Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit
Hale Hostel

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

The Agency has decided that the period of accreditation of Hale Hostel is three years until 25 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:	Hale Hostel
RACS ID:	7200

Number of beds:	40	Number of high care residents:	29

Special needs group catered for:	Nil

Street:	31 Waverley Road				
City:	COOLBELLUP	State:	WA	Postcode:	6163
Phone:	08 9314 4800		Facsimile:	08 9314 1814	

Approved provider

Approved provider:	Amana Living

Assessment team

Team leader:	Karen Malloch
Team member:	Shirley Rowney
Dates of audit:	15 July 2009 to 16 July 2009

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations	Agency findings
1.1 Continuous improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply

Standard 2: Health and personal care

Expected outcome	Assessment team recommendations	Agency findings
2.1 Continuous improvement	Does comply	Does comply
2.2 Regulatory compliance	Does comply	Does comply
2.3 Education and staff development	Does comply	Does comply
2.4 Clinical care	Does comply	Does comply
2.5 Specialised nursing care needs	Does comply	Does comply
2.6 Other health and related services	Does comply	Does comply
2.7 Medication management	Does comply	Does comply
2.8 Pain management	Does comply	Does comply
2.9 Palliative care	Does comply	Does comply
2.10 Nutrition and hydration	Does comply	Does comply
2.11 Skin care	Does comply	Does comply
2.12 Continence management	Does comply	Does comply
2.13 Behavioural management	Does comply	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply	Does comply
2.15 Oral and dental care	Does comply	Does comply
2.16 Sensory loss	Does comply	Does comply
2.17 Sleep	Does comply	Does comply

Executive summary of assessment team's report		Accreditation decision
Standard 3: Resident lifestyle		

Expected outcome	Assessment team recommendations	Agency findings
3.1 Continuous improvement	Does comply	Does comply
3.2 Regulatory compliance	Does comply	Does comply
3.3 Education and staff development	Does comply	Does comply
3.4 Emotional support	Does comply	Does comply
3.5 Independence	Does comply	Does comply
3.6 Privacy and dignity	Does comply	Does comply
3.7 Leisure interests and activities	Does comply	Does comply
3.8 Cultural and spiritual life	Does comply	Does comply
3.9 Choice and decision-making	Does comply	Does comply
3.10 Resident security of tenure and responsibilities	Does comply	Does comply

Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations	Agency findings
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	Does comply	Does comply

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.

SITE AUDIT REPORT

Name of home	Hale Hostel
RACS ID	7200

Executive summary

This is the report of a site audit of Hale Hostel 7200 31 Waverley Road COOLBELLUP WA from 15 July 2009 to 16 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

● 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit
An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 15 July 2009 to 16 July 2009.

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

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

Assessment team

Team leader:	Karen Malloch
Team member:	Shirley Rowney

Approved provider details

Approved provider:	Amana Living

Details of home

Name of home:	Hale Hostel
RACS ID:	7200

Total number of allocated places:	40
Number of residents during site audit:	40
Number of high care residents during site audit:	29
Special needs catered for:	Nil

Street:	31 Waverley Road	State:	WA
City:	COOLBELLUP	Postcode:	6163
Phone number:	08 9314 4800	Facsimile:	08 9314 1814

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Hale Hostel.

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

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

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
General manager residential care	1	Residents	11
Centre operational manager	1	Relatives	5
Clinical systems coordinator	1	Food services coordinator	1
Care staff	4	Kitchen coordinator	1
Enrolled nurse	1	Cleaning staff	1
Advanced skilled carers	2	Maintenance staff	1
Physiotherapist	1	Occupational therapy assistant	1

Sampled documents

	Number		Number
Residents' files	6	Medication charts	8
Summary/quick reference care plans (computer data)	8	Personnel files	8
Resident contract	4	Archived residents' files	2

Other documents reviewed

- Accident/incident electronic records
- Activities program
- Activities statistics
- Asset register
- Audit schedule
- Audit/surveys
- Blood glucose documentation
- Bowel observation chart
- Care delivery information file
- Certificate of microbiological analysis
- Charter of residents' rights and responsibilities
- Chemical log
- Cleaning schedule
- Clinical indicators
- Clinical training planner
- Comments/complaints records
- Communication and general information file
- Communication diaries
- Complimentary letters
- Conditions of occupancy
- Continence assessment/monitoring tool
- Continuous improvement log
- Continuous improvement plan
- Corporate manual
- Diabetic management plan
- Dietary requirement forms
- Dietician review of residents
- Duty statements
- Emergency policy and procedures
- Evacuation lists
- Examination & oral health care plan
- External contracts
- Family conference planner
- Fire records
- Food safety program
- Food temperature monitoring charts
- Frequent intervention chart files
- Fridge temperature charts
- General practitioners notes
- Handover documentation
- Human resources report
- Improvement form
- Infection control policies and procedures
- Ingredient information sheets
- Job descriptions
- Maintenance records
- Material safety data sheets
- Medication administration files
- Medication incidents reports and trend data
- Memos
- Menus
- Minutes of meetings

- Mission statement
- National police clearance information
- Newsletter
- Nutrition and hydration documentation
- Occupational therapy assessments and care plan
- Pain assessment management record
- Performance appraisals
- Physiotherapy assessments and supporting documentation
- Podiatry resident list
- Policy and procedures
- Recruitment policies and procedures
- Referral documentation
- Register of drugs
- Resident admission checklist /orientation documents
- Resident care summery
- Resident infections results and trends
- Resident list
- Resident satisfaction surveys
- Resident self medication risk assessment /documentation
- Residents agreement
- Residents' information handbook
- Residents' information package and surveys
- Risk assessment documentation
- Roster
- Service information leaflet
- Sleep assessment/observation form
- Special events planner
- Staff competencies
- Staff education and training records
- Staff Handbook
- Staff training records
- Training evaluation records
- Treatment/observation file
- Weight monitoring tool
- Wound care file

Observations
- Activities in progress
- Appropriate use of personal protective equipment (PPE)
- Archive room
- Chemical storage area
- Christmas in July event
- Church service in progress
- Equipment and supply storage areas
- First aid box
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living/working environment
- Kitchen and food storage areas
- Residents lunch time meal service
- Laundry
- Notice boards, white boards, posted notes, and brochures
- Staff hand held computerised communication tool

- Storage of medications

Standard 1 – Management systems, staffing and organisational development

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

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

Team's recommendation
Does comply

The home has systems and processes in place that demonstrate a commitment to continuous improvement across the four Accreditation Standards. A systematic process of identification, implementation, monitoring and evaluation of improvement activities includes information and data collected from audits, incidents, complaints, and improvement forms. Information gathered is routinely collated, analysed and is used to manage service delivery. Residents and representatives are encouraged to participate in continuous improvement through regular meetings, family conferences and surveys. Resident, representatives, and staff confirmed that they are aware of the systems in place, and that suggestions for improvement are addressed effectively.

Examples of continuous improvement activities in relation to this Standard are outlined below.
- Following a review of staffing levels the organisation identified shortages in staffing numbers and the difficulties in local recruitment and retention. A recruitment program was undertaken in the United Kingdom and New Zealand which has successfully secured a number of staff.
- A new electronic stock control system has been implemented, feedback from management stated that resources are able to be more effectively monitored and managed. This has had a positive impact on budget management.
- To ensure agency staff are provided with sufficient information about residents care and support needs, the home has established an information file which provides relevant information to guide staff. Agency staff are given this to read prior to commencing duty, and are encouraged to use this as a reference throughout their shift.

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

Team's recommendation
Does comply

The organisation has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines. The organisation maintains links to peak bodies and professional organisations. Compliance is monitored through internal and external audit processes. The organisation has a system in place which monitors police checks on new and existing staff, and ensures it meets the requirements of the privacy act. The home has implemented a process for the mandatory reporting of elder abuse, and provides residents, representatives and staff

with information pertaining to the complaints investigation scheme. Staff confirmed that they are made aware of any relevant changes through various mechanisms, including team meetings, electronic messages, memoranda and policies.

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

Processes are in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively, including recruitment processes, induction, education opportunities and staff appraisal. Staff education needs are identified from information gathered from staff appraisal, audits, incident reports, staff and resident meetings, complaints, and improvement logs. Staff interviewed reported that they are very satisfied with the training provided, and the opportunities for development and promotion within the service. Residents and representatives expressed confidence in the skills of management and staff.

Examples of education and staff development in relation to Standard One are outlined below.
- Accreditation information
- Electronic care management system
- Bullying and harassment.

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

There are processes in place to ensure that residents and their representatives receive information regarding the internal and external complaints system in the home. This includes discussions at the time of admission, information in the residents' handbook and through reminders at meetings and family conferences. Brochures providing information on advocacy services and external complaints agencies are located at strategic areas throughout the home. A secure suggestions box is readily visible and accessible to residents and representatives. Staff are aware of the internal and external complaints procedure and have received appropriate training. Residents and representatives reported being satisfied with the complaints system and the responsiveness of staff and management to any issues raised.

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

Amana Living has a documented purpose, philosophy and values system that reflects a commitment to quality throughout the organisation. Information is provided to residents and representatives on admission via a resident information brochure, and is displayed throughout the home. Staff are introduced to the organisation's values, vision and philosophy at the time of recruitment and this is reinforced at the corporate induction program and through the policies and procedures. Staff were able to describe the home's philosophy, values and objectives.

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

Team's recommendation
Does comply

The organisation has a system in place to ensure that there are appropriately skilled and qualified staff sufficient to meet the needs of the residents. A central human resources department manages staff recruitment in accordance to the organisation's policies and procedures. The manager ensures that the home's staffing ratios and skills mix are maintained at levels designed to meet the residents' care needs at any one time. Staffing levels are monitored through incident analysis, resident and staff feedback, audits and surveys. New staff are orientated to the home's systems, receive mandatory training, and are 'buddied' with a more experienced staff member for a period appropriate to their experience. Performance appraisals are conducted each year to monitor the skills and identify the training needs of staff. Residents and representatives are satisfied with the quality of care and services provided by staff.

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

There are systems in place to ensure that adequate stocks of goods and equipment are available for quality service delivery. Stocks and services are provided from approved providers, and there are processes in place to monitor and maintain stock levels via an electronic management system. An asset register is maintained and updated as required. Equipment is maintained via a preventative and corrective maintenance system. Regular workplace inspections and hazard identification ensure that goods and equipment are maintained at sufficient levels and are correctly stored, maintained, replaced and used safely and correctly. Residents, representatives and staff reported they are satisfied with the availability and suitability of goods and equipment used and maintained at the home.

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

Team's recommendation
Does comply

The home has systems and processes in place to ensure information is managed effectively. Management and staff have access to appropriate and accurate information to perform their roles either within a paper based system or electronically. Confidential information is kept in lockable cabinets and cupboards, or password protected, and backed up on a daily basis corporately to ensure information is stored safely and secured as required. Staff are required to sign confidentiality agreement on commencing employment at the home. Staff have access to information via meetings, minutes, memos, communication books, handovers, care plans and assessments. Policies, procedures and good practice guidance is available through the organisations intranet. Information is archived, retrieved and destroyed as per the organisations policy and procedure. Residents and representatives are satisfied with the range of information made available to them, and that their personal and private information is managed sensitively and appropriately.

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

Team's recommendation
Does comply

There are systems in place to ensure all external sourced services are provided to meet the needs of the home and quality service levels. The corporate office manages most contracts with approved suppliers and contractors. Service agreements are in place that describe the responsibilities of the relevant parties, insurance arrangements, police checks and qualifications where appropriate. The contracts are reviewed on a regular basis and feedback is obtained from the home regarding service performance. Management, staff, residents and representatives are satisfied with the quality of services from external service providers.

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

See expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of continuous improvement in relation to this Standard are outlined below.
- Having identified inconsistencies in oral and dental care, the home has implemented systems to address this including toolbox training, establishing an equipment replacement schedule, and ensuring access for residents to the government dental program.

- The home has entered into a contract with a new pharmacist. This has shown positive outcomes in terms of a reduction in pharmacy related medication errors, and in the quality and reliability of the pharmacy service provided.

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

All registered staff and other health care professionals are registered with the appropriate bodies. Medications are stored and administered in accordance with relevant guidelines. The home monitors any changes in legislation and alerts the staff through meetings or memoranda. All residents are provided with care, delivery of services, and goods and equipment in accordance with legislative requirements.

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

Team's recommendation
Does comply

See expected outcome 1.3 Education and staff development for an overview of the home's systems and processes that ensure management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions conducted relevant to this Standard include the topics outlined below.
- Managing oral care of residents
- Palliative care
- Pain management.

2.4 Clinical care
This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation
Does comply

The home has a system where all resident care needs are assessed at admission through a multi-disciplinary approach. Documentation reviewed indicated that processes for assessing, reviewing and evaluating care needs are undertaken in consultation with allied health professionals, nursing/care staff and the resident and/or representatives. Policies and procedures guide staff in all aspects of clinical care, and referrals are made to residents' medical practitioners and other health services appropriately. Staff interviewed described how residents' care is delivered according to the care plans, and the communication processes involved when there are changes in the health status of a resident. Residents access general practitioners on a regular basis, and clinical care incidents are routinely recorded and actions taken. Feedback from residents and representatives indicated that they are satisfied with the clinical care they receive.

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 processes in place to ensure that residents with specialised nursing care needs are assessed and reviewed by appropriate qualified staff on an ongoing basis. Clinical staff develop and oversee specific care plans for areas such as wound management and catheter care. The general practitioner and external services such as the residential care line and wound and continence consultancy services are accessed as required to advice and support staff. Residents and representatives are satisfied their specialised nursing needs are being met appropriately.

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

Residents and/or their representatives are able to discuss any ongoing needs that are being treated by an external service on admission. There are established referral processes in place to other care providers such as the dentist, speech pathology, and dieticians. Residents and representatives interviewed stated, and documentation confirmed that all stakeholders are consulted prior to a referral, and following any external consultations, any amendments to care or prescriptions are communicated to staff and implemented. Residents and representatives reported that issues requiring specialist input are identified and that residents are referred in accordance with their needs and preferences

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

Team's recommendation
Does comply

There are processes in place to ensure residents' medication is managed safely and correctly. Processes are established for ordering, storage, administering, documenting, and disposal of medication. Medication competent care staff administer medications via a multi-dose blister pack that is stored in a secure location in the residents' room. Residents who wish to manage their own medications are assessed by their general practitioner as being competent to self-medicate. Medication incidents and variances are recorded and analysed, and internal audits are used to monitor the medication system. Documentation review indicated that the general practitioners and an accredited pharmacist review residents' medication. Residents and representatives confirmed they are satisfied that their medications are managed safely and correctly.

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 processes in place to assess residents' initial and ongoing needs and preferences in relation to pain management. The team noted the comprehensive pain assessment tool assists to identify the possible cause, location, severity and the resident's acceptable level of pain, and uses non-verbal cues to determine pain in residents with dementia or those with communication deficits. Documentation review of progress notes identified medication pain relief interventions, and outcomes are recorded to ensure pain is managed. Staff described the processes in place for responding to residents who have pain including prescribed analgesia, repositioning and rest, passive exercise programs, and the provision and use of comfort devices such as cushions, air mattresses and heat packs. Residents and relatives confirmed 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

Information about residents' and representatives' preferences regarding terminal care wishes, including the level of treatment they desire in the event of them becoming unwell and any funeral arrangements is documented on admission, or when appropriate. Clinical care needs and pain management issues are addressed by qualified staff, with support from the general practitioner. Documentation review of two deceased residents' files indicated palliative care provision within the home supports the wishes of the resident's physical, cultural and spiritual beliefs. Staff interviewed confirmed the emotional support that is available for them, and that residents are treated in a dignified manner.

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

Team's recommendation
Does comply

Residents' preferences, special needs, allergies and cultural requirements are identified on admission and communicated to relevant staff. Care plans and assessments are reviewed six monthly, or when a significant change in the residents' care needs is identified. Residents' weights are monitored monthly and there are processes in place to action variances accordingly, including commencement of supplements and referral to health professionals. Documentation reviewed confirmed that referrals to the medical practitioner, speech pathologist, and dietician are made appropriately, and special needs are identified on the residents' care plans. Modified eating utensils are provided as required to support residents in maintaining their independence. Staff were observed to be assisting residents with their meals and drinks. Residents and representatives interviewed expressed they were satisfied with the choice of food and refreshments available.

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

Team's recommendation
Does comply

An initial skin integrity and risk assessment is conducted on admission to identify residents with actual or potential skin conditions. Residents at risk have care plans to guide staff in preventative measures to promote optimal skin integrity. Clinical staff manage all complex wounds, and competent care staff manage minor wounds such as simple skin tears. Staff described the wound care protocol of reporting all incidents. Wound statistics are collated monthly by the care manager and analysed to identify trends, healing times and contributing factors such as mobility, general health and medications. Consultation with external wound care specialists is sought as required. A range of pressure relieving devices and interventions are utilised in consultation with residents and /or representatives and therapy staff. The podiatrist assesses and reviews the residents on a regular basis. Staff receive training on maintaining residents' skin integrity. Residents and representatives confirmed they are satisfied with the care provided in relation to residents' skin integrity.

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

Team's recommendation
Does comply

The admission process includes that all residents receive an assessment that monitors continence and toileting patterns. Residents are assisted to manage their continence through a range of measures, including scheduled toileting and the use of suitable continence aids, to ensure residents' comfort and dignity is maintained. Bowel elimination and interventions are documented. Documentation reviewed identified that changes in continence provision is appropriately implemented to address resident needs, and urinary tract infections are closely monitored and addressed. Staff interviewed reported they have sufficient supplies of equipment, and the appropriate skills to enable them to manage the continence needs of residents. The environment was observed to be very clean and free from odour. Residents and representatives interviewed are satisfied with the assistance they receive in managing any continence issue.

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

Team's recommendation
Does comply

Processes are established to identify and manage the challenging behaviour of residents, and ensure their safety and comfort. Referrals to specialist services, including psycho-geriatric and mental health services, are made as required. The team noted a holistic, multi-disciplinary approach to managing behaviours of concern, resulting in favourable outcomes for residents, and effective minimisation of difficult behaviours. Staff interviewed described appropriately the strategies for managing episodes of challenging behaviours, including physical and verbal aggression. Documentation reviewed indicated consistent liaison with representatives for care planning of residents' behavioural needs. Residents and representatives expressed satisfaction with the management of any challenging behaviours 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
Does comply

Residents' mobility, dexterity and rehabilitation needs are assessed on admission and on a regular basis, including a falls risk assessment. Specific mobility needs are documented on the care plan, including aids required, fall risk alerts and specialist instructions. The physiotherapist reviews residents as required and an individual exercise program is put in place. Residents are encouraged to maintain their mobility and dexterity by participating in the home's activity program, which offers group exercises as well as activities that focus on fine motor skills. Assistive equipment such as walking aids, wheelchairs and modified crockery and cutlery are provided as required to maximise the residents' mobility, dexterity and independence. Residents' falls are documented and reviewed for trends, and residents identified as at risk are referred to the physiotherapist for further review. Residents and representatives expressed satisfaction with the way in which residents' mobility; dexterity and rehabilitation needs are identified and promoted.

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

Team's recommendation
Does comply

The home has systems in place that ensures regular assessments of the residents' oral and dental health are conducted and communicated as per the general care process. Documentation review of care plans identified strategies to promote optimum dental and oral health such as prompting independence, and /or assisting with the cleaning of teeth and dentures. Staff interviewed described oral and dental care including observation for oral problems, pain and the investigation of ill-fitting dentures. Residents have access to the annual visit by the government dentist and dental technician for denture repair. Residents and representatives indicated they are satisfied with the assistance provided by staff to maintain residents' oral and dental health.

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

Team's recommendation
Does comply

Residents' care needs related to the five sensory losses are identified and recorded on admission, and strategies are implemented to manage these effectively. Specific care plans guide staff to effectively manage and maximise each residents' independence and interaction in activities of daily living and lifestyle. Staff interviewed demonstrated knowledge in identifying sensory loss by observation and resident feedback, and care interventions such as caring for spectacles and hearing aids. The team noted assistive devices such as large print library books and videos are available, and referral to external services such as optometry and audiology is provided. The home's activity program provides opportunities for residents' sensory enrichment. Residents stated they are satisfied with the assistance they receive from staff to manage sensory loss.

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

Team's recommendation
Does comply

There are systems and processes in place to enable residents to maximise natural sleep patterns. All residents are observed over twenty four hours and assessed during the settling-in period to identify normal sleep patterns, and any subsequent interventions required are documented on the care plan to guide staff. All interventions to assist residents' sleep are formulated to the individual's preferences. To promote an optimal level of sleep, staff are aware of the importance of maintaining a peaceful environment and both pharmacological and non-pharmacological interventions for sleep promotion. Medication used to assist with sleep is evaluated by the general practitioner during medication review. Residents and representatives stated that the atmosphere created and the support of staff is conducive to a restful environment.

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

See expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of continuous improvement in relation to this Standard are outlined below.
- A review of therapy services required an increase in occupational therapy hours. Additional therapy hours are now available Saturday and Sunday and have ensured activities are available to residents seven days per week. Resident stated they are satisfied with the program and enjoy the weekend sessions.
- To ensure the therapy program is appropriate to meet the needs of the residents, the organisation is establishing a process whereby the organisation's occupational therapist reviews the programs being implemented at the home and will provide coaching and advice to on-site therapy staff when required.

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

Team's recommendation
Does comply

The organisation ensures all staff are informed of changes relevant to resident lifestyle through training, memoranda and meetings. Residents are informed about their rights and responsibilities in information provided to them on admission, the charter of residents' rights and responsibilities is included in the resident's handbook and displayed in the home. There are policies and procedures in place to manage the compulsory reporting of elder abuse.

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

Team's recommendation
Does comply

See expected outcome 1.3 education and staff development for an overview of the home's systems and processes that ensure management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions conducted relevant to this Standard include the topics outlined below.
- Challenging behaviour
- Leisure and lifestyle certificate IV
- Dementia training
- Elder abuse.

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 home's admission process ensures that all residents and their representatives are welcomed and oriented to the home, and given the opportunity to discuss any issues. The emotional needs of residents are monitored on an ongoing basis through care plan reviews, individual resident interventions and staff reporting mechanisms. Staff described the strategies used to meet the emotional needs of residents, which includes pastoral care and providing appropriate professional support. Residents' families are encouraged to visit the home as often as they wish, and care conferences are available as and when required. The team observed staff speaking and interacting with residents in a supportive and respectful manner. Residents and representatives advised that they are very satisfied with the emotional support offered by staff at the home.

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

All residents are assessed on admission by the occupational therapist. Residents' previous history, existing friendships, cultural, spiritual, needs and preferences are documented. Consideration is given to any identified sensory, physical and cognitive deficits, environmental factors, and the risk to residents in determining how best to promote resident independence. Suitable aids and support from staff and volunteers ensure that resident's mobility and communication levels are maximised. The team noted the internal and external physical environment encourages residents to achieve optimum mobility and independence. Staff demonstrated strategies in place to maintain resident's independence in all aspects of their lives. Residents and representatives confirmed they are satisfied with the assistance provided by the home in relation to residents' independence, and maintenance of friendships within the community.

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

Team's recommendation
Does comply

There are systems and processes in place to ensure each resident's right to privacy, dignity and confidentiality is respected. Staff described practices such as signing confidentially agreements, knocking before entering residents' rooms, maintaining security and confidentiality around residents' information and treating residents with respect and dignity during care interventions. The team noted that all documentation is securely stored. Staff interactions with residents were observed to promote residents individuality, and ensured their privacy and dignity was respected. The home's internal physical environment promotes privacy and confidentiality, and all residents have single suites with living/dining area, kitchenette, and bedroom and en-suite bathroom. The home has areas for large group gatherings, and small communal areas for small group activities and quiet conversation. Feedback from residents and representatives indicated that all residents' right to privacy and dignity is recognised and respected.

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

Team's recommendation
Does comply

Processes are in place to ensure that residents are encouraged and supported to maintain interests and activities. On admission, the resident's employment and social history, interests, including family is obtained and incorporated into an individualised care and therapy program to ensure the choice of suitable activities is offered, to suit the resident's wishes and their capabilities. The seven day weekly activity program and special event planner is displayed, and offers a wide range of activities which includes exercises, craft activities, games to stimulate the mind, and social and educational activities. The activities program is reviewed on an ongoing basis, and feedback is sought from residents through meetings and surveys. Residents were viewed to thoroughly enjoy activities taking place, and feedback confirmed that they were very happy with the range and amount of activities provided.

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

Team's recommendation
Does comply

The home has systems and care planning process in place which values and supports residents' cultural and spiritual needs customs, beliefs and preferences. A number of religious personnel visit, and regular non denominational church services are held within the home. Documentation review of palliation care identified appropriate spiritual and cultural support is provided as requested by the resident and/or their family. Staff demonstrated practices that foster and value residents' specific needs including assisting residents to access community groups and pastoral care. Residents' birthdays, days of significance and cultural days are celebrated in the home. Residents and representatives interviewed reported satisfaction with the support they receive to meet their cultural and spiritual needs and preferences.

3.9   Choice and decision-making
This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to

exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation
Does comply

The home assists and empowers residents and representatives to participate in decision making about care and service delivery through care conferencing, resident and representative surveys and meetings, improvement logs and an open-door policy for access to management. Resident and representatives input is sought during care planning to accommodate individual needs and preferences including choice of health professionals, personal care arrangements, dietary requests and activities. Staff are educated on the right of the resident to exercise control over his or her lifestyle and to take risks, if they so desire. Staff access external advocacy services if required, and complaint forms and brochures for accessing the external complaints mechanism are displayed within the home. Residents and representatives interviewed reported satisfaction with the opportunities residents have to make choices and decisions over lifestyle preferences.

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

Team's recommendation
Does comply

Residents and representatives are provided with appropriate information on admission to the home via the resident handbook, resident agreement and conditions of occupancy, that outline security of tenure and their rights and responsibilities. Appropriate liaison with residents and representatives is undertaken regarding changes to the provision of services. Residents and representatives interviewed indicated that residents understand their right and responsibilities and are satisfied that they have security of tenure within the scope of care provided at the home. The team noted that the residents' rights and responsibilities are displayed in the home.

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

See expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of continuous improvement in relation to this Standard are outlined below.
- The home has replaced the chairs and couches in the lounge area having identified that the previous seating was too low for residents and inhibited their mobility. Residents and staff feedback reported the chairs are comfortable and are better suited to residents' needs.

- The infection control guidelines have been reviewed and updated by the infection control consultant. A dedicated infection control file has been implemented for staff, and is in a colourful folder for increased visibility for staff. Feedback is positive and staff stated that this is a useful easy to find resource.

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

Systems and processes are in place to identify and ensure that the home has ongoing regulatory compliance in relation to the physical environment and safe systems. Food, occupational health and safety, fire safety, chemical storage, and living environment are audited regularly internally and by statutory bodies. Changes to regulations relevant to Standard Four are communicated to staff through meetings and memorandum. Policies and procedures are updated accordingly. Staff, residents, and representatives are formally notified of any regulatory changes.

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

See expected outcome 1.3 education and staff development for an overview of the home's systems and processes that ensure management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions conducted relevant to this Standard include the topics outlined below.
- Dealing with armed intruders
- Chemical safety
- Food safety
- Occupational safety and health.

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

There are systems in place that demonstrate the home's management are actively working to provide a safe and comfortable environment to meet the needs of the residents. Accommodation for residents comprises of spacious single accommodation with access to external covered garden and courtyard areas. A range of communal areas are available for residents and visitors.The home's environment is regularly monitored through planned environmental inspections and hazard reporting mechanisms. A preventative and corrective maintenance program monitors and services the internal and external environment, equipment, temperature and ventilation

Residents are encouraged to personalise their rooms. Residents and representatives reported they are satisfied that the home provides a safe and comfortable homelike environment

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

Management are actively working to provide a safe working and living environment that meets regulatory requirements. The home has processes in place to monitor the physical environment, which include regular environmental audits, identification of potential and actual hazards, and review of all accidents and incidents. Occupational safety and health (OSH) is a standing agenda item at all staff meetings where issues, results, and plans are communicated to staff. Chemicals are securely stored and material safety data sheets are available for all chemicals on site. OSH policies and procedures are available to guide and direct staff. Staff interviewed confirmed they have completed relevant training, and are satisfied the home provides 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 recommendation
Does comply

The home has systems and processes in place for detecting and acting on fire, security and other emergency risks and incidents. There are appropriate fire detection and fire fighting equipment in place that is maintained and regularly inspected by approved professionals. Emergency evacuation and response procedures are documented and displayed around the home for access by staff, residents and visitors. Emergency exits are clearly marked, well lit and free from obstruction. Staff attend annual training in relation to fire and emergency. An established security procedure is in place at night, including the use of duress alarms. The home has clear contingency plans in case of evacuation. All staff were able to describe how to respond in an emergency situation, and were to locate information regarding residents in the event of an emergency.

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

Team's recommendation
Does comply

Processes are in place to enable management and staff to maintain an effective infection control program at the home. The home manager coordinates and monitors infection controls systems through audits and by the collection and analysis of infection data. Results are communicated to staff through regular meetings. All staff attend infection control training sessions provided by the external consultant who is also available for additional support and advice when required. Infection control polices and procedures are available to guide staff, and staff were observed to employ effective infection control strategies. Staff were able to demonstrate an awareness of risk reduction strategies.

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

There are systems and processes in place to ensure that hospitality services are provided in a way that meets residents' needs and preferences. At the time of admission residents' food preferences, cultural requirements, likes and dislikes, and any special requirements are recorded. A four-weekly rotating seasonal menu is provided and meals are prepared using a cook-chill system. Residents are offered choices from the menu, and alternative meals are available if requested. Catering processes are followed in accordance with food safety guidelines, and all records demonstrating compliance are completed. Catering, cleaning, and laundry staff are guided by cleaning schedules, duty statements, policies and procedures, and are provided with education relevant to the services they deliver. Residents and representatives interviewed were very satisfied with the hospitality services provided at the home.