



Aged Care
Standards and Accreditation Agency Ltd

Indo-Chinese Elderly Hostel

RACS ID 0581
680A Cabramatta Road
Bonnyrigg NSW 2177

Approved provider: The Indo-Chinese Elderly Hostel Project Inc

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 15 September 2016.

We made our decision on 06 August 2013.

The audit was conducted on 02 July 2013 to 03 July 2013. 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

Indo-Chinese Elderly Hostel 0581

Approved provider: The Indo-Chinese Elderly Hostel Project Inc

Introduction

This is the report of a re-accreditation audit from 02 July 2013 to 03 July 2013 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 02 July 2013 to 03 July 2013.

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:	Mary Butcher
Team member/s:	Margaret Butler

Approved provider details

Approved provider:	The Indo-Chinese Elderly Hostel Project Inc
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Details of home

Name of home:	Indo-Chinese Elderly Hostel
RACS ID:	0581

Total number of allocated places:	30
Number of residents during audit:	30
Number of high care residents during audit:	17
Special needs catered for:	Indo-Chinese cultural specific service

Street/PO Box:	680A Cabramatta Road	State:	NSW
City/Town:	Bonnyrigg	Postcode:	2177
Phone number:	02 8786 1888	Facsimile:	02 8786 0399
E-mail address:	indochinesehostel@ihug.com.au		

Audit trail

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

Interviews

	Number		Number
Care manager	1	Residents/representatives	20
Registered nurses	2	Lifestyle officer	1
Care staff	4	Consultant	1
Administration assistant	2	Cleaning supervisor and staff	2
Cook	1	Maintenance staff	1
Physiotherapist	1	Physiotherapy aide	1

Sampled documents

	Number		Number
Residents' files including assessments, care plans and progress notes	6	Medication charts, administration and signage sheets	7
Working care plans	5	Personnel files	4
Wound/skin integrity assessment chart	6	Accident/incident, adverse event and hazard report	2
Monthly observations	5	Blood glucose monitoring sheets	3

Other documents reviewed

The team also reviewed:

- Accident/incident and medication incident documentation
- Activity documentation including individual programs, voting and birthday lists, activity program, religion list, resident participation sheets
- Annual fire safety statement
- Audit schedule, results and surveys
- Audits including behaviour, psychotropic medication, resident satisfaction
- Behaviour monitoring log
- Brochures and posters on external complaints and advocacy mechanisms
- Cleaning schedules
- Comments and complaints documentation
- Continuous improvement log
- Education documentation including: calendar 2013, attendance records and evaluation forms, competency assessments records
- External contractors and suppliers agreements, contact details and other records
- Family conference checklist and records

- Fire equipment service logs, emergency plans, emergency box, current fire safety certificate and emergency contact details
- Hazards register
- Incident register
- Infection control manual and documentation
- Kitchen temperature records for food and appliances
- Maintenance requests book and audit schedule
- Medication management documentation including authorisation of emergency medication box, drug impress list for hostel, chemist ordering forms and faxes
- Meeting minutes including resident, staff, medication advisory committee
- Menu and dietary preferences sheets
- Mission and vision statement
- Monthly resident movement sheet
- NSW Food Authority licence and food safety program
- Podiatry assessments and records
- Police checks register for staff, volunteers and contractors
- Policies and procedures including: resident admission, incident management, human resource management
- Preventative maintenance schedules and records
- Professional registrations log
- Register of reportable incidents
- Residency agreement
- Resident/staff influenza vaccination records
- Residents' information handbook
- Staff appraisals forms
- Staff handover sheets, communication diary and suggestion book
- Staff induction and employment documentation including: new staff induction checklist and orientation program, orientation program, staff job descriptions, staff information handbook
- Volunteer documentation including: volunteer records, policies, handbook, orientation, confidentiality agreement
- Wandering resident sight chart
- Wound assessment register

Observations

The team observed the following:

- Activities including Chinese Opera, birthday celebration, games, music and singing, exercise class
- Cleaners' room
- Closed circuit television monitoring system

- Cultural and religious decor
- Equipment and supply storage areas
- Fire safety equipment and emergency exits, evacuation plans and residents' evacuation kits
- Information notice boards for residents/representatives and staff
- Interactions between staff, residents and representatives
- Kitchen and food storage areas
- Laundry area
- Living environment –internal and external
- Meal service
- Medication administration and storage
- Mobility equipment including: mechanical lifters, transfer belts, wheel chairs and walkers
- Nurse call bell system
- Outings box
- Personal protective equipment and hand washing stations
- Resident and staff information in English and Chinese
- Secure storage of residents' documents

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 has systems and processes in place to ensure improvement activities are identified, actioned and evaluated for effectiveness. Improvement activities are identified across the four Accreditation Standards. A range of systems are in place to capture opportunity for continuous improvement including: staff and residents' suggestion forms, audits, surveys, meetings, accidents/incidents records, hazard logs and changing resident needs. Feedback on the continuous improvement taking place at the home occurs through meetings, notices and verbally. Residents, representatives and staff interviewed stated management is responsive to suggestions and feedback for improvements to the home. Examples of improvement activities relating to Accreditation Standard One include the following:

- A new high care unit is scheduled to open at the home in October 2013. The new unit will result in an additional 58 residents residing in the home. The senior management team has reviewed its structure to meet the needs of the expanded facility. Four reporting teams were created in January 2013 to manage different aspects of service delivery, specifically: the fire safety and security team, infection control team, wellbeing and work safety team and the care service team. Management advised us the restructure has resulted in better oversight to ensure the home meets its regulatory compliance, develops appropriate policies and ensure audits and training in each area is undertaken.
- As a result of care staff expressing an interest in increasing their skills and knowledge during their annual performance appraisal three staff members are currently enrolled in Certificate IV training in aged care. Management said this has resulted in staff having more expertise and confidence to meet the care needs of their residents.
- Staff reported additional equipment was required to assist residents with showering. Two commode chairs and two shower chairs have now been purchased. Staff advised us they have sufficient equipment to meet residents' needs and management are always responsive to their requests for additional equipment.

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 procedures in place to identify and ensure compliance with all relevant legislations, professional standards and guidelines. The home is a member of a peak aged care industry association. It also receives information from government departments and industry publications. Updates on changes to regulatory compliance are communicated to relevant staff through notices and staff meetings. Policies and procedures are updated as required. Regulatory compliance within the home is monitored by management observations, audits, competency testing and the accident/incident system. Specific examples of regulatory compliance relating to the Accreditation Standard One include the following:

- Notices advising residents and representative of the re-accreditation were displayed throughout the home.
- Education has been provided to staff on accurate documentation and record keeping.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has systems to provide management and staff with appropriate knowledge and skills to perform their roles effectively. Staff educational needs are identified from a range of sources including: management's observations, staff appraisals, assessment of resident care needs, staff feedback, the incidents/accidents system, and regulatory changes. The education program includes sessions given by internal and external presenters, and self-learning programs. Education sessions are evaluated to confirm they meet staff requirements. Staff interviewed said they are provided with sufficient and relevant education opportunities to enable them to perform their roles. Examples of education activities relating specifically to the Accreditation Standard One include education on bullying and harassment and accurate documentation using the electronic documentation system.

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

The home provides access to the complaints mechanisms for residents and representatives through a range of sources including: comments/complaints forms, residents' meetings, surveys, and verbal communications to management and staff. Notices outlining the home's complaints processes are located throughout the home. Brochures on external complaints mechanism are available for residents/representatives in English and Chinese dialects. Residents and representatives said they are satisfied with the systems in place to manage any complaints or concerns they have.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's mission and vision statements are displayed throughout the home and are also documented in staff and resident publications. Management and staff stated their primary focus is to provide high quality care to the residents living at the home.

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 appropriately skilled and qualified staff to meet the needs of residents. The home has policies relating to human resource management and position descriptions are documented. A registered nurse is on duty seven days a week. New employees are provided an orientation program to ensure that they are aware and meet the home's procedures and practices. Agency staff are not utilised as the home has a pool of casual staff and part-time staff available to work additional shifts when required. There are annual staff performance appraisals and staff competencies are tested. Staff interviewed said that they have sufficient skills and training to meet residents' needs. Residents and representatives stated they are highly satisfied with the attitude, skills and responsiveness of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure appropriate stock of goods and equipment is available at all times. An administration clerk has the designated responsibility for ordering stock and equipment. The administration clerk liaises with staff and management to identify any equipment needed. Regular monitoring of stock levels occurs to ensure there is always a suitable supply available. Purchasing is done through approved suppliers. If equipment or goods are received in poor condition they are returned for replacement or refund. Preventative maintenance of equipment is implemented by the onsite handyman and by external contractors as required. Staff interviewed said there are sufficient levels of equipment and supplies to meet residents' requirements.

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 effective information management systems to provide management and staff with information to deliver resident care. The documentation used for effective management systems including policies, procedures, resident care documents, duty lists and standardised forms. Staff are provided with information through systems including: the staff handbook, notices, memos, handover and meetings. Confidential information is securely stored. Information is provided to residents through the resident handbook, meetings, and notices. To meet the needs of the residents at the home information is provided in both Chinese and English. Residents and staff interviewed by the team are satisfied with the information systems used in the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

External services are sourced to meet the home's needs and service goals. The home has a system in place to identify preferred suppliers of goods, equipment and services. Contracts/service agreements are in place with external service providers including the cleaning services and fire protection provider. Management regularly reviews the services provided by external providers and action is taken with providers not providing acceptable services, including sourcing alternate providers if required. Residents, representatives and staff interviewed are satisfied with the services offered by external contractors.

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 is actively pursuing continuous improvement as described under the expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Two include the following:

- Due to an increased frailty in the residents living at the home and to meet the needs of residents experiencing pain a physiotherapy aide has been employed two afternoons a week. The physiotherapist aide liaises with the physiotherapist to deliver the prescribed physiotherapy program. Management and the physiotherapist aide have reported this has resulted in improved care for residents.
- The medical advisory committee identified there was a risk of delays in residents receiving antibiotics and other urgent medications on weekends and public holidays. An emergency medication box was implemented in June 2013 with a store of essential medications. This has resulted in residents being able to receive medications in a timely manner outside business hours.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems in place to manage regulatory compliance relating to health and personal care. For a description of the system refer to the Expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Two include the following:

- The home undertakes annual monitoring of registered nurses' registration status.
- The registered nurses are responsible for monitoring and evaluating assessments and care plans for all high care residents.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the Expected outcome 1.3 Education and staff development. Specific examples of education

topics relating to Accreditation Standard Two include medication errors, correct use of a continuous positive airway pressure machine and continence management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that residents receive appropriate clinical care. Resident clinical care is overseen by the registered nurse. Review of documentation, including resident files, shows a comprehensive program of assessments are completed when a resident moves into the home. Individualised care plans are formulated and then reviewed and monitored by registered nurses on a six monthly basis or more often if required. Care is planned in consultation with the resident and their representative, the resident’s medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of residents. Residents/representatives interviewed are satisfied with the clinical care provided and representatives interviewed state they are informed of changes in the resident’s condition and care needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

There are systems in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. The registered nurses co-ordinate assessments of the residents’ specialised care needs. Referrals, as required, to the local area health service ensure residents’ specialised nursing care needs are met. The home liaises with external health professionals as needed. Staff access internal and external education programs and there are appropriate resources and well maintained equipment to provide specialised nursing care. Residents/representatives interviewed are satisfied with the specialised nursing care provided.

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

Documentation including resident files shows the home refers residents to external health professionals and any changes to care following specialist visits are implemented in a timely manner. Several allied health professionals visit the home on a regular basis including a podiatrist, dietician, speech pathologist, physiotherapist and pathology services. The home utilises the area health services including palliative care and mental health teams when needed. Residents and representatives report management and staff ensure they have

access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents and representatives interviewed are satisfied with the way referrals are made and the way changes to resident care are implemented.

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

Management demonstrates that residents’ medication is managed safely and correctly. Registered nurses and care staff deemed competent administer medication via a blister packaging system. A current pharmacy contract and locked storage of medication promotes safe and correct management of medication to residents. A photo identification of each resident with their date of birth and clearly defined allergies is on each medication signage sheet. Pharmacy and medical officer protocols have been established in the home and audits and competency results indicate that staff practices are consistent with the home’s policy and procedures. Staff advise they access internal and external education programs. Regular medication reviews are completed by a consultant pharmacist. Medical incident data is collated as part of the quality clinical indicators. The medication advisory committee meets regularly to review legislation changes, medication and pharmacy issues. Resident/representatives are satisfied that residents’ medications are managed in a safe and correct manner.

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

Indo-Chinese Elderly Hostel has systems in place to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and individual pain management programs are developed. Documentation shows strategies to prevent and manage residents’ pain include attendance to clinical and emotional needs, pain relief and alternative approaches including massage, the application of heat and pressure relieving devices. Ongoing pain is referred to the resident’s medical practitioner, the home’s physiotherapist and other services are organised as needed. Staff liaise with medical practitioners and allied health personnel to ensure effective holistic care planning. Residents report that they are as free as possible from pain and that staff respond in a timely manner to their requests for pain control.

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

There are systems in place to ensure the comfort and dignity of terminally ill residents and support for their families and those involved in their care. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of residents are considered in care planning; pastoral care and emotional support is provided as requested. The home does not currently have a resident identified as requiring palliation although has

previously accessed the area palliative care team and resources. Representatives are consulted and involved in care planning including the palliation process. The home is in regular communication with representatives, medical practitioners and specialists throughout the palliative care process.

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

Documentation reveals residents’ nutrition and hydration status is assessed when moving into the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning. Appropriate referrals to the speech pathologist, dietician and dentist are made in consultation with the resident and representative and others involved in their care. The menu provides residents with culturally appropriate choices for all meals. Residents are weighed monthly and weight loss/gain monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. Nutritional supplements, chopsticks, cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents’ preferences and special requirements including supplements, pureed and soft food. Residents interviewed are highly satisfied with the frequency and variety of food and drinks supplied. They particularly expressed satisfaction with the Chinese food available.

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

Residents’ skin integrity is assessed on moving into the home through the initial assessment process. Staff monitor residents’ skin care as part of daily care and report any changes in skin integrity to the registered nurses for assessment, review and referral to the medical practitioner as needed. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of residents. Documentation reveals that staff receive ongoing training and supervision in skin care and the use of specialist equipment such as lifting devices used to maintain residents’ skin integrity. The home’s reporting system for accidents and incidents includes skin integrity and is monitored monthly and included in the quality clinical indicators. Residents have access to a physiotherapist, podiatrist, hairdresser and other external health professionals as necessary. Residents/representatives report staff pay careful attention to residents’ individual needs and preferences for skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems in place to ensure residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff report they assist

residents with their continence programs regularly and monitor residents' skin integrity. The registered nurses oversee the continence program. Staff are trained in continence management including scheduled toileting, the use of continence aids, the assessment and management of urinary tract infections. Bowel management strategies include daily monitoring. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are appropriate supplies of continence aids to meet the individual needs of residents. Residents/representatives state they are satisfied with the continence care provided to the 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 Indo-Chinese Elderly Hostel has systems to effectively manage residents' with challenging behaviours. Documentation and discussions with management and staff show residents' behavioural management needs are identified by initial assessments and behaviour care plans formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the resident and/or representatives and other specialist services. Staff confirm they have received education in managing challenging behaviours and work as a team to provide care. The home has access to other health professionals including a geriatrician and area health service mental health team. Staff were observed to use a variety of management strategies and resources to effectively manage residents with challenging behaviours and to ensure the residents' dignity and individual needs are respected at all times. There is no physical or chemical restraint used at the home. Residents/representatives interviewed are satisfied with how challenging behaviours are managed at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has systems in place for ensuring that optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments, the development of mobility and dexterity plans and mobility programs. A physiotherapist visits the home twice weekly. They assesses and reviews residents and provides mobility and pain management interventions. Individual programs written by the physiotherapist and implemented by the physiotherapy aide and care staff and are designed to promote optimum levels of mobility and dexterity for all residents. The home has a focus on falls prevention and maintenance of mobility. Strategies include daily exercises, walking activities and activities to maintain manual dexterity. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames, mechanical lifters and wheelchairs are available. Access to sunshine is effortless via enclosed garden areas. The home is well lit, clutter free and with handrails on all corridors.

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

There are systems in place to ensure residents’ oral and dental health is maintained. Oral and dental health is assessed when a resident moves into the home. Residents are referred to the dentist if needed. Staff state they receive education in oral and dental care and assist residents to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Residents interviewed state they are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Sensory loss is assessed when a resident moves into the home and appropriate referrals are made to ensure residents care needs are managed effectively. Specialist audiology and optometry days are organised at the home and staff arrange resident appointments if needed. The activity officers have implemented programs and resources to assist residents’ with sensory stimulation including of taste, touch and smell; the home is surrounded by a sensory garden. The library provides a selection of large print books that residents can access. Staff receive training in sensory loss and specialist equipment is maintained in good working order. Residents and representatives report staff are supportive of residents’ with sensory loss and promote independence and choice as part of daily care.

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

Residents’ sleep patterns are assessed on moving into the home including history of night sedation and sleep care plans formulated. Lighting and noise is subdued at night. Residents’ ongoing sleep patterns are reviewed and sleep disturbances monitored and appropriate interventions put in place to assist residents to achieve natural sleep. Staff report residents who experience sleep disturbances are assisted with toileting and fluids as requested and assessed as needed. Residents/representatives are satisfied with the way sleep is managed.

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 is actively pursuing continuous improvement as described under the Expected outcome 3.1 Continuous improvement. Examples of improvement activities in relation to Accreditation Standard Three include the following:

- Management identified residents attending bus outings were becoming frailer and had higher care needs. All residents attending the bus outings abilities have been reassessed. Bus outings have been modified to meet the needs of residents, including providing opportunities for shorter outings and providing an additional recreational officer. This has resulted in the activities better meeting the needs of the residents at the home.
- The results of a recent audit identified an increased number of residents were wandering and experiencing falls. Care staff also identified residents were often bored and not engaged. The hours of the recreational activities officer has now been increased from three days to five and a half days a week. Residents interviewed stated they enjoyed the activities being provided at the home.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place to manage regulatory compliance relating to resident lifestyle. For the description of the system refer to Expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Three include the following:

- Staff sign confidentiality agreements to ensure residents’ personal information is maintained and not incorrectly disclosed.
- All residents who enter the home are offered a residential agreement. The agreement provides a 14 day cooling off period. The agreement also details information on the care and services provided, security of tenure and internal and external disputes resolution mechanisms.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the expected outcome 1.3 Education and staff development. Specific examples of education topics relating to Accreditation Standard Three include elder abuse and mandatory reporting.

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

The home has effective systems in place to ensure that each resident receives initial and ongoing emotional support. This includes orientation to the home, staff and services for new residents and their families, a quarterly newsletter, monthly resident meetings and involvement of volunteers including culturally specific community visitors. Emotional needs are identified through the residents' lifestyle care plan, case conferencing, one-to-one support and family involvement in planning of care. Residents are encouraged to personalise their living area and report they love the home and staff members. Residents interviewed are highly satisfied with the way they are assisted to adjust to life at the home and the ongoing support they receive from the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home ensures residents are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. There is a range of individual and general strategies implemented to promote independence that includes mobility and activities programs. Residents engage in activities such as craft, gardening and vegetable preparation which they report they enjoy. Local and Chinese newspapers are available daily and read to residents. Community visitors, volunteers and entertainers are encouraged and arranged. Most staff speak several languages and dialects and are able to support resident independence and comfort. The environment encourages residents, their representatives and their friends to participate in activities. Documentation, staff practices and resident/representative feedback confirms residents are actively encouraged to maintain independence.

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 has systems in place to ensure privacy and dignity is respected in accordance with residents' individual preference. The assessment process identifies each resident's personal, cultural and spiritual needs, including the resident's preferred name. Information pertaining to privacy, dignity and confidentiality is contained in the resident and staff handbooks. Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs. Staff education promotes privacy and dignity and staff sign a confidentiality agreement. Residents' rooms are managed so that residents' privacy is not compromised. Staff handovers and confidential resident information is discussed in private and resident files securely stored. Staff practices respect privacy and dignity of the resident. Residents/representatives interviewed are satisfied with how privacy and dignity is managed at the home.

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

The home demonstrates that residents are encouraged and supported to participate in a wide range of interests and activities. Residents' activity needs, interests and preferences are assessed on moving into the home and on an ongoing basis. There is a recreational activities officer at the home who ensures the group and individual programs provided to residents are appropriate and reflect changes in residents' conditions. The comprehensive, culturally focussed, activities program covers seven days a week and includes bus outings, entertainment, daily exercises, craft, games, newspaper reading, Chinese karaoke and movies. Volunteers visit daily. Ongoing evaluation of the activities program ensures that the group and individual programs provided to residents are appropriate and reflect any change in residents' conditions. Residents and representatives are informed of programs through display of the activities program on noticeboards throughout the home. Residents are given the choice of whether or not to take part in activities. The results of interviews, document review and observations confirm that residents are highly satisfied with the activities provided to them.

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' cultural and spiritual needs are fostered through the identification and communication of residents' individual interests, customs, religions and ethnic backgrounds during the home's assessment processes. The home provides Indo-Chinese culturally specific services. The home recognises and celebrates culturally specific days consistent with the residents residing in the home, and residents' preference not to participate is respected. Culturally significant days and festivals such as Australia Day, Anzac Day and

Autumn festival are celebrated. Residents are asked about end of life wishes when they enter the home and this information is documented in their file. The home has regular religious services of different denominations and also conducts regular temple visits. The home celebrates residents' birthdays and welcomes involvement from families. Residents interviewed report that their cultural and spiritual needs are being met.

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

The home demonstrates that each resident and/or representative participates in decisions about the services of the home and is able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. Management have an open door policy that results in continuous and timely interaction between the management team, residents/representatives. Observation of staff practice and staff interviews reveal that residents have choices available to them including waking and sleeping times, shower times, meals and activities. Resident meetings and surveys occur regularly to enable residents to discuss and provide feedback about the services provided by the home. Residents state they are satisfied with the support of the home relative to their choice and decision making processes.

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 ensures residents have secure tenure within the residential care service and residents understand their rights and responsibilities. All information is provided in Chinese and English. The home manages security of tenure within the framework of the organisational admission and discharge, and accommodation payment, policies and procedures. This ensures all potential and new residents and representatives are provided with current information through a consistent process. A resident agreement is offered to each resident, and there is a process for providing updates and changes to information on security of tenure and rights and responsibilities to residents and representatives. Residents/representatives indicate that they are satisfied with the information the home provides regarding their security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home is actively pursuing continuous improvement as described under the Expected outcome 1.1 Continuous improvement. Examples of improvement activities in relation to the Accreditation Standard Four include the following:

- Staff and residents reported the contracted pest control company performance was poor and was not meeting the home’s and residents’ expectations. The management team meet with the pest control company to discuss their performance but there was no improvement. A new pest control company was contracted in April 2013. Management stated the new pest control company provides a better, through service and there have been no further concerns raised by staff or residents.
- Following a review of staff workloads it was identified a full-time cleaning service was required. A contract was arranged with an external cleaning company for a cleaning service to be provided five days a week. A full-time cleaner commenced at the home in June 2013. Residents advised us they were very satisfied with the cleanliness of the home.
- Following a review of the emergency plan it was identified if there was a disruption to the electrical supply there was not an appropriate torch available for staff to use. A specialised torch has now been purchased. This torch has a strong light beam that would be suitable in an emergency.

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 an effective system in place to manage regulatory compliance relating to physical environment and safe systems. For the description of the system refer to the Expected outcome 1.2 Regulatory compliance. Specific examples of regulatory compliance relating to Accreditation Standard Four include the following:

- The home has a current annual fire safety statement.
- The home has a current licence from the NSW Food Authority.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has an education and staff development system to provide staff with appropriate knowledge and skills to perform their roles effectively. For details of this system refer to the Expected outcome 1.3 Education and staff development. Specific examples of education activities relating to Accreditation Standard Four include: infection control, manual handling and fire safety.

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

Residents/representatives interviewed stated they are highly satisfied with the living environment at the home. Residents are accommodated in single rooms with en-suites. Each room has a reverse cycle air condition. Residents are encouraged to decorate their rooms to meet their preferences. The home caters for residents from an Indo-Chinese heritage and statues and furniture in common areas are chosen for the significance to the Indo-Chinese culture. The home is comfortably furnished, has wide corridors with good lighting and handrails. The home was observed to be well maintained, clean and free from odour. The home is serviced by a handyman and a maintenance requests book is in place. Secure fencing surrounds the home and closed circuit television is used to monitor the perimeters.

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

Management is actively working to provide a safe working environment that meets regulatory requirements. There are systems to record and analyse resident and staff incidents and identified hazards. Work, health and safety issues are discussed at senior management meetings including the work, health and safety committee meetings. Environmental audits are completed and material safety data sheets are in place. Staff said there are adequate stocks of equipment and supplies to ensure occupational health and safety when providing resident care. Safe working practices were observed during the reaccreditation visit.

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

Fire safety systems in the home include emergency plans, designated fire officers, annual fire safety training which is mandatory staff, and an emergency evacuation kit. Fire equipment is regularly maintained by external contractors. Fire equipment and the location of the emergency exits are clearly marked and were observed to be free from obstructions. Residents are encouraged to participate in the fire drills practiced at the home. Fire emergency aspects are monitored through regular audits. Residents interviewed stated they feel safe in the home.

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 system which includes policies and procedures including audits, staff education, annual hand washing competencies for staff and the use of personal protective equipment. Incidents of infection are documented and evaluated. Vaccinations are offered to residents and staff. Temperatures of delivered foodstuffs, cooked meals and kitchen appliances are monitored, and prepared food items are dated. Cleaning schedules are in place for the cleaning staff. Colour coded equipment is used to reduce the risk of cross-contamination. The home has the services of a pest control contractor available. Staff are aware of infection control principles and practises relevant to their role.

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 meals in the home are cooked fresh on-site according to a rotating four week menu which is reviewed by a dietician. Special meals can be prepared for residents with particular requirements such as diabetic and textured meals. Resident feedback on catering service is obtained through resident meetings and surveys. The home provides meals to cater for the preferences of residents from an Indo-Chinese culture. Residents interviewed by the team are highly satisfied with the catering service, particularly the culturally appropriate meals provided. Residents' personal items are laundered by care staff in the on-site laundry. There is a designated washing machine for staff to wash soiled linen. An external cleaning provides a cleaning service at the home. The cleaning service is monitored and audited to ensure it meets requirements. Residents interviewed stated they are satisfied with the laundry and cleaning services provided at the home.