



Aged Care
Standards and Accreditation Agency Ltd

Christophorus House Hostel

RACS ID 0200

396 Pacific Highway

HORNSBY NSW 2077

Approved provider: Christophorus House Retirement Village

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 August 2016.

We made our decision on 09 July 2013.

The audit was conducted on 18 June 2013 to 19 June 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	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

Standard 2: Health and personal care

Principle:

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

Expected outcome	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

Standard 3: Resident lifestyle**Principle:**

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

Expected outcome		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

Standard 4: Physical environment and safe systems**Principle:**

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

Expected outcome		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

Audit Report

Christophorus House Hostel 0200

Approved provider: Christophorus House Retirement Village

Introduction

This is the report of a re-accreditation audit from 18 June 2013 to 19 June 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 18 June 2013 to 19 June 2013.

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:	Alexander Davidoff
Team member/s:	Margaret Butler

Approved provider details

Approved provider:	Christophorus House Retirement Village
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Details of home

Name of home:	Christophorus House Hostel
RACS ID:	0200

Total number of allocated places:	24
Number of residents during audit:	23
Number of high care residents during audit:	12
Special needs catered for:	Not applicable

Street/PO Box:	396 Pacific Highway	State:	NSW
City/Town:	HORNSBY	Postcode:	2077
Phone number:	02 9476 3161	Facsimile:	02 9987 0212
E-mail address:	chrhv@christophorus.com.au		

Audit trail

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

Interviews

	Number		Number
Hostel manager	1	Residents/representatives	12
Ex hostel manager	1	Recreation activities officer	1
Hostel supervisor	1	Diversional therapist	1
Care staff	3	Cleaning staff	1
Chef	1	Maintenance staff	1
Anthroposophical coordinator	1	Medical officer	1
Mental health registered nurse from the local hospital	1		

Sampled documents

	Number		Number
Residents' care files	6	Medication charts	6
Accident and incident reports	9	Self-medication assessments	1
Wound charts	4	Personnel files	4

Other documents reviewed

The team also reviewed:

- Accident/incident and medication incident documentation
- Activities calendar, activities attendance sheets and evaluations of activities
- Annual fire safety statement
- Audit results, reports and surveys
- Audits schedule
- Brochures and posters on external complaints and advocacy mechanisms
- Cleaning schedules
- Clinical care documentation, including clinical assessments, falls risk assessments, observation charts and weight monitoring records
- Clinical indicator statistics
- Comments and complaints documentation
- Comments forms
- Competency assessments records
- Continuous improvement register
- Contractor review forms
- Daily temperature checks of the medication refrigerator and oxygen cylinders
- Dietary/nutrition and menu choices assessments

- Doctors' attendance folder
- Drugs of addiction register
- Education attendance records and individual staff education records
- Education program 2013
- External contractors and suppliers agreements and other records
- File of archive boxes' contents
- Fire equipment service logs
- Hazards register
- Infection control manual
- Infection incidents documentation
- Kitchen temperature records for food and appliances
- Maintenance audits schedule
- Maintenance requests book
- Meeting minutes
- Menu
- Mission and vision statement
- New residents admission pack
- New staff induction checklist and orientation program
- NSW Food Authority licence and food safety program
- Orientation program for new staff
- Physiotherapy folder, including physiotherapy assessments and care plans
- Police checks register for staff
- Policies and procedures
- Position descriptions
- Preventative maintenance schedules and records
- Professional registrations register
- Register of reportable incidents
- Residency agreement
- Resident influenza vaccination records
- Resident newsletters
- Residents and visitors sign in/out books
- Residents' information handbook
- Staff appraisals forms
- Staff duty lists
- Staff handover folder, communication diary and one to one communication book
- Staff information handbook
- Thermostatic mixing valves temperature records and Legionella tests records

- Welcome pack for residents

Observations

The team observed the following:

- Activities in progress
- Aged care complaints scheme brochures and posters and other information on display
- Archives storage
- Charter of Residents' Rights and Responsibilities displayed
- Cleaners' room
- Equipment in use and in storage
- Fire safety equipment and emergency exits, evacuation plans and residents' evacuation kits
- First aid box
- Information notice boards for residents/representatives and staff
- Interactions between staff, residents and representatives
- Kitchen and food storage areas
- Laundry area
- Living environment –internal and external
- Medication administration round and secure storage of medications
- Mobility and manual handling equipment including mechanical lifters, wheelchairs and walkers
- Nurse call bell system, call alert pendants
- Outbreak kit and sharps kit, spills kits, sharps disposal and contaminated waste disposal
- Personal protective equipment and hand washing stations
- Residents attending midday meal service
- Secure storage of residents' documents

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to ensure that improvement activities are identified, actioned and evaluated for effectiveness. Improvement activities are identified across the four Accreditation Standards through a range of systems involving residents, representatives, staff and management. These systems include improvement logs, audits, surveys, meetings, and accidents/incidents documentation system and clinical indicators monitoring. Improvements may also be identified through management observations and as a result of regulatory changes and changing resident needs. Identified improvement activities in the home are actioned to completion and evaluation through meetings, audit and incidents documentation and through the continuous improvement plan. The continuous quality improvement committee meets monthly. Examples of improvement activities relating to Accreditation Standard One include the following:

- Following legislative changes relating to workplace health and safety the home developed a new contractor policy and documentation which must be signed by contractors when working in the home.
- Resident behaviour incidents led to identifying the need for staff education on managing challenging behaviours. Education on behaviour management was provided to improve staff effectiveness in this area.
- Management identified a need to ensure that staff leave does not result in non availability of experienced staff for rostering. The annual leave request form was revised to allow staff to nominate three options for their requested leave period. This should enable planning of appropriate experienced staff availability at all times.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has procedures in place to identify and ensure compliance with changes in relevant legislations, professional standards and guidelines. The home subscribes to a legislative update service and has a membership with a peak aged care industry association. It also receives information from government departments and agencies and industry publications. Regulatory information is communicated within the home through notices, handovers, meetings, and education sessions as appropriate. Policies and procedures are updated as required. Regulatory compliance within the home is monitored by management

observations, audits, competency testing and accident/incident system. Specific examples of regulatory compliance relating to the Accreditation Standard One include the following:

- The home has policies and procedures for mandatory reporting of allegations of elder abuse and a consolidated register of reportable incidents is in place.
- Procedures are in place to monitor the availability of current police checks for staff working in the home.
- Residents and relatives/representatives were notified of the Accreditation audit and of the opportunity to have an interview with the assessors.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has systems to provide management and staff with appropriate knowledge and skills to perform their roles effectively. Staff education needs are identified from the management's observation of staff practices, appraisals, assessment of resident care needs, staff feedback, quality monitoring systems, incidents/accidents system, and regulatory changes. The education program includes sessions given by internal and external presenters, and attendance of external education. Staff interviewed said they are generally provided with sufficient and appropriate education and training to perform their roles effectively. Residents interviewed consider staff to be adequately trained. Examples of education activities relating specifically to the Accreditation Standard One include education on the mission statement, bullying, and assessing of Standards. The hostel supervisor has attended external training on the Aged Care Funding Instrument.

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

The home provides access to the complaints mechanisms for residents and their representatives through comments forms, residents' meetings, surveys, and verbal communications to management and staff. Information on complaints mechanisms is displayed in the home and is included in the resident handbook and the residential care agreement. A consolidated register of reportable incidents for the home is maintained. Residents/representatives interviewed stated that they are satisfied with the complaints mechanisms available to them and would be prepared to make a complaint if needed.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has clearly documented statements of mission and vision. Together with the quality statement and objectives these outline the home's commitment to quality resident care, and are displayed in the home. The values expressed in these statements are promoted in management and staff practices, and are contained in the staff and resident publications.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has policies relating to human resource management and position descriptions are in place for all the positions in the home. Most of the care staff in the home have Certificate IV qualifications in aged care and a registered nurse is on duty five days a week. New employees undergo an orientation to ensure that they are aware of the home's essential policies, procedures and practices. Appropriate training is given to staff when indicated by new resident's care needs. There is annual staff performance appraisal and staff competencies are tested. The home monitors registrations of professional staff, and a system is in place to monitor staff criminal records. Staff interviewed said that they have adequate skills and that staff numbers are generally adequate to provide quality service to residents. Residents/representatives interviewed are highly satisfied with the attitude and responsiveness of staff and the adequacy of care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has adequate stocks of equipment and goods to provide quality service delivery to residents. Equipment needs are identified through staff feedback, changes in resident care needs, maintenance feedback and management observations. New equipment may be evaluated prior to purchase for work health and safety and workplace trialling aspects. Preventative maintenance of equipment is implemented by the site maintenance staff and by external contractors as appropriate. Responsibilities for ordering medical, catering and other supplies are clearly allocated and appropriate procedures are in place. Purchasing is generally done through approved suppliers. Staff interviewed said that the home has adequate levels of equipment and supplies to provide quality resident care and that maintenance and repairs are completed as needed.

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 maintains records relating to resident care which include assessments, care plans, progress notes, medical records and other clinical records. These provide information to staff to help them perform their roles effectively. Residents are provided with the residential care agreement, residents' handbook and other information which explain aspects of entry to and life within the home. Other information systems include documentation of incidents/accidents, medication incidents and infection incidents, communication books, meetings, memos and notice boards. Confidential information is securely stored and procedures for archiving and destruction of documents are in place. Computer access is password protected. Residents and staff interviewed by the team are satisfied with the information systems in 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 findings

The home meets this expected outcome

The home sources external services in a way that meets the home's needs and service goals. The services are provided by the contractors approved by the home, and their insurance and other business details are monitored as appropriate. Performance of external service providers in the home is formally evaluated annually. Some external contractors contribute to the home's quality systems by providing staff training in the areas of their expertise. Procedures are in place to contact external providers after hours. Residents/representatives and staff interviewed by the team are satisfied with services offered 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 findings

The home meets this expected outcome

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Two include the following:

- The home identified the need to replace the metered inhalers in timely manner to ensure that they are available for resident use. A calculation sheet was developed which allows staff to predict the inhaler replacement date based on its frequency of use. This ensures that residents will always have a functioning inhaler.
- The home has contacted an audiologist to conduct an in-house clinic to check residents' hearing. Positive feedback was received from residents and it is planned to repeat the visit annually.
- Some residents have similar names which may confuse staff when administering medications. A sticker was sourced from the pharmacy which alerts staff to carefully check names of residents.

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 a system in place to manage regulatory compliance relating to health and personal care. For a description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Two include the following:

- The home provides continence aids and toiletries to residents receiving high level care in accordance with legislative requirements.
- The home monitors professional registrations of registered nurses, and of health professionals visiting the home.
- The home receives and implements recommendations from government departments, such as an Influenza Update from the NSW Health Service.

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 an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Specific examples of education topics relating to Accreditation Standard Two include palliative care, wound management, medication errors, and continence management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the clinical care and services provided by the home. Residents’ clinical needs are assessed on admission to the home. Long term care plans and a summary sheet providing an overview of residents’ needs are developed based on residents’ assessed needs. Care plans are reviewed every three months. A registered nurse is available on weekdays to provide clinical advice. Care staff are able to telephone the registered nurse after-hours for advice/assistance. Medical officers review residents under their care on a three monthly basis and as needed. Management monitor the clinical care provided through audits, residents/representatives’ feedback and incident reporting. The home has appropriate supplies of equipment and equipment is maintained in good working order to meet the needs of residents.

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

There are systems to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. The specialised nursing care provided at the home includes wound care and catheter care. The home accesses specialised nurses from the local hospital for complex wounds, behaviour management and palliative care as required. Observations and staff discussions confirm there are adequate supplies of equipment for the provision of residents’ specialised nursing care needs. Care staff stated they receive sufficient education to meet residents’ specialised nursing care needs. Residents and representatives are satisfied with the specialised care needs provided to residents.

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

Documentation reviewed shows the home refers residents to external health professionals and any changes to care following specialist visits are implemented in a timely manner. A physiotherapist attends the home weekly to assess residents’ mobility, dexterity and pain issues. A podiatrist attends the home six weekly to provide foot care to residents. The home will organise dental reviews for residents with a local dentist. A mobile auditory and optical clinic attends the home. Referrals to the palliative care team and mental health teams from the local hospitals occur as required. Residents and representatives stated they are satisfied with the way referrals are made and the way changes to care are implemented.

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

Resident and representatives stated staff manage residents’ medications in a professional and competent manner. Residents stated they receive the correct medications at the correct time. Medications are dispensed through a blister pack system and multiple checks are conducted to ensure medications are administered correctly. Each medication chart contains a current photo of the resident as well as any allergies and the required administration process. Medication incidents are reported, acted upon and preventative action taken. Regular audits of the home’s medication systems occur and any identified issues are addressed through a medical advisory committee.

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

There are systems to ensure all residents are as free as possible from pain. Initial and ongoing assessments identify any pain a resident may have and individual pain management plans are developed. Pain management measures are evaluated for effectiveness and residents experiencing pain are referred to their medical officer. Non medicated pain strategies including heat packs and foot massages are also available to residents. Residents and representatives report residents are as free as possible from pain.

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

There are systems to ensure the comfort and dignity of terminally ill residents and support for their families and those involved in their care. The home provides ageing in place and

residents requiring palliative care are assessed to ensure the home is able to meet their needs. Residents who have complex palliative care needs or request to be transferred to a high care facility are assisted to move to another facility. The palliative care team from the local hospital provides expert palliative care assistance to residents at the home requiring palliative care as needed. Residents' end of life wishes are recorded and palliative care plans are developed for residents requiring palliation. The manager liaises with representative and medical practitioners and specialists throughout a resident's palliative care stages.

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

Residents and representatives are highly satisfied with the quality, quantity and choice of the food and fluids provided to residents. Documentation demonstrates residents' nutrition and hydration preferences and needs are assessed on entry to the home. Residents' nutritional and hydration requirements are documented in their care plans and regularly evaluated. Residents are weighed monthly and residents with nutritional issues are referred to their medical officers and provided supplements if appropriate. The chef discusses the menu with residents each day and seeks feedback from residents on their satisfaction with the meals provided. Staff are aware of residents' special diets preferences and special requirements including pureed and soft food.

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

Residents' skin integrity is assessed on entry to the home through the initial assessment process and a care plan is developed to meet residents' skin care needs. Staff monitor residents' skin care as part of daily care and report any changes in skin integrity to the registered nurses for assessment, review and referral to their medical practitioner. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of residents. The home's reporting system for accidents and incidents includes skin integrity issues. Residents have access to a physiotherapist, podiatrist and wound specialists from the local hospital. Residents and representatives report they are satisfied with the skin care provided by staff at 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

There are systems to ensure residents' continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff report they assist residents with their continence programs regularly including scheduled toileting, the use of continence aids, and management of urinary tract infections. Bowel management strategies

include daily monitoring and administering aperients as required. A water cooler and fresh fruit are made available to residents daily to assist continence. There are appropriate supplies of continence aids to meet the individual needs of residents. Residents and representatives state they are satisfied with the continence care provided to the residents.

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 has systems to effectively manage residents with challenging behaviours. Documentation and discussions with management and staff show residents’ behavioural management needs are identified by initial assessments and behaviour care plans are formulated. The mental health team from the local hospital provides expert advice and assistance to residents with complex behavioural needs. Referrals to a psychiatrist are undertaken as required. The home has a restraint free policy. Staff stated they have sufficient training to meet residents’ behavioural needs. Residents stated they are satisfied with the home’s management of residents’ behavioural needs.

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 has systems for ensuring that optimum levels of mobility and dexterity are achieved for each resident. Residents’ mobility and dexterity are assessed by a physiotherapist on admission and a comprehensive care plan developed. A group exercise program developed by the physiotherapist is conducted at the home five days a week. The exercise program promotes bone strength and balance. A falls risk assessment is completed when a resident is admitted to the home and any changes to a resident’s mobility and dexterity status is reviewed by a physiotherapist. Assistive devices such as mobility frames and mechanical lifters are available.

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

There are systems to ensure residents’ oral and dental health is maintained. Oral and dental health is assessed by a staff member trained in oral and dental care. A dental and oral care plan is created and evaluated each three months. Residents are provided dental education and staff assist residents with dental care if needed. Residents’ toothbrushes are replaced each three months. A local dentist is available to treat residents and staff transfer residents to the dental clinic as needed. Residents and their representatives state residents are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health needs are met.

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

Residents are satisfied with the home’s management of sensory loss. Sensory loss is assessed when a resident moves into the home and appropriate referrals are made to ensure residents’ care needs are managed effectively. Each resident has a hearing and vision care plan with documented strategies to meet residents’ needs. Regular optometry and audiology clinics are conducted at the home. The community library visits the home regularly and provides a selection of large print books and videos that residents can access. Observations during the visit identified the home provides a safe living environment for residents experiencing sensory losses.

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

Residents’ sleep patterns are assessed on entry to the home and sleep care plans are formulated to promote appropriate sleep patterns. Residents have single rooms with en-suite bathrooms and their doors are closed at night according to their preferences. Measures to promote natural sleep include providing residents with an exercise and activity program during the day and providing a quiet environment at night. Warm drinks are available for residents prior to bedtime. Residents and representatives are satisfied with the way residents’ sleep is managed.

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

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Three include the following:

- The home introduced a range of new recreational activities including group singing of reminiscing songs, indoor golf, armchair travel and two-up game on Anzac Day. Residents provided feedback that they are enjoying the additional activities.
- The Aged Care Rights Service (TARS) were invited to give a talk to residents to raise awareness of their rights. A separate talk was also given to staff.
- The home has acquired a computer program which allows residents to have a video telephone call with their relatives who may be overseas. An electronic pad may also be used to have the call made in the resident’s room.

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 manage regulatory compliance relating to resident lifestyle. For the description of the systems refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Three include the following:

- Staff undertake to maintain confidentiality of residents’ information and residents are provided with information on their rights and responsibilities.
- Residents provide consent for collecting and use of their personal information.
- Residential agreements are in place. The agreements provide a 14 day cooling off period, information on the care and services, security of tenure and disputes resolution procedures.

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 an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Specific examples of education topics relating to Accreditation Standard Three include elder abuse and mandatory reporting, loss and grief, and completion of Certificate IV qualification in leisure and health by the recreation activities officer.

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

The home has a system to support residents' needs upon entering the home and on an ongoing basis. The diversional therapist and recreational officer spend additional time supporting new residents to adjust to the home and providing them with emotional support. The home has flexible visiting hours and families are encouraged to attend the home and spend time with residents. Annual case conferences are held with residents and their representatives to discuss care, provide support and address any questions they may have. Staff stated they spend one-to-one time with residents providing conversation and emotional support to residents. Residents and representatives stated they are highly satisfied with the emotional support provided by care staff, activities staff and the management team.

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

The home encourages residents to be as independent as possible and residents are assisted to participate in life within and outside of the home. The physiotherapist assesses residents' mobility needs and develops strategies to assist them maintain their mobility. Care staff stated they prompt and encourage residents to do as much as they can. Residents who prefer to self-administer medications are assessed and supported to manage their own medications independently. A number of residents continue to attend activities in the local community that they used to attend prior to entering the home. A range of activities are available at the home to support residents' independence, including bus outings, visits to the local school and concerts. Residents and representatives stated they were satisfied with the support provided to residents 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 findings

The home meets this expected outcome

The home has systems and processes in place to ensure residents' privacy, dignity and confidentiality is recognised and respected. All staff sign confidentiality agreements on commencement of employment. Residents' care documentation is stored securely. All residents have single rooms with en-suite bathrooms. There are quiet areas for residents to spend time with visitors and other residents. We observed staff address residents in a respectful and courteous manner. Staff stated they have adequate time to provide care to residents and they do not rush residents when assisting them with activities of daily living. Residents and representatives confirmed that residents' privacy, dignity and confidentiality are maintained.

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

The home has a lifestyle program that supports residents to participate in a range of activities of interest to them. An individualised care plan is developed for each resident based on their lifestyle assessment and in consultation with the resident and their representative. The care plan is based on resident's hobbies, interests and preferences. The activities calendar is displayed throughout the home and staff support and encourage residents to attend activities. The diversional therapist and recreational activities officer provide a diverse program to meet residents' preferences. Activities are evaluated and attendance monitored to ensure each activity meets residents' needs. Residents and their representatives stated they are highly satisfied with the activities provided at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home identifies, fosters and respects residents' individual interests, customs, spiritual and religious background. The diversional therapist undertakes an assessment to identify residents' cultural and spiritual preferences and a reflective care plan is developed. The home celebrates significant dates for residents including birthdays, Australia Day and Easter. An anthroposophical co-ordinator attends the home weekly and provides group talks as well as individual spiritual counselling. Religious services are provided at the home on a weekly basis and a number of residents attend external religious services. Residents and representatives stated the home values and supports residents' cultural and spiritual needs.

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 stated they are regularly provided choice regarding their lifestyle whilst living at the home. Residents are provided choice in their care including the menu, the activities they attend and bedtimes. Residents are encouraged to personalise their room with their own furniture and belongings. The home has a number of avenues for residents and representatives to make decisions about their care, including resident and representative meetings, surveys and family conferences. All residents are provided with a handbook that details the services available. Residents reported satisfaction with the choices available to them and stated their decisions are respected.

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

The home has processes in place to ensure that residents have secure tenure within the residential care service and understand their rights and responsibilities. Documentation provided to all new residents and family includes the aged care resident agreement and a resident handbook, which explain the conditions under which a resident may be transferred, conditions for ending the agreement, and complaints resolution procedures. The documentation includes information regarding the Charter of residents' rights and responsibilities, and lists care and services provided by the home. The Charter of residents' rights and responsibilities is displayed in the home. Residents interviewed generally feel secure in their tenure.

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

The home is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to the Accreditation Standard Four include the following:

- The home identified a need to improve infection control procedures regarding equipment used for recreation activities. A signing sheet was developed to ensure that a cleaning schedule is followed for all equipment used in activities. The sheet lists the equipment, the cleaning procedure and the date cleaned. It also briefs staff to remind residents to wash their hands after participation in activities.
- A new disaster management plan was developed following the advice from the NSW State Health Emergency Management Unit. The plan incorporates emergency evacuation procedures and business continuity plan. Staff were provided with education on the document.
- A finger scan device was installed at the front door to allow staff access without using a key and to eliminate unauthorised access. A closed-circuit television camera was also installed to improve access security.

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 an effective system in place to manage regulatory compliance relating to physical environment and safe systems. For the description of the system refer to the expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Four include the following:

- The home has a current annual fire safety statement.
- The home has a licence from the NSW Food Authority under the regulations on Food Preparation and Service for Vulnerable Populations and food safety plan is in place in the kitchen.
- The home has implemented the new regulations relating to work health and safety.

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 an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Specific examples of education activities relating to Accreditation Standard Four include infection control, hazardous substances and chemicals safety training, outbreak management, manual handling, and mandatory education on fire safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Residents in the home are accommodated in single rooms with en-suites located over two floors which are connected by a lift and a stairs. The rooms are individually air conditioned and open to the outside grounds or common balconies. The home is generally pleasantly and comfortably furnished and has wide corridors with good lighting and handrails; all common areas are easily and safely accessible to residents. The home was noted to be well maintained, clean, free from odour and with low levels of noise. The home is serviced by the site maintenance officer and a maintenance requests book is in place. Assessment of safe and comfortable environment in the home includes environmental audits. Residents/representatives interviewed are satisfied with the living environment in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems in place to provide a safe working and living environment for residents and staff. Work health and safety policy is in place and new staff orientation includes manual handling and other occupational health and safety aspects. Staff manual handling competency is tested annually. The home has an accident/incident and hazards documentation systems, environmental audits are completed and material safety data sheets are in place. Staff said that there are adequate stocks of equipment and supplies to ensure occupational health and safety when providing resident care, and this was confirmed by our observations. Staff interviewed are satisfied with the safety of the working environment in the home.

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

Fire safety systems in the home include emergency instructions manual, emergency flip charts, designated fire officers, annual fire safety training which is mandatory for all staff, and a resident evacuation kit. Fire equipment is regularly maintained by external contractors and its location, and the location of the emergency exits, are clearly marked and were observed to be free from obstructions. Evacuation plans are displayed and the home has visitors', residents' and contractors' 'sign in' books. Fire emergency aspects are monitored through regular audits. Residents interviewed feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control system which includes policies and procedures including outbreak management procedures, audits, staff induction and the use of personal protective equipment. Spills kits, sharps disposal containers, contaminated waste disposal and an outbreak management kit are in place. Incidents of infection are documented. Staff demonstrated that they are aware of infection control procedures and stated that they have access to adequate stocks of personal protective equipment. Vaccinations are offered to residents. A food safety plan is in place in the kitchen and the temperatures of delivered foodstuffs, cooked meals and kitchen appliances are monitored, and prepared food items are dated. The laundry has designated areas and detergent with a sanitising agent is used. There are procedures for handling contaminated linen. Cleaning schedules are in place for the cleaning staff. Colour coded equipment is used to reduce the risk of cross contamination. The staff were observed using appropriate personal protection equipment in the performance of their duties. The home has the services of a pest control contractor.

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

The meals in the home are cooked fresh on site according to a rotating four week menu which is reviewed by a dietician. Special meals can be prepared for residents with particular requirements such as diabetic, gluten free, texturing of meals and thickening of fluids, and for those with other special requirements or preferences. Residents have meals in the pleasantly appointed main dining room. Resident feedback on catering service is obtained through the resident meetings and surveys, through the comments and complaints system, and through direct comments to the chef at meal times. Residents interviewed by the team are generally very satisfied with the catering service in the home. Residents' personal items are laundered in the on-site laundry and are returned folded. Bed linen and towels are sent out to an external contractor. The home's cleaning is done by an external contractor staff, who worked in the home for a number of years. Cleaning schedule includes six monthly "spring cleaning" of resident rooms. Standards of cleaning are monitored through regular environmental

audits. Residents interviewed by the team are satisfied with the laundry services and the cleaning of their rooms and communal areas.