# Homefield Hostel

RACS ID 5122
87-95 George Street
MACKAY QLD 4740

## Approved provider: The Uniting Church in Australia Property Trust (Q)

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 5 May 2015.

We made our decision on 2 April 2012.

The audit was conducted on 21 February 2012 to 23 February 2012. The assessment team's report is attached.

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

**Most recent decision concerning performance against the Accreditation Standards**

**Standard 1:   Management systems, staffing and organisational development**
**Principle:**
Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

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

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

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

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

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

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

![Aged Care Standards and Accreditation Agency Ltd logo]

# Audit Report

**Homefield Hostel 5122**

**Approved provider: The Uniting Church in Australia Property Trust (Q)**

## Introduction

This is the report of a re-accreditation audit from 21 February 2012 to 23 February 2012 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct 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 21 February 2012 to 23 February 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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: | Louise Brouwers |
| Team member/s: | Bridgette Lennox |
| | Beverley Wellington |

## Approved provider details

| | |
|---|---|
| Approved provider: | The Uniting Church in Australia Property Trust (Q) |

## Details of home

| | |
|---|---|
| Name of home: | Homefield Hostel |
| RACS ID: | 5122 |

| | |
|---|---|
| Total number of allocated places: | 69 |
| Number of residents during audit: | 57 |
| Number of high care residents during audit: | 36 |
| Special needs catered for: | Residents requiring a secure environment |

| | | | |
|---|---|---|---|
| Street/PO Box: | 87-95 George Street | State: | QLD |
| City/Town: | MACKAY | Postcode: | 4740 |
| Phone number: | 07 4951 4966 | Facsimile: | 07 4953 4595 |
| E-mail address: | homefield@bluecare.org.au | | |

**Audit trail**

The assessment team spent 3 days on-site and gathered information from the following:

**Interviews**

|  | Number |  | Number |
|---|---|---|---|
| Residential service manager | 1 | Residents/representatives | 9 |
| Residential care manager | 1 | Hospitality support officer | 1 |
| Registered nurse/Workplace health and safety officer | 1 | Clinical nurse | 1 |
| Residential support officer | 1 | Care staff | 6 |
| Administration officer | 2 | Maintenance officer | 2 |
| Registered staff | 4 | Cleaning staff | 2 |
| Catering staff | 2 | Laundry staff | 2 |
| Lifestyle staff | 3 |  |  |

**Sampled documents**

|  | Number |  | Number |
|---|---|---|---|
| Residents' files | 11 | Medication charts | 10 |
| Summary/quick reference care plans | 8 | Personnel files | 5 |

**Other documents reviewed**

The team also reviewed:
- Assessment charts
- Audits
- Authorisation and consent for protective assistance device
- Blood glucose level/site record
- Cleaning guidelines
- Clinical documentation
- Communication diary
- Communication flow charts and processes
- Compliment and complaints folder
- Controlled drug register
- Dietary plan/profile
- Dietary supplement list
- Disaster management plan
- Duty lists
- Education schedule and attendance records
- Enduring power of attorney documentation
- Evacuation lists
- Fire maintenance matrix
- Fire maintenance records
- Food and nutrition guidelines for menu planning
- Food Licence Certificate
- Food safety certificate/plan
- Handover sheets

- Incident reports and analysis
- Infection incident report
- Inventory ordering forms
- Kitchen temperature monitoring records
- Laundry guidelines
- Leisure and lifestyle attendance records, evaluation reports, resource folders and programs
- Material safety data sheets
- Meal list
- Medication fridge temp monitoring
- Meeting agenda and minutes
- Memoranda
- Menu
- Newsletters
- Observation form
- Orientation checklists
- Outbreak management policy
- Pain management charts
- Pathology results
- Pest control program
- Plan for continuous improvement
- Policies and procedures
- Quality improvement forms
- Refrigerator temperature log
- Reporting guidelines for care and clinical staff
- Resident handbook
- Resident newsletter
- Resident of the day documentation
- Residents' information package
- Restraint documentation
- Three monthly care plan review spreadsheet
- Weight monitoring charts
- Wound management charts
- Wound treatment regime

## Observations

The team observed the following:
- Activities in progress
- Administration and storage of medication
- Charter of residents rights and responsibilities on display
- Chemical storage
- Cleaning processes
- Colour coded equipment
- Communication boards
- Cultural information on display
- Designated smoking area
- Education resources
- Equipment and storage areas
- File and information storage areas
- Fire systems and equipment, emergency diagrams and emergency exits
- Food storage
- Hand washing facilities
- Handover processes

- Infection control signage
- Information about improvement and complaint mechanisms on display
- Interactions between staff and residents
- Internal and external living environment
- Kitchen processes
- Laundry processes
- Meal service
- Menu on display
- Resources for activities
- Spill kits
- Storage of medications

**Assessment information**
This section covers information about 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

Homefield Hostel (the home) has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and the home's open door policy. Improvements are monitored and evaluated through the improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents/representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.

Examples of continuous improvement activities in Standard One include:

- To improve the management of continuous improvement, the home has transitioned to an electronic continuous improvement register. Management informed the team that the new format is easier to use and enables improved monitoring and tracking of continuous improvement activities.

- To improve communication with representatives who have a relative who resides in the memory support unit at the home, a newsletter has been created specifically for this area. Management informed the team that the representatives have given positive feedback regarding the information contained in this newsletter.

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

**Team's findings**
The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff. Compliance with legislation, including the reporting of missing and absconding residents, is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through staff meetings, electronically, education sessions, memoranda, noticeboards and direct communication. The home has a system in place to ensure all relevant individuals have been screened through a current criminal record check.

Residents/representatives were informed of the accreditation audit through notice boards, newsletters and meetings.

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

**Team's findings**
The home meets this expected outcome

The home ensures management and staff have appropriate knowledge and skills to perform their roles effectively by providing ongoing education and staff development. The training needs of staff are identified through consultations with staff, a training needs analysis and monitoring of staff practice. Education and training records are maintained for individual staff members; attendance records are maintained for training sessions and staff are encouraged to identify and participate in training relevant to their roles and responsibilities. Staff are informed of available education opportunities; learning packages are available on a range of topics and staff are required to complete mandatory training each year. The home provides financial support to staff upgrading qualifications, and the effectiveness of training is monitored through staff feedback and evaluation. Management and staff demonstrated knowledge and skills specific to their roles.

### 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

Residents/representatives are aware of how to access the complaint mechanisms within the home. To support confidentiality the home has locked suggestion boxes, provides forms and confidential envelopes. The residential services manager (RSM) logs written complaints and provides either verbal or written feedback to the complainant until closed. The RSM and senior nursing staff provide opportunities for residents/representatives to voice concerns verbally via individual and group meetings. Staff generally report verbal concerns to their supervisor. External complaints information is displayed and available for residents/representatives to access.

### 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 homes' philosophy statement is outlined in documents available to residents, representatives and staff including handbooks and resident information packages.

## 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

There are processes for the recruitment and selection of appropriately qualified and skilled staff. Staff roles are outlined in position descriptions which are reflected in work schedules; orientation processes ensure a shared understanding of the home's philosophy and vision, residents' rights and responsibilities, confidentiality/privacy, and other relevant policies and procedures. Staffing levels and skills mix are monitored using, but not restricted to, information from residents, staff and key personnel feedback and the monitoring of residents' care needs. Planned and unplanned leave is covered by internal or agency staff. Staff performance is monitored via observation by management and key registered staff members. Performance management and mandatory training requirements ensure consistency in the quality of service provision and these are undertaken as per the home's procedures. Residents are satisfied with the ability of staff to provide appropriate care and services in a timely manner.

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

### Team's findings
The home meets this expected outcome

The home has processes to ensure that there are sufficient stocks of goods and equipment for delivery of services. Equipment needs are identified and ongoing replacement occurs based on the overall capital budget. Service agreements with new suppliers and contractors are used to guide purchases and to maintain goods and equipment. Stock items are regularly rotated and checked for use-by-dates. Education is provided to staff on the correct use of equipment and on-going maintenance of equipment is undertaken in accordance with the maintenance schedule. Staff are aware of processes for accessing stores and reported that they have enough goods and equipment to carry out their duties. Residents are satisfied that appropriate goods and equipment are provided by the home and are available for the delivery of services to meet their needs.

## 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

The home has processes to manage information in a secure and confidential way. The home has established areas to store and locate confidential information and electronic information is password protected with access restricted to appropriate personnel. Archiving and document control systems including destruction of documents are in place to ensure that confidentiality and privacy is maintained when handling information. Organisational systems ensure that the home has access to, and use of accurate and appropriate information. Processes to provide information to relevant stakeholders include written and electronic correspondence, individual and or group meetings and memoranda that are distributed and

displayed. Ongoing monitoring of the information management system occurs through internal auditing processes as well as staff and resident/representative feedback. Staff reported that sufficient information is provided to enable their duties to be carried out effectively. Residents/representatives are satisfied that the communication of information is timely and that management provides them with the information to make informed decisions.

## 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

External services are provided to meet the home's needs through service agreements that outline the home's specific requirements for the provision of service. The performance of external services is monitored through feedback from residents/ representatives and staff, comments and complaints, audits and surveys. Management review the performance of external services to ensure quality service delivery is maintained and, when requirements are not being met, appropriate action is taken. Residents report satisfaction with the quality of services sourced externally.

**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

Homefield Hostel (the home) has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and the home's open door policy. Improvements are monitored and evaluated through the improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents/representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.

Examples of continuous improvement activities in Standard Two include:

- To improve outcomes for residents who have experienced an episode of falling, the home has reviewed falls management processes. A system is now in place for daily resident review to occur and incorporates physiotherapy assessments. Staff informed the team that the revised falls management system was an improvement.

- To improve the home's focus on specialised areas of care, a system of specialised portfolios has been allocated to selected staff members. Staff commented positively on the areas allocated and informed the team that gaining specialised knowledge in these areas was improving resident outcomes.

**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 identify current legislation, regulatory requirements, professional standards and guidelines that relate to the Accreditation Standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff. Compliance with legislation, including a system to ensure relevant staff have current registration and annual practising certificate renewal, is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through staff meetings, electronically, education sessions, memos, noticeboards and direct communication.

## 2.3 Education and staff development

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

**Team's findings**
The home meets this expected outcome

The home ensures management and staff have appropriate knowledge and skills to perform their roles effectively by providing ongoing education and staff development. The training needs of staff are identified through consultations with staff, a training needs analysis and monitoring of staff practice. Education and training records are maintained for individual staff members; attendance records are maintained for training sessions, and staff are encouraged to identify and participate in training relevant to their roles and responsibilities. Staff are informed of available education opportunities; learning packages are available on a range of topics and staff are required to complete mandatory training each year. The home provides financial support to staff upgrading qualifications and the effectiveness of training is monitored through staff feedback and evaluation. Management and staff demonstrated knowledge and skills specific to their roles.

## 2.4 Clinical care

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

**Team's findings**
The home meets this expected outcome

Residents are assessed by registered nurses on entry using baseline health assessments and additional assessment tools as required. Interim care plans are developed on entry to the home with more comprehensive plans developed by the clinical nurse after the assessment process is complete. Care plans are developed to guide staff practice and are formulated in consultation with residents/representatives, care staff, other health professionals and the treating medical officer. Staff are informed of amendments to care through hand over processes, communication diaries and one-to-one discussion, and demonstrate knowledge of individualised resident's requirements that are consistent with documented plans of care. The home monitors the clinical care of residents through regular assessment of residents' clinical needs, review of care plans and through the organisation's audit system. Residents are satisfied with the care that is provided.

## 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 are assessed by registered nurses on entry using baseline health assessments and additional assessment tools as required. Interim care plans are developed on entry to the home with more comprehensive plans developed by the Clinical Nurse after the assessment process is complete. Care plans are developed to guide staff practice and are formulated in consultation with residents/representatives, care staff, other health professionals and the treating medical officer. Staff are informed of amendments to care through hand over processes, communication diaries and one-to-one discussion and demonstrate knowledge of individualised resident's requirements that are consistent with documented plans of care. The home monitors the clinical care of residents through regular assessment of residents' clinical needs, review of care plans and through the organisation's

audit system. Residents are satisfied that their specialised nursing needs are identified and met by appropriately qualified staff.

### 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

Residents have access to a range of allied health and specialist services including dietician, speech pathology, podiatry, optometry, physiotherapy, audiology, psycho-geriatric and palliative care services. Allied health professionals visit the home or alternatively, residents are supported to independently access specialist treatment of their choice in the community. Referral to appropriate health specialists is as timely as possible and is initiated by registered nurses and/or the treating medical officer in consultation with residents/representatives. Feedback from health specialists is documented in progress notes and care plans are revised to reflect changes. Residents are satisfied with access to health specialists and other related services 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 findings**
The home meets this expected outcome

The home utilises a multi-dose system for residents' routine medications and 'as required' (PRN), and short course medications are supplied in the original packaging. The home ensures that medications are stored correctly and residents who require controlled drugs are provided these from the co-located nursing home. Registered staff, who have been deemed competent through regular assessment, administer medications to the residents. The medical officer and pharmacists review the medication charts which include information such as photographic identification, resident allergies and instructions for administration specific to the needs of the resident. The home monitors the use of 'as required' (PRN) medications for effectiveness, and outcomes are documented in progress notes. Processes exist for ordering, delivery, monitoring and return of medication items, and the home has processes for management of medication incidents. Residents are satisfied with the management of medications and the assistance provided by staff.

### 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

On entry, registered nurses assess each resident's history of pain, and residents' experiencing acute or new episodes of pain have pain assessment and monitoring charts commenced. Verbal and non-verbal pain assessment tools are available for staff to use and interventions used to manage pain are recorded on the care plan. Strategies to manage pain involve a multidisciplinary approach and include pharmacological and non-pharmacological interventions such as massage, heat therapy, repositioning, exercise and distraction. Staff have access to information on the home's pain management approaches and demonstrate

knowledge of specific pain management interventions for residents. Residents are satisfied that their pain is managed effectively and that staff are responsive to their changing 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 terminal care needs and wishes of residents are identified on entry where possible and as residents' needs change. The home retains copies of advanced health directives and enduring power of attorney documents for staff reference. The clinical nurse alters residents' care plans according to their needs and nursing staff, diversional therapists, religious representatives, pastoral carers and volunteers provide emotional support to residents and their families with consideration given to cultural and religious values. The home has specialty equipment to ensure the comfort and dignity of terminally ill residents. Alternative care options are discussed with the resident and their family as care needs increase. Staff have specific education related to the provision of palliative care to residents and utilise organisational and external resources for advice and support.

### 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

Residents' nutrition and hydration requirements are identified through the initial and ongoing assessment and review processes, and care plans are developed to reflect residents' dietary needs and preferences. Residents' body weight is monitored and unplanned weight loss or gain is recorded with referrals made to the medical officer, dietician and/or speech pathologist. Strategies recommended are implemented and include assistance with meals, provision of texture modified diets, dietary supplements and increased monitoring of food/fluid intake and weight. The menus utilised at the home are reviewed by the dietician, provide choice and variety and accommodate residents' needs and preferences. Staff ensure residents receive adequate nourishment and hydration, have an awareness of individual resident's needs and special preferences and provide appropriate diets, dietary aids and assistance. Residents are satisfied with the provision and support of staff to meet their nutrition and hydration needs.

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

**Team's findings**
The home meets this expected outcome

Registered nurses identify the skin care needs of residents during assessment and reassessment processes and interventions used to maintain skin integrity including maintenance of hygiene are recorded in the care plan. Staff consult with residents/representatives and other health professionals as required to ensure residents' skin care needs and preferences are identified. Wound and skin care products are utilised and

equipment such as pressure relieving mattresses, sheepskins, heel and limb protective devices are available to maintain, protect or improve residents' skin. Staff have manual handling equipment and training to provide and support the safe transfer and mobility of residents. The incidence of wounds and their causes is recorded and monitored and complex wounds are attended to by registered staff and documented on wound treatment sheets to ensure effective care delivery and evaluation of wound healing. Residents are satisfied with the care received in relation to skin integrity.

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

**Team's findings**
The home meets this expected outcome

The continence needs and preferences of residents are identified through assessment and reassessment processes using specific assessment tools that consider each resident's bowel and bladder patterns. Interventions are identified for residents and information is transferred to the care plan to guide staff practice. Strategies such as programmed toileting, bowel management regimes, dietary modification, hygiene assistance and use of continence aids are recorded, implemented and evaluated for effectiveness by registered nurses. Staff demonstrated an awareness of individual residents' specified requirements. Residents are satisfied that their continence is managed effectively.

### 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

Residents identified with challenging behaviours are assessed on entry and when needs change, and a plan of care is developed to effectively manage and care for residents' behaviours of concern. Registered staff consult with the resident's general practitioner and allied health professionals to provide guidance for care planning, and identification of strategies for ongoing management of residents' challenging behaviours, and the use of restraint is minimised. Staff assist residents to maintain their abilities and interests according to their capacity, and provide distraction and support during periods of anxiety or agitation. Staff discuss the effectiveness of strategies during handover and document changes in the progress notes and care plans. The home reports episodes of aggression through the organisational incident reporting system. Staff are knowledgeable of interactions with residents with challenging behaviours that support their dignity and individuality. Residents/representatives are satisfied that challenging behaviours are managed effectively.

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

**Team's findings**
The home meets this expected outcome

The home has processes for assessing, planning, delivering and evaluating residents in relation to their mobility, dexterity and rehabilitation needs. Residents' mobility and falls risk is assessed by registered staff in association with the physiotherapist to assist in maintaining

and/or enhancing a resident's mobility and dexterity. Residents' mobility is monitored regularly and resident falls are monitored and recorded. The home provides mobility aids and equipment to minimise the risk of falls to residents, and individual and group exercise programs are delivered by the diversional therapists. Staff receive annual manual handling education to guide and enable them to safely assist residents to mobilise and transfer using appropriate mobility aids as instructed.  Residents are satisfied with the support provided by staff to achieve their optimal mobility and dexterity.

### 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 oral and dental care needs and preferences of residents are assessed on entry and when residents' needs change. Information detailing the daily care of teeth, mouth and dentures is documented in the care plan and is reviewed regularly. Residents are assisted to maintain their oral and dental needs with referrals to external oral and dental care providers where possible. Special dietary considerations and palliative care needs are included in the management of residents' oral and dental care including the provision of soft and vitamised diets, and regular mouth care where appropriate. Staff have education in providing oral care for residents and have access to appropriate equipment and supplies for the management of residents' oral and dental care needs. Residents are satisfied with the assistance provided by staff in maintaining oral and dental health.

### 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

Information about each resident's sensory losses and the use of assistive devices is collected through initial and ongoing assessment processes and is incorporated into the resident's care plan. Therapists assess residents' ability to participate in programs and adapt activities to the needs of residents with sensory impairments utilising assistive devices and equipment such as large print books and sign boards. Staff demonstrate an awareness of these strategies and processes are in place to ensure the correct use and maintenance of sensory aids. Residents with sensory loss are satisfied with the assistance and support they receive from staff to maintain their optimal sensory function.

### 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

Initial and ongoing information about residents' usual sleep patterns, settling routines and personal preferences are collected through initial and ongoing assessment and review processes. Strategies to promote adequate sleep and rest are developed in consultation with residents and consider their normal sleep patterns. Sleep monitoring charts are used for residents identified as having disturbed sleep patterns and referral to medical officers occurs for residents identified with prolonged sleep disturbances. Staff facilitate individual resting

routines and flexible settling/rising times. Residents are satisfied with the home's approach to maintaining their natural sleep and rest patterns and with the assistance received from staff during times of sleep disturbances.

**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

Homefield Hostel (the home) has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and the home's open door policy. Improvements are monitored and evaluated through the improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents/representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.

Examples of continuous improvement activities in Standard Three include:

- In response to feedback from diversional therapy staff to discuss the implementation of the organisations therapy programs, the staff now teleconferences with other diversional team members in the region. The diversional therapy staff stated this has provided them with additional support increasing networking opportunities, a forum to discuss issues relating to memory loss and exchange of ideas for meaningful activity.

- In response to resident feedback, a garden club and a men's group have been implemented at the home. Selected residents have the responsibility of maintaining the garden, or displaying the flowers within the home. Residents with this interest are provided with opportunities to share their knowledge of plants and their care. Men's group provides the male residents with opportunities to socialise with their peers, to discuss and participate in activities of choice including fishing and bowling in the wider community. Residents are satisfied they are supported to participate in maintaining their independent lifestyle choices.

- As a result of resident and staff feedback, cupboards have been installed in the recreation room. This provides an area for all resources to be stored and to assist residents and staff easy access to resources required to support activities of choices. Residents who assist in the setting up of group activities are satisfied that they know where to locate the resources required for a specific activity and they are easy to access.

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

**Team's findings**
The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures

are updated from an organisational level to reflect change and are accessible to staff. Compliance with legislation, including a system to ensure staff and residents are aware of mandatory reporting guidelines, is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through staff meetings, electronically, education sessions, memos, noticeboards and direct communication.

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

**Team's findings**
The home meets this expected outcome

The home ensures management and staff have appropriate knowledge and skills to perform their roles effectively by providing ongoing education and staff development. The training needs of staff are identified through consultations with staff, a training needs analysis and monitoring of staff practice. Education and training records are maintained for individual staff members; attendance records are maintained for training sessions and staff are encouraged to identify and participate in training relevant to their roles and responsibilities. Staff are informed of available education opportunities; staff learning packages are available on a range of topics and staff are required to complete mandatory training each year. The home provides financial support to staff upgrading qualifications and the effectiveness of training is monitored through staff feedback and evaluation. Management and staff demonstrated knowledge and skills specific to their roles.

### 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

Residents are satisfied that they are supported adjusting to life in the home and on an ongoing basis. Information identifying the individual needs of each resident are collated from entry and gathered from residents, representatives and family members, which is documented in assessments, handover sheets and progress notes. The emotional needs and support required by each resident includes support provided by pastoral care or volunteers, is incorporated into an individualised care plan which is reviewed regularly. Residents/representatives provide feedback via mechanisms including audits, case conferences, one to one conversations and resident meetings.

### 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

Residents are satisfied they are supported to maintain maximum independence, maintain friendships and participate in the life of the community within and outside the home. Information to support the individual resident's needs and preferences relating to maintaining the resident's independence is documented through assessments, progress notes, and

participation records with input from the resident/representative, relatives and friends. An individualised care plan which incorporates the support required to maintain independent lifestyle choices includes identified specialised equipment or aids. Support and assistance to access the community for services, appointments, events, shopping and visitors is provided both within and outside the home. Staff are aware of the individual choices and preferences to support resident's independent lifestyle. Residents/representatives provide feedback via mechanisms including audits, surveys and/or group or individual meetings.

### 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

Residents' preferences in relation to their preferred name, care, lifestyle, cultural and spiritual beliefs are identified on entry to the home and this information is recorded in care plans and information folders to guide staff practices. Residents' records are secured in areas that are restricted to authorised personnel, and staff discuss individual residents' issues in private. Staff practices promote privacy and dignity and include knocking on doors to gain consent for entry and closing doors whilst attending to resident care needs. Staff have knowledge of individual preferences and address residents in a respectful manner. Residents are satisfied that staff maintain their privacy and dignity.

### 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

Residents are satisfied they are supported and encouraged to participate in a wide range of interests and activities. Information identifying the individual needs of each resident are collated from entry and gathered from residents, representatives and family members, and is documented in assessments and progress notes. This information is incorporated into an individualised care plan and includes the physical, cognitive, social, spiritual and cultural needs of the resident. Guidelines for appropriate equipment and/or assistance to ensure resident lifestyle choices are documented. A program of activities is developed and evaluated with input from residents/representatives, staff, management and volunteers, through feedback mechanisms including surveys, audits and meetings. A weekly calendar of events is displayed throughout the home, and special events are discussed and advertised at meetings and newsletters. Staff are aware of residents' preferred activity and leisure pursuits and provide support to residents to access the activity.

### 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

Residents are satisfied that their individual interests, customs, beliefs and cultural needs are supported and maintained. Information identifying the individual needs of each resident are

collated from entry and gathered from residents, representatives and family members, which is documented in assessments and progress notes and incorporated into an individualised care plan. Staff are aware of resources to support the cultural and spiritual needs of residents' including pastoral care support, access to denominational services and ministers, food preferences, special events and information for culturally and linguistically diverse residents. Staff support and assist residents to attend special celebrations and events.

### 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

Residents/representatives are satisfied that they are able to exercise choice and decisions in relation to the care and services provided. Information provided to the resident/representative includes an information kit and handbook which outlines both care and ancillary services provided at the home. Resident's specific lifestyle choices and preferences including but not limited to care needs, routines, current pursuits and interests, are collated from entry and documented in assessments, handover sheets and progress notes, and incorporated into an individualised care plan. Alternative decision makers, such as an enduring power of attorney, adult guardian or public trustee to make decisions on behalf of residents, are documented and updated as required. Residents are aware of their rights and responsibilities and have access to information regarding advocacy services if required. Residents are supported to maintain lifestyle choices and decision making by representatives/relatives, friends, health professionals, staff and volunteers. Residents/representatives are consulted via feedback mechanisms including case conferences, comments and complaints, group or individual meetings.

### 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

Residents/representatives are satisfied that they are provided with information in regards to security of tenure and understand their rights and responsibilities. Residents/representatives are provided with a resident agreement, information kit and handbook which outline information relating to residents' rights and responsibilities, security of tenure, fees and charges, internal and external complaint mechanisms, and the care and services provided at the home. Consultation occurs with the resident/representative should relocation to another area within the home be required. Residents/representatives are notified about changes both through correspondence and/or individual meetings with relevant staff.

**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

Homefield Hostel (the home) has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through the comments system, audits, surveys, meetings and the home's open door policy. Improvements are monitored and evaluated through the improvement plan and raised as agenda items at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, newsletters, noticeboards and verbally. Residents/representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.

Examples of continuous improvement activities in Standard Four include:

- To provide the home with support in the event of an emergency or disaster requiring evacuation, management of the home has revised the disaster management plan. The revised plan includes an agreement for support by a local private hospital. Management informed the team that the revised plan was a result of organisational and community collaboration.

- To improve monitoring of the timeliness of fire maintenance provided by the home's external fire maintenance provider, management has developed a tracking matrix to provide information regarding timing of expected maintenance visits. Management informed the team that the matrix has provided the home with an improved system to monitor fire maintenance.

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

**Team's findings**
The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff. Compliance with legislation, including changes to food safety legislation and fire safety, is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through staff meetings, electronically, education sessions, memos, noticeboards and direct communication.

### 4.3   Education and staff development

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

**Team's findings**
The home meets this expected outcome

The home ensures management and staff have appropriate knowledge and skills to perform their roles effectively by providing ongoing education and staff development. The training needs of staff are identified through consultations with staff, a training needs analysis and monitoring of staff practice. Education and training records are maintained for individual staff members; attendance records are maintained for training sessions and staff are encouraged to identify and participate in training relevant to their roles and responsibilities. Staff are informed of available education opportunities; staff learning packages are available on a range of topics and staff are required to complete mandatory training each year. The home provides financial support to staff upgrading qualifications and the effectiveness of training is monitored through staff feedback and evaluation. Management and staff demonstrated knowledge and skills specific to their roles.

### 4.4   Living environment

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

**Team's findings**
The home meets this expected outcome

The home has implemented processes to provide a safe and comfortable environment for residents including incident and hazard reporting, environmental safety audits and environmental security measures. Minimal restraint is used at the home. Residents are able to bring in small items of furniture and personal items to enhance their comfort and personalise their accommodation. Hand rails are provided in hallways and bathrooms/toilets and the design of internal and external surfaces enables residents to mobilise safely. The building, grounds and equipment are maintained in accordance with preventive and routine maintenance schedules and repairs are attended in a timely manner. Residents are satisfied with the comfort and safety of the home.

### 4.5   Occupational health and safety

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

**Team's findings**
The home meets this expected outcome

The home has procedures, processes and practices in place to assist in the identification, actioning and review of safety issues. Workplace health and safety information is provided at orientation and mandatory training. Safety performance is monitored through audits/inspections, competency assessments, hazard reporting, risk assessments and incidents/accident reports. Identified issues are reviewed and action is taken. Staff implement safe practices whilst performing their role and have access to material safety data sheets and personal protective equipment. Chemical, equipment and supply storage areas are identified by signage. Accidents and incidents are recorded and action is taken to instigate control methods to prevent any reoccurrence. Staff reported that they were aware of their

safety obligations and that management was responsive to providing a safe workplace for them.

## 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

There are processes and equipment in place for detection and action in the event of a fire, security breach or other emergency incident within the home. The home's fire system includes fire detection, alarms, control panel, and fire equipment which is inspected (as per legislative requirements) and maintained by external contractors. Fire evacuation plans are displayed throughout the home; fire exits and pathways to exits are free from obstacles and exit doors are clearly marked. Staff attend fire safety training during orientation and annually thereafter; there is a process for monitoring attendance. Emergency procedure guidelines are available in each wing of the home and staff have knowledge of their responsibility in the event of a fire or emergency situation.

## 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 a registered nurse who manages an established an infection control program, that is based on the reporting of all infections, gathering data on the nature of infections, data analysis, staff education in cross-infection minimisation practices and monitoring performance. Staff are provided with training in relation to infection control during their orientation, and the organisation's infection control manual is available to guide staff practice. The home has established links to health groups to monitor infections in the broader community including pandemic outbreaks. The on site kitchen and laundry operate with standard food safety and infection control practices. The organisation's incident surveillance monitoring system is used to track and assess all infections. Infection data is discussed at staff meetings and actions/practices are implemented to address any trends. Staff demonstrated appropriate understanding of infection control practices. The organisation's audit program is used to monitor and improve the effectiveness of the home's infection control program.

## 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

Residents are generally satisfied with the standard of the catering and cleaning as well as laundry services provided at the home. Registered staff assess and document residents' dietary needs and information is forwarded to the kitchen to guide food and fluid provision. Resident meetings are used as a forum to discuss menu issues and residents' satisfaction with the meals. Linen is sorted by care staff into specialised bags and taken to the laundry for laundering on-site. Residents' clothing is identified to minimise lost clothing and residents are

assisted by the home to manage their clothing labels. Cleaning services are provided by specialised staff in line with residents' needs and infection control practices.