Four include:

- chemical safety
- fire safety
- hand washing
- infection control
- manual handling and
- safe food practices.

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 can demonstrate that it is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is a single story building comprised of single rooms with access to an ensuite bathroom. It is light and bright with furnished lounge and communal areas and there is a pleasant internal courtyard area. The home has controlled heating throughout and evaporative cooling in the common areas. There is a preventative and reactive maintenance program in place, including recording of warm water temperatures and regular inspection audits covering the environment are undertaken. Residents/representatives stated they are satisfied with residents' individual rooms and the communal 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

Systems and processes enable the home to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. The home undertakes regular workplace inspection audits and there are processes for the identification and addressing of hazards and incidents. There is manual handling education for all staff. Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and

understanding of workplace safety issues and responsibilities, and we observed safe practices in operation.

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 established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire evacuation plans, emergency procedure documentation and exit signs are located throughout the home. Monitoring and maintenance of all fire and alarm equipment is undertaken and reports are provided. Fire equipment is located throughout the home. Appropriately responding to emergency training is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. Emergency first aid evacuation resource kits are readily available and there is a resident evacuation folder containing residents' care needs and relevant contact information. Staff stated they are aware of and understand their responsibilities in the case of fire and other emergencies.

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. Staff receive training at orientation and on an ongoing basis. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures, pest management and disposal of waste. The home follows state and federal guidelines for the management of influenza and gastroenteritis outbreaks and a vaccination program is in place. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. Information on infections is collected, analysed and discussed with staff. Hand washing facilities are available throughout the home and staff have access to sufficient supplies of appropriately colour coded infection control equipment. We observed staff complying with infection control practices including the use of personal protective equipment.

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

Residents expressed high levels of satisfaction with the hospitality services provided at the home. Comments included "the food is lovely and fresh", "my room is kept beautifully clean", "and my clothes are returned spotless by laundry staff".

Catering

Residents' dietary needs and choices are assessed and documented on entry to the home and details provided to catering staff. All food is cooked on site. There is a food safety

program and the home has a current NSW Food Authority licence. The home has a four week rotating menu which management reported has input from a dietician. We observed food preparation and service and staff practices are according to the appropriate food safety guidelines, including infection control requirements. Care staff have undertaken training in relation to appropriate food handling and infection control.

Cleaning

The home presents as clean, fresh and well maintained. Cleaning staff perform their duties guided by documented schedules, work instructions and results of inspections. Cleaning equipment is colour coded and chemicals securely stored. Staff are trained in the use of equipment, infection control, outbreak management procedures and work, health and safety. Staff demonstrated a good knowledge of infection control, manual handling requirements and safe handling of chemicals.

Laundry

Laundry linen services are provided by an external contracted organisation and residents' personal items are laundered by care staff on site. Items in need of laundering are collected in appropriate bags or baskets and transported to the laundry area. There are procedures and work instructions for the collection and handling of linen. Staff described the processes for the collection and transportation of unwashed linen and distribution of clean linen to residents. Staff confirmed they receive training in infection control and safe work practices.