



Aged Care
Standards and Accreditation Agency Ltd

Holbrook Hostel

RACS ID 0310
47 Bowler Street
HOLBROOK NSW 2644

Approved provider: United Protestant Association of NSW Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 30 August 2015.

We made our decision on 29 June 2012.

The audit was conducted on 22 May 2012 to 23 May 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Holbrook Hostel 0310

Approved provider: United Protestant Association of NSW Limited

Introduction

This is the report of a re-accreditation audit from 22 May 2012 to 23 May 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 22 May 2012 to 23 May 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Angela Scarlett
Team member:	Donald McMonigle

Approved provider details

Approved provider:	United Protestant Association of NSW Limited
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Details of home

Name of home:	Holbrook Hostel
RACS ID:	0310

Total number of allocated places:	22
Number of residents during audit:	18
Number of high care residents during audit:	16
Special needs catered for:	Nil

Street:	47 Bowler Street	State:	NSW
City:	Holbrook	Postcode:	2644
Phone number:	02 6036 2817	Facsimile:	02 6036 3618
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Management	5	Residents	5
Care staff/diversional therapy	4	Representatives	7
Ancillary staff	3		

Sampled documents

	Number		Number
Residents' files	10	Medication charts	7
Resident agreements	5	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities attendance and evaluation records
- Advanced care directive forms
- Annual fire safety statement
- Archive box register
- Audit schedule and audits
- Cleaning schedules
- Clinical equipment maintenance register
- Comments/complaints register
- Continuous improvement register
- Correspondence folder
- Daily activities register
- Dietary advice forms
- Disaster management plan
- Education plan, records and evaluation
- External contracts
- External food safety audit
- Fire safety equipment inspection records
- Food safety plan
- Hazard register
- Incidents
- Infection control folder
- Kitchen registration
- Kitchen temperature monitoring records

- Maintenance request book
- Material safety data sheets
- Memoranda
- Minutes of meetings
- Monthly activities calendar
- Newsletters
- Occupational health and safety folder
- Outings register
- Pain patch records
- Personal protective equipment
- Plan for continuous improvement
- Police check records
- Policies and procedures
- Preventative and essential maintenance schedules
- Quality action plans
- Quality plan folders
- Resident dietary advice forms
- Resident evacuation list
- Residents' information package
- Risk assessments
- Risk management process flowchart
- Roster
- Signatures identification record
- Staff appraisal action plans
- Staff assessment matrix
- Staff recruitment package
- Statutory declaration records
- Surveys
- Treatment sheets
- Work instructions.

Observations

The team observed the following:

- Activities in progress
- Archive room
- Chemical storage
- Electronic keypad security
- Emergency assembly areas

- Equipment and supply storage areas
- Fire safety equipment
- Food preparation and storage areas
- Garden storage shed
- Gastroenteritis kit
- Home cat
- Interactions between staff and residents
- Internal and external living environment
- Lunchtime service
- Medical supplies
- Medication fridge
- Medication round
- Office
- Resident and staff notice boards
- Resident emergency packs
- Safe storage of medications
- Sharps container
- Storage areas
- Suggestion box
- Tagging of electrical equipment.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement and demonstrates recent examples of improvement activities related to Standard one. The home systematically evaluates and obtains feedback from stakeholders in relation to the services the home provides. Quality tools include a plan for continuous improvement, improvement forms, annual surveys, staff education and training, monitoring of comments and complaints and incident reporting. Stakeholders stated that they are encouraged to contribute to the home's pursuit of continuous improvement and were able to cite examples of recent improvements.

Some recent improvements in relation to Standard one include:

- As part of the recent takeover by a new approved provider, management has successfully implemented a new suite of policies and procedures, related forms and documentation as well as position descriptions and work instructions. The home now fully operates as per the other approved providers' homes providing consistency of practice across the sites. Management and staff have found the new documentation user friendly and effective in assisting with the delivery of care and services.
- The approved provider has purchased new office equipment including a new photocopier/fax/scanner and three new computers assisting staff and management personnel in completing administrative tasks as well as improved communication systems within the home and to the wider community. Staff have provided positive feedback following the initiative.
- The approved provider has installed a new telephone system throughout the home providing staff with more immediate contact with one another when requiring other staff support, as well as in the event of an emergency. Staff, as well as the home's manager, expressed a high degree of satisfaction with the new system.
- Management identified the need for additional office support to complement the existing staffing structure. The approved provider appointed a "team leader" employed two days/week to assist the manager and to replace the manager in her absence. Staff have expressed satisfaction with the new staffing arrangement and commented on improved workflows throughout the home.
- Since the takeover by the new approved provider, management has implemented new handbooks, promotional material and arranged for new signage in the grounds of the home, which effectively promote the new approved provider's values as well as raise the profile of the home within the local community.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home demonstrates effective systems for identifying relevant legislation, regulations and guidelines relating to management systems. Management obtain information and updates of relevant legislation, regulatory requirements, professional standards and guidelines through the approved provider's corporate body as well as contracted legislative update services. Staff are able to access legislation, regulations, and other resource material on site. Management inform staff of relevant legislative changes through staff meetings, education and training sessions and through memoranda/staff emails. Records confirm that all staff, volunteers and relevant contractors have provided criminal record checks and statutory declarations.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Holbrook Hostel clearly demonstrates that management and staff have the knowledge and skills to perform effectively in their roles. Formulation of an education plan occurs via the information received following an annual education staff needs analysis, staff appraisals, identified residents' needs and mandatory requirements. Monitoring of attendance records, evaluation of sessions and staff competencies ensures staff maintain their skills. Staff can access education on site, externally or attend relevant conferences. The home also has access to electronic education and staff can access these at work or at home. The organisation provides financial support for staff, upon successful application, to increase their qualifications. Staff said they were satisfied with the education opportunities offered to them at the home.

Education conducted relating to Standard one includes:

- Quality reporting
- Outcome standards information
- Dynamic leadership
- Regulatory compliance.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Stakeholders have access to internal and external complaints mechanisms and resident/representatives are informed of the home's complaints and improvements procedures upon entry to the home. Information relating to external complaints resolution

processes is included in resident handbooks and through the provision of brochures. Stakeholders are encouraged to make suggestions or suggest improvements through meetings or through completion of the home's feedback and improvement forms. Residents and relatives state that they feel comfortable approaching management in relation to issues and concerns. Residents/representatives stated that management responds to complaints in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented a mission and vision statement, which includes the home's commitment to quality care and services. This document is on display within the home and included in information packages provided to stakeholders.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure staff are appropriately qualified and skilled and there are sufficient numbers to deliver quality care. A registered nurse is rostered throughout the week with access overnight available through the acute section of a nearby hospital. There are policies, position descriptions and guidelines to support the recruitment process. Regular education, training, observations and appraisals occur at the home. Rosters are formulated to ensure a suitable skill mix is on duty and residents with specialist requirements can be managed appropriately. Residents said they were satisfied with staffing levels and the quality of care 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 findings

The home meets this expected outcome

The home ensures there are sufficient stocks of supplies and equipment to meet residents' needs. The home orders goods through approved suppliers and effective ordering occurs. Selection of new equipment is based on residents' needs and education is provided on the correct use of all new equipment obtained. The home's equipment is maintained by maintenance personnel and external contractors. Electrical tagging and testing is conducted and records are kept. Residents, their representatives and staff said there were adequate supplies of goods and equipment to meet their needs and were satisfied with the timeliness and quality of maintenance tasks performed.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Documented policies and procedures as well as clearly defined roles and responsibilities assist staff in the delivery of care and in fulfilling their duties. Appropriate documentation and communication systems assist to identify residents' care needs and help ensure delivery of care. Meetings, care staff handovers, newsletters and various feedback mechanisms help ensure effective communication with all stakeholders. All meetings include terms of reference, an agenda and minutes. The home's computer systems are protected with password and are backed up on a daily basis. Residents/relatives stated that they are kept well informed of events and improvements in the home, while staff also expressed satisfaction with communication and management systems in fulfilling their duties.

1.9 External services

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

Team's findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the home's service needs. The home holds details of service providers including agreements, insurances and qualifications, which management reviews at the expiry of each contract. External suppliers complete an induction process prior to commencement of contract. Staff and residents stated satisfaction with the quality of services sourced externally including allied health providers, food suppliers and maintenance of fire and emergency equipment.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's quality system assists the organisation in actively pursuing continuous improvement about residents' health and personal care. Audits and surveys conducted by management and staff members assist in identifying staff compliance with care standards, and where staff identify non-compliance, action plans are developed. Staff training and education is responsive to quality outcomes with clinical competencies and staff training implemented where required. The home's plan for continuous improvement and quality reports demonstrate a commitment to continuous improvement in the provision of health and personal care. Residents and their representatives/relatives spoke positively of the level of care provided in the home.

Some recent improvements in relation to Standard two include:

- Management identified the need for additional nursing support in response to the increasing needs of frail residents. The approved provider has increased the hours of the registered nurse from one day/week to three days/week. The initiative has led to improved monitoring of high care residents' care and documentation as well as increased satisfaction of care staff in support provided by the registered nurse in fulfilling their care duties.
- Management identified an increase in the number of skin tears being reported through the home's incident data reports. Management purchased limb protectors for those residents at risk which has led to a significant decrease in the number of skin tears following the implementation of the limb protectors.
- After monitoring skin infections throughout the home, the registered nurse introduced waterproof dressings for skin tears and wounds. Since the introduction of the new dressings there has been a noted decline in skin infections and cellulitis as well as improved timeframes in healing of wounds.
- In response to the needs of specific residents, allergen foods are now stored on-site in designated storage areas in the refrigerator and dry store areas of the kitchen providing staff with ready access to delivery of nutrition requirements to residents with specific needs.
- In response to an audit conducted by corporate management, it was agreed that where psychotropic drugs are administered, it would be appropriate that in conjunction with the resident's medical practitioner, to seek consent from residents' families or next of kin. Management has implemented the new procedure confident that where such medications are being administered, appropriate resident advocates or next of kin have consented to such treatments.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to readily identify relevant legislation, regulations and guidelines relating to residents’ health and personal care. Management provide staff with access to legislation, records and updates of information relevant to clinical care and practices. Management monitors changes to legislation, regulations and professional standards and makes changes to procedures and documentation, where relevant. The home has procedures in place to ensure compliance with delivery of care including management of medication and employment of appropriately qualified staff to provide resident care. Management informs residents and their representatives of their specified care needs as per high care/low care status. Records confirm that nurses’ registrations are current.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Education and staff development about the home’s education and staff development systems and processes.

Education conducted relating to Standard two includes:

- Pain management
- Care process forms
- Wound management
- Behaviour management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are processes to ensure residents receive appropriate clinical care. Assessments of all aspects of residents’ needs occur during the settling in period after entry to the home and the weeks thereafter. These are collated and a nursing care plan is written and overseen by a registered nurse. Regular scheduled evaluations occur with regular documentation on any changes to the residents’ condition and the general practitioner notified. Consultation occurs with residents and representatives at specific times and representatives said they were contacted if there were any changes to residents care. Staff said regular education is available for them in clinical care. Residents and representatives said they were happy with the care given to residents in the home.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents’ specialised care needs are managed by staff at the home. Identification of residents’ specialised care needs is made on entry to the home and if the needs arise thereafter. A registered nurse is on hand to oversee the assessments of specialised needs and formulates a care plan. This care plan guides staff in the practices required to deliver the care. There is regular evaluation of the specialised care given to residents and the general practitioner is available to assist staff with advice regarding these care needs. The general practitioner visits the home regularly and staff said access to the doctor was satisfactory. Residents and representatives said they were happy with the care given at the home and staff skills were adequate to deliver such care.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has processes for staff to refer residents to health professionals in accordance with the care needs and preferences of residents. Residents are referred to health professionals such as physiotherapist, podiatrist, speech pathologist, hearing australia and the dentist. Health professionals use the nursing care plans to identify ongoing care needs and strategies that are then delivered by staff. Staff said they knew how to refer a resident to appropriate health professionals as required via the registered nurse and manager of the home. We observed a staff member accompanying a resident back from hospital in a timely fashion. Residents and representatives said appointments and access to care from health professionals were made by staff and they were consulted about the time of appointments.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure medication is administered and managed safely and correctly and stored securely. Residents who are assessed as competent are able to self-administer their medications. Staff are available to assist residents with medications as required with administration of medications undertaken by competent staff. Medication reviews are conducted by an accredited pharmacist on a regular basis and recommendations are communicated to the general practitioner. Medication audits are conducted, incidents are reported, analysed and actioned. Medication charts have dated photographs, highlight resident allergies and include special instructions for administration. Staff said the home’s pharmacy provides adequate services. Residents and representatives confirmed medications were administered on time.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents live as pain free as possible. This approach is demonstrated when residents enter the home. The assessment of pain needs is conducted initially and ongoing. Documentation indicates various interventions are used and includes evaluation of the individual resident’s pain levels post intervention. Documentation shows various approaches to pain management. These include the use of medication and alternatives such as heat packs, warm drinks and extra support. Residents said staff assist in the management of pain and use various strategies to meet their needs.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes to assess the palliative care needs of residents upon entry to the home. Management is working towards documentation that shows residents with advance care directives, signed by the residents and/or their representatives, to record their final wishes and palliative care needs and preferences. Staff are supported in the care of palliative care residents by management. The home is in a small community and management are arranging key staff to be further educated in caring for a person at the end of life. There are arrangements with the local hospital if the resident decides to go there for palliation. Residents said that consultation occurs regarding care needs and wishes.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

There is a system for evaluating nutritional and hydration needs of individual residents upon entry to the home. Development of a care plan occurs after interview and assessment. This plan guides staff practice, with reviews occurring regularly and more often when there are changes to a resident’s intake, weight or health status. Residents’ weights are monitored regularly and more frequently as required. There are referrals to the dietitian and medical personnel as required. We observed the menu in the dining room with staff serving the food and assisting the residents with eating their meals. Residents said they were satisfied with the meals provided by the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

There are practices at the home that assist in maintaining residents’ skin integrity and the management of wounds. Assessments occur upon entering the home for existing or potential risks of pressure injury to the skin. The registered nurse guides staff practices and monitoring by care staff of skin care needs of residents occurs. Skin integrity is monitored during activities of daily living with changes reported to the manager and is documented. Staff said the registered nurse gives education to staff and skin care at the home has improved. Residents said they were satisfied their skin and wound care needs were attended to appropriately by staff.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents have continence assessments undertaken on entry to the home and then implementation of management plans occur. These plans record the level of assistance and the continence aids required by residents to maintain their optimal level of continence. Individual toileting times are recorded on resident care plans. Review and evaluation of continence management plans occurs by the registered nurse and changes made as required. Documentation confirms the use of continence charts and regular evaluation of the resident’s continence needs. Residents said staff assists them with their continence and toileting needs in a timely manner. We observed staff attending to the needs of residents.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has mechanisms to address residents’ behavioural issues and is effective in meeting the residents’ needs. Evaluation of results occurs following completion of an assessment period after entry to the home. The registered nurse completes a nursing care plan identifying triggers for certain behaviours and action plans to address such occurrences of behaviour. Regular review is per a schedule for each resident and implementation of changes to the plan occurs as required. We observed in the care plans extensive attention to interventions and measures to help with behavioural issues. Representatives said staff manage behaviour appropriately in the home. Residents did not report any disturbances by other residents and said the environment was conducive to their needs.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Management said the home has a commitment to residents achieving the optimal level of independence through mobility and dexterity. Assessments occur on entry to the home to gather information about residents' current mobility, dexterity and rehabilitation needs. Management said resident's ongoing mobility is of a high priority due to the wellbeing of the residents but also because of the home's outlay. Falls risk assessments also occur at the time of entry. A care plan is developed and interventions occur to maximise mobility and ensure safety of the residents. Evaluation of plans occurs regularly for effectiveness and review by the physiotherapist is as required. Staff said manual handling education is mandatory each year. Residents and representatives said staff met resident mobility and dexterity needs.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has processes to ensure the maintenance of each resident's oral and dental health. Staff complete a baseline assessment on each resident upon entry to the home and develop a care plan from this assessment to manage each resident's oral and dental needs, incorporating input from residents and representatives. Staff review both the assessments and care plans on a regular basis to ensure they are current. Management ensure referrals to dentists occur as required and those residents with swallowing difficulties have referrals to speech pathologists. Residents said they were satisfied with the oral and dental care provided to them in the home.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Staff assess all senses on entry to the home. A nursing care plan guides staff practice in caring for the sensory systems and assisting the resident in cleanliness of any sensory aids. The care plan also includes interventions required for sensory needs of the resident. Staff consult other health professionals such as speech pathologist and optometrist in response to any identified needs. Hearing Australia visits the home and residents avail themselves of their services. Lifestyle activities include sensory stimulation with music a feature of the program. Residents said they were happy with the care given by staff.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents are able to achieve natural sleep patterns. Staff perform sleep assessments, on entry to the home with regular review of the assessments. They assess current and natural sleep habits and patterns and identify residents at risk of having poor sleep. Staff develop care plans from these assessments and reviews occur regularly. The home ensures residents with sleeping difficulties are referred to their doctor for pharmacological strategies. The home provides an environment conducive to sleep and provide alternative strategies for sleep promotion such as heat packs and preferred drinks to settle. Residents and representatives said they were satisfied with the home’s approach to ensuring residents’ sleeping patterns were maintained.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home conducts continuous improvement activities in relation to residents’ lifestyle. Resident and family meetings are held and action plans are developed arising from initiatives and suggestions forwarded by participants documented in meeting minutes. An annual survey assessing resident satisfaction with lifestyle, choice and decision making and privacy assist management in pursuit of continuous improvement. Residents/representatives state they are encouraged to identify areas for improvement in relation to outcomes arising from resident lifestyle. The home’s resident newsletter circulated to residents/relatives relates information on lifestyle activities and initiatives.

Some recent improvements in relation to Standard three include:

- In response to an initiative demonstrated at a recent conference, management in consultation with residents decided to place a “wishing well” in the home’s common room where stakeholders could place suggestions and improvement forms. The home worked in collaboration with a local “Men’s Shed” in constructing the wishing well which is now in situ and provides a means for lodging improvements and ideas.
- Lifestyle staff have used the residents’ meetings as a forum for gaining feedback from residents regarding the home’s activities program. In response to recent input, the activities program has been modified to more fully reflect resident interests and for instance, has led to the provision of indoor bowls on a weekly basis which is enjoyed by most residents.
- In response to resident input and the contribution of a past resident’s family, management purchased a flag pole, which has since been installed in the grounds of the home. The area is now set apart for significant events where residents and family members gather to commemorate ANZAC Day and Australia Day.
- In response to resident input, management has provided more outings for residents. These include a monthly lunch at one of the local hotels attended by all residents and some staff. The event has led to increased involvement within the local community and residents and staff have expressed a high degree of satisfaction with the activity.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems for identifying relevant legislation, regulations and guidelines relating to resident lifestyle. Management provides all residents with a resident agreement, which includes details regarding specified care and services and security of tenure. Residents and their representatives receive a copy of the residential agreement prior to their entry into the

facility. Management prominently display the Charter of Residents' Rights and Responsibilities throughout the facility. Staff are able to demonstrate their understanding of the home's policy with regard to residents' privacy and dignity. Documentation confirms that residents have authorised for release of their personal and health information as per legislative requirements. Staff are familiar with procedures related to mandatory reporting of elder abuse and consolidated records are maintained for all incidents involving alleged reportable assaults.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Education and staff development about the home's education and staff development systems and processes.

Education conducted relating to Standard three includes:

- Elder abuse
- Diversional therapy
- Regulatory compliance
- Dignity in care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care and lifestyle staff identify the residents' emotional support needs in adjusting to living in the home and on an ongoing basis. Lifestyle staff assess the residents' social, religious and cultural requirements upon entry to the home and a care plan is developed in consultation with residents and representatives. Residents and families are oriented to the home and staff introduce new residents to fellow residents and families. Staff are encouraged to support the resident in the settling in process. Resident files indicated that where residents had experienced a bereavement or time of anxiety, care staff had been responsive, and where required, support provided. Residents stated they felt supported by staff in adjusting to their new environment and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care and lifestyle assessment processes identify each resident's level of assistance required to participate in specific interests, to maintain their independence and retain ongoing

community associations. Residents and their representatives stated management and staff assist them to maintain their independence and involvement in activities within the community. The home provides a focus for various community activities including visits from community groups and participation within the wider community. Residents who are unable to make their own decisions have advocates act on their behalf to ensure they can retain as much independence as possible. The team observed staff encouraging residents to remain independent such as during meals and performing their daily activities.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's right to privacy, dignity and confidentiality. The team observed staff knocking on residents' doors before entering resident rooms and warm but respectful exchanges between care staff and residents. There is a range of public areas for residents requiring private areas for meeting with family and friends as well as outdoor patio areas. Resident files are located securely within the locked nurse's station and staff state they have sufficient time to attend to residents' needs. The team observed residents to be well groomed and appropriately clothed. Residents stated they never felt rushed by staff and that staff respect their privacy in the delivery of care.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Lifestyle staff identify residents' interests and preferred activities and encourage residents to participate in a wide range of activities. The diversional therapist completes the resident's lifestyle and leisure assessment upon entry to the home and contributes to the development of individual goals for the resident with regard to participation in social and leisure activities. A dedicated diversional therapist manages the activities program and the monthly calendar demonstrates a broad range of activities responsive to resident preferences. During the visit we observed residents participating in a broad range of activities and records confirm that lifestyle staff monitor and evaluate resident activities programs. Residents and relatives expressed satisfaction with the range and quality of activities offered to residents.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds. Initial assessments identify the resident's spiritual and cultural needs. The home has a cultural care kit to assist in responding to residents from other cultural backgrounds. The home observes a range of spiritual and cultural events as part of the lifestyle program. Several denominations conduct religious services in the home as well as

regular pastoral visits to residents. Residents and their representatives stated satisfaction with the support provided by management and staff in the provision of cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Staff identify residents' personal preferences and needs upon entry to the home. Residents and their representatives are encouraged to exercise choice and control in decisions relating to the care and lifestyle appropriate to their needs and preferences. Examples of exercise of choice and control include resident consultation in the development and review of the resident's care plan, consultations with residents and their representatives, participation in activities, furnishing of their room and the right to refuse treatment. The home encourages each resident to nominate an enduring power of attorney. Residents and relatives confirm their participation in decisions about care and services and their right to exercise choice. The home prominently displays the Charter of Residents' Rights and Responsibilities.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home provides residents and representatives with information booklets, which include details relating to residents' rights and responsibilities. Management offers each resident an agreement, which contains relevant information relating to security of tenure, fees and charges, rights and responsibilities as well as details of specified care and services. The home encourages each resident to nominate an enduring power of attorney. Management displays the Charter of Residents' Rights and Responsibilities throughout the home. Residents stated that staff and management respect their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home conducts continuous improvement activities relating to physical environment and safe systems as part of the home’s quality system. Improvement activities are initiated in response to findings arising from surveys, audits and workplace inspections. The home monitors infections rates and incidents reports. The home continues to make adjustments and improvements to the delivery of services in light of feedback received through meetings as well as outcomes identified in audits and surveys. Residents/relatives confirmed that they contribute to the review of services through surveys and resident meetings.

Some recent improvements in relation to Standard four include:

- As part of the takeover by the new approved provider, management is currently completing a major refurbishment of the grounds and gardens. Some garden areas have been cleared and replanted and residents have expressed a high degree of satisfaction with the work that has been completed.
- In reviewing emergency procedures in the home, management agreed to provide emergency packs for each resident in the event of an evacuation. Individual packs include a torch, bottled water, name tag, bathroom kit and spare set of night attire. Staff state that they feel better prepared in meeting residents’ immediate needs in the event of an emergency.
- The approved provider, in consultation with the home’s manager and local community organisations, developed a disaster management plan in the event of a need to evacuate the home. The plan includes emergency contact details, transport arrangements and relocation arrangements for accommodating residents in alternative accommodation.
- Management has arranged a new contractor for monitoring pest control within the home, which has provided improved services including regular monthly inspections, provision of rodent bait stations as well as installation of a fly bait station in the kitchen. Management and staff expressed satisfaction with the new service provider and more effective monitoring of pests since the new contract.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home demonstrates that it readily identifies relevant legislation, regulations and guidelines relating to physical environment and safe systems. Staff attend mandatory education and training in manual handling, infection control and fire and emergency procedures and are informed of changes to legislation through the home’s information systems. An occupational health and safety committee and representatives assist with monitoring safety in the workplace and living environment. Contractors undertake third party

audits and inspections to monitor compliance with food safety legislation and essential services and the home's kitchen is registered with the local council as per legislative requirements.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Education and staff development about the home's education and staff development systems and processes.

Education conducted relating to Standard four includes:

- Chemicals in-service
- Infection control
- Generator training (in emergencies)
- Fire-training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. Preventative and responsive maintenance procedures are effective in providing a safe and comfortable environment. Grounds and garden areas are well maintained and provide attractive and secure recreational areas for residents and relatives. The home's fittings and furnishings are sufficient and appropriate for residents' needs. Heating and cooling systems provide comfortable temperatures in resident's rooms and public areas. The approved provider has commenced a major refurbishment of the living environment including upgrading of public areas and walkways between residential units and the community room. Residents and representatives stated that the living environment is comfortable and that they feel safe and secure.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home is part of the organisational regional occupational health and safety committee, which meets monthly, and comprises a range of staff across all homes in the region. There are two representatives at the home and they table issues at the meeting. Through this committee, the home's objectives are to ensure a safe working environment and to meet regulatory requirements. All residents have assessments as to their falls and safety risk and

incident forms are completed including near misses as required. Regular audits occur with reports tabled at the staff/quality meetings. Staff have access to personal protective equipment to minimise the risk of injury. Material safety data sheets provide for the safe use of chemicals. Staff interviewed demonstrated a good understanding of the reporting mechanisms available regarding hazards and incidents, and confirmed they received regular training.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Accredited external contractors monitor and maintain the safety and operation of the home's fire panel and sprinkler system. Fire and emergency training is provided for all staff upon orientation and forms part of the home's mandatory education program. Staff training records confirm evacuation drills are conducted annually and fire drills on an ongoing basis. Stakeholders are familiar with required responses to emergency procedures. Management has developed a disaster management plan to assist in the event of an evacuation of residents from the home. Residents and staff stated they are in a safe and secure living environment and workplace.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. There is a designated person in charge of infection control. Policies and procedures assist staff in their practice when attending to residents using infection control principles. Monitoring of these practices and infection control procedures occurs regularly through the audit process at the home. Prevention strategies such as infectious waste disposal systems, accessible stocks of personal protective equipment, a food safety program, outbreak kits and infection control resources for staff are in place. Staff receive mandatory education on infection control and we observed these sessions on the education plan. We observed staff washing their hands and using a hand disinfection rub, which are located throughout the home. Residents and representatives said they were confident staff knew infection control principles and were familiar with processes throughout the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home's continuous improvement program effectively monitors hospitality services to help ensure that the provision of services enhances residents' quality of life. Catering staff prepare all meals in the home's kitchen. A dietitian reviews the menu as required. Staff launder residents' personal laundry in the laundries located in each residential unit while an

external contactor launders all other linen. Cleaning schedules in the kitchen and throughout the home ensure appropriate cleaning of the living environment. We observed the home to be clean and well presented. Residents and relatives stated a high degree of satisfaction with the delivery and standard of hospitality services.