



Aged Care
Standards and Accreditation Agency Ltd

Coates Hostel

RACS ID 3124

Cnr Long Street & James Street

ST ARNAUD VIC 3478

Approved provider: Alcheringa Hostel Limited

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 29 January 2017.

We made our decision on 13 November 2013.

The audit was conducted on 22 October 2013 to 23 October 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

Coates Hostel 3124

Approved provider: Alcheringa Hostel Limited

Introduction

This is the report of a re-accreditation audit from 22 October 2013 to 23 October 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 22 October 2013 to 23 October 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:	Sarah Lawson
Team member:	Nicola Walker

Approved provider details

Approved provider:	Alcheringa Hostel Limited
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Details of home

Name of home:	Coates Hostel
RACS ID:	3124

Total number of allocated places:	27
Number of residents during audit:	26
Number of high care residents during audit:	24
Special needs catered for:	No

Street:	Cnr Long Street & James Street	State:	Victoria
City:	ST ARNAUD	Postcode:	3478
Phone number:	03 5495 1577	Facsimile:	03 5495 3374
E-mail address:	coateshostel@coateshostel.org.au		

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents	9
Acting care manager	1	Representatives	3
Nursing/care staff	7	Laundry staff	1
Lifestyle staff	2	Cleaning staff	1
Catering staff	1	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	11	Medication charts	5
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Activity calendar and participation records
- Annual essential services report
- Audits, audit schedule, surveys and results
- Cleaners' documentation, procedures and schedules
- Clinical assessments, charts, forms and documentation
- Comments, compliments and complaints
- Compulsory reporting folder
- Continuous improvement plan, work action logs and information
- Education calendar, attendance and evaluation records
- Emergency response plan and bushfire response plan
- External contractor information
- Essential service records
- Food safety program, audits, dietary information and menu
- Handover sheets
- Human resource documentation, duty lists and position descriptions
- Incident reports and analysis
- Infection control reports and analysis
- Kitchen documentation, food safety program, audits and menu
- Material safety datasheets
- Meeting minutes

- Memoranda
- Newsletters
- Nursing registrations and police certificate data
- Occupational health and safety documentation
- Policies and procedures
- Preventative and reactive maintenance documentation
- Residents' information package and surveys
- Rosters
- Self assessment report
- Sign in/out registers
- Staff and resident handbooks, agreements and information packs
- Vision and mission statement

Observations

The team observed the following:

- Activities in progress
- Archive storage and document destruction processes
- Cleaning in progress, cleaners equipment and chemical storage
- Display boards and noticeboards
- Equipment and supply storage areas
- External and internal living environment
- Fire fighting equipment, egresses, evacuation maps and fire panel
- Goals, mission and philosophy displayed
- Interactions between staff and residents
- Medication administration and storage
- Staff and residents interactions
- Suggestion box

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 a system to identify, action and monitor continuous improvement. The system is comprised of input from surveys, incidents, audits, observations, care consultations and written and verbal feedback from all stakeholders. Management maintain an organisational continuous improvement plan and develop 'work action' plans specific to the home. Meetings, newsletters and memorandum keep residents, representatives and staff informed of continuous improvement activities. Residents and staff are satisfied with the continuous improvement system and said management are responsive when they raise issues.

Recent improvements relevant to Standard 1 include:

- Management identified the need for additional support to be provided to residents living with dementia. A new organisational role of a registered nurse focussing on residents living with dementia has commenced. Staff stated the support is helpful and is improving outcomes for residents.
- As a result of increasing residents' care needs, management implemented an additional evening carer shift to the roster. Staff are satisfied with the improvement and stated the improvement has assisted in meeting residents' care needs.

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 with the support of their organisational structure has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines across all four standards. The home receives updates on regulatory and legislative changes through government departments, coronial communiqués and newsletters/journals from industry bodies. Policies are reviewed and updated in response to regulatory changes. Management inform stakeholders through memoranda, education, noticeboards and meetings. Staff said they are aware of their regulatory compliance responsibilities.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- There are processes to ensure the currency of police certificates for staff and contractors and relevant statutory declarations are in place.

- The home monitors the credentials of registered and enrolled nurses.
- Residents, representatives and staff received notification of the reaccreditation assessment visit.

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

Management have systems and provide opportunities to ensure staff have the knowledge and skills to enable them to perform their roles effectively. Management identify staff training requirements through analysis of training evaluations, staff suggestions, assessments of practice and resident needs. An annual training calendar is developed which includes mandatory and optional training. Education formats include training days, external providers, distance learning and video recordings. Management have a process to monitor staff attendance at compulsory training and conduct post-training knowledge assessments to evaluate staff understanding. Management and staff said they are satisfied with the type, frequency and availability of education provided. Residents are satisfied staff have the appropriate knowledge and skills to deliver care.

Examples of education activities relevant to Standard 1 include:

- industrial relations, rostering and management
- electronic clinical record keeping
- staff rights and advocacy
- bullying and harassment
- reforms to the *Aged Care Act 1997*.

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 has formal and informal comments and complaints processes accessible to residents, representatives, staff and visitors. Stakeholders receive information about internal and external comments and complaints systems and resident advocacy services through handbooks, policies and procedures and brochures. Mechanisms to notify the home of concerns or suggestions include direct access to management, feedback forms, a lodgement box and meetings. Documentation indicates stakeholders are using the system and responses to feedback occur in a timely manner. Residents and representatives said they are aware of the home's complaint systems and are confident to raise any concerns directly with management 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

Management has documented the home's vision, mission and values. Management display these statements in the home and document them in resident and staff handbooks.

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

Management demonstrated there are appropriate numbers of skilled and qualified staff to deliver resident care and services. Recruitment processes include interview, reference checks and an orientation. Resources to support staff include position descriptions, duty statements, policies and procedures, handbooks and education. Records of qualifications, police certificates, statutory declarations and professional registrations are maintained. Processes to monitor staff performance include observation, performance appraisal, individual discussion and competency testing. Staff reported they have sufficient time to perform their roles and are satisfied with current staffing levels. There are processes to manage planned and unplanned leave and adjustment of staff levels occurs in response to residents' care needs. Residents and representatives are satisfied with the care and services provided by staff and their responsiveness to requests for personal assistance.

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 systems to ensure stocks of appropriate goods and equipment are available and maintained. Management and relevant staff purchase consumables regularly and maintain adequate stock holding levels. Identification of equipment needs occurs through incident and hazard reporting, observations, meeting structures, changing residents' needs and audits. Storage areas are secure, clean and sufficient for inventory and equipment not in use. The home's process to ensure maintenance of equipment in optimal condition includes a preventative maintenance program and a reactive maintenance procedure. Staff, residents and representatives said they are satisfied with the supplies and equipment used by the home and said staff complete maintenance requests in a timely manner.

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

Management and staff have access to information that is accurate and appropriate to their roles. Residents and representatives are provided with information on entry to the home, and are kept informed through newsletters, care consultations, meetings and informal discussion. Staff are kept informed through policies and procedures, education, meetings, handover and position descriptions. Key data is collected, analysed and discussed at meetings. Access to electronic records is password protected and computerised information is backed up regularly. Staff, residents and representatives said they are kept informed of the home's operations.

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 organisation contracts with a wide variety of external service providers including chemical supply, fire protection, podiatry and physiotherapy services. Signed service agreements are in place which set out the scope and standard of the services provided. Formal and informal feedback processes at a local and organisational level monitor the quality of services provided. External service providers where required are obligated to ensure the currency of police certificates of their staff. 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 findings

The home meets this expected outcome

The home has a system that shows ongoing improvements in resident health and personal care. Monthly clinical information is collected, analysed and identified issues actioned through the continuous improvement system. For a description of the system, refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 2 include:

- Management have implemented a new electronic care planning system. Staff stated the system is easy to use and provides detailed care information to guide resident care.
- As a result of a staff suggestion a new resource was purchased to guide staff practice in wound and skin management. Staff stated the resource is helpful and has improved residents' wound care and management of skin integrity.

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 to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to residents' health and personal care and there are processes to ensure and monitor compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- Medications are stored safely and administered according to legislated processes and guidelines.
- There are policies and procedures to manage an unexplained resident absence.
- Registered nurses oversee provision of care and specialised nursing needs for residents.

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

Management have systems and provide opportunities to ensure staff have the appropriate knowledge and skills to enable them to perform their roles effectively in relation to residents’ health and personal care. For details regarding the home’s systems and processes, refer to expected outcome 1.3 Education and staff development.

Examples of education activities relevant to Standard 2 include:

- caring for a resident after a stroke
- complex care
- mental health
- continence
- pain management
- dementia care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents receive clinical care appropriate to their needs and preferences. Staff assess each resident’s clinical needs and preferences when they move into the home and develop care plans to meet these. A registered nurse or the care manager evaluates each resident’s care plan monthly and contacts the resident’s authorised representative. Staff communicate changes to residents’ needs and preferences at shift handover and record updates on the handover sheet. If indicated, extended observation and assessment occurs for specific aspects of care including sleep, pain, behaviours and food and fluid intake. Staff document relevant aspects of each resident’s daily care in the progress notes. Residents stated staff communicate relevant changes if their clinical needs change.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure appropriately qualified staff identify and meet residents’ specialised nursing care needs. A registered nurse, in conjunction with relevant health care consultants assesses each resident’s needs and preferences on entry to the home. Evaluation of care plans and progress notes occurs monthly or more frequently if indicated. Care plans reflect monitoring requirements, specific needs, equipment, resources, instructions and strategies. Residents are satisfied with the way staff meet their specialised care needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure prompt referral of residents with special needs to appropriate health specialists. The system includes identification of needs, consultation with the resident and/or representative, referral procedures and a process of information sharing and ongoing communication. Specialists include dentists, dietitians, speech pathologists, podiatrists, optometrists, physiotherapists and palliative care services. Nursing staff update care plans and instructions in response to health specialist recommendations. Residents are satisfied with the way the home arranges referrals to relevant health specialists when required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to manage residents’ medication safely and effectively. Appropriately trained staff manage medication administration and medications are stored securely in accordance with legislative requirements. An external pharmacy supplies residents’ regular medications and staff have access to medications out of hours. The results of medication safety audits inform staff education and the continuous quality improvement process. A consultant pharmacist reviews residents’ medications on an annual basis. Residents are satisfied with how staff manage their medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents are as free as possible from pain. All residents undergo an assessment on entry to the home. Nursing staff develop a care plan and this is re-evaluated each month or when needs change. Extended observations enable staff to develop an understanding of the causes, quality, frequency and types of pain experienced by a resident and implement appropriate pain management strategies. The physiotherapist provides specialised support where necessary so residents can be as free from pain as possible and continue their daily routines. Residents expressed satisfaction with the way staff optimise pain management.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a palliative care program that staff implement when indicated in consultation with the resident or their authorised representative and the resident’s doctor. The palliative care program aims to support both the resident and their representatives. The registered nurse or care manager discuss and document end of life wishes with the resident or their representative. Staff review and update the care plan in response to changes in the resident’s condition. Access to religious personnel is available to support residents and representatives. Staff have access to specialised equipment to assist in palliative care to residents.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive adequate nutrition and hydration. The registered nurse or care manager assesses each resident’s nutrition and hydration needs including food preferences and swallowing risks on entry to the home. The outcome of the assessments informs the development of a care plan. Evaluation of care plans occurs monthly or more frequently if staff identify changes in a resident’s weight or food and fluid intake. Referrals to a speech pathologist or dietitian are made if residents are at risk of swallowing difficulties, poor nutritional and hydration status or experience weight changes. Residents are satisfied with the home’s approach to meeting their nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system to assess each resident’s skin care needs on entry to the home and strategies to minimise risks are documented in the care plan. The registered nurse or care manager assess residents with skin integrity issues and plan and implement treatment initiatives. Staff have access to specialised equipment which includes skin protectors, pressure relieving equipment and emollient creams. A podiatrist visits residents at the home regularly. Residents said they are satisfied with the way staff assist them to maintain skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to manage residents’ continence needs effectively. Care staff assess each resident’s toileting and continence needs on entry to the home and implement extended assessments to collect detailed information when needed. Various continence aids and toileting equipment are available and supplied by the home. An external consultant is available for advice if required. Staff receive education and training in the availability and use of continence aids, equipment and manual handling. Residents said the home meets their continence needs.

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 a system to manage the needs of residents with challenging behaviours. Staff assess each resident’s behaviours when they move into the home and obtain further information from representatives. Staff conduct extended assessment if indicated and document detailed reports of behaviour related issues in the progress notes. The registered nurse or care manager develop care plans to reflect the assessments and other findings. The care plans identify triggers and include strategies so staff can provide effective responses when behaviours occur. The home accesses external services for residents who require further review and management of challenging behaviours. Staff have access to education and resources to assist in managing challenging behaviours.

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 a system to ensure qualified staff assist residents achieve optimum levels of mobility and dexterity. Nursing staff assess each resident’s mobility, dexterity and rehabilitation needs on entry to the home and develop a care plan. The care plan outlines equipment or support needs and is evaluated monthly. A physiotherapist is available to provide advice in relation to exercise activities, balance, strengthening exercises and other therapies for residents. Equipment is available to assist residents with mobility and dexterity. Staff assess residents for the risk of falling and implement and record strategies in the care plan to manage this risk.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents are able to maintain or improve their oral and dental health. Staff assess each resident’s oral and dental health on entry to the home and develop a care plan. The care plan details the degree of assistance a resident requires to manage their own mouth care. Staff evaluate the care plan monthly or more frequently if care needs change. Staff liaise with residents’ families to ensure residents receive external dental care when needed. The home has dental and mouth care supplies available for residents. Residents said staff assist them with mouth care as required and support their independence.

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

The home has systems for identifying and managing residents’ sensory losses across all five senses. Staff capture this information when residents move into the home and undertake monthly care plan reviews to ensure the information remains current. The home has resources available to minimise the impact of sensory losses and the lifestyle program provides activities that provide stimulation of the different senses. Residents attend vision assessments by an external provider to ensure vision is optimised. Residents stated their satisfaction with the identification and management of their 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

The home has processes to assist residents achieve natural sleep patterns. Assessment of personal preferences and routines occur when residents move into the home. Extended observational assessments ensure staff identify each resident’s sleep patterns and any issues occurring. Staff evaluate the care plan monthly to ensure it remains current. The home uses a variety of methods to promote sleep and consults with the resident’s doctor if medication is required. Staff use strategies including pain relief and comfort measures to assist residents get to sleep. Residents reported they sleep well.

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 has a system that shows ongoing improvements in the area of resident lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 3 include:

- Following a resident request, raised garden beds have been built. Staff said residents regularly use the new garden beds. Residents said they are enjoying the improvement.
- As a result of residents wishing to access Anglican church services staff organised for a monthly Anglican service to be held at the home. Staff said over fifteen residents attend the service. Residents are satisfied with the improvement.

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 to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- The home has systems to demonstrate compliance related to residential agreements.
- Policies and procedures to maintain privacy and confidentiality of resident information are in place and followed.
- The home has policies, procedures, guidelines and staff education for appropriately managing reportable incidents of episodes of elder abuse.

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

Management have systems and provide opportunities to ensure staff have the appropriate knowledge and skills to enable them to perform their roles effectively in relation to resident

lifestyle. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Examples of education activities relevant to Standard 3 include:

- elder abuse
- resident rights and responsibilities
- privacy and dignity.

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

Staff support residents in adjusting to life upon entering the home and on an ongoing basis. Management provide residents and representatives with information including a handbook, tour and information pack to assist in their orientation to the home. Staff provide residents with additional emotional support during their settling in period. Assessment of residents' emotional support needs and preferences occurs on entry and staff develop care plans to meet these. Regular review of residents' emotional needs occurs and care plans are updated in response to changes. We observed staff to be supportive and to use a caring approach with residents. Residents and representatives are satisfied with the emotional support provided.

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 has systems and resources to assist and encourage residents to achieve maximum independence, maintain friendships and participate in community life. Assessments, care plans and consultations optimise residents' level of independence in daily activities. Staff promote residents' independence and community involvement through regular use of the home's car, shopping trips, exercise programs and visiting school/community groups. Staff practices maintain each resident's individual level of independence. Residents said they are satisfied with the level of assistance the home provides in promoting their independence and participation in the community.

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's systems provide for residents' privacy, dignity and confidentiality. Information is securely stored and access to confidential electronic information is password protected. Residents live in single rooms with ensuites. There are private sitting areas and courtyards

where residents can have quiet time or spend time with family and friends. Staff practices maintain residents' confidentiality and staff are consistently discreet when managing care needs. Residents stated staff always treated them respectfully, with dignity and do not rush when providing assistance with personal care.

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 systems and processes to encourage and support residents to participate in a range of interests and activities. Staff complete lifestyle profiles and assessments after entry to the home in consultation with residents and representatives and care plans are developed. Lifestyle staff provide activities in small and large groups, on a one-to-one basis and consider cognitive, sensory and physical needs. Annual surveys, resident meetings and participation levels monitor the effectiveness of the program. Each resident receives an activities program; these are also displayed in prominent areas of the home. Residents are satisfied with the encouragement they receive to participate in a range of activities of their choice.

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 has processes to ensure staff identify, value and foster residents' cultural, spiritual beliefs and customs. Assessment of residents' cultural and spiritual needs occurs on entry to the home and care plans are developed and regularly reviewed. The home holds regular church services. Residents' cultural needs are met through the celebration of events, food, days of significance and practices that are of importance to residents as a group and individually. Residents and representatives are satisfied with the home's response to 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

The home supports residents and/or their representatives to participate in decisions about the planning of their care and the services the home provides to them. Management encourage comment through feedback forms, care consultations, meetings and informal one-to-one conversations. Staff encourage residents' choice regarding their life at the home including about activities, personal care, food and end of life wishes. Residents said they feel supported by staff to make choices and decisions and stated they are encouraged to express their opinions and comments through meetings and individual one on one feedback.

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 systems to ensure residents understand their rights and responsibilities and have security of tenure within the home. An information package is provided for all residents and the home's agreement contains information about fee calculation, terms of tenure and services provided. Staff are informed about residents' rights and responsibilities, specified care and services and elder abuse through policy, handbooks and education. The Charter of residents' rights and responsibilities is displayed and information regarding independent complaint services and advocacy groups is available within the home. Residents and representatives said they receive information about their security of tenure and are able to approach management with any queries.

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 has a system that shows ongoing improvements in the area of the physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 4 include:

- Following a loss of power and telecommunication services due to weather, management conducted a review of the home’s ‘business interruption plan’ and implemented changes. Management stated the changes ensure the home has access to telephone and emergency services and information to guide residents’ care in the event of loss of power.
- As a result of legislation changes, management conducted a review of lifting equipment and have established a ‘sling register’. Additional slings were purchased and older slings discarded. Management and staff stated the register will enable the home to monitor the age and condition of slings and has improved residents’ comfort and safety.

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 a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- Chemical storage is secure and current material safety data sheets are available.
- The home has a food safety program audited annually by a third party.
- The home complies with annual essential services maintenance reporting.

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

Management have systems and provide opportunities to ensure staff have the appropriate knowledge and skills to enable them to perform their roles effectively in relation to the physical environment and safe systems. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Examples of education activities relevant to Standard 4 include:

- healthy eating
- fire and emergency training
- chemical 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

Management of the home are working to ensure the residents' home is safe, comfortable and well maintained. The home has a preventative and reactive maintenance program and staff said the response to maintenance requests occurs in a timely manner. The home has an outdoor area easily accessible to residents including raised garden beds for the residents' use. There are private and communal living areas and residents are supported to personalise their rooms. Doors are fitted with keypad locks for residents' security. Residents stated the home is safe, secure and well maintained.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is working to provide a safe working environment and meet regulatory requirements. On commencement of employment, all staff complete an orientation that includes occupational health and safety. Management monitor the effectiveness of occupational health and safety procedures through environmental audits and review of incidents. Occupational health and safety is a permanent agenda item at staff meetings. Management communicate information about occupational health and safety issues to staff at meetings and in staff newsletters. The home ensures all equipment is subject to routine and preventative maintenance. Staff said they are able to recognise and report hazards or incidents and are satisfied they work in a safe environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Emergency equipment, exit and egress routes and assembly areas are clearly displayed and free from obstructions. All staff attend mandatory fire and emergency training. The home undergoes an annual external essential services inspection and the report confirms the home's systems are effective. External contractors service and check fire-fighting equipment and the home conducts audits to monitor exits are clear and emergency equipment is available and operational. Chemicals are stored safely and securely in locked rooms. Staff secure the home in the evenings and there is backup lighting in case of a blackout. There is a fire response and a bush fire response plan. Staff stated emergency training regularly occurs at 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 program. The care coordinator oversees the recording and monitoring of resident infections and conducts data analysis and review on a monthly basis. Staff implement strategies to manage infection risks and trends as indicated through data analysis, risk management practices or observation. Monitoring of infection control procedures and practices occurs through the audit process at the home. Prevention strategies including infectious waste disposal systems, accessible stocks of personal protective equipment, a food safety program and outbreak kits are in place. Staff receive education on infection control. Residents said they are confident staff follow appropriate infection control practices.

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

Management has systems to provide effective catering, cleaning and laundry services. All food is prepared at the near-by health service and served to residents in the dining room. Food safety and catering services are internally and externally audited. Schedules are in place to ensure cleaning tasks are completed and we observed the living environment and resident rooms to be clean during the visit. Residents' personal items are laundered at the home and an external contractor provides linen services. Staff and residents stated they are satisfied with the home's catering, cleaning and laundry services.