



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Chomley House Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Chomley House Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Chomley House Hostel is three years until 4 September 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Chomley House Hostel		
RACS ID:	3231		
Number of beds:	38	Number of high care residents:	20
Special needs group catered for:	Nil		

Street/PO Box:	113 Chomley Street				
City:	PRAHRAN	State:	VIC	Postcode:	3181
Phone:	03 9529 8107		Facsimile:	03 9529 8166	
Email address:	wtempler@chomleyhouse.com.au				

Approved provider

Approved provider:	Milford Hall Pty Ltd
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Assessment team

Team leader:	Stephen Koci
Team member/s:	Jennifer Thomas
Date/s of audit:	1 July 2009 to 2 July 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
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Agency findings
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Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Chomley House Hostel
RACS ID	3231

Executive summary

This is the report of a site audit of Chomley House Hostel 3231 113 Chomley Street PRAHRAN VIC from 1 July 2009 to 2 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Chomley House Hostel.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 1 July 2009 to 2 July 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Stephen Koci
Team member/s:	Jennifer Thomas

Approved provider details

Approved provider:	Milford Hall Pty Ltd
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Details of home

Name of home:	Chomley House Hostel
RACS ID:	3231

Total number of allocated places:	38
Number of residents during site audit:	34 (includes 3 respite residents)
Number of high care residents during site audit:	20
Special needs catered for:	N/A

Street/PO Box:	113 Chomley Street	State:	VIC
City/Town:	PRAHRAN	Postcode:	3181
Phone number:	03 9529 8107	Facsimile:	03 9529 8166
E-mail address:	wtempler@chomleyhouse.com.au		

Assessment team's recommendation regarding accreditation

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The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Care coordinator/registered nurse division two	1	Residents/representatives	11
Registered nurse division one	1	External carer	1
Care staff	4	Pharmacist	1
Administration Coordinator	1	Physiotherapist	1
Administration assistant	1	Approved provider	2
Lifestyle coordinator	1	Director	1
Director/manager	1	Chef	1
Cleaning staff	1	Catering staff	1
Laundry staff	1	-	-

Sampled documents

	Number		Number
Residents' files	16	Medication charts	17
Summary/quick reference care plans	12	-	-

Other documents reviewed

The team also reviewed:

- Accident incident reports folder
- Activities evaluation folder
- Activities meetings agendas
- Activities program 2009
- Aged care channel program guide
- Analysis of incident reports for April 2009
- Asset register
- Bimonthly care evaluation folder
- Blood glucose level monitoring forms
- Blood glucose monitoring charts
- Care plan consultation forms

- Carer folder
- Certificate of registration of food premises 2009
- Chomley house information leaflet
- Clinical audits
- Clinical care review schedules
- Clinical competencies
- Clinical referrals to specialist services
- Complex health care plans
- Continence assessments and management documentation
- Continuous improvement forms
- Controlled drugs register
- Cool room temperature record sheet
- Cultural care kit
- Daily laundry cleaning program
- DDA medication administration forms
- Diabetes management documentation
- Dietary requirements folder
- Dietician and speech pathology referrals folder
- Essential services folder
- Essential services log
- Flu and gastro information brochures
- Food safety internal audit folder
- Freezer temperature record sheet
- Handover sheets
- Health, lifestyle and resident safety manual
- Hypoglycaemia care pathway
- Immediate action effective for continuous improvement folders
- Infection control manual
- Infection control monthly trends and reports
- Infection control policy and procedure in organisational manual
- Infection control surveillance forms and graphs
- Internal audit schedule
- Kitchen staff communication log
- Kitchen staff meeting agendas
- Lifestyle bimonthly review forms
- Lifestyle schedule for review of resident participation in program
- Management policies manual
- Management review meeting minutes
- Management review meetings folder
- Material safety data sheets
- Medication advisory committee meeting minutes
- Medication management notes (consultant pharmacist review documents)
- Memorandums
- Monthly audit analysis reporting
- Monthly laundry cleaning program
- Monthly vacuuming program
- Newsletters
- Night staff checklist for each resident
- Nutrition and hydration change form
- Nutrition supplement sign off sheets
- Occupations health and safety manual
- Organisational mission statement
- Outbreak guidelines
- Pain assessment and management documentation
- Palliative care files
- Pathology reports – part of infection control surveillance

- Personal care staff responsibilities checklist
- Philosophy of home in resident and staff handbooks
- Physiotherapist communication sheet folder
- Plan for continuous improvement folders
- Position descriptions and staff duties lists
- Refrigerator temperature recording charts
- Request for physiotherapist review sheet
- Resident and representatives meeting agendas
- Resident and representatives meeting minutes
- Resident consent forms relating to lifestyle program
- Resident diet information forms
- Resident exercise class attendance lists
- Resident incident and accident form
- Resident menu
- Resident menu choice form
- Resident survey (2008) responses
- Resident survey report
- Resident treatment charts folder
- Residents weight records folder
- Residents who self medicate assessments and authorities
- Residents' information package and surveys
- Roster and timetable folder
- Service agreements
- Social and cultural information and care plans
- Staff annual appraisal form
- Staff competency training information
- Staff handbook
- Staff meeting minutes
- Staff survey report
- Staff training calendar 2009
- Staff training evaluation form
- Temperature record sheet
- Terminal wishes care consultation forms
- Training 2009 folder
- Training program form
- Unscheduled maintenance record
- Weekly general cleaning program
- Weight charts
- Weight protocol flow chart
- Wound assessment and management folder
- Wound management documentation

Observations

The team observed the following:

- Activities in progress – staff dancing with residents to live music
- Administration of medications
- Biohazard spill kit
- Care staff trolleys for residents individual daily care items
- Diabetic management kit
- Emergency evacuation plan
- Equipment and supply storage areas
- Evacuation back pack
- Fire fighting equipment, break glass alarms, smoke alarms and sprinklers
- Hot drinks being served
- Infectious outbreak kit
- Infectious waste (sharps) disposal units
- Infectious waste yellow rubbish bags
- Information displayed around home
- Interactions between staff and residents
- Keypad security
- Living environment
- Lunch being served
- Noticeboards in staff areas
- Notification regarding influenza outbreak displayed at front desk
- Organisational mission statement displayed at front entrance
- Resident meals
- Resident rooms
- Residents being consulted regarding meals and activities
- Residents rights and responsibilities displayed
- Staff practices
- Staff work areas
- Stock levels
- Storage of medications

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 recommendation

Does comply

The home has a continuous improvement system that shows improvements in management systems, staffing and organisational development. The system includes policies and procedures, feedback from staff and residents, continuous improvement forms, and staff and resident surveys and from residents and representatives meetings. Collated information is analysed, a plan of action is developed, the results are reviewed and feedback is provided on the outcome. Staff confirmed that continuous improvement occurs. Residents confirmed that they are involved in the continuous improvement process.

Examples of continuous improvement in Standard One include:

- The home has subscribed to an aged care education television network so management and staff have appropriate skills and knowledge to perform their roles. The home has also purchased a new television and DVD to view the education television network.
- The home has an electronic continuous improvement register. The system is accessible to senior staff and management who can review actions and outcomes and analysis the data to ensure continuous improvements are occurring.
- The home has a police clearance checking software that allows the home to manage its police check records in an efficient manner.
- The home has updated the comments and complaints form to a new improvement form.
- The home has introduced a schedule for all internal audits and also has an audit allocation schedule in place.

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 recommendation

Does comply

The home has a system in place for identifying relevant legislation and regulatory requirements and for ensuring compliance with professional standards. Residents, relatives and staff are informed of changes in regulatory compliance through reports at meetings, a newsletter, a memoranda system, education boards and access to policy and procedures. Compliance is monitored through audits, competency testing and observations. Effective staff and service provider credentials and police checks processes are in place. Staff confirmed that they are informed about regulatory compliance.

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 recommendation

Does comply

The home has an established education and training program which addresses each of the accreditation standards. Standardised staff recruitment and selection practices ensure staff have appropriate qualifications to meet roles requirements. Learning and training needs are

identified from a variety of sources including the use of feedback arising from staff performance appraisals, in response to the changing needs of residents, competency testing, observations and regulatory requirements. Attendance records are maintained for the mandatory training and the effectiveness of all education and training sessions is evaluated.

Examples of recent education relating to Standard one includes:

- Accreditation
- Leadership
- Teamwork/situational leadership
- Mental health.

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 recommendation

Does comply

The home has formal and informal comments and complaints mechanisms that are accessible to residents, relatives, visitors, representatives and staff. Information about the internal and external complaints processes is communicated through agreements, handbooks and newsletters, and forms and brochures are displayed prominently. The system includes continuous improvement forms, resident and resident representative meetings and an open door to management policy. Management acknowledges and acts on comment and complaints in a timely manner and tracks and reviews resulting progress and improvements through the continuous improvement system. Staff reported they can raise complaints with management and they are actioned. Residents are aware of internal and external complaint processes and reported they feel comfortable to use these processes.

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 recommendation

Does comply

The home has documented its mission and philosophy statements. A framed mission statement and a resident's rights and responsibilities poster are displayed at the front entrance to the home. The organisations mission and philosophy statements are included in the resident/representative and staff handbooks. These statements are reviewed and input is sought from all stakeholders. The home demonstrates its commitment to quality through strategic planning processes and through the provision of resources that provides quality outcomes for all stakeholders.

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 recommendation

Does comply

The home's has established processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to residents. Formal recruitment procedures, including processes to monitor qualification and credential information and review of position descriptions, are in place and followed. New staff are provided with orientation and with 'buddy' shifts to assist in the adjustment and monitoring of the new staff member and a performance appraisal program is followed. Rosters show adequate staffing levels occur over

all shifts and roster vacancies are filled with permanent staff. Staff are satisfied with current staffing levels and residents and representatives also stated that they are satisfied with staffing levels.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home ensures stocks of appropriate goods and equipment is always available. Food requirements, catering stock and clinical supplies are regularly ordered through preferred suppliers using effective stock take and rotation processes. Non-clinical supplies and continence supplies are ordered routinely and all goods are stored in clean and secure areas. Capital equipment is purchased after trial and evaluation by relevant personnel. Corrective and preventative maintenance programs and electrical testing and tagging programs are in place. Staff, residents and representatives are satisfied with the availability of goods and equipment and commented positively on the home's maintenance services.

1.8 Information systems

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

Team's recommendation

Does comply

Management and staff can demonstrate they have access to information to assist them to perform their roles and provide care to residents. Management information is disseminated through informal discussions, staff and resident/representative meetings, on staff noticeboards and through staff memorandums. Upcoming event notification and other general information are displayed around the home and in the homes newsletters. Documentation is stored securely, accessed only by appropriate staff and archived as required. Observation of staff practices showed the team that staff ensured confidentiality at all times. Staff stated that management provides them with current and relevant information to support their roles. Residents and representatives said they are satisfied with how information is made available for them around the home.

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 recommendation

Does comply

There are processes in place to ensure externally sourced services meet the home's needs and quality goals. External services include suppliers, external tradespeople and contracted service providers. Service providers comply with the home's credentialing processes and ongoing service providers sign agreements that specify required standards of service delivery and the timeframe of service provision. External service provision is monitored through observation and feedback from stakeholders about service quality and timeliness. Staff and residents are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a continuous improvement system that shows improvements in resident health and personal care. The system includes policies and procedures, feedback from staff and residents, continuous improvement forms, and staff and resident surveys and from residents and representatives meetings. Collated information is analysed, a plan of action is developed, the results are reviewed and feedback is provided on the outcome. Staff confirmed that improvements have occurred in resident health and personal care. Residents confirmed that their clinical care needs are met.

Examples of continuous improvement in Standard Two include:

- Specific staff training in wound management has been added to the staff training calendar after feedback from the staff survey.
- Care plans have been typed up and separated from files to allow ready access to staff.
- In response to fall data overnight, management have purchased sensor floor mats.
- A falls prevention program is being introduced that will include a resident risk assessment and an environmental assessment of the residents room and an exercise program to assist residents to maintain or improve their level of mobility.

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 recommendation

Does comply

The home has a system in place to identify relevant legislation and regulatory requirements in relation to resident health and personal care. Residents, relatives and staff are informed of changes in regulatory compliance through reports at meetings, newsletters, a memoranda system, education boards and access to policy and procedures. Compliance is monitored through audits, competency testing and observations. All registered nurses hold current registration and qualifications. Staff stated that they are informed about legislative and 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 recommendation

Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. For a description of the home’s staff education processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard Two include:

- Pain
- Hearing Aids

- Clinical skills training
- Sensory loss: vision.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents receive clinical care in accordance with their assessed needs and preferences. The Care coordinator who is a medication endorsed division two registered nurse and personal care assistants undertake clinical care. Care plans are developed, implemented, reviewed and evaluated and signed off by a registered nurse. The registered nurse division one assesses, supervises and evaluates care for all high care residents. Interim care plans are implemented for each resident on entry. Staff were able to demonstrate their knowledge of resident care needs and preferences. Care consultation was evident in clinical files and residents and representatives confirmed that they are consulted regarding their care needs and said they are satisfied with the care provided.

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 recommendation

Does comply

The care coordinator and the registered nurse division one carry out the specialised care required by residents well supported by personal care staff. Detailed care plans are in place and contain additional information for staff to assist them to deliver optimal specialised care to residents. Staff have access to numerous external specialist services and education is provided on specialised care topics such as wound care, behaviour management, palliative care and diabetes management. Residents with diabetes have documented reportable blood glucose levels and treatment strategies available for staff. Residents and representatives said they are satisfied with the specialised care they receive

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 recommendation

Does comply

The home has a number of other health and related services that are accessed according to residents’ needs and preferences. These services include dietitian, speech pathologist, wound and palliative specialist services. These services are available either internally or appointments can be made to visit external practitioners. The team reviewed progress notes that contained referrals and information post appointments relating to resident care. Residents and representatives confirmed that these services are available and said they are consulted before an appointment is made and are kept informed of the outcomes of any reviews by other health and related services.

2.7 Medication management

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

Team’s recommendation

Does comply

The medication endorsed division two nurse and personal care staff administer medication from multidose blister packs. The registered nurse division one undertakes medication

competencies of all staff involved in administering medication. The team observed staff administering medication in a correct and safe manner. Medication charts were clearly identifiable with photographs of residents and specific information detailed on optimum ways to administer medication to each resident. All medication areas are locked when staff are not in attendance and the medication trolley was stored securely and correctly. Staff signature and medication chart audits are undertaken and a consultant pharmacist carries out medication reviews. The medication advisory committee meets regularly and comprises the supplying pharmacist, consultant pharmacist, doctor, care staff and a resident advocate. Residents who partially administer their own medication have a signed assessment and authorisation form in place. These are reviewed annually. Residents and representatives said their medication is managed well by staff.

2.8 Pain management

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

Team's recommendation

Does comply

Residents are assessed for pain using a specific pain assessment tool. A pain management care plan is implemented outlining medication and non-medication strategies for pain relief. Residents, staff and progress note entries confirm the use of non-medication strategies such as heat packs and gel to relieve pain. Gentle massage is used as part of pain management strategies implemented for residents. Staff attend education on pain management and said they contact the resident's doctor if current strategies are not managing pain well. Staff have access to 'as required' analgesic medication orders for residents and give these as required and/or requested. Staff document the effectiveness of these interventions in the resident's progress notes. Residents said they are assisted to be as pain free as possible by the interventions provided by staff.

2.9 Palliative care

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

Team's recommendation

Does comply

The care coordinator supported by the registered nurse division one and care staff offers end of life care at the home. The resident and/or representative are asked to complete a terminal wishes care consultation form soon after entry outlining the palliative care that is requested by the resident. These forms are kept at the front of each residents file. Palliative care offered at the home is comprehensive and provides dignified, individual care to residents ensuring their comfort during their end of life stage of care. Files reviewed contained progress notes detailing the individual palliative care provided to residents. When required palliative care plans are activated to guide staff in providing individualised palliative care. An external palliative team is accessed for ongoing care advice and support. Staff have attended education on palliative care with staff stating that they provide optimal care and emotional support to residents and support the family during this time. The resident's doctor and representatives are involved in the ongoing review of palliative care. A representative said that all staff deliver compassionate, holistic care to residents at this time.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

On entry to the home residents are asked for their dietary likes, dislikes, food allergies and preferences. This information is recorded on each resident's nutrition/hydration care plan and the team confirmed that this dietary information is sent to the kitchen. Residents are weighed

regularly and if a significant change in a residents' weight is identified the doctor is notified and a review by a dietitian and/or speech pathologist is undertaken. Food supplements are available and the team observed residents being assisted and encouraged by staff to eat their meals and being offered additional food and drinks throughout the day. Residents and representatives interviewed said they are satisfied with the food and drinks supplied and said there is always enough to eat.

2.11 Skin care

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

Team's recommendation

Does comply

Resident files reviewed contained skin integrity assessments and detailed skin and wound care plans to assist staff to maintain and protect resident's skin using creams, protective devices and contemporary wound dressings. When impairment to the skin occurs wound management strategies are implemented, monitored and evaluated. Staff confirmed they attend skin care education and have adequate supplies to enable wound care to be provided as assessed. The team observed residents skin to be clean with residents stating they are satisfied with the skin care they receive.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation

Does comply

All residents have had continence assessments undertaken that include urinary status and current bowel habits. If continence issues are identified a management plan is implemented. These plans record the level of assistance and the continence aids required by residents to maintain their optimal level of continence. Individual toileting times are recorded on resident care plans. The care coordinator and the registered nurse division one review and evaluate residents' continence management plans and ensure residents are being provided with the correct aid. Staff stated that there is always adequate stock and said this assists them to provide effective continence care. The supplying company's representative is available for additional support and information. Staff said continence education assists them to ensure continence aids are applied correctly and to identify when a resident requires reassessment. Resident and representative feedback was positive regarding their continence management.

2.13 Behavioural management

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

Team's recommendation

Does comply

On entry to the home residents are assessed for any challenging behaviours and a specific depression indicator assessment is also carried out. If behaviours are identified individualised, detailed behaviour management plans are implemented. Staff said they can access a visiting psychiatric team for advice and support as required. Staff confirmed they attend behaviour management education. The care coordinator said that care and lifestyle staff work together to develop effective behaviour management strategies for residents. There is no restraint currently being used in the home. Wandering residents are able to freely mobilise throughout the home. Residents and representatives said that if another resident's behaviour impacted on them staff are quick to intervene and redirect the resident.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents have their mobility status assessed by the physiotherapist soon after entry to the home. Their mobility requirements are recorded and an individual exercise plan is developed. Care plans are documented and detail the number of staff and equipment required to safely transfer and mobilise each resident. The physiotherapist supervises a weekly exercise group that is well attended. Care staff said they assist residents each day to mobilise and to undertake their individual exercise program. Modified equipment such as cutlery and plate guards are available if required to enhance dexterity. The team observed residents walking around the home with staff assistance and using mobility aids. Residents interviewed stated they attend exercises and appreciate the assistance given to them by staff to optimise their mobility and dexterity

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home has processes in place to assess, plan, document and review residents' oral hygiene care and needs and to identify when a referral to a dental service is required. Staff stated that they consult with the resident or representative and arrange a domiciliary service to visit the home or assist residents by organising transport and escorts if required to appointments with the residents own dentist. Staff attend education on oral and dental care. Residents and representatives confirmed they have access to dental services and are satisfied with their oral and dental care.

2.16 Sensory loss

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

Team's recommendation

Does comply

All residents have sensory assessments undertaken including hearing, communication and vision on entry and during their time in the home. A care plan is implemented detailing individual needs such as hearing aids and glasses and preferences in relation to wearing these sensory aids and records the care required to maintain residents aids. Staff said they consult with residents and representatives if the resident requires a sensory loss review and will organise a referral to an appropriate allied health practitioner. Mobile optometry and audiology services are available. Resident feedback was positive regarding the sensory loss care they receive.

2.17 Sleep

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

Team's recommendation

Does comply

On entry to the home all residents have their preferred night routines documented. This information is incorporated into the residents sleep care plan. The care plans outline the specific requirements for each resident when settling at night. Staff use these plans to assist residents to settle into bed and achieve a natural night's sleep. Residents commented to the team that the environment is calm and quiet at night and said that if they are unable to settle to sleep staff will sit with them and offer hot drinks, a snack and medication to assist them to settle back to sleep. Residents confirmed these interventions do help them to settle to sleep.

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 recommendation

Does comply

The home has a continuous improvement system that shows improvements in residents’ lifestyle. The system includes policies and procedures, feedback from staff and residents, continuous improvement forms, and staff and resident surveys and from residents and representatives meetings. Collated information is analysed, a plan of action is developed, the results are reviewed and feedback is provided on the outcome. Staff confirmed that improvements have occurred in resident lifestyle. Residents confirmed that their lifestyle needs are being met.

Examples of continuous improvement in Standard Three include:

- A sensory kit has been introduced to the home to assist residents with dementia. The kit includes small sachets filled with strong smelling familiar items.
- The home sends flowers to the family of a resident when they pass away.
- The television aerial has been updated at the home so residents can receive digital pictures and also it has improved the pictures on their televisions.
- The home introduced a seasonal newsletter called “Chit-Chat”
- The home has a special dog day where staff bring in their dogs for the resident to enjoy.

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 recommendation

Does comply

The home has a system in place for identifying relevant legislation and regulatory requirements in relation to resident lifestyle. Residents, relatives and staff are informed of changes in regulatory compliance through reports at meetings, newsletters, a memoranda system, education boards and access to policy and procedures. Compliance is monitored through audits, competency testing and observations. All residents are offered a residential agreement on entry to the home. Staff confirmed they receive information and training opportunities related to resident lifestyle. Residents confirmed that they are informed of residents’ rights and responsibilities.

3.3 Education and staff development

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

Team’s recommendation

Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the home’s staff education processes refer to Expected outcome 1.3 Education and staff development. Staff confirmed they are satisfied with the education opportunities offered by the home.

Examples of recent education relating to Standard Three include:

- Certificate IV in Activities and Lifestyle
- The ageing process

- Standard Three training.

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 recommendation

Does comply

Staff complete an admission checklist for each resident to ensure all areas of life in the home has been explained and shown to the resident and representative to ensure every resident and their family feel supported following entry to the home. Staff assess the emotional needs of each resident and implement strategies to assist them to help settle into their new environment. The effectiveness of these strategies is evaluated and documented in the residents care plan. Residents and representatives commented on the genuine 'home like' environment where they all felt known and welcomed. Residents and representatives also expressed satisfaction with the exceptional level of emotional support provided to them by staff and management.

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 recommendation

Does comply

On entry to the home the lifestyle coordinator identifies any community links that the resident wishes to maintain and any particular hobby or preference in relation to daily activities, these are facilitated where possible. Strategies and systems are in place to review resident participation in the lifestyle program and to ensure all residents are assisted to be as independent as possible. Residents have access to a range of allied health professionals and appropriate assistive devices to enhance the resident's ability to remain independent. A number of special activities such as themed meals and celebrations are held to encourage residents to establish friendships in the home and to involve friends and family from the community. Resident feedback was positive regarding the ways staff assist them to maintain their independence.

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 recommendation

Does comply

Policies, procedures, care documentation, education sessions, the activities program and staff awareness of resident's rights, all demonstrate the home's ongoing commitment to providing care with privacy and dignity as a fundamental component. Residents have single room accommodation with some shared bathrooms, staff are aware of the special considerations required in maintaining privacy and dignity in this area. Resident files and documentation are stored in a secure environment. Residents confirmed their satisfaction with the staff and said their privacy and dignity is always considered and respected.

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 recommendation

Does comply

On entry to the home the lifestyle coordinator spends time with each new resident and their representative as part of the home's admission processes. Information about the residents past and current interests are recorded and hobbies and leisure preferences are documented on the care plan. There is an established calendar that incorporates a range of intellectual, social, physical and creative activities that is modified to meet the needs of new residents. The program is regularly reviewed to reflect any changes in the ability levels of current residents. The aim of the program is to provide meaningful and fun activities for residents. Input is sought daily from all stakeholders. Activities are offered on an individual basis and in groups. Resident satisfaction is monitored via an annual survey, informally following each session and through written evaluations of each session by the lifestyle coordinator. Residents and representatives said the program meets their needs well.

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 recommendation

Does comply

The home focuses on the residents' cultural and spiritual needs and provides church services regularly. Spiritual and religious preferences are recorded on entry and contact is made with appropriate local religious groups. The cultural background of each resident is identified and a number of special activities, including theme days and meals are provided to celebrate this aspect of their life. A memorial segment is part of the seasonal newsletter that is printed by the home recognising the passing of residents. Staff stated they attend education and are aware of the importance of valuing each resident's cultural diversity. Feedback to the team confirmed satisfaction with how staff values each resident's cultural and spiritual preferences.

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 recommendation

Does comply

Residents are able to personalise their rooms and the team was invited to view rooms that were decorated as preferred by the resident. Staff assist residents with understanding the services available and the processes of the home to enhance each resident's ability to make daily decisions and choices. Residents confirmed they are able to make choices about aspects of their life at the home such as participating in activities and the right to refuse care. Feedback forms and external advocacy services brochures are available for residents and representatives. Residents and representatives state they are able to make choices about the services they receive and are involved in decision making through resident and representative meetings, annual surveys and via the open communication system that operates at the home.

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 recommendation

Does comply

Residents and their relatives are satisfied they have secure tenure within the home and are aware of their rights and responsibilities. The home provides information about residents' rights and responsibilities and security of tenure to prospective, new residents and their relatives and also has posters on display throughout the home. The home meets with residents and relatives to discuss the residential care agreement and any other issues. Internal moves are considered when there are direct benefits to the resident and/or their relatives and only after consultation.

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 recommendation

Does comply

The home has a continuous improvement system that shows improvements in the area of physical environment and safe systems. The system includes policies and procedures, feedback from staff and residents, continuous improvement forms, and staff and resident surveys and from residents and representatives meetings. Collated information is analysed, a plan of action is developed, the results are reviewed and feedback is provided on the outcome. Staff confirmed that continuous improvement occurs. Residents are satisfied with the safety and comfort of the home’s environment.

Examples of continuous improvement in Standard Four include:

- Signs have been displayed at the front door and the delivery door in regard to infection control. Also staff and visitors are encouraged decontaminate their hands upon entering and leaving the facility using a hygienic hand lotion.
- The home changed food suppliers for better quality, price and delivery service.
- The home reviewed its menu in regard to the Australian government sample serve and has incorporated more vegetables into its lunch and dinner meals.
- The home has completed a survey of residents’ satisfaction with food services at the home.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system in place for identifying relevant legislation and regulatory requirements in relation to the physical environment and safe systems. Residents, relatives and staff are informed of changes in regulatory compliance through reports at meetings, newsletters, a memoranda system, education boards and access to policy and procedures. Regulatory requirements are reflected in work practices, external third party reports and in the home’s systems and processes related to occupational health and safety, fire and emergency procedures, infection control and food safety. Staff confirmed that compliance with safe work practices occurs.

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 recommendation

Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the home’s staff education processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard Two include:

- Fire and Emergency training
- Infection control
- Chemical handling
- Infection control – influenza outbreak.

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 recommendation

Does comply

The home has systems and processes in place to assist in providing a safe and comfortable environment consistent with residents' care needs. Residents are encouraged to personalise their rooms with their own belongings. Internal and external areas are available for the use of residents and their visitors. Buildings, grounds and equipment are maintained through regular servicing and maintenance programs. The home is securely locked in the evenings. Residents and their representatives are satisfied that management provides them with a living environment which is safe, secure, clean and comfortable.

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 recommendation

Does comply

The home has systems and processes to provide a safe working environment that meets regulatory requirements. Regular audits, preventative and responsive maintenance schedules are conducted by management and maintenance staff. Other mechanisms to identify safety issues include incident reporting via an accident incident form, risk assessments and maintenance requisitions. Identified deficits and data analysis are actioned. Staff receive training relevant to occupational health and safety and demonstrated knowledge of safe practice. Staff are satisfied management addresses issues of safety and said they are provided with equipment, supplies and education regarding safety.

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 recommendation

Does comply

The home has established procedures that support the provision of safe work systems and a safe environment that minimises the risks of fire, security issues and other emergencies. Emergency and evacuation plans are in place and displayed as appropriate, emergency exits are clear, appropriate exit signage is maintained and relevant staff procedural training regularly occurs. The home is equipped with maintained fire fighting equipment including alarms, automatic sprinklers, smoke doors, fire hoses and extinguishers. Chemicals are stored safely and an electrical testing and tagging program is in place. There is keypad security and doors are secured at night. Surveillance cameras operate, emergency lighting is maintained and the home is able to respond when blackouts occur. Staff confirmed emergency response training regularly occurs.

4.7 Infection control

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

Team's recommendation

Does comply

The home has a comprehensive and effective infection control program. Ongoing education is provided to staff and infection control audits are undertaken regularly. All resident infections are recorded and a monthly report is generated using the collected surveillance data. This report identifies infection trends and is discussed at staff, management and medication advisory committee meetings. Staff are trialling a disposable 'wipe' to further reduce the possibility of cross infection when attending to residents' daily hygiene needs. Staff stated this initiative has had a positive impact on resident care. There have been no recent infectious outbreaks reported by the home. Staff confirmed they have adequate supplies to maintain infection control practices in the home.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has effective systems in place to enable the provision of hospitality services according to legislative requirements. Monitoring mechanisms include internal and external audits and reports. Meals are freshly prepared onsite and the kitchen meets residents' dietary needs and preferences. Schedules are in place to ensure that cleaning tasks are completed and the home was observed to be clean during the visit. All the homes laundry services are provided onsite. Adequate linen supplies were observed and there are processes in place to ensure residents' laundry items are not lost. Staff confirmed satisfaction with hospitality services. Residents and representatives confirmed that they are satisfied with the cleaning and laundry services and with the meals provided.