



Aged Care  
Standards and Accreditation Agency Ltd

## **Jeffress Hostel**

RACS ID 0311

23 Sunnyside Avenue

POINT CLARE NSW 2250

Approved provider: Aubrey Downer Memorial Orange Homes

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 12 August 2015.

We made our decision on 22 June 2012.

The audit was conducted on 22 May 2012 to 24 May 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

### Standard 1: Management systems, staffing and organisational development

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

**Standard 3: Resident lifestyle****Principle:**

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

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

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Jeffress Hostel 0311**

**Approved provider: Aubrey Downer Memorial Orange Homes**

## Introduction

This is the report of a re-accreditation audit from 22 May 2012 to 24 May 2012 submitted to the Accreditation Agency.

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

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

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

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

## Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 22 May 2012 to 24 May 2012.

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

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

## Assessment team

|                |                |
|----------------|----------------|
| Team leader:   | Marilyn Howson |
| Team member/s: | Ruth Heather   |

## Approved provider details

|                    |                                     |
|--------------------|-------------------------------------|
| Approved provider: | Aubrey Downer Memorial Orange Homes |
|--------------------|-------------------------------------|

## Details of home

|               |                 |
|---------------|-----------------|
| Name of home: | Jeffress Hostel |
| RACS ID:      | 0311            |

|   |     |
|---|-----|
| Total number of allocated places:           | 10  |
| Number of residents during audit:           | 10  |
| Number of high care residents during audit: | 7   |
| Special needs catered for:                  | N/A |

|                 |                               |            |              |
|-----------------|-------------------------------|------------|--------------|
| Street/PO Box:  | 23 Sunnyside Avenue           | State:     | NSW          |
| City/Town:      | POINT CLARE                   | Postcode:  | 2250         |
| Phone number:   | 02 4323 4827                  | Facsimile: | 02 4323 7101 |
| E-mail address: | aubreydowner@commander360.com |            |              |

## Audit trail

The assessment team spent two and a half days on-site (and at the co-located home) and gathered information from the following:

### Interviews

|   | Number |                                     | Number |
|---|--------|-------------------------------------|--------|
| Administrator                               | 1      | Residents/representatives           | 12     |
| Hostel supervisor/quality assurance officer | 1      | Catering staff                      | 1      |
| Registered nurse                            | 1      | Cleaning contractor area manager    | 1      |
| Care staff                                  | 4      | Cleaning staff                      |        |
| Medical officer                             | 1      | Maintenance supervisor/fire officer | 1      |
| Clerk administration                        | 2      | Recreational activity staff         | 2      |

### Sampled documents

|   | Number |   | Number |
|---|--------|---|--------|
| Residents' files (including assessments, care plans, progress notes, medical officer notes) | 5      | Medication charts                                   | 7      |
| Residents' monthly clinical observations records  | 10     | Resident's self medication assessment and authority | 1      |
| Restraint authority and time and release chart  | 1      | Personnel files                                     | 4      |
| Risk assessment   | 1      |   |        |

### Other documents reviewed

The team also reviewed:

- Accidents and incidents, medication incidents
- Activity programs, activity participation records, residents' activity preferences, activity evaluations
- Audit and survey results
- Chemical register and material safety data sheets
- Cleaning schedules
- Compliments book
- Fire equipment monitoring records, emergency folder
- Hostel staff handbook
- Infection control records
- Job descriptions, duty lists
- Maintenance register, schedules and records
- Meeting minutes

- Menu, residents' food preferences and special diets lists
- NSW Food Authority licence, audit and food safety program
- Pest control records
- Plan for continuous improvement and completed improvements
- Podiatry assessments and progress notes, physiotherapy assessments, care plans and progress notes
- Police check register
- Policy and procedure manuals
- Professional registrations
- Resident immunisation records
- Residents' handbook, resident agreement
- Self assessment documentation
- Service provider agreements and contracts
- Staff communication diary, registered nurse communication book, doctors' book
- Staff education records
- Staff newsletters
- Staff performance appraisals
- Staff signature verification list, pager and medication keys signature record
- Staff sleep over call-out records
- Staff, contractor and volunteer orientation forms
- Treatment charts, wound management charts, whiteboard with residents' showers and treatments

## **Observations**

The team observed the following:

- Activities in progress, photographs of residents participating in activities and special events, hats for residents to wear when going into the garden
- Activity resources
- Assistive equipment
- Contaminated waste bins and sharps' containers
- Electrical items tested and tagged
- Emergency assembly points, fire fighting equipment and signage
- Equipment and supply storage areas
- Hand sanitiser dispensers
- Interactions between staff and residents
- Internal and external complaints information on display and suggestion and issues box, Charter of residents' rights and responsibilities
- Living environment
- Meal service

- Outbreak box
- Personal protective equipment
- Philosophy and mission statement displayed
- Re-accreditation notices displayed
- Shift handover between morning and afternoon shifts
- Storage of medications, medication round
- Treatment/dressing trolley, whiteboard for listing residents' treatments and personal care
- Water cooler with filtered water
- Work, health and safety information displayed



## Assessment information

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

### Standard 1 – Management systems, staffing and organisational development

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement in a systematic and cyclical manner, as a part of the home's planning and reporting processes. The identification of areas for improvement occurs through resident, staff and committee meetings, surveys, suggestions, reporting of incidents and accident, results of audit, clinical data and verbal feedback. Strategies are developed and documented in the home's plan for continuous improvement. Once completed the evaluation of improvements occurs to ensure the actions taken have been effective. Staff are aware of systems for continuous improvement and confirm they are involved in continuous improvement activities such as audits and inspections. Staff contribute to suggestions for improvement through meetings, surveys and directly to the home's senior staff who are open and responsive to staff feedback. Interviews with residents and representatives confirm they are informed of the progress of improvements and they are satisfied with the outcome of improvements. The home has made planned improvements in relation to Accreditation Standard one - Management systems, staffing and organisational development, including:

- Administration clerks have completed the Diploma in Business Administration. This has provided staff with the skills and knowledge to improve work practices and systems and achieve improved office and administration efficiency.
- To ensure staff have the skills and knowledge to carry out their work, staff are encouraged to complete tertiary studies. Staff have completed studies in the certificate III and IV in aged care and the certificate IV in lifestyle and leisure. Staff state they have enjoyed completing the study and have found it has confirmed the good practices they use at the home.

#### 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

There are systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives information from government departments and is a member of an industry body which provides ongoing information about industry issues and regulatory changes. The management team monitors the home's adherence to regulatory requirements through audit processes and observation of staff practice. Communication to staff about changes in policy and procedure occurs through meetings, notice boards and staff education programs.

Examples of compliance with regulatory requirements specific to Accreditation Standard one - Management systems, staffing and organisational development include:

- A system and process is in place to ensure all staff, contractors and volunteers have current police checks.
- The provision of information to residents and stakeholders about internal and external complaint mechanisms.
- Notification of the re-accreditation audit to residents and their representatives occurred via notices in the home, announcements at meetings and one to one discussion.

### **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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. The review of documentation and interviews with management and staff demonstrate that training needs are identified through staff appraisal, skills assessments, observation of work practice, the results of audit, the monitoring of accidents and incidents, issues raised at staff meetings and staff requests. Identified training needs guide the development of an annual education program. Compulsory training includes manual handling, infection control, elder abuse, food safety and fire safety, which is confirmed through a review of education documentation and attendance records. There is a recruitment procedure and orientation program for new staff. The provision of a wide variety of training occurs through the aged care channel, guest speakers, qualified staff and external education opportunities. All staff interviewed report they have access to internal and external education on a regular basis and undertake skills assessments on an ongoing basis. Review of the education plan and attendance records confirms the home has provided education in relation to Accreditation Standard one. Examples include documentation and the aged care funding instrument and accreditation – your role and responsibility. Training planned for 2012 includes recognising bullying and harassment.

### **1.4 Comments and complaints**

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

#### **Team's findings**

The home meets this expected outcome

The home has internal and external mechanisms for residents, resident representatives and other interested parties to put forward comments, suggestions and complaints. Information on internal and external complaints options is included in the residents' handbook and resident agreement. External complaints information brochures and internal complaints forms are accessible to residents and visitors and there is a suggestion/issues box in which to place confidential complaints. The administrator and senior staff maintain an 'open door' policy and regular resident meetings provide a forum for residents to make comments, suggestions and complaints. Residents, representatives and staff interviewed are aware of the home's comments and complaints system. Generally residents and representatives said their preference is to speak directly with the management team and staff as they find them very approachable. Management and staff respond in a timely manner to any concern residents, representatives and/or staff may 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

Observations and document review demonstrates the home's mission and philosophy is on display. It is also present in a number of documents including the resident handbook and staff orientation pack. The mission statement states the home's commitment to quality.

### **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 systems and processes for the home to have appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the home's mission and philosophy. There are processes for recruitment and orientation of new staff as confirmed through the review of recruitment and orientation documentation and staff interviews. When staff are not able to work, replacements are found using part time or casual staff, as evidenced through the review of rosters. Management reports they adjust staffing levels based upon resident care needs and staff and resident feedback. Staff are encouraged to pursue further education and this is demonstrated by attendance at external training opportunities and staff participation in tertiary studies. Management is committed to providing ongoing education to all staff as evidenced by the education program in place and the resources made available to staff for private study. Residents and representatives are complimentary about the staff and the care they provide. Their comments indicated staff are attentive, come promptly to requests for assistance, are responsive to residents' needs, are knowledgeable and have a caring attitude towards the residents.

### **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

Staff and residents state they have access to appropriate and adequate goods and equipment to ensure quality service delivery. Various staff and management have responsibility for the purchasing and receipt of goods and equipment. Staff are asked to provide feedback about equipment needs and the suitability of current goods and equipment; purchases occur in a timely manner. There is a corrective and preventative maintenance program in place. Observation shows there are sufficient stocks of appropriate goods and equipment throughout the home.

## **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

There are systems for the creation, storage, archiving and destruction of documentation within the home. The team observed confidential information such as resident and staff files are stored securely. Processes are in place to consult with residents and/or their representatives and to keep them informed of activities within the home. The dissemination of information occurs through meeting, notice boards, newsletters, communication books and diaries, hand-over meetings and informal lines of communication. The computers at the home are password protected and there is a system for backing up data. The home has a system of surveys and audits to obtain information regarding resident and staff needs and the quality of care provided at the home. Residents, representatives and staff are positive about the quantity and quality of information they receive which keeps them informed and up to date with the daily activities of 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

Feedback from management, staff and residents demonstrates satisfaction across the home with the goods and services provided by external suppliers. There are contracts and/or agreements in place with suppliers and service providers and there is a system to monitor the currency of all contracts/agreements. Management monitors the quality of goods and services provided by external service providers through observation, audits, surveys and feedback from residents and staff. If the services provided are not satisfactory, concerns are raised with the external providers and if there is no improvement the home will employ a more appropriate service provider.

## **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

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement. The home has made planned improvements in Accreditation Standard two - Health and personal care that include:

- All residents now have an advanced care directive in their file. Residents and their families provided direction to staff on residents' end of life wishes and they have expressed satisfaction about the documentation of their preferences. The admission pack now has the advanced care directive documentation to ensure there are advanced care directives in place for new residents.
- The registered nurse attended training which has prompted the purchase of an otoscope. The otoscope enables the regular checking of residents' ears for wax accumulation. The correct management of ear wax can reduce the incidence of residents having reduced hearing, inflammation of the ear and dizziness which can lead to falls. The two monthly care plan review process now includes the use of the otoscope.

### **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

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome. Examples of regulatory compliance with regulatory requirements specific to Accreditation Standard two - Health and personal care:

- The home holds current practising certificates for the registered nurse, physiotherapist and podiatrist.
- The home has a policy and procedure in place for missing persons which reflects legislative requirements.
- An accredited pharmacist undertakes residents' medication management reviews.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Interviews and the review of course documentation and attendance records confirm the provision of education relating to health and personal care for management and staff. Examples include, but are not limited to, medication administration, wound care, dementia – night time care, hydration and nutrition. The training scheduled for 2012 includes mental health and palliative care.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents receive clinical care appropriate to their individual needs and preferences. Residents’ care needs are assessed by a registered nurse, physiotherapist and care staff following their entry to the home. Care plans are developed and reviewed each two months. Any changes to residents’ health or care needs are communicated to staff at verbal handovers, in communication diaries, progress notes and care plan updates. The home has established networks with clinical support services in the community. Local medical officers visit the home regularly. Arrangements are in place to ensure residents have access to after hours medical treatment or transfer to hospital if required. Care staff demonstrated positive attitudes towards their work, a good understanding of the tasks required of them and the importance of the care of residents. Residents and representatives expressed a high level of satisfaction with the care provided to residents.

### **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

The system for identifying residents’ specialised nursing care needs includes assessment of the resident entering the home, identification of their specialised nursing care needs, development of a care plan with strategies to meet those needs and regular and ongoing review and evaluation. A registered nurse is employed two days a week across the two homes on site to assist staff with residents’ more complex care needs including the management of wounds, diabetes, oxygen therapy and medications. Staff demonstrated knowledge and understanding of residents’ specific care needs. Staff have attended courses to assist them with the management of wounds, ulcers, skin tears and palliative care. Staff access the services of specialists and use resources from the local community as necessary. Residents and representatives reported staff are skilled in managing residents’ specialised nursing care needs.

## **2.6 Other health and related services**

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

### **Team’s findings**

The home meets this expected outcome

Staff have an efficient and effective system for the referral of residents to appropriate health specialists. Referrals to other health and related services are planned and are consistent with residents’ ongoing needs and preferences. A number of health and related services will visit the home. These services include physiotherapy, podiatry and oral hygiene. Other services are accessible in the local region. Residents’ care plans are updated to reflect recommended changes to care delivery arising from referrals. The registered nurse monitors care to ensure the changes are effective. Residents are assisted with appointments and transportation requirements and are satisfied with these arrangements. Residents and representatives stated residents are able to access external health providers.

## **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 and staff have an efficient and effective system to ensure residents’ medication needs are identified and their medication is managed safely and correctly. Medication management policies and procedures ensure medication orders are current and reviewed regularly by medical officers and pharmacists. Blister packed medications are checked on delivery by the registered nurse or the supervisor and they are stored safely. Care staff administer most medications from blister packs and some medications from their original packaging. Staff administering medications wear a red apron to signal they are not to be interrupted during the medication round. Skills assessments are completed each six months for each staff member who administers medications. Medication incidents are monitored through the incident reporting system. Residents and representatives interviewed expressed satisfaction with the home’s management and monitoring of residents’ medication.

## **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

Pain assessments are undertaken when residents move into the home and are reviewed regularly and if residents’ pain levels change. Staff communicate with residents and use visual and clinical observations to develop ongoing strategies for residents’ pain management. Successful pain management interventions are recorded in residents’ care plans and reviewed regularly. Interventions to manage pain include medication,; massage, the use of an electronic nerve stimulation machine, exercise programs developed by the physiotherapist, hot packs, position change, one to one time and diversional activities. Progress notes show staff are diligent in following up the effectiveness of ‘as needed’ pain relief medication ordered by medical officers for individual residents. If residents’ pain levels change or the strategies are no longer effective further assessments are undertaken. Residents and representatives advised staff assist residents to be as free as possible from pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home seldom provides palliative care because overnight staffing levels do not generally support the provision of palliative care. Decisions regarding the management and appropriate placement of terminally ill residents are made in consultation with the resident and/or their representative and their medical officer. On occasions when a resident requiring palliative care is able to stay at the home, care instructions and training have been provided to staff by the local palliative care team. Provision is made for residents to have access to spiritual services of their choice to ease their minds throughout the palliative care process. An advanced care directive has been offered to all residents and representatives to identify residents’ palliative care wishes and requirements. Staff demonstrated an awareness of the needs and emotional support requirements of residents who have a terminal illness. We observed many thank you cards given to management and staff from representatives of past residents, thanking them for their care 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

There is a system to ensure residents’ nutrition and hydration needs are assessed, documented and regularly reviewed. Meals are cooked on site using a four week rotating menu supporting a varied diet and featuring fresh produce. Residents’ dietary needs, preferences and allergies are recorded and communicated to the kitchen staff. The kitchen staff cater for residents’ special diets and restricted diets. Dietary supplements are provided to residents when a nutritional deficit is identified. Residents eat their meals in the dining room where their food intake is monitored by staff supervision and observation. Residents’ weights are recorded monthly or more frequently if there is a concern. Residents are encouraged to maintain hydration with drinks provided at mealtimes and convenient access provided to a water cooler with filtered water. Residents expressed a high level of satisfaction with the meals.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to assess and monitor residents’ skin integrity on their entry to the home and on an ongoing basis. Skin assessments are undertaken by the registered nurse. The physiotherapist assesses residents to identify if the resident would benefit from regular exercises to increase their mobility and strength and prevent falls. Falls can result in compromised skin integrity and skin tears. Action taken to maintain or improve residents’ skin integrity includes limb protectors, moisturising liquid soap, massage and moisturising creams. During personal care routines staff observe residents for changes in their skin integrity and monitor any wounds or rashes. Ongoing wound management is overseen by the



medical officer and attended to by the registered nurse. Pressure relieving equipment is available at the home for use as required. Residents and representatives expressed satisfaction with the care provided to residents to maintain their 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 home has a system to ensure residents’ continence is managed effectively. Residents’ continence status is assessed on their entry to the home and is regularly reviewed and evaluated. Care plans identify strategies to assist in managing residents’ urinary and bowel continence regimes. Individualised toileting regimes are maintained for as long as possible. A disposable continence aid system is in use for residents whose continence cannot be managed by a toileting regime. A continence advisor is consulted as necessary. Staff stated there are always adequate supplies of continence aids of varying sizes available for residents. Residents and representatives expressed satisfaction with the management of residents’ continence.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to effectively manage the needs of residents with challenging behaviours. Residents entering the home are assessed and monitored for any behavioural issues. The services of the mental health team are arranged for residents with a diagnosed mental illness. Residents, their representative, the registered nurse, staff and the medical officer are involved in care planning. Care plans and progress notes identify behavioural triggers and include strategies to manage residents’ challenging behaviours. Interviews with staff and our observations identified various strategies used to assist in modifying residents’ behaviours such as one to one intervention, reflective listening, small group activities, pain management and massage. We observed staff interacting with residents in a caring and calming manner. Residents and representatives interviewed said staff use effective behaviour management strategies to assist residents to remain relaxed.

## **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 a system to ensure optimum levels of mobility and dexterity are achieved for residents. Individualised care plans are formulated by the registered nurse and physiotherapist. Residents’ mobility programs are updated when there is a change in their condition or level of function. Staff provide one to one care with residents, including assistance with mobility, hot packs and massage. The recreational activity staff facilitate group exercises and we observed residents participating in balloon tennis during the re-accreditation audit. Mobility aids and lifting devices are available for residents who require

them. Staff are provided with education on manual handling. Residents and representatives said they are satisfied with the mobility program and the assistance residents receive from staff.

### **2.15 Oral and dental care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has an effective system for the initial and ongoing assessment, maintenance and evaluation of residents’ oral and dental health. Residents’ ongoing oral and dental health plans are regularly reviewed by the registered nurse. Residents are referred to specialist dental services and technicians as required and arrangements are made for them to attend appointments. Oral hygienists visit one day a week for 12 weeks each year when they document residents’ oral care needs. The oral hygienists provide assessments of residents’ oral health needs, advice on the care of dentures, strategies for decay prevention, demonstration of practices to promote healthy gums and staff education. The staff education they present keeps staff up to date with current practices and introduces a higher level of understanding about oral health and its importance in ensuring residents’ maintain optimum health. Staff assist residents to attend to their ongoing oral and dental hygiene and are knowledgeable about residents’ oral care and the care of dentures. Residents and representatives advised they are satisfied with the oral care provided at the home.

### **2.16 Sensory loss**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to identify and effectively manage residents’ sensory losses. Assessments of residents’ sensory needs are undertaken when residents enter the home by the registered nurse and the residents’ medical officers. Residents who are identified as having sensory deficits, for example, requiring glasses or hearing aids have management strategies documented in their care plans. Staff ensure interventions are carried out regularly and that assistive devices are working and in good repair. This includes cleaning glasses, cleaning hearing aids, changing batteries and making sure sensory aids are fitted correctly. Referrals are arranged as necessary to an optometrist, audiologist or other health professional. Activities provided at the home which assist residents with the sensory losses of hearing, sight, touch, taste and smell, include music, craft, large print books, cooking, barbecues and walks through the landscaped gardens. Residents and representatives reported satisfaction with the management of residents’ sensory losses.

### **2.17 Sleep**

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

#### **Team’s findings**

The home meets this expected outcome

The home has strategies to assist residents to achieve natural sleep patterns. On entry to the home a history of residents’ sleep routines is obtained from residents and representatives. Staff advised and care plans reviewed demonstrated the various ways in which residents are

supported to maintain their preferred sleep routines. Interventions to support residents to achieve a good night's sleep include a relaxed atmosphere, the offer of warm drinks with limited caffeine, snacks, appropriate continence management, pain management including therapeutic massage and night sedation if ordered by the resident's medical officer. Any sleep disturbances are documented in residents' progress notes. Sleep disturbances are also monitored through the use of staff call out sheets to see if a pattern is developing. Residents state the environment is quiet at night and staff promptly answer residents' call bells if they should ring during the night.

### **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

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement. The home has made planned improvements in Accreditation Standard three - Resident lifestyle that include:

- To enhance the resident’s physical activity and social interactions a new activity of ten pin bowling has commenced. This has proved to be a great social and physical activity with residents enjoying the competitive and social aspects of the outing.
- The connection of pay TV to the main televisions has enabled residents to watch old TV shows which they remember from earlier years and interesting documentaries. We observed residents watching and enjoying a variety of old television shows.

#### **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

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome. Examples of regulatory compliance with regulatory requirements specific to Accreditation Standard three - Resident lifestyle:

- The Charter of residents’ rights and responsibilities is displayed in the home and is included in the resident agreement which is provided to all residents.
- Resident and staff information is stored in a manner that meets privacy legislation requirements.
- There is a policy, procedure and staff training for the reporting of actual or suspected resident abuse.

#### **3.3 Education and staff development**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Interviews and the review of documentation and attendance records confirm the provision of education relating to resident lifestyle for management and staff.

Examples include, but are not limited to all staff being offered education on the recognition and prevention of elder abuse. In addition, one of the recreational activity officers attends regular diversional therapy association meetings which provide an opportunity for them to develop and learn in relation to the resident lifestyle program. Training scheduled for 2012 includes sexuality in the older person and dignity in care.

### **3.4 Emotional support**

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

#### **Team's findings**

The home meets this expected outcome

Management and staff recognise the importance of providing emotional support to new and existing residents. Residents' emotional support needs are assessed on entry to the home. Residents and representatives are invited to participate in developing residents' initial care plans. A review of care plans demonstrated a clear understanding of each resident's individual needs in relation to emotional support. Observations of staff interactions with residents showed warmth, respect, empathy and understanding. Staff practices encourage residents to express their feelings, fears and anxieties. Staff receive education on how to support and assist residents with emotional issues such as grief, loss and depression. Residents and representatives provided positive comments regarding the way they are made to feel welcome and the ongoing support residents receive at the home.

### **3.5 Independence**

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

#### **Team's findings**

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in community life within and outside the home. The home has systems and processes to promote a program of planned activities and events encouraging the involvement of family, friends and the community. Management and staff encourage independence for residents in all aspects of their daily life, taking into consideration their abilities and preferences. Residents are actively encouraged to maintain independence in areas such as decision-making, personal hygiene and attendance at activities. Entertainers, school children and community groups are a regular feature on the activity program. Communal sitting areas and spacious gardens are available at the home for residents to use to entertain family and friends. Community outings are arranged regularly in the organisation's ten-seater bus. Assistance is provided to residents' family and friends when they wish to take the resident out for a day function or an overnight stay.

### **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's systems ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Systems and processes ensure each resident's personal information is stored securely. Information on residents' rights and responsibilities is provided to residents, representatives and staff. Staff have a process to gain consent from residents and representatives to: display or publish photograph, celebrate birthdays and/or disclose selected personal information in certain circumstances to relevant people. We observed staff knocking and waiting for an invitation before entering residents' rooms. All personal care is attended to in the privacy of each resident's room. Feedback on privacy and dignity is sought via residents' surveys, meetings and discussions with staff. Residents and representatives said staff treat residents in a dignified manner and with respect.

### **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

On residents' entry to the home information relating to their social history and leisure interests is obtained. This information is used to develop an individualised activity plan for each resident. Three recreational activity staff provide a wide range of activities for residents over five days a week. The recreational activity staff are capably supported by care staff who have a focus on residents' overall well-being. Residents are informed of the daily activities available through activity calendars and verbal prompts. The range of activities offered to residents is planned, analysed and reviewed on a monthly basis. The recreational activity staff review the program using information gathered from resident meetings, surveys, participation levels, residents stated preferences and requests, residents' changing abilities, ongoing research into local events and places of interest, national holidays and through networking with other activity officers in the area. Residents who choose not to attend activities are offered individual options and one to one visits by recreational activity staff. Residents said their days are full and interesting and they feel valued and supported.

### **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

Staff demonstrated resident's individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Information on residents' cultural backgrounds and spiritual needs are included in their care plans and regularly reviewed. There are systems and processes to incorporate resident's individual interests, customs and beliefs into the home's day to day activities. Residents are encouraged to maintain their spiritual beliefs and where possible continue to attend regular services with assistance from families and friends. For residents who are unable to attend services in the community, a non denominational service is held in the home on a monthly basis. A catholic priest periodically visits interested

residents in their rooms. Days of cultural, religious and personal significance are celebrated at the home. Residents and representatives advised residents are encouraged and supported to continue with their own interests. Residents are pleased with the way the home values and supports their cultural and spiritual needs.

### **3.9 Choice and decision-making**

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

#### **Team's findings**

The home meets this expected outcome

When residents come to live at the home, residents and/or representatives provide information that assists staff to provide residents with care which is tailored to their needs, choices and abilities. Individual requests are considered to ensure they do not infringe on other residents' rights and keep within the home's values and duty of care. Residents are offered choices about their day to day care, privacy and dignity, cultural and spiritual life, leisure interests and activities, daily routines and meals. Residents can choose their own health professionals providing they will visit the home when required. Residents can express their sexuality, where appropriate, and this is respected by staff. Residents can consume alcohol responsibly and as a safeguard staff monitor their consumption. Residents' feedback is obtained through discussions with management and staff, observations and surveys. Residents and representatives stated staff actively support residents in maintaining their rights to make their own lifestyle choices and decisions.

### **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 and representatives report they are satisfied with the information the home provides to them about complaints' mechanisms and residents' rights and responsibilities. The resident's handbook contains information about the operations of the home, the services provided, residents' rooms and their rights and responsibilities. Details of residents' tenure, fees and charges are included in the written resident agreement which is offered to residents on entry and is based on the requirements of applicable legislation. Management recommends new residents obtain independent legal and financial advice concerning their understanding of the resident agreement. Management stated that residents and representatives are consulted prior to residents moving between rooms and prior to residents moving between the two homes on the site. Management reported new residents and/or their representatives are asked to read the entry and discharge criteria carefully because it explains what happens when the resident progresses beyond the care capabilities of the home.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement. The home has made planned improvements relating to Accreditation Standard four - Physical environment and safe systems that include:

- The need to improve the recording and testing of electrical items belonging to residents and the home’s equipment has prompted the purchase of a computer program and tagging equipment. The maintenance manager states the system has improved the recording of tested equipment and in future years will speed up the tagging process due to the equipment having a bar tag for quick identification.
- The installation of new blinds in the common rooms in the hostel has enhanced the natural light and ambient temperature. Feedback from staff is that the new blinds have helped to make the home more comfortable, improved the appearance of the home and the residents are satisfied with the improvement.

### **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

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this outcome. Examples of regulatory compliance with regulatory requirements specific to Accreditation Standard four - Physical environment and safe systems:

- The home has a current NSW Food Authority licence and the auditing of the food safety system has occurred.
- A current fire safety statement is displayed.
- The management team is reviewing the systems and documentation to ensure the correct implementation of the new work health and safety legislation.

### **4.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge. Interviews and the review of documentation and attendance records



confirm the provision of education relating to the physical environment and safe systems for management and staff. Examples include, but are not limited to, infection control, chemical handling, the new work health and safety legislation, fire safety and evacuation training, food safety and the use of new equipment and incident investigation and reporting.

#### **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 provides accommodation for residents in single bedrooms with shared bathrooms. There are well maintained gardens around the home which residents state they enjoy. We noted all areas of the home to be clean and well-maintained and indoor areas are a comfortable temperature. Hazards, accidents and incidents are reported and actioned. There are processes for maintenance issues to be reported and actioned in a timely manner. There is a system for the provision of preventative maintenance and monitoring of the environment occurs regularly. Observations of the home during the re-accreditation audit and feedback from residents, representatives and staff show management provides a safe and comfortable environment in line with residents' care needs.

#### **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 Jeffress Hostel management team actively works to provide a safe working environment that meets regulatory requirements. There are systems to record, analyse and review resident and staff accidents and incidents. The work health and safety committee ensures the living environment for residents and the staff work environment is safe. Meeting regulatory requirements and the home's quality and safety standards occurs through environmental audits and daily monitoring by senior staff. Interviews and the review of documentation shows that staff can and do highlight risks and hazards through the maintenance and accident and incident reporting systems and are aware of safe work practices. Personal protective equipment is readily available for staff. We observed safe work practices and staff members state they receive education in manual handling during orientation and annually.

#### **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

Systems promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as regular checks of detectors, sprinkler system, extinguishers, fire doors and other fire equipment. Staff interviewed are familiar with the equipment and procedures and they confirm they attend regular fire safety training. There is

emergency evacuation information to ensure vital information is available to staff. The team observed emergency flip charts which contain emergency procedures located throughout the building. The home has a variety of security systems to ensure the building is secure. Each resident has access to call bells by their bed and in their bathroom. There is a no smoking policy in the buildings and designated smoking areas are provided for residents and staff in the grounds. Residents and representatives state they feel safe and secure 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's infection control program consists of ongoing education, infection prevention strategies, tracking and analysis of infection rates and workplace audits. Documentation reviews and interviews confirm the work health and safety/infection control committee reviews infection data and ensures strategies to minimise infections are effective. There are policies, procedures and supplies available for the prevention of and for dealing with an outbreak. Staff interviewed are familiar with infection control practices and confirm that personal protective equipment is readily available. Staff describe and demonstrate the use of various infection control strategies. This includes the colour coded system used during all aspects of cleaning, the use of personal protective equipment, clearly designated areas for clean and dirty linen in the laundry and the food safety practices in place. There are hand washing and hand sanitising facilities readily available in the home for staff and visitors.

#### **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

There are systems to identify residents' meal requirements and preferences on entry to the home and as residents' needs change. All meals are cooked on site using a four-week rotating menu. The menu reflects the preferences of the residents and there are regular themed meals to celebrate culturally significant days. The kitchen is clean and orderly with systems in place to ensure food is safe. There is a system to ensure the thorough cleaning of the home. Observations showed resident rooms and common areas were clean at all times during the re-accreditation audit. All residents' clothing is washed in the onsite laundry and there are adequate stocks of linen. Residents and representatives state they are very satisfied with the variety, quality and quantity of meals provided, the home is always spotlessly clean and tidy and laundering services are very satisfactory.