Cooinda Hostel

RACS ID 0150
42 Bathurst Street
SINGLETON NSW 2330
Approved provider: Calvary Retirement Communities Hunter-Manning Ltd

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 4 April 2015.

We made our decision on 1 March 2012.

The audit was conducted on 6 February 2012 to 7 February 2012. 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

Site Audit Report

Cooinda Hostel 0150

Approved provider: Calvary Retirement Communities Hunter-Manning Ltd

Introduction

This is the report of a site audit from 6 February 2012 to 7 February 2012 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 a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from
6 February 2012 to 7 February 2012

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:	Annette Fitzpatrick
Team member/s:	Kathryn Mulligan

Approved provider details

Approved provider:	Calvary Retirement Communities Hunter-Manning Ltd

Details of home

Name of home:	Cooinda Hostel
RACS ID:	0150

Total number of allocated places:	34
Number of residents during site audit:	33
Number of high care residents during site audit:	16
Special needs catered for:	Nil applicable

Street/PO Box:	42 Bathurst Street	State:	NSW
City/Town:	SINGLETON	Postcode:	2330
Phone number:	02 6572 1537	Facsimile:	02 6571 1176
E-mail address:	karen.bailey@mn.catholic.org.au		

Audit trail

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

Interviews

	Number		Number
General manager Hunter/Manning - corporate	1	Residents and representatives	12
Manager residential care services Hunter/Manning - corporate	1	Property manager - corporate	1
Clinical services consultant - corporate	1	Procurement and sustainability manager - corporate	1
Residential care manager	1	Cleaning staff	1
Clinical coordinator/registered nurse	1	Leisure and lifestyle coordinator	1
Registered nurse	1	Care staff	4
Administration assistant	1	Cook and catering staff	2
Palliative care coordinator	1		

Sampled documents

	Number		Number
Residents' files including progress notes, assessments, care plans, medical notes and referrals	7	Medication charts	10
Summary/quick reference care plans	4	Personnel files	5
Residents agreements	6		

Other documents reviewed

The team also reviewed:
- Accident and incident reports and action plans
- Activities records including attendance records, programs, evaluation sheets, outing risk assessments and monthly reports
- Advanced care plans
- Anticoagulant therapy monitoring charts
- Calvary Aged Care and Retirement Services accreditation executive presentation booklet
- Cleaning schedules and duty lists
- Clinical equipment cleaning program
- Clinical observation records
- Contractors register and service level agreements
- Education records, competency assessments and education program
- Fire safety and equipment checks including exit lights
- Food safety program, catering records and menu
- Guide to falls management and physiotherapy plans
- Infection surveillance and legionella testing results
- Key performance indicators including wounds, behaviours, infections, falls, medications

- Maintenance request book, pest control and maintenance records
- Medication reviews
- Meeting minutes and meeting schedule
- Outbreak management information
- Policy and procedure manuals, and work practice manuals
- Quality improvement action plan and activity reports
- Resident information package and handbook
- Resident medication self assessment chart
- Residents clinical monitoring records
- Residents consent forms including information and photographs
- Staff employment pack, orientation handbook, rosters, job descriptions, duty lists and confidentiality agreements
- Staff handover sheets
- Staff lock up procedure and after hours emergency guide
- Staff memoranda
- The home's self-assessment application
- Wound charts and treatment sheets

Observations
The team observed the following:
- Accreditation site audit information flyers
- Activities and exercise classes in progress
- Care staff afternoon handover
- Charter of residents' rights and responsibilities
- Cleaning in progress, equipment and trolleys
- Clinical fridge temperature charts
- Clinical resource and reference materials accessible to staff
- Clinical, mobility, activity and pastoral care equipment and supplies
- Communication boards containing memos and resident information, resident meeting minutes, allied health lists and newsletters
- Disaster box, outbreak box and first aid box
- Document storage, archiving and secure document destruction container
- Equipment and supply storage areas
- Hand washing facilities and sanitiser gel dispensers throughout the home
- Infection control equipment
- Interactions between staff and residents
- Living environment – internal and external areas.
- Material safety data sheets (MSDS) at point of use
- Medical officer reviewing residents
- Medication round and medication storage
- Menu displayed
- Mission, vision and values statements displayed
- Morning and afternoon tea and lunch-time meal service in progress
- NSW food authority licence and annual fire safety statement
- Organisational computer intranet program
- Pain trolley and equipment
- Palliative care box
- Pharmacy faxes
- Staff information notice boards
- Staff work areas
- Visitors 'sign in and out' folders
- Waste management system, spills kits, sharps containers
- Wound trolley and equipment

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 is committed to continuous improvement with a focus on provision of quality care and services for residents. The organisation, Calvary Retirement Communities Hunter-Manning, has developed a robust quality framework which is implemented by the home. This includes identifying opportunities for improvement, actioning of improvements, monitoring the progress of improvements implemented and evaluating there effectiveness. The system includes the use of quality activity records, a quality register, monthly manager reports, benchmarking and discussion of continuous improvement activities during meetings. Opportunities for improvement are identified through internal and external audits, surveys, key performance data, comments/suggestions/complaints, meetings, observation and verbal feedback. Interviews and documentation review show residents, representatives and staff contribute to suggestions for improvement. Feedback is provided to residents and representatives and other stakeholders during meetings, via documentation, verbally or individually by management.

Examples of improvements specifically relating to Accreditation Standard One include:

● In response to an inventory audit, management developed an impress system for general and clinical stock. Management also centralised the clinical storage and implemented a monthly ordering schedule. This has ensured adequate and appropriate stock is available at all times.

● To improve communication with residents, the home implemented a Cooinda Hostel newsletter which is circulated monthly to all residents. Residents' feedback was positive regarding the information provided in the newsletter.

● The communication of care information has been improved through the use of a detailed handover form which includes tasks of the day, highlights resident specific care needs and communicates shift to shift information. The management said the new handover form reminds staff of their daily nursing care tasks thus reducing the likelihood they will be missed.

● The home has taken delivery of a third wi-fi phone so that care staff have access to a charged unit at all times. The management said this allows the answering of phones to occur in a timely manner and for access to emergency assistance without having to leave the resident or area of emergency.

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

Team's findings
The home meets this expected outcome

The home has systems to receive, identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Information on changes or new legislation is received by the home from the organisation's head office. The home also receives email alerts from peak bodies and government departments. Current issues or changes are tabled and discussed at the organisation's managers meeting. Information is then forwarded to relevant staff verbally and via policies/procedures, memorandum and meeting minutes. Residents and representatives are informed of relevant changes during meetings, via displayed notices and verbally by management. The home monitors compliance with legislation through observation of staff practices, review of key performance indicators, audit results and feedback from residents/representatives.

Specific examples of regulatory compliance relating to Accreditation Standard One include:

- Residents and representatives were advised of the accreditation site audit as per the requirements under the Aged Care Act 1997.

- The home ensures that documents are securely stored, computers are password protected, and appropriate archiving and destruction of documents is undertaken.

- Procedures for police checks for staff, volunteers and contractors are in place. Interviews and documentation confirm that these have been completed.

- The home has a system whereby external contractors' registrations and insurances are checked to ensure they are current.

- Procedures for compulsory reporting of resident assaults and preventing and responding to abuse.

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

Team's findings
The home meets this expected outcome

The home has systems that ensure staff have appropriate knowledge and skills to perform their roles. A calendar of education sessions is developed which includes both mandatory and general training sessions. Self directed learning packages are provided to staff to assist in staff development, some of which are competency based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Management supports staff to attend internal and external courses. Records of attendance are maintained by the residential care manager. Staff interviews indicate that they are provided with training as part of the home's orientation process and have access to on-going education.

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

- The home undertakes both organisational and facility based orientation sessions for new employees.

- Topics undertaken by management and staff include bullying and harassment in the workplace, orientation to the Little Company of Mary, comments and complaints management and computer training.

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

Information about internal and external complaints mechanisms is provided to residents and representatives on entry to the home through resident handbook and the residency agreement. Information is communicated to residents and representatives at regular meetings and when needed through the home's newsletter. Staff are made aware of these mechanisms through the orientation process, policies and procedures and at staff meetings. Comments and complaints forms and a suggestion box are available in the home. Brochures regarding the external complaints mechanism are also displayed. Staff are aware of the home's comments and complaints handling process and of their role in assisting residents to raise issues if necessary. Residents and representatives are aware of the home's comment and complaint process. Review of comments and complaints documentation indicates that management are responsive to issues raised and respond in an effective and timely manner.

1.5   Planning and leadership

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

Team's findings
The home meets this expected outcome

The home's mission, vision and values are well documented in the resident's handbook and displayed throughout the home. The home's mission, vision and values form a part of the staff orientation program and the home's overall management.

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 have effective systems to ensure that there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the accreditation standards and the home's philosophy and objectives. The home's roster has the flexibility to allow management to increase or decrease staffing hours in accordance with the resident's needs. Management recruit new staff to positions in line with the requirements and the changing needs of residents. Staff members are provided with position descriptions and duties are clearly outlined before commencement of employment. New employees undergo both an organisational and facility based orientation. They are then buddied with a staff member and undergo a probationary period and performance appraisal. Performance appraisals are conducted and identify opportunities for education and professional

development. Residents interviewed by the team said that they are satisfied staff have the appropriate skills and knowledge to provide care and services.

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 organisation's property and asset management team oversee the maintenance of the home's assets and purchasing of major equipment items. Management of the home has the responsibility of ensuring that appropriate goods and equipment are available on site to provide day to day quality care and service needs of residents. The home has an impress system to monitor and order stocks of goods such as clinical and general supplies and food and beverages. All new equipment is trialled and feedback from staff and residents is sought prior to any purchase. The home uses external contractors for their preventative and corrective maintenance program. Staff informed the team there is enough equipment and it is maintained in good working order. The home has a system for monitoring the quality of goods provided and replacements are arranged if the standard is unacceptable. Management and staff say they do not run out of stock and back up supplies are available when required.

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

There is a system to ensure that information is communicated across the home. Information is communicated through notices, handbooks, routines, policies and procedures, meeting minutes, individually with stakeholders and the communication diary. There is restricted access to residents and staff files, the locking of offices, filing cabinets and storage areas, and restricted access to computers through electronic passwords. Staff said they have input into the system and believed management kept them well informed. Interviews with residents and representatives identified they consider they are well informed about residents care changes and events within 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 organisation has systems in place to ensure all externally sourced services are provided in a way that meets the needs and service provision quality goals. The organisation maintains comprehensive and current information about external services and contractors which is provided in hard copy to the home. A central register guides management and staff on approved contractors and currency of their information. This includes appropriate registrations/licences, insurance, police checks and contact details. The management of the home monitor the quality of service provision by contractors and provide feedback to the organisation' property services management as needed. Residents, management and staff say they are satisfied with the provision of external services to the home.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's findings
The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

- Management identified that there was need to have a clinical coordinators office and clinic where staff could perform their administrative and clinical duties. As a result, an office which incorporates a residents' clinic has been refurbished with IT access and clinical equipment. The management said the area is private and allows for the residents' confidentiality, privacy and dignity to be maintained when receiving clinical treatments.

- As a result of staff difficulties with showering residents on a normal shower chair, management and staff reviewed the process and recommendations for the purchase of a specialised shower chair were submitted and approved. Staff feedback was the resident was more comfortable, the process was more dignified for the resident and able to be attended in a more time efficient manner. They also reported there was an increase in the safety and comfort for other frail residents when showering using the new shower chair.

- Management purchased an air mattress to improve a resident's comfort and skin integrity. The air mattress has a border edge around the entire mattress to ensure the residents safety. Staff reported the mattress makes it easier to move the residents and reduces the likelihood of staff manual handling injuries.

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

Team's findings
The home meets this expected outcome

The home has systems in place to manage regulatory compliance relating to health and personal care. For the description of the system refer to the Expected outcome 1.2 Regulatory compliance.

Specific examples of regulatory compliance relating to Accreditation Standard Two include:

- Residents who require a high level of care are provided with goods and services such as continence aids according to legislative requirements.

- The home maintains a current record of professional staff registrations.

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 education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. For a description of these systems please refer to Expected outcome 1.3 Education and staff development.

Examples of education activities relating specifically to Accreditation Standard Two include: Certificate 1V in nursing, dementia, medication assistance and associated competency, urinary incontinence, palliative care forum and pain management/electronic nerve stimulation therapy.

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 comprehensive system to assess, identify, monitor and evaluate residents individual care needs on entry to the home and on an ongoing basis. Information obtained from residents and representatives when residents move into the home together with a range of focused assessments are used to prepare individual care plans. A review of documentation confirms that care plans are reviewed every three months or as necessary and residents' are regularly seen by their treating medical officers. Residents interviewed by the team state they are satisfied with the clinical care they receive. Staff training addresses issues relating to resident care and where appropriate consultants are accessed to support staff and provide advice regarding specific care issues. The provision of care is monitored via audits, surveys, collection of key performance indicators and the comments and complaints mechanisms. When indicated residents are transferred to hospital for emergency treatment or to meet specific care needs.

2.5   Specialised nursing care needs
This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation
The home meets this expected outcome

The home has a system to identify and meet residents' specialised nursing care needs. This includes initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated in consultation with residents and their representatives. The clinical coordinator and registered nurses oversee the specialised care needs at the home. Residents' documentation identifies a referral system to a range of allied health professionals and other specialists to assist the home manage residents' complex and specialised needs. Staff training is provided to address specific care needs. Ongoing competency assessments ensure that staff skills and knowledge are up-to-date. The residents state they are satisfied with the specialised nursing care needs the home provides.

2.6 Other health and related services

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

Team's recommendation
The home meets this expected outcome

The home has a system to ensure referral to appropriate health specialists occur in accordance with the residents' needs and preferences. Referrals occur as the need requires, with transport provided by residents' representatives or as arranged by the home. The home also organises health and related service visits to the home including but not limited to, dietitian, the aged care assessment team, optometry, physiotherapy and podiatrist. A review of residents care plans, progress notes, assessments and other documentation confirms that residents are referred to a range of health care specialist. A review of documentation identifies that appropriate changes are documented and implemented as a result. Residents interviewed by the team report they are satisfied with the arrangements for referral to appropriate health and related specialists.

2.7 Medication management

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

Team's recommendation
The home meets this expected outcome

The home has an effective system to manage the ordering, storage, administration, recording and review of medications. The home uses a seven day blister pack system and liaison with the supplying pharmacist ensures that new or changed medications are supplied promptly. Medications are stored in locked cupboards or the locked medication trolleys and are administered by the registered nurses and care staff. The team observed safe and correct medication administration and staff displayed understanding of the home's medication management system. A review of medication charts show that they are appropriately documented and contain relevant information and identification of residents. Residents state they are satisfied with the medication service the home provides.

2.8 Pain management

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

Team's recommendation
The home meets this expected outcome

There are systems to identify, manage residents' pain and evaluate pain management strategies that ensure residents are as free as possible from pain. This includes initial and ongoing pain assessment using observation, discussion, and pain assessment forms. The home has a registered nurse employed five hours per week to oversee and implement pain management programs. Care staff were knowledgeable regarding their role in pain management, including identification and reporting of pain. Residents' state pain management provided by the home appropriately meets their needs and pain relief can be accessed as required.

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

Team's recommendation
The home meets this expected outcome

The home has a system to ensure that the comfort and dignity of terminally ill residents is maintained. The palliative care coordinator involves residents and representatives in end of life planning to ensure the residents physical, emotional, cultural and spiritual needs and preferences are identified, documented and implemented. The home has a syringe driver to assist in the administration of medication for comfort and pain relieve if needed. Residents are supported to remain in the home in the event of requiring palliation. Pastoral care services are available to support and counsel terminally ill residents and their representatives. Care staff could describe a range of intervention employed when caring for terminally ill residents to ensure their pain is managed and that their comfort and dignity is maintained.

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

Team's recommendation
The home meets this expected outcome

The home has a system to provide residents with adequate nutrition and hydration through initial and ongoing assessment of the resident's dietary preferences and requirements. The home has access to a dietitian and speech therapist if needed. Residents are weighed monthly to monitor changes, and significant weight loss is investigated by the clinical coordinator. Additional nourishing fluids and dietary supplements are provided when a need is identified. Residents interviewed by the team indicate satisfaction with the meals and state they are able to have input into menus via resident meetings, comments and complaints mechanism and directly to management.

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

Team's recommendation
The home meets this expected outcome

The home has a system for maintaining residents' skin integrity including initial and ongoing assessments, care planning and regular evaluation. The home monitors accidents and incidents including wound infections and skin tears, and acts appropriately on trends identified. Wound care is provided under the direction of the clinical coordinator and registered nurses. A podiatrist regularly visits and treats the residents. Care staff are able to describe the process of identifying changes in skin integrity and the team viewed completed wound care charts and charts that are still in process.

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

Team's recommendation
The home meets this expected outcome

The home has a system to monitor and manage bladder and bowel continence and constipation effectively. These include assessment on entry to the home and on an ongoing basis, involving evaluation of management strategies which include scheduled toileting, prompting, continence aids, increased fluids and fibre. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff. Urinary tract infections are recorded monthly and, where indicated, preventive strategies are implemented. Residents interviewed by the team state they are satisfied with their continence management.

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

Team's recommendation
The home meets this expected outcome

The home has a system to assess and manage residents' with challenging behaviours. The home completes an initial and ongoing assessment of the resident behaviours and this information is developed into a care plan. All episodes of challenging behaviour are recorded, monitored closely and evaluated. Residents are encouraged to participate in the home's activity program during the day and the team observed staff redirecting and diverting residents' attention with effect. Specialist advice is available from the mental health unit if needed. Representatives interviewed by the team indicate their satisfaction with the manner in which residents with challenging behaviours are managed at the home.

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

Team's recommendation
The home meets this expected outcome

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The systems include initial and ongoing assessment of residents' mobility, dexterity and rehabilitation needs, assessed by the home's physiotherapist. The home's program includes passive and active exercise programs during activities of daily, group chair exercise and massage therapy. An accident and incident reporting system includes analysis of incidents to identify trends and implementation of strategies to reduce falls. All staff complete training on manual handling yearly at the home. Residents state they are satisfied with the mobility, dexterity and rehabilitation program the home provides.

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

Team's recommendation
The home meets this expected outcome

The home has a system to ensure residents' oral and dental health is maintained including initial and ongoing assessment of residents' oral and dental needs. Assessments occur through staff observation and referral to dentists and/or specialists are arranged as per

residents' needs and preferences. Residents state the home provides transport to dental appointments when needed. The day-to-day oral care is attended as per residents' individual care plans with residents being encouraged to brush their own teeth or dentures to maintain their independence. Aids to oral and dental care are provided at the home, including tooth brushes, toothpaste and mouth swabs.

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

Team's recommendation
The home meets this expected outcome

The home has a system to ensure that residents' sensory losses are identified and managed effectively. The identification of any impairment includes sight, vision, touch, taste and smell. A care plan is developed incorporating these needs and other specialists are involved as required, including audiology and speech therapist. The team observed examples of strategies used by the home to manage residents' specific sensory loss. Residents reported that staff assist them in maintenance of sensory aids including the cleaning of glasses, fitting of hearing aids and replacement of batteries. The activity program incorporates sensory stimulation, such as massage, music, large print books, gardening and cooking.

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

Team's recommendation
The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements and sleep assessments. Strategies used to help residents sleep include offering of food or a warm drink or snacks, massage or position change, relaxing music, pain management and appropriate continence management. Interventions include night sedation if ordered by a medical officer. Residents reported the home's environment is quiet at night and they are given individual care to help settle.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team's findings
The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous Improvement for the details of the home's continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

● The home identified that there was a need to increase the size of the activity planner from A4 to A3 as residents' were having difficulty reading the plan. The leisure and lifestyle coordinator displays and distributes an A3 planner to residents. Residents state they are able to see the program more clearly and know what was on for the day.

● In order to ensure indigenous residents' cultural needs are supported and fostered, the home has fostered links with local aboriginal communities who support the indigenous residents'. The elders of the local community provide a newsletter detailing events and health programs available. This has led to one resident agreeing to have their hearing tested at the local indigenous centre. The home purchased an indigenous flag which remains displayed in the lounge area.

● Management observed residents' sitting and resting in a corridor area while they waited to attend the dining room for meals. They said the area was bland and there was no visual stimulation for the residents'. As a result the management consulted with the residents' and relocated a large fish tank and provided what the home refers to as "a bus stop for residents'". Management reported that this has improved socialization. Throughout the visit, residents' were observed using the bus stop and watching the fish.

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 system refer to Expected outcome 1.2 Regulatory compliance.

Specific examples of regulatory compliance relating to Accreditation Standard Three include:

● Information on residents' rights and responsibilities is included in the resident handbook, residency agreement and is also displayed on walls within the home.

● Residents sign consents prior to exchange of information with other health related services, and residents agree to their name or photograph being displayed at the home.

- Confidentiality of resident personal information is reinforced through staff 'sign off' on confidentiality agreements.

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 education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. For a description of these systems please refer to Expected outcome 1.3 Education and staff development.

Examples of education activities relating specifically to Accreditation Standard Three include: Art and alzheimer's disease, spirituality, certificate 1V in leisure and lifestyle, men's shed expo, baby doll therapy and management of an aggressive resident.

3.4 Emotional support

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

Team's recommendation
The home meets this expected outcome

The home has processes to ensure that each resident receives support in adjusting to life in the new environment and on an ongoing basis. During their entry period, the new resident is provided with an orientation to the home and introduced to staff and residents. During this initial period, there is a comprehensive assessment of each residents social, cultural and spiritual support needs and an individual care plan is developed. Residents' emotional needs are monitored and care plans updated to ensure that each resident'ss needs are met, as their requirements change. Residents reported they felt supported by the staff, both when they first entered the home and on an ongoing basis.

3.5 Independence

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

Team's recommendation
The home meets this expected outcome

The home has processes to ensure that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment of residents' specific needs and preferences is undertaken on entry to the home and on an ongoing basis to assist staff develop an individualised care plan for each resident. Staff promote independence by encouraging residents to participate in their own activities of daily living whenever possible. Residents reported their satisfaction with the way in which the home encourages them to maintain their independence and community involvement within the township.

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

Team's recommendation
The home meets this expected outcome

Residents' right to privacy, dignity and confidentiality is recognised and respected. Information on residents' rights and responsibilities is included in information given to the resident on entering the home and is also on display. Information about residents is securely stored and all staff complete at orientation and yearly education sessions on privacy, dignity and confidentiality. The team observed staff respecting residents' privacy by knocking on doors before entering and resident interviewed reported staff care for them in a respectful and dignified manner. The home monitors residents' privacy and dignity with comments and complaints, and audits and surveys mechanisms.

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

Team's recommendation
The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Assessment of residents' specific needs, interests and preferences is performed on entry to the home and on an ongoing basis. An activity care plan is completed, comprising group and individual activities, and resident participation in activities is monitored. Care plans are evaluated third monthly and changes made as required. The home has a range of activities offered including music, sensory stimulation, bingo, craft and massage, cooking, gardening and community outings. Residents who choose to remain in their rooms or are unable to be involved in group activities are offered activities on a scheduled daily basis or as needed. Information obtained from surveys, resident meetings, informal and formal groups and one-on-one discussions is also used to plan suitable group and individual activities. Residents state they are satisfied with leisure and lifestyle programs the home provides.

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

Team's recommendation
The home meets this expected outcome

The home demonstrated that individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessment of resident's specific needs, customs, and beliefs is performed on entry to the home and on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held at the home by ministers of different denominations. Days of cultural and religious significance are celebrated. Residents interviewed by the team reported they are encouraged and supported to continue with their own interests, customs, beliefs, and ethnic backgrounds are valued and fostered.

3.9 Choice and decision-making

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

Team's recommendation
The home meets this expected outcome

The home has processes to ensure 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. Residents are kept informed and given opportunities to provide input into the home through systems such as assessment and care planning processes, surveys, comments and complaints mechanisms, and resident and relatives meetings. Residents are provided with choices including their financial management, personal/clinical care, cultural and spiritual choices and living environment. Interviews with residents and documentation reviews demonstrate that the home actively supports residents in maintaining their right to make their own lifestyle choices and decisions.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation
The home meets this expected outcome

The home has put in place policies and procedures to ensure that residents have secure tenure within the home, and understand their rights and responsibilities. A resident agreement is offered to each resident to formalise occupancy arrangements. The agreement includes, but is not limited to, information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. The home has a policy of ageing in place, which has increased the opportunity for residents to remain at the home, as their care needs increase. Interviews with residents indicate that they are satisfied with the information the home provides regarding their security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's findings
The home meets this expected outcome

Refer to Expected Outcome 1.1 Continuous improvement for further information relating to the home's continuous improvement system.

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

● The home identified a need to improve outdoor areas to enhance optimum levels of safe mobility and improve environment aesthetics. The home commissioned a gardener to review the existing area and provide plans for improvement. Residents were invited to participate in the planning process. As a result, the area was levelled, walking paths were designed, area landscaped, outdoor furniture purchased and a sail was hung over the seated area. Residents' state the area is more inviting and they use it with their families as they desire.

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

Team's findings
The home meets this expected outcome

The home has systems in place to manage regulatory compliance relating to physical environment and safe systems. For the description of the system refer to Expected outcome 1.2 Regulatory compliance.

Specific examples of regulatory compliance relating to Accreditation Standard Four include:

● The home meets the requirements for work health and safety.

● The home meets regulatory requirements for fire and safety. An annual fire safety statement is on display.

● The home has a food safety program and a NSW Food Authority License.

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 education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. For a description of these systems please refer to Expected outcome 1.3 Education and staff development.

Examples of education activities relating specifically to Accreditation Standard Four include: Catering staff member's attendance at hazard analysis and critical point (HACCP) food safe certification, fire safety education, infection control, manual handling, basic food safety practices, chemical awareness and work and health safety education.

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

Team's findings
The home meets this expected outcome

The home's management is actively working to provide a safe and comfortable environment consistent with resident care needs. Each resident has a single room with ensuite and has been able to personalise their own room. The team observed the home to be clean and well lit. Communal areas such as dining room, lounge rooms and activity room are well furnished. Residents' safety is monitored through staff observation, accident and incident forms, hazard identification and environmental audits. Residents describe the home as being clean, comfortable, well maintained and felt like 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 organisation implements a work health and safety system in consultation with management and staff of the home. Staff are encouraged to contribute to the resolution of work place health and safety issues. Compulsory manual handling and work place safety education is provided for all management and staff. Regular meetings provide a forum for discussion of work place health and safety matters which are actioned and followed through by management where appropriate. The home has a system for reporting and addressing maintenance issues, 'out of order' plant or equipment, hazards, results of workplace audits and risk assessments. Review of documentation identifies staff report hazards and corrective actions are undertaken. Training is provided for the use of all new equipment and all equipment is trialled prior to purchase. Staff are aware of the home's system for maintaining a safe working 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 actively work towards providing an environment that is safe and minimises fire, security and emergency risks. There is a disaster box for use in any form of emergency. Fire safety is part of orientation and is scheduled as part of compulsory annual education. Fire equipment is in place and is regularly inspected by an external fire safety contractor. Emergency procedures are displayed at each telephone. Lockup procedures are implemented by staff, a security service checks the home every night. Staff interviewed confirmed the training is provided to them and residents state they feel safe and secure.

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 residential care manager is responsible for the day to day infection control surveillance within the home. Infection data is collected, collated, evaluated by the residential care manager. Infection control education forms part of all staff orientation and mandatory training. The assessment team observed staff practices, including personal protective equipment being used, hand washing occurring and colour coded equipment used in catering, cleaning and laundry procedures. An outbreak management kit and spill kits are available and the home has a stock of personal protective equipment available. Staff interviewed demonstrated knowledge of the home's infection control practices and outbreak management.

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

Catering
Residents' dietary needs and choices are assessed and documented on entry to the home. This information is relayed to the catering staff who maintain a list of food preferences, special diets including supplements or modified meals, and other relevant information. All food is cooked on site which enables residents' choice and any meal issues to be addressed in a timely manner. There is a food safety program in place and, the home achieved an "A" rating from the recent NSW Food Authority audit. The team observed food preparation and service and noted all staff are aware of and practice according to appropriate guidelines including infection control.

Cleaning
The home presents as clean, fresh and well cared for. Cleaning staff perform their duties guided by documented schedules, work practices and results of inspections. All equipment is colour coded and chemicals securely stored. Staff are trained in the use of equipment, infection control outbreak management procedures, and manual handling. Staff demonstrated an understanding of infection control and manual handling requirements.

Laundry
Laundry services provided on site are for residents personal clothing. This is attended by care service employees at night and distributed by staff during the day. The home uses an external contractor for their linen service and ample stock was observed during the visit. There are procedures and work practices for the collection and handling of laundry. Care staff said they receive training in infection control, manual handling and safe work practice education.