



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Glengarry Hostel

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

The Agency has decided that the period of accreditation of Glengarry Hostel is three years until 14 September 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Glengarry Hostel				
RACS ID:	0492				
Number of beds:	44	Number of high care residents:	13		
Special needs group catered for:	• Dementia				
Street/PO Box:	1A Ellamatta Avenue				
City:	MOSMAN	State:	NSW	Postcode:	2088
Phone:	02 9969 0907		Facsimile:	02 9969 0903	
Email address:	kerrie.wendon@twilight.org.au				

Approved provider

Approved provider:	Twilight House
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Assessment team

Team leader:	Barbara Knight
Team member/s:	Hiltje Miller
Date/s of audit:	23 June 2009 to 24 June 2009

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

Accreditation decision

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

Accreditation decision

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

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Glengarry Hostel
RACS ID	0492

Executive summary

This is the report of a site audit of Glengarry Hostel 0492 1A Ellamatta Avenue MOSMAN NSW from 23 June 2009 to 24 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 23 June 2009 to 24 June 2009

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

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

Assessment team

Team leader:	Barbara Knight
Team member/s:	Hiltje Miller

Approved provider details

Approved provider:	Twilight House
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Details of home

Name of home:	Glengarry Hostel
RACS ID:	0492

Total number of allocated places:	44
Number of residents during site audit:	44
Number of high care residents during site audit:	13
Special needs catered for:	Dementia

Street/PO Box:	1A Ellamatta Avenue	State:	NSW
City/Town:	MOSMAN	Postcode:	2088
Phone number:	02 9969 0907	Facsimile:	02 9969 0903
E-mail address:	kerrie.wendon@twilight.org.au		

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Chief Executive Officer	1	Residents	6
Operations Manager	1	Resident representatives	4
Board Member	1	Hospitality Manager	1
Facility Manager	1	Chef	1
Registered nurses	1	Catering staff	1
Care supervisor	1	Cleaning supervisor	1
Care staff	4	Maintenance officer	1
Educator	1	Laundry staff	1
Care systems coordinator	1	Cleaning staff	1
Recreational activities coordinator	1	Activities officer	2

Sampled documents

	Number		Number
Residents' files (electronic/hard copy) including assessments, care plans, progress notes	8	Medication charts	10
Residents activities file	6	External contracts (electronic copy)	8
Resident agreements (electronic copy)	5		

Other documents reviewed

The team also reviewed:

- Accident/incident reports including medication errors
- Activities blackboard
- Activity program/reviews/evaluations
- Activity records/needs assessments
- Approved supplier records
- Asset register
- Audit result action plans
- Audits – monthly schedule

- Audits (external and internal) and benchmarking results and trend graphs.
- Blood glucose monitoring guide
- Care staff communication book
- Communications book/diaries
- Complaints register
- Complaints review report
- Complaints, comments, compliments forms
- Contractors agreements
- Cool room/refrigerator/freezer temperature records
- Department of health policy directive and circulars
- Doctors communication book
- Environmental audit results
- Fire safety service agreement and compliance reports
- Food safety plan
- Food temperature records (on delivery, during preparation, at service)
- Handover sheets
- Human resource database –including policies, procedures, forms
- Identified training needs report
- Infection data
- Journals
- Kitchen cleaning schedules (daily and periodical)
- Legionella testing results
- Maintenance request forms
- Management information system – variety of meetings scheduled
- Medication advisory committee minutes
- Medication management policy
- Medication management system review audit
- Medication refrigerator temperature charts
- Meeting minutes – staff, residents
- Memoranda
- Monthly medication chart audit
- Newsletter – staff and residents
- Outbreak box audit
- Oxygen equipment check list
- Pest control reports
- Policies and procedures (in print and on management information systems)
- Position descriptions
- Pre purchase assessment forms
- Preventative maintenance schedule
- Quality framework
- Quality statement
- Registration – doctors, registered nurses, podiatrist
- Resident survey results 2009
- Resident walk schedule
- Resident handbook
- Residents' agreements
- Residents' individual exercise programs
- Residents' information package and surveys
- Residents' social profile
- Self medication assessment
- Staff handbook
- Staff survey results 2009
- Thank you letters/cards from family members
- Thermometer calibration records
- Thermostatic mixing valves test results
- Training database and attendance

- Training schedule
- Wound care charts
- Wound management folder

Observations

The team observed the following:

- Activities in progress
- Annual fire safety statement 2009
- Blackboards displaying activities of the day
- Brochures – complaints mechanisms
- CCTV surveillance notices
- Charter of residents rights and responsibilities
- Cleaning cupboards
- Clinical waste disposal container
- Colour coded equipment for catering and cleaning staff
- Correctly orientated fire exit plans
- Emergency flip charts
- Equipment and supply storage areas
- Exercise classes in progress
- Fire egress routes (clear of obstructions)
- Fire extinguishers/hose reels/blankets
- Fire panel
- Food Authority License - expiry October 2009
- Forms and flowcharts posters – diagrammatic representation to facilitate use of electronic care planning program
- Information posters regarding influenza outbreaks
- Interactions between staff/ residents/representatives
- Laundry project posters
- Living environment – internal and external
- Lunch time meal service
- Material safety data sheets (MSDS) at point of use
- New laundry fittings and procedures
- Notice boards for staff and resident information
- Residents in their rooms and in living areas
- Residents using mobility aids
- Residents' art work displayed on walls
- Secure storage of residents' information
- Sharps disposal containers
- Slide show and demonstration of alternative methods of residents/representative involvement in activities programs
- Staff practices (e.g. wearing protective equipment, using lifting equipment, responding to residents)
- Storage of medications
- Suggestion boxes
- Vision, mission, values, values and quality statements throughout home
- Wall mounted display cabinet for photographs
- Wall mounted hand sanitisers, with posters, for staff and visitor use
- Wet floor signs in use

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has systems in place to actively pursue continuous improvement. Areas to improve are identified through surveys, complaints, results of audits, competency assessments, verbally, feedback from resident and staff meetings. Key staff and management monitor continuous improvement. Review of continuous improvement activity plan, documentation, meeting minutes and audit/survey results confirm areas for improvement are identified and generally actioned. Staff interviewed are aware of systems for continuous improvement and confirm they are involved in continuous improvement activities. Interviews with residents/residents representatives confirm that complaints and feedback have mostly resulted in improvements for residents. Continuous improvement activities relevant to standard one include the implementation of a new management information system, as part of “Twilight Homes” project of the organisation to standardise management systems. The home has a local area network. Information such as policies and procedures, forms, memoranda and meeting minutes are accessible via this network. While the system is still in the process of being fully utilised by staff, it aims to ensure staff can have access to relevant information to help them perform their roles.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

Review of documentation and information technology (IT) system confirms the home has systems in place to receive, identify and ensure compliance with relevant legislation, regulatory requirements, standards and guidelines. The organisation is a member of an industry association, and receives information through this avenue and through subscriptions to a variety of government and independent information services. Management monitors adherence to regulatory requirements. Changes to policies and procedures resulting from changes to regulatory compliance are communicated to staff through an automatic generation of emails via the intra net, meetings, noticeboards and memoranda. Journals and policy directives are circulated to management. The new human resources (HR) system does not allow staff to work unless a current police check is carried out. Staff interviewed confirm they are informed of changes to policies and procedures arising from changes to legislation, regulatory requirements, standards or guidelines with associated education and training given as necessary.

1.3 Education and staff development

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

Team’s recommendation

Does comply

The home has a comprehensive education, training and orientation system in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Review of documentation and interviews with management and staff indicate that training needs are identified primarily through performance appraisals, and also as a result of competency assessments, audits and observation of work practices. From these sources, an annual schedule

of education is developed. Competency assessments are undertaken annually or as necessary as part of the performance appraisal process, confirmed through review of staff files. Compulsory training is provided in fire, back care, infection control, and use of equipment, with a record of attendance being maintained. The home has a close association with a local training organisation, who utilises a room in the home for courses. All staff interviewed indicate they have access to internal and external education on a regular basis. Monthly training modules need to be completed by the use of computers, which can be accessed either at work or from home. Observation of work practices confirm staff are competent in carrying out their roles effectively

1.4 Comments and complaints

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

Team's recommendation

Does comply

Interviews with residents and resident representatives demonstrate they are aware of mechanisms through which they may make compliments or complaints. Most of those who had made complaint in the past had found management and staff responsive to their concerns. Staff interviewed confirm they are aware of the suggestion and complaint mechanisms for residents/resident representatives and for themselves, acknowledging confidentiality of complaints are adhered to. Most staff stated that feel able to raise issues, with these issues being actioned. The team observed suggestion boxes and information regarding internal and external complaints processes throughout the home. The team noted through interviews and document review that the home collates numbers of compliments and complaints received and monitors response times. Review of the complaints register, meeting minutes and discussion with management, staff and residents indicates the home generally responds to complaints raised appropriately, and within reasonable timeframes.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The team observed the home's vision, mission and values, and quality statements to be visible on noticeboards throughout the home and present in a number of documents including the resident handbook and staff handbook. The home's commitment to quality is evident through its policies, procedures and other documents that guide the practices of management and staff. Discussions with management and staff confirm that staff are aware of, understand and support each other in the provision of quality care and services.

1.6 Human resource management

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

Team's recommendation

Does comply

There are systems and processes in place for the home to have appropriately skilled and qualified staff sufficient to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. This includes processes for recruitment, orientation, ongoing education and staff input to rostering and performance appraisal, as confirmed through review of recruitment and orientation documentation, the roster, the education calendar, meeting minutes and staff files. When staff are not able to work, replacements are usually found via the home's casual staff pool. The organisation has recently implemented a new human resource IT program which ensures staff have appropriate qualification and required paperwork (police checks) before commencing employment. Staff interviewed confirm they are able to provide feedback regarding rosters and

workload to management and that they enjoyed working at the home. Residents/resident representatives interviewed are very positive about the staff at the home, indicating that staff come promptly when called and that they are very satisfied with the care and services provided at the home.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Through observation of storage areas, interviews and document review the team noted that stocks of appropriate goods and equipment are available at the home. Various members of the staff have responsibility for ordering goods and equipment from approved suppliers. There is a capital budget approval process, and interviews with some staff indicated they can provide input regarding equipment required. Equipment is trialled prior to purchase, and there is a corrective and preventative maintenance program in place. Sufficient stocks of goods and equipment were observed in storage areas throughout the home. Resident/resident representatives and staff interviewed state they have adequate levels of goods and equipment for safe delivery of care and services.

1.8 Information systems

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

Team's recommendation

Does comply

There are systems in place for management and staff to access and use information to help them perform their roles and for the creation, storage archiving and destruction of documentation within the home. Confidential information such as resident and staff files are stored securely, in accordance with legislative requirements. The home has implemented a new computerised information management system as well as a human resource management system. Staff have had comprehensive training and they state they feel confident in the use of computers. Computer equipment has been purchased, and staff can now access information and forms via the home's local area network. Information is disseminated through emails, meetings, notice boards, newsletters, memoranda, staff hand over and informal lines of communication. Feedback from residents, resident/ representatives and staff is positive about the quality and quantity of information they receive.

1.9 External services

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

Team's recommendation

Does comply

Discussion with management and staff indicates the homes' agreements/contacts are in place for external providers (via the homes approved list), and the services of these providers are monitored via inspections, feedback from resident/resident representatives and staff, and observation of work practices. Most providers have been carrying out services for the home for many years and the home has been satisfied with their work practices. Residents, resident representative and staff interviewed indicate satisfaction with external services. Observation by the team noted equipment to be in good condition with a regular maintenance program.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

For details of the continuous improvement system refer to expected outcome 1.1 Continuous improvement. Examples of continuous improvement activities relevant to accreditation standard two include:

- The implementation a new standardised electronic system of care planning. The home is better able to assess residents' needs and develop appropriate care plans. Interviews with staff confirm the new care planning system has improved their access and use of accurate information to ensure the delivery of appropriate care to residents.
- The home has introduced the use hip protectors for those residents identified through the falls risk program as being at high risk of falls.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

For details of the system for managing compliance with legislation refer to expected outcome 1.2 Regulatory compliance. Compliance with legislation relevant to Standard two includes:

- The development of policies and procedures to cover residents who may abscond from the home and education for staff in this area

2.3 Education and staff development

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

Team's recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Education and competency assessments relevant to Standard two include:

- Wound management
- Medication administration
- Dental and oral hygiene.
- Care staff have also completed self directed learning modules via the internet which include palliative care and pain management

2.4 Clinical care

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

Team's recommendation

Does comply

Glengarry has systems and processes in place to ensure that residents receive appropriate clinical care. Information regarding clinical care needs is obtained pre entry to the home and an interim care plan is implemented on entry. Further assessments contribute to the development of the care

plan which is regularly evaluated and updated as care needs change. Care is planned in consultation with residents, their relatives, the medical practitioner and allied health professionals. Staff interviewed have a sound knowledge of the clinical care processes and a good understanding of individual resident needs. There are appropriate supplies of equipment and resources, maintained in good order, to facilitate care delivery. Residents/representatives interviewed are very satisfied with the clinical care provided, and commented on the skills and empathy of the staff delivering care.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

There are systems in place to ensure that residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff confirm that specialised nursing care needs including care of indwelling catheters, stoma (colostomy and ileostomy) and complex wound management are identified when residents move into the home, addressed in the care planning process and/or as needs change. Staff practice is monitored and ongoing training and competency assessment is undertaken. There is liaison with external consultants for specialised needs including wound management and palliative care. There are adequate supplies of equipment and resources to meet identified specialised nursing 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 recommendation

Does comply

Documentation including resident files, demonstrates that appropriate referrals are made to health specialists including medical and allied health practitioners, such as dietician, speech pathologist, podiatrist and optometry and audiology services. Local medical practitioners conduct regular clinics at the home. There is access to dental care and other specialist services such as palliative care and psychogeriatric teams. Residents may receive care from visiting professionals or attend a practitioner of their own choice external to the home. Referrals are made in consultation with the resident, family members and the resident’s medical practitioner. Care plans are updated and changes to care implemented as a result of these referrals. Residents/representatives confirm that they are assisted and supported to access appropriate specialist services.

2.7 Medication management

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

Team’s recommendation

Does comply

There are systems and processes in place to ensure that residents’ medication is managed safely and correctly. This includes the prescription, dispensing, storage and administration of medications. There is a medication management policy and guidelines and regular medication chart audits and pharmacy reviews. The home has recently undergone a comprehensive medication management systems review by an external provider which identified some areas of concern. Changes have been implemented in response to recommendations from this review and staff education provided. Monitoring of the medication management system will continue. All staff administering medications undertake an annual competency and further training is provided in response to any identified deficiencies. Residents who may wish to self medicate are assessed by a registered nurse and their medical practitioner. Residents/representatives confirm they are satisfied that their medication is well managed.

2.8 Pain management

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

Team's recommendation

Does comply

There are systems in place to ensure all residents are as free from pain as possible. Initial and ongoing pain assessment includes verbal and non verbal indicators and interventions are monitored and evaluated on an ongoing basis. Strategies to manage residents' pain include attention to clinical and emotional care needs, alternatives to analgesia such as repositioning, and massage. Residents from Glengarry have participated in a research project in conjunction with a tertiary referral centre to determine the effect of an exercise program in managing persistent pain. Daily exercise classes continue at the home to assist residents in managing their pain in addition to maintaining mobility and dexterity. The area palliative care team provides advice and assistance with pain management. Staff confirm that they understand and practice alternative methods of pain management and residents/representatives confirm their pain is managed in an appropriate and timely manner.

2.9 Palliative care

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

Team's recommendation

Does comply

The increasing frailty of residents at Glengarry has prompted management to review service provision to ensure that the comfort and dignity of terminally ill residents is maintained. The program includes emotional and physical support for both resident and family. Consultation with allied health and medical practitioners is ongoing throughout palliation processes. There is liaison with the palliative care team for advice and support including pain management issues. Staff have attended palliative care education and complete a self directed learning module in palliative care. Provision of equipment including specialised mattresses and other assistive devices, ensures that comfort is maintained. Associated therapies such as massage and music may be utilised and spiritual/pastoral care can be easily accessed. Staff interviewed are knowledgeable about and empathetic with palliative care processes.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' nutrition and hydration status is assessed on initial entry to the home to ensure their intake needs will be adequately met. Documentation demonstrates that assessments include the need for special diets, food preferences, physical limitations such as swallowing difficulties, oral and dental deficiencies, sensory loss and mobility and dexterity issues. Resident needs and preferences are identified and communicated to catering staff, and there is ongoing consultation regarding menu choices. Observation of meal preparation and service confirms that care and catering staff are aware of residents' needs and choices. Residents' food and fluid intake and weight gain/loss is monitored, with referral to appropriate practitioners, for example dietician, speech pathologist, as necessary and dietary supplements provided as required. A water cooler has been installed to ensure extra fluid is readily available. Residents/ representatives confirm they are consulted regarding menu choices and are satisfied that their nutritional needs are met.

2.11 Skin care

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

Team's recommendation

Does comply

The assessment of residents' skin integrity is included in the initial assessment process and monitored on an ongoing basis. Care staff monitor residents' skin integrity during daily care processes and report any changes for ongoing assessment, review and referral as appropriate. Staff state that they have access to adequate equipment and supplies to meet resident needs, for example continence products, pressure relieving devices, and receive training in care and the use of specialised equipment such as lifting devices to maintain skin integrity. Management of wounds is overseen by the registered nurse and staff undergo competency assessment in simple dressing techniques. Incidence of skin tears is monitored and documented, analysed and trended, and care plans adjusted as necessary. A podiatrist assesses and delivers foot care and there is a hairdressing and beauty therapy salon on site.

2.12 Continence management

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

Team's recommendation

Does comply

There are systems in place to ensure that residents' continence is effectively managed. The care supervisor oversees the continence program and documentation demonstrates that continence assessments are included in the initial and ongoing assessment process and management strategies are developed in conjunction with staff and resident/representatives. Appropriate allied health and other external providers are consulted to ensure that programs and products used effectively manage identified continence needs and provide educational resources. Staff understand and are aware of the toileting programs required to manage individual resident's continence issues and maintain skin integrity, and monitor and report on the effectiveness of interventions.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home has systems and processes in place to effectively identify and manage the needs of residents with behaviours of concern. Initial and ongoing assessments identify residents' behaviour management needs and individual care plans are developed and implemented. Behaviour management strategies include identification of the triggers that initiate behaviours of concern and activities to avoid their onset. Group and one to one interventions such as massage and multisensory activities are included in strategies utilised. Residents who require further assessment are referred to a psychogeriatrician. The home is secure which enables residents to freely move around internal and external areas. The team noted that throughout the visit the home presented a calm and peaceful atmosphere. All staff interviewed are aware of individual resident needs and resident/representatives confirmed that these needs are being met.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Glengarry has processes in place to ensure that residents achieve optimum levels of mobility and dexterity. There is access to physiotherapy services and an exercise physiologist. Residents are individually assessed and exercise programs developed and carried out by the physiotherapy aide and activities officers. Residents are encouraged to maintain mobility through the use of assistive

devices such as walking frames, and hand rails are in place throughout the home. Falls risk assessments are carried out and risk minimisation strategies implemented. Massage is used to assist residents to improve and/or maintain dexterity and specialised cutlery and crockery is available. Observation of practice confirms that staff encourage residents to maintain mobility and residents/representatives are satisfied with the assistance they receive with mobility issues.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The oral and dental health of residents is assessed on entry to the home and regularly thereafter. Staff assist residents to maintain oral and dental health through mouth and denture care and observe any associated pain and/or discomfort. All staff undertake a dental/oral care competency assessment. Referrals to dental practitioners are made as required. There is provision for on site assessment of dental needs or residents may attend a dental practitioner of their choice. Appropriate diet and fluids are provided to enable residents to maintain oral and dental health. Residents/representatives confirm that their oral and dental health is maintained.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

On entry to the home residents’ sensory losses are identified and included in the care planning process. Referrals are made to specialist services including speech pathologist, optical and audiology services. Staff monitor and support residents in the use and care of spectacles and hearing aids. Activities programs are designed to engage those residents who may have sensory deficiencies including touch, taste, vision and hearing.

2.17 Sleep

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

Team’s recommendation

Does comply

Resident sleep patterns are assessed on entry to the home including preferred sleeping times and any history of night sedation. Barriers to natural sleep including pain, continence, hunger, emotional state are considered when planning care. Residents are accommodated in single rooms with their own bathroom which minimises environmental issues such as lighting and noise. Residents confirm they are assisted to settle and maintain their sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Refer to expected outcome 1.1 Continuous improvement for information including a description of the overall system on continuous improvement. Examples of continuous improvement activities relevant to Standard 3 include:

- Ongoing review of the activities program, with constant evaluation of the program to improve the quality of life of residents, residents’ participation in the life of the community outside the home, and to ensure they have activities of interest in which to participate every day of the week.
- At the Family Liaison meeting the activities coordinator presented a program on the leisure activities to raise awareness and encourage family input to the program.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Refer to expected outcome 1.2 Regulatory Compliance for details of the system to ensure compliance with legislation. Examples include:

- the display of, and documentation in the resident handbook of the Charter of Resident Rights and Responsibilities. Resident rights and responsibilities are discussed at resident meetings and resident input regarding, for example, meal choices, is actioned and respected.
- Pre entry residents are given a copy of the residency agreement and handbook ensuring the resident/representatives have clear knowledge of the security of their accommodation and prudential arrangements associated with entry to the home.

3.3 Education and staff development

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

Team’s recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Examples relevant to Standard 3 include:

- The activities co-ordinator demonstrated how she is involved with education development of staff by involving staff in new programs giving them ownership and the ability to evaluate and assess programs for improvement

3.4 Emotional support

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

Team’s recommendation

Does comply

The emotional support system in the home includes staff, spiritual care, volunteers, family members, residents’ doctors, and external services (the palliative care team). Residents’ emotional

needs are communicated through individualised care plans and residents have access to pastoral care, one to one attention from staff and case conferences with the support team when necessary. Changes in emotional needs are recorded in progress notes and ongoing management is discussed at staff handovers. Residents, relatives and representatives interviewed by the team described situations when they had received individualised emotional support spoke highly of the interactions with staff and said they had felt supported during their transition into the home and are supported on a continual basis. Staff interviewed by the team explained the home's emotional support procedures and interventions available, and the team noted documentation in residents' files referring to resident/representatives' emotional needs, interventions and ongoing reviews.

3.5 Independence

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

Team's recommendation

Does comply

The team observed, and resident/representative interviews confirm that individual lifestyle preferences are assessed on entry into the home and residents are supported by the home to maintain their independent lifestyle choices. Residents described examples of independence as having family and friend's visits each day, the opportunity to attend spiritual services and to go shopping and external activities in the community. Staff interviewed by the team say they support residents to maintain their independence in activities of daily living by arranging outings, providing newspapers/newsletters, shopping trips and by communicating daily activities of identified interests. The team noted social assessments and individual social care plans in residents' files, observed residents using aids to support their independence such as walking frames, and residents interacting during activities with fellow residents, staff, visitors and families throughout the home.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Interviews with residents/representatives and staff confirmed residents' right to privacy and dignity is discussed on entry into the home, their permission is sought to allow the use of their personal information for care purposes and that their privacy and dignity needs are being met. Residents/representatives have access to a monthly resident meeting for any issues or concerns. Documented evidence indicates regular consultation takes place with residents of their rights for privacy and confidentiality, encouraging residents to make a complaint if these rights are not being met. The team observed staff consult residents before entering their room, administering clinical care, close doors when attending to personal care needs. The team also noted, the charter of resident's rights and responsibilities on display and that the home's resident handbook detailing privacy, rights and responsibilities is made available to residents, relatives and representatives.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home has five recreational officers with activity coordination and implementation roles, and some volunteers, who complete an interview and orientation, to assist the recreational officers in meeting residents' needs. Residents' individual leisure and activity interests are assessed on entry into the home and a care recipient profile containing residents' social history is compiled. Residents/representatives participate in a personal activity needs assessment and an individualised

management program is assessed daily, evaluated, and modified or amended if preferences or needs change. The team observed residents participating in several individual, small and large group communal activities during the audit. These activities all had purpose and used many sensors and movements with residents appearing to be enjoying themselves. Residents/representatives interviewed spoke highly of the quantity and consistency of their activities of choice in the home. The home provides many choices of activities for the resident seven days a week.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents' individual cultural and spiritual preferences are accessed on entry into the home and residents are supported by the home to maintain their right of choice. These preferences are documented in the residents' care plan. Residents/representatives have access to pastoral care and visiting representatives from other churches or beliefs for their spiritual care needs. These representatives interact with residents, give one to one support according to the resident's individual need and the home has non-denominational services monthly. The home completes a staff language diversity list for knowledge of staff who can assist residents from their own culture, and has access to a comprehensive list of community interpreters if required. Amongst the staff there are twenty-two different nationalities. Residents/representatives interviewed by the team spoke highly of the spiritual and cultural support provided by the home and said they enjoyed culturally specific activities such as Australia day, Anzac Day, Mothers Day, Chinese New Year, Christmas Day and celebrate a culturally specific day . Staff interviewed by the team discussed the home's procedures for residents' spiritual and cultural support and enjoyed working in their environment.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Staff interviewed by the team are aware of residents' right to choice and decision making, describe the home's procedures to ensure these needs are being met and say they would document any changes in residents' progress notes and discuss any changes in staff handovers. A monthly resident meeting is very well attended by residents/representative and provides a forum for residents to participate in choices and decisions related to their activities of daily living and the availability of management for any matter requiring discussion is communicated to residents in the resident handbook. Residents/representatives interviewed by the team, described how they are consulted about their needs and preferences when they first enter the home, have their choice of doctor, could choose the meals they want to eat and felt they have control over their decisions and individual preferences in the home. The team noted assessment and care plan documentation to contain residents' individual choices and minutes from meetings contain residents' issues and concerns which have been actioned.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Interviews with staff, indicate that each resident/representative is issued with a resident handbook and a resident agreement detailing roles and responsibilities of residents and the home, the

available service and the procedures involved in any situation that requires a change in the residents' room or accommodation. Residents/ representatives interviewed by the team confirm they were informed of their rights and responsibilities and security of tenure on entry into the home. They had received a residents' agreement and handbook that explained the process, and they were happy with their accommodation arrangements and commented how flexible the home is in finalising the finance associated with entry to the home. The team observed residents' rooms to contain personal items and noted residents' agreement to include information on accommodation, security of tenure, residents' rights, high care entitlements, and a notification of residents' right to withdraw from the agreement.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

Refer to expected outcome 1.1 Continuous improvement for details on the system for managing continuous improvement. Examples of continuous improvement relevant to Standard 4 include;

- A laundry project which will enable the home to launder all linen on site. Currently the home launders only residents’ personal items. The home has sought expert advice from a consultant, identified separate clean and dirty laundry rooms, purchased new machinery and chemical dispensing system and trained staff in the new processes. The home expects to commence laundering all linen in house within weeks. The project will be evaluated when all four homes in the organisation are in full operation.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to Accreditation Standard four (refer also in this report to Expected outcome 1.2 Regulatory compliance). Examples of how the home complies with legislation include:

- Implementation of a food safety program and display of a Food Authority License expiry October 2009
- Recording of catering temperatures according to Hazard Analysis Critical Control Points (HACCP) requirements
- An annual fire safety statement and compliance records.

4.3 Education and staff development

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

Team’s recommendation

Does comply

The home has systems to help ensure management and staff have appropriate knowledge and skills to perform their roles effectively, in particular in relation to the physical environment and safe systems. Refer also in this report to Expected outcome 1.3 Education and staff development.

Annual compulsory training includes:

- Manual handling/occupational health and safety
- Infection control
- Fire safety/evacuation training.
- Staff competency checks include hand washing skills, fire safety, infection control and manual handling.
- Recent training has included updates on influenza management.

4.4 Living environment

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

Team's recommendation

Does comply

Glengarry can demonstrate that it provides a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with ensuites, on two levels serviced by lifts and stairs. There are well appointed sitting and dining areas and smaller areas suitable for private family gatherings. There are attractive, well maintained gardens and courtyards that can be used for communal celebrations. There has been a recent refurbishment program including painting and recarpeting and purchase of new furniture. There are regular environmental inspections, planned preventative maintenance schedules and corrective actions, and daily and periodic cleaning schedules. The home presents a clean, fresh appearance and residents/representatives confirm that they feel safe and comfortable and enjoy the home's amenities.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home can demonstrate that it has systems and processes that actively support the provision of a safe working environment that meets regulatory requirements. Occupational Health and Safety (OH&S) is a standing agenda item at all meetings. There is a designated return to work coordinator and an external provider may be used if necessary. Chemicals are appropriately stored and material safety data sheets and personal protective equipment are available at point of use. The staff orientation program includes manual handling, fire safety and infection control and ongoing education and regular updates are provided. Staff demonstrate knowledge and understanding of OH&S issues and responsibilities, and the team observed safe practices in operation.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home can demonstrate through systems and processes that management and staff are actively working to minimise fire, security and emergency risks. There are emergency procedure flipcharts, and evacuation plans, an essential services manual, and identified emergency exits are located throughout the home. Monitoring and maintenance of all fire equipment including for example, fire panel and extinguishers, and regulatory inspections for certification, is undertaken and reports provided. Fire equipment is located throughout the home and there is evidence that this is regularly serviced and tested. Fire safety training is included in the orientation program and there are mandatory annual updates. The home has CCTV monitoring at the main entrance and car park, and security procedures are in place. Environmental inspections are undertaken and there is reporting of hazards and maintenance of a hazard register. Interviews with staff confirm that they are aware of and understand their responsibilities in the case of fire and other emergencies.

4.7 Infection control

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

Team's recommendation

Does comply

The home has systems and processes that enable it to demonstrate that there is an effective infection control program in place. Infection control is a standing agenda item at all meetings. There are policies and procedures with regular information updates including memos and posters from the organisation's head office. Staff receive training at orientation and on an ongoing

basis including hand washing competency and the use of personal protective equipment. There are waste management and linen handling procedures and staff and resident vaccination programs. There are designated procedures in place to manage an infectious outbreak. Regular environmental inspections are carried out. There is a food safety program and regular monitoring of food and equipment temperatures. Data on infections are collected, analysed, reported and benchmarked internally and externally. All staff demonstrate a good understanding of infection control practices including outbreak procedures and use of personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has in place policies, processes and safe work practices to ensure that hospitality services are provided to enhance residents' quality of life and staff working environments. Hospitality services are overseen by the Group Hospitality Manager. The catering services provide a rotating menu summer and winter and all meals are freshly cooked. Residents are consulted and provide input to the menu and their individual needs and preferences are identified and documented. There are daily, weekly and periodic cleaning schedules, and individual rooms and communal areas were observed to be clean and clutter free. Personal items are currently laundered on site with linen being outsourced. The home has recently completed an upgrade of laundry facilities and equipment with the objective of providing all laundry services in house. This is to be phased in shortly. (For additional information refer to expected outcome 4.1 Continuous improvement). All hospitality staff interviewed are knowledgeable about safe work practices including manual handling and infection control requirements.