



Aged Care
Standards and Accreditation Agency Ltd

Charles O'Neill Hostel

Approved provider: Catholic Healthcare Limited

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 21 December 2014. We made the decision on 27 October 2011.

The audit was conducted on 5 October 2011 to 6 October 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Charles O'Neill Hostel				
RACS ID:	0539				
Number of beds:	40	Number of high care residents:	30		
Special needs group catered for:	Nil				
Street/PO Box:	1 Wilson Street				
City:	MAYFIELD WEST	State:	NSW	Postcode:	2304
Phone:	02 4960 3901		Facsimile:	02 4960 3902	
Email address:	Nil				

Approved provider

Approved provider:	Catholic Healthcare Limited
--------------------	-----------------------------

Assessment team

Team leader:	Jennifer Morrow
Team member/s:	Delia Cole
Date/s of audit:	5 October 2011 to 6 October 2011

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	Accreditation 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

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	Accreditation 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

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		Accreditation 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

Principle:

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

Expected outcome		Accreditation 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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Charles O'Neill Hostel 0539

1 Wilson Street

MAYFIELD WEST NSW

Approved provider: Catholic Healthcare Limited

Executive summary

This is the report of a site audit of Charles O'Neill Hostel 0539 from 5 October 2011 to 6 October 2011 submitted to the Accreditation Agency.

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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 5 October 2011 to 6 October 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Jennifer Morrow
Team member/s:	Delia Cole

Approved provider details

Approved provider:	Catholic Healthcare Limited
--------------------	-----------------------------

Details of home

Name of home:	Charles O'Neill Hostel
RACS ID:	0539

Total number of allocated places:	40
Number of residents during site audit:	39
Number of high care residents during site audit:	30
Special needs catered for:	nil

Street/PO Box:	1 Wilson Street	State:	NSW
City/Town:	MAYFIELD WEST	Postcode:	2304
Phone number:	02 4960 3901	Facsimile:	02 4960 3902
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Management	2	Residents/representatives	15
Clinical /care / lifestyle staff	6	Hospitality, administration and environment / safety staff	7
		Volunteers	2

Sampled documents

	Number		Number
Residents' files including clinical and care records including nursing, medical and allied health assessments and records assessments, care plans, clinical observation records including weights, dietary records, continence and behaviour management charts, pain, mobility and falls risk assessments and documentation.	21	Medication charts	37
Physiotherapy assessments and care plans	7	Medication incident reports	6
Accident and incident reports	15	Self administration of medication authorisations	2
Wound management records	4	Personnel files	3
Care plans	16		

Other documents reviewed

The team also reviewed:

- Activities acknowledgement of risk forms
- Activities calendar
- Activities evaluation forms
- Activities weekly schedule
- Annual fire safety statement
- Cleaning and laundry manuals and programs
- Clinical indicator results for 2011
- Clinical policy and procedure manuals and flowcharts
- Comments and complaints register
- Comments and suggestions forms
- Communication books
- Compulsorily reporting register
- Confidentiality agreements
- Continuous improvement clinical documentation including audit tools and results.

- Continuous improvement forms
- Continuous improvement plan and register
- Criminal record checks and register
- Education and orientation records
- Food Authority license for 2011
- Food safety program including temperature monitoring records, resident preference lists and special dietary needs
- Handover sheets
- Incident register
- Infection register
- Internal audits
- Job descriptions and duty statements
- Leisure and lifestyle assessments and care plans
- Letter informing residents' and representatives of the accreditation visit.
- Medication charts
- Meeting agenda and minutes for residents, relatives, medication advisory and staff meetings
- Memorandums
- Newsletters
- Nutritional needs and preference lists
- OH&S records including environmental audits, safety logs and improvement forms
- Physiotherapy communication handover
- Policies and procedures and flowcharts
- Preventative maintenance program and records
- Professional registrations
- Register and guidelines for wandering residents
- Residency agreements
- Resident admission package
- Resident/ representatives satisfaction surveys
- Residents' information handbook
- Residents' information package and surveys
- Spiritual needs report
- Staff handbook
- Staff memos and notices
- Weight summary report

Observations

The team observed the following:

- Activities in progress
- Activities in progress
- Clinical care documentation system
- Equipment and supply storage areas
- Evacuation floor plans and emergency signage and lighting
- Fire equipment with tags indicating regular checking and servicing
- Infection control equipment including personal protective equipment, outbreak kit, colour coded cleaning equipment, and single use clinical products.
- Information about internal and external avenues of complaint
- Interactions between staff and residents
- Living environment
- Manual handling equipment and instructions for use
- Meal service delivery
- Medication administration rounds and storage areas
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers

- Notice boards (containing large print resident activity notices, menus, memos, staff and resident information)
- Notices about this Accreditation site audit
- On display in the foyer, privacy statement, mission, vision and values statements, advocacy brochures, internal and external complaints mechanisms', charter of residents rights and responsibilities, accreditation certificate
- Photographs of residents and staff participating in activities
- Record keeping systems – clinical and administration
- Residents files in secure storage area
- Residents vegetable gardens
- Staff clinical areas including medication trolleys, wound management equipment, clinical information resources
- Staff handover
- Suggestion boxes

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 actively pursues continuous improvement across all four Accreditation Standards. The continuous improvement system is supported at the organisational level by key staff through reporting and feedback mechanisms. Interviews and review of relevant documentation confirmed that the continuous improvement program includes mechanisms to monitor, assess, action, review and evaluate the home’s processes, practices, and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, feedback, incident systems, audit results, surveys, general, observation and verbal discussion. Review of minutes to meetings, internal and external audit programs and analyses of key performance indicators, shows ongoing commitment to the improvement process. Interviews conducted indicate stakeholders are provided with feedback on actions taken.

Examples of improvements in relation to Accreditation Standard One include:

- The home’s staff and management recognised the need for a better communication method between care staff and the registered nurse who works five days per week Monday to Friday. A communication book was introduced and feedback indicates this has been successful in addressing the issues.
- The organisation decided to develop a system of auditing of its individual homes. All managers have completed the understanding accreditation course. Managers from homes within the organisation will attend audits in homes other than their own. The Charles O’Neill hostel had its audit in August 2011 and issues identified such as signage that had not been replaced after some renovation work have been rectified.
- The home’s management recognised the need to empower staff on duty to manage the replacement of staff who call in sick when management are not on duty. A procedure and flowchart were developed giving clear direction and authority. Management stated this has resulted in the shifts always being filled and fewer phone calls when they are on call.

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

A review of documentation and interviews with management and staff demonstrates the home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation’s support services assist in ensuring management receives updates/changes of relevant legislation and regulations via e-mail and through their intranet facilities. Staff are informed of regulations, professional standards and guidelines through policy, procedure and flowcharts, the staff handbook, and compulsory education sessions. Updated and new information is communicated to staff, residents and representatives through mechanisms such as written correspondence, signage, meetings, staff handover, and through updated policies,

procedures and flow charts. Monitoring of compliance includes scheduled internal and external audits, feedback from stakeholders, performance reviews, and observation of staff practices. Interviews with staff indicated awareness of current regulations and legislation.

Examples of compliance relating to Accreditation Standard One include:

- A system to ensure all staff, allied health personnel, volunteers and contractors have current criminal history checks and these are monitored for renewal.

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 homes management provides an education and training program to ensure all staff have the appropriate knowledge and skills to perform their roles effectively. The annual education calendar incorporates a range of topics across the four Accreditation Standards. Sessions are provided on an in-service basis aligned with staff meetings as well as from external sources. The education program provides mandatory education to meet requirements determined by legislation. Education is available for professional staff to assist with registration requirements. Strategies to ensure new staff have appropriate knowledge and skills to perform their roles effectively include an orientation program, and 'buddy' shifts when they commence work at the home. The training requirements and skills of staff are evaluated on an ongoing basis through skills assessment, an appraisal system, and feedback. Education attendance records are maintained to monitor staff attendance at mandatory and non-mandatory education appropriate to their position. Staff interviewed report satisfaction with the education program and stated that there are opportunities to advance their skills. Residents and representatives stated they have confidence in the skills the staff demonstrate when providing care and services.

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

- Code of conduct
- Understanding accreditation
- Enterprise agreement

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Management encourage and support all stakeholders to provide feedback on the services provided. Residents and representatives are informed of the internal and external complaints mechanism on entry to the home. This is documented in the resident handbook and resident agreement. Comment and complaint forms are accessible for all stakeholders in many areas of the home. The manager is available for informal verbal feedback a method preferred by a number of the homes residents. Brochures for resident advocacy and external complaint services are also available and accessible. Review of the register showed complaints are actioned and feedback provided to the complainant in a timely manner. Comments and complaints are considered and actioned through the home's meetings and continuous improvement system. Information concerning staff complaint avenues and grievance procedures is documented in the staff handbook and is discussed at orientation to the home. Residents and representatives state they are aware of how to make a complaint. They

commented on their own experiences and indicated they were satisfied with the manager's response to all issues including those of concern to them.

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

Charles O'Neill Hostel and Catholic Healthcare has documented their vision, mission and values. These are promoted and communicated through all the homes publications. This information is provided to residents and representatives on entry to the home, and to staff on commencement of employment. In addition, staff, are made aware of the organisation's philosophy through the home's recruitment, orientation and education processes. The home's commitment to quality is evident through the quality improvement initiatives, through policies, procedures and planning that guide staff practices. The home actively promotes community involvement as well as the residents continued participation within the local community. Team work is encouraged and opportunities for staff to advance their skills are provided.

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

Charles O'Neill Hostel has appropriately skilled and qualified staff employed and rostered to meet the needs of residents in accordance with legislated requirements. Processes such as staff recruitment, orientation, 'buddy' shifts and task lists assist service delivery. The home has policies and procedures to guide the overall approach to human resource management. Minimum qualification requirements, assessment of skills, performance appraisal, ongoing education and training are undertaken so management can be assured staff skills are suitable. Ongoing review of the roster, staffing levels and skills in relation to changing resident needs is maintained. The roster includes a registered nurse on duty five days per week. The home's management maintains staff personnel files to manage human resources and these were observed to be stored securely. A register is maintained to monitor criminal history checks for staff and volunteers. Professional registrations are also monitored. Staff feedback confirms they have sufficient time and guidance to undertake their duties. In addition staff stated they receive opportunities for education to ensure the necessary skills for their work, and when new skills are needed management is proactive in arranging it. Staff also stated, they enjoy working at the home, they expressed a commitment to residents and the home's management. Residents and representatives stated there are sufficient staff to provide services and are complimentary about staff skills and attitude.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management and staff stated, documentation, and observation confirmed the home has systems to order and have available stocks of goods and equipment appropriate for quality

service delivery. Stock levels are managed, maintained and ordered by staff in the home. Preferred suppliers are used and services are regularly monitored and evaluated. An external supplier provides chemical stocks and provides education in their use. The preventative maintenance program ensures equipment is monitored and replacement needs are identified. New equipment undergoes risk assessment and is trialled prior to purchase. Purchases are decided following consultation with staff and management. All storage areas viewed showed that there are adequate supplies and there is a stock rotation policy. Staff and residents/representatives interviewed said there are always adequate supplies of goods and equipment available for use.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective systems to collect and disseminate information relating to management, clinical care, residents' lifestyle and the physical environment to staff, residents and representatives. The management and staff have access to current policies, procedures and information relevant to their role in the home. Mechanisms to ensure all stakeholders receive current information include but are not limited to resident and staff handbooks, resident agreement, newsletters, orientation programs, noticeboards, education, e-mail and meeting minutes. Assessment, care planning and progress notes record and communicate care needs along with handovers and communication books. These tools ensure residents' needs and preferences are identified, interpreted and supported with consistency. Feedback is sought from residents and representatives in developing plans of care. There are secure systems for the generation, storage, archiving, and destruction of documentation ensuring resident dignity, privacy and confidentiality are maintained. Electronic information is backed up daily, password protected and restricted to authorised personnel. The home monitors the effectiveness of the information system through meetings, internal and external audits and verbal feedback.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure external services are provided to meet the care and service needs of residents. The home uses various external providers managed by home's management through service agreements or contracts. Documentation review and staff interviews confirm that appropriate authorities and qualifications are held and insurance and registration details are in place. There are agreed standards for delivery and specifications of service. All work performed is monitored for quality, residents and staff provide feedback to management regarding the effectiveness of services. Changes are made when services received do not meet expected requirements for the needs of residents or the home. Prior to the renewal of agreements consideration is given to services provided. Staff interviewed stated they are satisfied with the quality of services provided by external suppliers in meeting residents' needs.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of improvements in relation to Accreditation Standard Two include:

- Through feedback systems the home's management recognised the need to strengthen the staff knowledge in relation to palliative care services within the home. Education has been conducted and a support network has been established with the palliative care services provided by the local hospital. This has enabled them to gain access to equipment such as syringe drivers for analgesic medication. Management and staff report that they have been able to care for three residents requiring 'end stage care' at the home rather than transferring to a hospital since the introduction of this program.
- Review of key performance indicators revealed the need for a review of skin care management. A new aged water based moisturising lotion is now applied to resident's skin after they are showered. Management and staff report this action has seen a significant reduction in skin tear statistics.
- Through feedback systems the homes management and staff recognised the need to develop staff skills in managing very challenging behaviours. The home caters for residents with diagnosed mental health conditions and more than half of the resident population have a confirmed diagnosis related to a mental health issue. All care staff were provided with 'mental health first aid training' in October 2010 and new staff receive training shortly after commencement at the service. The manager and the registered nurse have also attended 'mental health connect' and 'drug and alcohol' training. They have also developed a working relationship with the local aged care mental health referral team and work closely with this team when new residents enter the home. Each resident has a specific behavioural care plan recognising triggers and interventions, these are developed in consultation with a range of professionals. All staff interviewed were very positive about the training they had received along with the confidence it has given them in recognising and managing behaviours before they become challenging. Review of behaviour incident forms and the team's observations on site indicates there are very few challenging behavioural incidents on a day to day basis.

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

Examples of regulatory compliance with Accreditation Standard Two include:

- The home has a system to monitor and record professional and allied health staff registrations and authorities to practice.
- Medication management practices are monitored and reviewed for compliance.
- A system is in place to manage unexplained absences of residents in accordance with regulatory requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure the staff have the appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Two: Health and personal care.

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

- Behaviour management
- Medication management
- Mental health first aid
- Oral and dental care
- Pain management
- Registered nurse professional development

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and policies in place to ensure residents receive clinical care appropriate to their needs. An initial interview is conducted with the resident/representatives and information gathered assists in completing the comprehensive program of assessments. An individual care plan is prepared from the assessments by the registered nurse in consultation with the resident/representatives and others involved in clinical care. The registered nurse reviews the care plan three monthly, or as changes are indicated. Care staff are provided with current resident clinical care information through the handover processes, communication diaries, case conferences, care plans and progress notes.

Residents/representatives have access to a doctor of choice, who is available to care for the resident during their stay at the home. Staff interviews demonstrate they are knowledgeable about the care requirements of individual residents and procedures related to clinical care and in particular to residents with chronic mental health concerns. Residents/representatives and relatives are invited to participate in regular case conferences with the medical officer and others involved in their clinical care. Residents/representatives said they receive efficient and effective clinical care and staff are “very kind, caring and approachable” and “know all my little ways”.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure residents specialised nursing care needs are identified and met by appropriately qualified nursing staff. When a resident moves into the home their specialised nursing care needs are assessed and care plans are formulated and case conferences held to meet their ongoing and changing needs. A registered nurse is employed five days per week to attend to residents’ specialised care and equipment is supplied as necessary to meet identified needs. External nursing specialists such as mental health teams, palliative and continence nurse specialists also attend the home on a regular basis. All staff receive training in specialised nursing care practices. Staff interviews confirm that appropriately qualified staff are responsible for overseeing the specialised care needs of residents. Residents/resident representatives said they are satisfied with the specialised nursing needs managed by staff.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and assist the registered nurse to identify, assess and referred residents to the appropriate health specialists when necessary. The team reviewed a wide range of information documented in residents’ medical notes, progress notes, care plans, allied health folders and communication diaries. These include physiotherapy, mental health and palliative care teams, podiatry, speech pathology and optometry. Residents/representatives said they are satisfied with the referral process and are consulted when referrals to health specialists are required and that staff assist them to access these services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home demonstrates that the management of medication is safe and meets relevant legislative and regulatory requirements and professional standards and guidelines. A pre-packed medication system whereby medications are packed by a pharmacist and administered by appropriately trained staff is in place. A review of medication management documentation, including medication charts shows medical officers regularly review medications and that charts are documented appropriately. The team observed all medications are stored safely and correctly. Staff are required to demonstrate competency with medication management. Internal audits and review of medication management are conducted and a multidisciplinary Medication Advisory Committee meets regularly. Residents/representatives said medications are received on time and any adverse reactions or incidents are reported immediately and acted on appropriately.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure all residents are as free as possible from pain. Residents’ cognitive abilities are taken into account and the home uses a variety of tools to assess and manage pain. Initial assessments identify any pain a resident may have and a care plan is developed based on the individual needs of the resident. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. The care staff and activity officers assist with exercise programs to reduce residents pain by encouraging residents participation in gentle exercise and therapies that include massage. Pain management measures are followed up for effectiveness and referral to the resident’s medical officer and other services are organised as needed. Residents/representatives reported that staff respond appropriately to residents pain. Interventions offered include analgesic, heat and cold packs and exercise which are in line with resident preferences and needs.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems and support networks in place to ensure the comfort and dignity of terminally ill residents. Review of documentation identifies end of life wishes and staff discussions show the spiritual, physical and emotional needs of residents receiving palliative care are assessed and considered in care planning. Staff at the home receive education about managing the palliative care needs of residents and have access to appropriate health professionals for advice, assistance and supply of any specialised equipment. Residents are able to remain at the home if it is their wish. The residents care needs are assessed and managed by a registered nurse, medical officer and the community palliative care team. Documentation shows that residents expressed wishes are met regarding spiritual, emotional and terminal care directives.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to ensure residents receive adequate nourishment and hydration. The home can demonstrate that residents receive adequate nutrition and hydration through an initial assessment and through ongoing consultations about residents likes and dislikes. The registered nurse identifies residents at risk of weight loss and malnutrition by monitoring residents’ weights. Nutritional supplements, modified cutlery, equipment and assistance with meals and specialised diets are provided as needed. Staff are aware of special diets, residents preferences and special requirements. Residents/representatives have input into menu planning through residents meetings, comments and complaints mechanisms, informal discussions with staff and resident case conferences. Review of documentation and discussions with staff and resident/representatives revealed that residents are offered daily choice of meals and that they are very happy with the quality and variety of meals offered.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

The home can demonstrate that each resident’s level of mobility and dexterity is optimised. Regular and ongoing assessments occur in consultation with residents/ representatives and other health professionals as required. A review of documentation, including audits of accident and incident forms indicates that residents skin integrity is monitored daily by trained care staff and any changes reported immediately to the registered nurse for review and referral to the medical officer as needed. A physiotherapist is consulted to review individual mobility, dexterity needs and preferences. Mobility aids, independent living aids and appropriate activities are available to all residents and are consistent with individual care plans and identified resident need. Residents are encouraged to move around the facility and local community and join in various individual and group activities. Residents participate in the local community through activities such as participation in the local community garden. Residents/representatives said staff provided appropriate skin care, including managing any wounds and dressings since moving to the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Personal care staff said they assist residents with their toileting regime, monitor skin integrity and receive training and supervision in the management of continence and the use of continence aids. The home has sufficient stock of continence aids in appropriate sizes to meet the needs of residents. Each room has its own ensuite which assists in continence management. Residents/representatives said that staff ensure their privacy and dignity at all times.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home caters for residents with chronic mental health issues and challenging behaviours and has systems and experienced staff to very effectively manage the residents. Documentation and discussions with management and staff show residents’ behavioural management needs are identified by initial assessments and individualised behaviour care plans are formulated. Management said behavioural management strategies take into account the safety of the resident, other residents and staff. All residents’ preferences and needs and care plans are regularly reviewed and evaluated for effectiveness. Referral to psychogeriatricians and mental health teams occurs on a regular and ongoing basis. Practices of the staff observed were consistent with planned behaviour management strategies. Incidents are recorded and addressed in a timely manner. Staff receive regular and ongoing education in managing challenging behaviours and work as a team to provide care. Resident/representatives and relatives interviewed said the home manages the needs of residents with challenging behaviours sensitively and effectively.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home can demonstrate that an optimum level of mobility and dexterity is achieved for residents. Documentation and discussions with staff show all residents are assessed on moving into the home for mobility, dexterity and transfers. The physiotherapy program and physiotherapy care plan is developed by a physiotherapist if required and the program is implemented by the care staff. The care plan is regularly reviewed and evaluated by the physiotherapist. Staff are trained in falls prevention, manual handling and the use of any specialist equipment. Assistive devices such as mobile frames, pelican belts, mechanical lifters and wheelchairs are available. All falls incidents are documented, analysed and benchmarked within the organisation. Residents/representatives said the home encourages resident independence through individual mobility and exercise programs and appropriate referral to specialist services in a timely and effective manner. A resident also said that "the home is well laid out and easy to get around for someone like me who can't walk".

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has strategies in place to ensure residents oral and dental health is maintained. A review of documentation shows that residents' oral and dental health is assessed on moving to the home and individual care plans are regularly reviewed and evaluated to meet the changing needs of residents. Diet and fluids are provided in line with residents' oral and dental health needs and preferences and specialist advice for residents with swallowing problems is sought as needed. Policies and procedures guide staff practice and any dental problems are reported to the registered nurse. Dental appointments and transport are arranged in accordance with residents/representatives needs and preferences. Residents/representatives said staff provide assistance with appropriate and timely oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Initial assessment of any resident's sensory losses is identified on moving to the home and management strategies are implemented, regularly reviewed and evaluated. This is done in consultation with the resident/representatives and referral to specialist services arranged as needed. Residents/representatives said they have access to large print books, massage, gentle exercise and staff are attentive to any individual needs, including care of glasses and hearing devices. Regular services are accessed by an external optometry service and hearing services are arranged as needed. The team observed the environment to have adequate lighting, uncluttered rooms and corridors that facilitate resident safety. Staff education includes topics on sensory loss and staff said they use a variety of strategies to manage sensory loss, including appropriate equipment and support to promote independence.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has a system in place to assess, monitor and evaluate sleeping patterns to assist residents to achieve natural sleep. Residents sleep patterns, including history of night sedation are assessed on moving to the home and care plans are regularly reviewed and evaluated. The home has an environment of single rooms with ensuite and there is an emphasis on choice of retiring and waking times in accordance with the needs and preferences of residents. Residents interviewed said they “slept well at night and were not disturbed by other residents or staff at night” and “the beds are comfy”.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements in relation to Accreditation Standard Three include:

- Feedback from residents through a satisfaction survey lead to the review of the weekend lifestyle and activities program. Care staff have received training on how to run an activities program and each activity has been documented in a planned format. Two hours has been added to the roster on weekends to allow the time for staff to run an activities session. Management report feedback from residents has been very positive
- In order to maintain links with their local community the home has a garden plot in the local community garden. The residents go down to the garden once a week and tend to their flowers and vegetables. The local school also attends the garden on the same day as the home’s residents. Other locals have also built a bench seat for the residents to sit on by their garden when they attend. The recreational activities officer has been able to assist some of the residents to grow the seedlings at the home until they are ready for planting in the garden. The produce is brought back the home and shared out with family and friends. Residents interviewed spoke highly of this activity and the enjoyment they get from being involved
- The organisation’s management recognised the need for paid pastoral care hours. An additional 7.6 hours per week have been added to the roster. The pastoral carer has received education in pastoral care and visits every resident on admission. The resident has the choice to continue with visits or not. A regular visiting program is established and the pastoral carer will assist with a range of activities including writing letters, hospital visits, making arrangements for specific spiritual needs. Residents interviewed spoke highly of the pastoral carer and the services provided.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place 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:

- New residents receive a residency agreement which includes information such as security of tenure and resident rights and responsibilities.
- A system is in place for compulsory reporting of suspected or alleged resident assault, in accordance with regulatory requirements

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

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

- Elder abuse and mandatory reporting
- Running weekend activities
- Sexuality in the older person
- Diversity in aged care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents expressed appreciation for the support and assistance that staff provide to them during their entry to the home and the subsequent settling in period. Care staff and leisure and lifestyle staff spend one to one time with residents during their settling in period and thereafter according to identified needs. In addition, the activity and pastoral care staff visit residents to provide ongoing support. The entry process includes gathering information from residents and representatives to identify residents existing care and lifestyle preferences. Residents commented that all staff are "very supportive and you couldn't get better care". Religious clergy and volunteers provide services and individual support as needed. Feedback about resident's levels of satisfaction with the provision of emotional support is gained informally, through meetings, audits and resident surveys.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents stated they are satisfied with the opportunities available to them to participate in the life of the community. Residents advised that they are encouraged to entertain their visitors at the home and that they can go out independently or with family and friends. Staff facilitate resident participation in the local community, for example, through the community garden, regular bus trips and shuffle board competitions with other hostels in the area. Residents may have their own phones installed to keep in contact with family and friends. Many community groups visit the home, including service clubs, entertainers, special interest groups and school children. Residents use mobility aids to ambulate around the home. Regular exercise sessions assist residents to maintain mobility levels and independence. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to postal vote if they wish to do so.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Interviews with residents confirmed that their privacy, dignity and confidentiality are respected and staff practices are based on a resident's individual preferences. The team observed resident records are securely stored, and staff address residents in a respectful manner by their preferred names. Residents care plans and progress notes provide evidence of consultation with them about their preferences for the manner in which care and lifestyle support is provided. Staff were observed to knock on residents room doors before entering. Many residents enjoy the services of a visiting hairdresser. Residents expressed satisfaction with the laundry services and said their clothes are returned in a good condition. The team observed that residents who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents expressed high levels of satisfaction with the leisure and lifestyle staff and activity program. Staff use an assessment process that captures residents' social histories and leisure preferences, and includes observation of participation and attendance at the homes scheduled activities over the first month after entry. The monthly activity programs include special events, take into account residents preferred activities, and significant cultural days. The program includes a mix of group and individual activities. Those residents who have difficulty self-initiating activities and those who prefer not to join in with others are provided with one-to-one time. Lifestyle staff are responsive to the feedback that residents provide at meetings, through surveys and during informal discussions. There is a focus on activities outside of the home as thirty of the homes forty residents are male, the program includes, bus trips, gardening, fishing trips, and visiting a private airfield. The leisure and lifestyle staff maintain participation records for each resident to identify levels of interest in the activities provided. Leisure and lifestyle staff evaluate the residents lifestyle care plans every three months to ensure the program continues to meet the recreational and leisure needs of the residents.

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

Residents reported they are very satisfied with the support provided for their cultural and spiritual needs. The individual requirements of residents to continue their beliefs and customs are identified in the assessment process on entry. Current residents at the home are a mix of European and English speaking backgrounds and all current residents speak and understand English. Cultural and spiritual needs are considered when planning clinical care. Specific cultural days such as Australia Day, St. Patrick's Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. Residents and representatives expressed appreciation for the efforts of staff to entertain and please the residents on these occasions and a number of them spoke of their enjoyment of the Christmas pantomime.

Resident's birthdays are celebrated. A number of religious clergy hold services at the home and residents are invited to attend these if they wish to do so. Staff training focuses on respecting and understanding individuals and their beliefs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents reported they are very satisfied with the choices available to them at the home. Care routines are arranged following discussions between staff and residents or representatives. The menu provides choices for each meal. Residents' choice of general practitioner and allied health services is respected. Participation in group activities is the choice of the resident and they are asked how they wish leisure and lifestyle staff to support them during one-to-one time. Residents have personalised their rooms with memorabilia and items of their choosing, including small pieces of furniture. The home has a number of mechanisms in place for residents and representatives to participate in decisions about the services residents receive, including discussions with staff, meetings, surveys, case conferences and through the comments and complaints processes. Residents expressed confidence and satisfaction with the actions taken by management on matters raised and their responsiveness to requests.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and representatives reported they are satisfied with the information the home provides to them on entry regarding details of tenure as well as the fees and charges. Details of residents' tenure are included in the residential agreement which is offered to residents on entry and which meets the requirements of the *Aged Care Act 1997*. Information on the processes for making complaints and residents' rights and responsibilities is also contained in the documentation that residents receive on entry. Management advised that residents and their representatives are consulted prior to the rare occasion when a resident may be asked to move to a different room.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements in relation to Accreditation Standard Four include:

- As a result of ongoing resident feedback the home’s organisation decided to end all external catering contracts and return to cook fresh onsite arrangements. Work on this project started in January 2011 and the home started cooking fresh for the residents in July 2011. In September 2011 the catering services underwent a food safety audit from the NSW food authority and received an ‘A’ rating. All residents interviewed expressed high levels of satisfaction in regards to this change.
- The home has undergone a refurbishment program involving the rearrangement of the entry, reception, manager’s office and staff work areas to improve the working environment for staff and increase their accessibility to the residents. Management stated this has been well received by staff and residents.
- The home’s management received funds through donations, for some new furnishings and have replaced the furnishings in the sunroom overlooking the central courtyard. This has created a quiet comfortable place for residents to sit and enjoy the sunshine. Feedback received has been very positive.
- The home has a wall facing a main road that had become a target for graffiti. The manager contacted the local council for advice, among the options was contact number for a local graffiti artist to paint a mural on the wall. The homes management took up this option and had the wall painted with special graffiti deterrent paint by the artist. Since this has happened the unwanted graffiti has ceased.

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 in place 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:

- Annual compulsory education is provided for fire safety and manual handling.
- A current fire safety statement meets regulatory requirements.
- A food safety program and a current NSW Food Authority licence for vulnerable persons are held.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Four: Physical environment and safe systems. This includes mandatory training in fire awareness and evacuation procedure, occupational health and safety/risk management, infection control and manual handling.

Examples of additional education and development attended by staff in relation to Accreditation Standard Four include:

- Food safety
- Chemical safety
- Occupational health and safety
- Infection control

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has a system in place to ensure a safe and comfortable environment for residents. The home has a preventative maintenance program to ensure the building; grounds and equipment are maintained in a satisfactory and safe condition. Residents have their own room with their own ensuite. Residents are able to bring in furniture and other personal effects to decorate and personalise their rooms. The home has a number of courtyards and access to outdoor areas and garden. The home has three main wings, each with its own lounge areas with ramps and walkway to a communal dining facilities and communal activity area. There are ramps connecting the three wings and if residents are unable to manage these independently staff will assist them with the use of wheelchairs. There are sheltered outdoor areas with seating to encourage residents outdoors which are also the designated smoking areas for residents. These are well used and popular with the residents. The residents said that they are very happy with the environment, security and hospitality services provided and comments included "I like it here- we have our independence", "the rooms are good the girls are lovely" and "I can be quiet by myself and not be disturbed". Another resident said "I feel very safe here- I can lock my room at night and the girls will come quickly if I need them".

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system to minimise risks and provide a safe working environment. Statistical data on accidents are collated by head office and presented and discussed at the monthly staff meeting where OH&S is a standard agenda item. Potential hazards and staff

suggestions or concerns are investigated to identify possible causes and then the OH&S representatives, staff and management identify and implement any actions that can be used to remedy the issue or prevent problems in the future. The home's OH&S representatives conduct monthly environmental audits on the premises to identify problems and hazards. Staff complete regular training in the areas of fire safety and manual handling. There are safe work procedures and flowcharts to guide staff. There are trained return to work coordinators and the home has policies and procedures in relation to risk management. The OH&S representatives said that "management is very supportive of OH&S".

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

Staff described their responsibilities and the procedures to be followed in the event of a fire or other emergency. Training also covers other areas of emergencies and disaster situations such as bomb threats. Fire training is held regularly and mock evacuations are undertaken. A copy of the annual fire safety certificate is displayed. The home has formal external contractual arrangements for the maintenance of all the firefighting equipment and fire alarm systems. Fire fighting equipment had been inspected on a regular basis. Residents reported that they had been given information about fire safety and the resident handbook confirmed this. Residents are given talks by the fire training officer when the staff have training. Residents said that they have fire evacuation instructions on the back of their room doors.

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

An infection control surveillance program is in place to monitor and review the levels of infections within the home. The home collects infection control data across a range of areas including wounds, infections, laundry and hand washing. Infection statistics and other clinical indicators are discussed at the staff meetings and the summary results of these and organisational benchmarking are tabled at these meetings. Colour coded equipment for the cleaning of the premises is used, as are colour coded chopping boards during meal preparations. Colour coded cleaning equipment and personal protective equipment, such as gloves were being used by staff members throughout the premises to reduce the risk of cross infection. There are outbreak kits available throughout the home in the event of an infectious outbreak and staff are trained to manage an outbreak if one occurred.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Documentation, staff interviews and observation confirmed that processes, policies, and procedures are in place for all aspects of hospitality services. Observation and interviews demonstrated that they are conducted in accordance with food safety, infection control and OH&S guidelines. Audits and surveys provide feedback to staff. Residents/representatives interviewed expressed very high satisfaction with the hospitality services provided especially with the change to fresh cooked meals daily. Residents all commented very positively about the quality of the meals and comments include: "the meals are lovely" and "they were good

before, but its better now” and “I can change what I want any time and the kitchen staff are great”. Another resident told the team that “they look after all my clothes, even sew the buttons back on”.

Catering

Meals are prepared fresh daily by a qualified chef. The four weekly rotating menu is prepared by head office and is reviewed by a dietician. Residents can provide feedback on the menu and were able to give examples where the menu has been changed to include some of their requests. A food safety program is in place and food preferences, allergies, and special dietary needs are identified and communicated to catering staff. Interviews with staff confirmed education and an awareness of safe food handling. Following an audit by the NSW Food Authority in 2010 the home was awarded an ‘A’ rating.

Cleaning

Daily cleaning services are conducted according to set schedules and as required by contract cleaners. Detailed residents room cleaning and extra cleaning programs are in place. The company supervisor audits the home’s cleanliness on a regular basis as does the residential manager. Feedback to the company is provided by staff and management and rectifications, improvements or additional cleaning undertaken as indicated. Residents’ rooms and common areas were observed to be clean. Results of staff interviews demonstrated a working knowledge of safe chemical use and infection control. The team observed colour coded cleaning equipment in use.

Laundry

Laundry services for resident’s personal items are conducted seven days a week in the on-site laundry and flat linen is outsourced to a commercial laundry. Observation and staff interviews confirmed laundry operations are in accordance with infection control guidelines. A labelling service is provided for residents’ clothes and processes are in place to minimise lost items. Procedures are in place for delivering residents personal items and linen. The team observed linen storage and available supplies were observed to be of good quality. Residents spoke highly of the laundry service and staff who helped them to maintain their clothing in good order.