



Aged Care
Standards and Accreditation Agency Ltd

Jim Holm Hostel

RACS ID 0348

New England Highway
KOOTINGAL NSW 2352

Approved provider: Royal Freemasons Benevolent Institution of
NSW Nominees Ltd

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 23 March 2015.

We made our decision on 8 February 2012.

The audit was conducted on 10 January 2012 to 12 January 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

Site Audit Report

Jim Holm Hostel 0348

**Approved provider: Royal Freemasons Benevolent Institution of NSW
Nominees Ltd**

Introduction

This is the report of a site audit from 10 January 2012 to 12 January 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 a site 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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcome:

- 3.2 Regulatory compliance

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 10 January 2012 to 12 January 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:	Kristine Hodyl
Team member/s:	Trudy van Dam

Approved provider details

Approved provider:	Royal Freemasons Benevolent Institution of NSW Nominees Ltd
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Details of home

Name of home:	Jim Holm Hostel
RACS ID:	0348

Total number of allocated places:	53
Number of residents during site audit:	53
Number of high care residents during site audit:	31
Special needs catered for:	Dementia specific unit – 30 beds

Street/PO Box:	New England Highway	State:	NSW
City/Town:	KOOTINGAL	Postcode:	2352
Phone number:	02 6760 3836	Facsimile:	02 6760 3933
E-mail address:	rmcbean@royfree.org.au		

Audit trail

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

Interviews

	Number		Number
General manager	1	Residents	8
Care managers	2	Representatives	6
Care staff	6	Catering staff	2
Pharmacist	1	Laundry and cleaning staff	3
Bowen and massage therapist	1	Lifestyle staff	4
Administration officers	3	Maintenance staff	1
Fire safety officer	1		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	12
Restraint authorisations	2	Wound charts	2
Blood glucose monitoring charts	6	Staff files	5
Resident agreements	6		

Other documents reviewed

The team also reviewed:

- Activity calendars
- Audit, clinical indicator and accident/incident records
- Cleaning documentation
- Comment, complaint and concern records
- Communication diary, doctor's communication book, physiotherapy communication book and handover folder
- Continuous quality improvement plans and 'possible improvement project' (PIP) forms
- Daily charts
- Education and staff competency documentation
- Emergency management procedures and emergency evacuation resident information
- Fire safety documentation including annual fire safety statement
- Food safety documentation including temperature (meal and equipment) record checks
- Hazard reports and maintenance requests
- Human resource documentation including duty statements, job descriptions, performance appraisals and staff rosters
- Infection control manual
- Lifestyle system documentation including diaries, attendance sheets, activity evaluations
- Maintenance documentation including assets register, checklists, contractor records, pest control reports and tagging register
- Material safety data sheets and hazardous substances register
- Meeting minutes – resident and staff
- Menus

- Policies, procedures and flowcharts
- Regulatory compliance documentation including police certificate register, nurse and allied health registration records, and register of reports of abuse or suspected abuse
- Resident dietary documentation
- Residents' information folder, package and handbook
- Staff communication records including handover reports, memoranda and communication diaries
- Staff orientation package and handbook
- Volunteer lists
- Waste management plan

Observations

The team observed the following:

- Activities in progress including visiting pets
- Cleaning in progress
- Colour coded equipment
- Continence aid supplies
- Displayed notices: accreditation notices; activity programs; Charter of residents' rights and responsibilities; Complaints Scheme information; feedback and suggestion forms; menus and organisation's vision, mission and values
- Emergency system including emergency evacuation bags, flip charts, fire information panel, fire safety equipment, and exit lights
- Equipment and supply storage areas
- Infection control resources
- Interactions between staff and residents/representatives
- Kitchen and catering equipment
- Laundry
- Living environment
- Manual handling equipment
- Meal (lunch) in progress
- Medication round and storage
- Mobility equipment
- Noticeboards for residents and staff
- Suggestion boxes
- Utility rooms
- Waste management system

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

Jim Holm Hostel actively pursues continuous improvement as part of its management and quality processes. Improvement opportunities are identified through a number of mechanisms including the comments and complaints system, suggestions from ‘possible improvement project’ (PIP) submissions, audits, and issues raised at resident, staff and management meetings. Staff, residents and representatives are all encouraged to contribute and participate to quality improvement through the identification of issues and suggestions. Improvement initiatives are evaluated after implementation and results are communicated to all relevant stakeholders in staff and resident meetings, minutes, newsletters, memoranda and information on noticeboards. Residents, representatives and staff indicated that the home’s management is responsive to suggestions for improvement and that they receive appropriate and timely feedback.

Examples of recent improvement activities relevant to this Accreditation Standard include:

- During the latter half of 2011 a review and restructure of the home’s quality improvement system was conducted to improve its effectiveness and remove duplication. A core component of the process was a review of all audits which resulted in reducing the total number of audits and the development of more directed audit tools. Management reported that the new audit program has captured data which is more purposeful in identifying areas of concern for future improvement activities.
- To help better manage the care needs of residents in the dementia specific unit during the late afternoon period, additional staff hours were added to the unit’s roster in July 2011. Management and staff reported that the roster change has helped in the management of residents’ behaviours.
- New processes have been introduced to improve the cost and management of inventory and equipment. These include a reduction in the number of suppliers for clinical and paper products from four to one and the standardisation of stores ordering procedures. Management stated that these changes have resulted in a greater ability to negotiate better pricing deals and a reduction in invoice paperwork.
- To improve the accountability of external service providers, a contractor’s ‘scope of works’ agreement has been developed and is being trialled by maintenance staff. It is expected this agreement will enable better monitoring of work carried out by external service providers.

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

Jim Holm Hostel has a system for identifying relevant legislation, regulations, professional standards and guidelines and for monitoring compliance with these items. The general manager has overall responsibility for the evaluation of any legislation updates to determine the relevance of these changes for the home. Processes for identifying changes to legislation and regulations include receiving updates from industry bodies, government agencies, industry magazines and the organisation’s head office. Any updates are communicated to relevant stakeholders through memoranda, meetings and education sessions. Compliance processes include reviewing policies and procedures, monitoring staff performance and auditing activities. Staff demonstrated a general awareness of regulatory requirements relevant to their roles.

Current examples of regulatory compliance relevant to this Accreditation Standard are listed below:

- Processes were used to inform residents and representatives about the current accreditation audit.
- The organisation has a system to monitor police record checks for staff, volunteers and contractors.
- There is also a system to monitor and maintain current nursing and allied health registrations.

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 organisation provides the staff and management of Jim Holm Hostel with a range of opportunities for education and professional development in both clinical and non clinical areas. Processes to equip management and staff with the appropriate knowledge and skills to perform their roles include a comprehensive orientation program, educational needs being identified during the performance appraisal process, an in-house education program, and access to external education. Core features of the on-site education program are ‘toolbox talks’ and programs from the aged care channel. This is supplemented by education provided by contracted suppliers of goods and other professionals. The knowledge and skills of staff are evaluated on an ongoing basis through senior staff observations, competency testing and audit results. Management also responds to the educational requirements of staff when resident care needs change. Staff reported satisfaction with the educational and development opportunities provided at the home.

Examples of recent education topics and staff development relevant to this Accreditation Standard are listed below:

- enrolment in certificate IV in frontline management qualification
- attendance at dementia forum and better practice management conferences
- training in the new electronic care documentation system

- accreditation roles and responsibilities.

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

Jim Holm Hostel has processes to provide residents and their representatives with access to internal and external complaint and advocacy mechanisms. Residents and representatives are informed about their access to these mechanisms through brochures; the resident information package, agreement and handbook; resident meetings, and through communication with staff and management. Residents, representatives and staff are all encouraged to provide input and feedback. Issues arising from comments and complaints are communicated to relevant stakeholders, documented in a complaints register and are actioned in a timely manner. Staff are aware of their role in managing verbal comments and complaints received from residents and representatives and reported they are supported by management to resolve issues if this is within the scope of their role. Residents and representatives indicated they are aware of the home's formal complaint mechanisms although they reported being comfortable in raising their comments and concerns directly with staff and management.

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 organisation's vision, mission and statement of philosophy are displayed within the Jim Holm Hostel and documented in the home's resident and staff handbooks. The organisation's commitment to quality is also identified in its policies, procedures and other documents that guide the practices of management and staff.

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

Jim Holm Hostel has a human resource management system which makes available sufficient staff with the appropriate knowledge and skills to perform their roles effectively. Staffing levels and rosters are determined by resident needs and preferences and staff leave is covered by a pool of casual and part-time staff. Performance of new and existing staff is evaluated through observation, performance appraisals and specific competency testing. New staff attend a home specific induction session, an organisation orientation and are 'buddied' with a more experienced staff member in order to become familiar with the home's practices. Position descriptions and duty statements also provide guidance for staff regarding their roles and responsibilities. Staff reported they are generally able to complete their work within the allocated time. Residents and representatives reported satisfaction with the manner, responsiveness and skills 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

Jim Holm Hostel has suitable and sufficient goods and equipment appropriate for the delivery of services. The home has processes to monitor the quality of received goods and to review the adequacy of stock levels. Appropriate storage is provided to ensure stock quality and goods are rotated where required. The home has preventative and emergency maintenance programs, a hazard reporting system, and regular environmental audits and equipment checks. Staff stated they have sufficient levels of stock, that equipment is well maintained and that management is responsive to requests for new or different equipment. Residents and representatives also indicated their satisfaction with the goods and equipment provided at the home to meet resident needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

A wide range of methods is used at Jim Holm Hostel to provide all stakeholders with access to timely information about the processes and activities of the home. Staff are kept informed through memoranda, emails, notices, handover sessions, communication diaries and the organisation's intranet. Information is provided to residents and representatives through newsletters, correspondence, notices, brochures, care conferences and in direct communication with staff and management. Staff, residents and representatives also receive information through meetings and associated minutes. The home has processes and equipment for the appropriate storage of confidential information and for the archival and destruction of sensitive information as appropriate. Staff are satisfied with the availability of information relevant to their roles and residents and representatives stated they are kept well informed.

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

Jim Holm Hostel has processes to ensure that external services are provided in a way that meets the home's requirements. There are schedules for routine maintenance work undertaken by contractors and a listing of preferred suppliers is maintained. External service providers are required to comply with occupational health and safety legislation and have current police checks and insurances as necessary. A 'scope of works' agreement and audits are used to monitor work conducted by contractors and there are processes to rectify any performance issues arising from the use of external suppliers. Staff, residents and representatives expressed satisfaction with the quality of the services currently provided 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

Refer to Expected Outcome 1.1 for an overview of the home's continuous improvement system.

Examples of recent improvement activities relevant to this Accreditation Standard include:

- During October 2011 the organisation implemented a new electronic documentation and reporting system to improve the recording and monitoring of resident clinical care. The system is being implemented in stages and the home has completed the transition to electronic progress notes; the next stage will involve the computerisation of forms and reports. All staff received training prior to the system's implementation and reported that the new system is working well. Management stated that the new system has improved their ability to audit resident care delivery and staff practices.
- A 'palliative care box' was developed to improve the care delivered to residents who are palliating. The box contains aromatic body products, a compact disc player and music, a bible and other related products. Staff reported that the box has increased their ability to provide residents who are palliating with improved quality of life.
- To improve the oral and dental health of residents, the home's management elected to participate in a community based aged care oral health program during 2011. As part of this scheme, all clinical staff attended education sessions about oral hygiene practices in aged care and a dental service was set up in the home. Management and staff indicated that the oral health of residents has improved as a result of the program.
- Approximately six months ago clinical and care staff were provided with on-line access – via the organisation's intranet – to an electronic medical reference tool. Management stated that this has greatly improved staff clinical knowledge, especially in relation to medications.

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 Expected Outcome 1.2 for an overview of the home's regulatory compliance system.

Current examples of regulatory compliance relevant to this Accreditation Standard are listed below:

- Staff are aware of procedures for the notification of unexplained resident absences.
- Medication management audits are conducted to ensure compliance with regulations and best practice guidelines for medication management.

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 for an overview of the home’s education and staff development processes.

Examples of recent education topics and staff development relevant to this Accreditation Standard are listed below:

- enrolment in bachelor of nursing and endorsed enrolled nursing qualifications
- dental hygiene
- continence
- wound care
- medication management
- advanced care planning.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Jim Holm Hostel has systems, processes, policies and procedures to ensure that residents receive appropriate clinical care. Resident clinical care is overseen by the care manager and support is available from registered nurses from the co-located nursing home. Staff complete a program of assessments when residents enter the home and an individualised care plan is developed for each resident. Care is planned in consultation with the resident and/or their representative, the resident’s medical officer and allied health professionals. The home’s staff are responsive to residents’ changing needs and staff demonstrated knowledge and understanding of clinical care processes. The home has appropriate supplies of equipment and resources to meet the ongoing and changing needs of residents. Residents and representatives said they are very satisfied with the clinical care provided to residents and how staff consult with them about care issues.

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 to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Specialised care needs are identified on a resident’s entry to the home or as care needs change and detailed care plans are developed where necessary. In addition to specialised nursing care provided by registered nurses from the co-located nursing home, local specialist services are also available to support residents’ needs. Staff attend internal and external education programs and there are appropriate clinical resource manuals and equipment to provide specialised nursing care. Residents and representatives said they are satisfied with the specialised nursing care provided to residents.

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

Jim Holm Hostel has systems to ensure that residents are referred to appropriate health specialists when necessary. Residents have access to a range of health professionals and other related services in accordance with their needs and preferences. Each resident is assessed and external services accessed as required. External services accessed by residents include medical specialists, podiatrist, physiotherapist, optometrist, dietician, speech pathologist, mental health services and dental services. Any changes to resident care following specialist and allied health visits are clearly documented and implemented in a timely manner. Residents and representatives are satisfied with the arrangements for referral to appropriate health specialists and stated that referrals are made as needed.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has effective systems to manage the ordering, storage, administration and recording of medications. The home uses a multi-dose blister pack system, which includes a photograph of the resident, and staff liaise with the supplying pharmacy to ensure that new or changed medications are supplied promptly. There are emergency medications available on-site to ensure residents commence medications as soon as possible. When non-packed schedule 8 medications are required, they are administered by registered nurses from the co-located nursing home and are stored in a locked cupboard as per legislative requirements. The medication advisory committee meets on a regular basis and a discussion of medication incidents is included. Reviews of resident medications are undertaken on a regular basis. Medication audits are carried out and action - such as one to one counselling, discussions at staff meetings and staff education - is taken to correct errors identified by the error reporting system. Residents and representatives provided positive feedback about the management of resident medications at the home.

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

There are systems to assist all residents to be as free as possible from pain. Initial assessments that include verbal and non-verbal indicators of pain identify any need for pain management and this is documented in the care plan. The effectiveness of 'as needed' (PRN) pain medication is usually recorded in progress notes. Referrals to the resident's medical officer, physiotherapist and bower therapist are made as necessary. Pain management measures include both prescribed and PRN medications and alternative measures include heat packs, massage, bower therapy and exercise programs. Residents reported they are free of pain, or as free as possible from pain, and that staff members assist promptly 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

Jim Holm Hostel has systems to ensure that the comfort and dignity of terminally ill residents is maintained. Staff attempt to meet residents’ specific wishes and their spiritual, cultural and emotional needs in relation to palliative care. A palliative care box is kept on the site and is stocked with a range of items that may contribute to the comfort of residents who are palliating. Staff use a range of interventions to provide care and to manage pain. Advice and assistance is available from the community palliative care services and registered nurses from the co-located home. Pastoral care is provided for residents and for their families on their request and every effort is made to make families feel welcome and comfortable. Advanced care directives are also developed when residents and representative agree.

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

The home has systems and processes to ensure residents receive adequate nourishment and hydration. Residents’ nutrition and hydration needs are fully assessed when they enter the home and are documented in their care plans. A dietician and speech pathologist are available for consultation if required. Residents are regularly weighed and variations monitored. Referrals are made to medical officers for investigation if required. Food supplements and weekly weight monitoring are implemented as necessary. Other strategies include attempts to limit meal-time wandering behaviour and the provision of finger food and other snacks in the dementia specific unit. Resident dietary preferences and allergies are identified and communicated to kitchen staff. The home provides assistance to residents, including the use of specialised cutlery, and caters for special diets, dietary preferences, and identified allergies. Residents are assisted as needed by staff with meals and drinks. Residents reported they are happy with the variety of food and drinks supplied.

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 their entry to the home and documented in their care plans. Residents are assisted as needed to manage their personal hygiene. Wound management is undertaken by care staff with assistance and advice available from registered nurses from the co-located home. Staff members receive ongoing training in skin care and the use of specialist products and equipment. Skin integrity is monitored through monthly incident analysis. Preventative measures include emollients, repositioning, limb protectors, and specialised equipment such as pressure relieving mattresses and woollen booties. The hairdresser and podiatrist visit regularly and residents have access to a physiotherapist and other external health professionals as necessary. Residents are satisfied with the attention given to their 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

Jim Holm Hostel has systems to monitor and manage residents’ bladder and bowel continence and constipation effectively. All residents have a continence risk assessment following their entry to the home and a reassessment when necessary. Continence is promoted through individualised toileting programs which may include prompting, scheduled toileting times, continence aids, high fibre diets and increased fluid intake. A continence advisor is available to provide advice and assistance with individualised toileting programs. Continence pad needs are reviewed and updated regularly. The home uses the support and educational resources provided by a product supplier. Adequate supplies of linen and continence aids in varying sizes are available for residents’ use. Residents and representatives stated that they are satisfied with the way in which residents’ continence needs are managed.

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 processes to assess and manage the needs of residents with challenging behaviours. The system includes initial and ongoing assessment, documentation of the frequency and nature of challenging behaviours, and the use and evaluation of individualised strategies for management. Expert advice is provided by a specialist mental health service. Residents are encouraged to participate in the home’s activities program. Staff have received education in the management of residents with challenging behaviours. Staff are familiar with a range of individualised and flexible strategies used to manage challenging behaviours such as massage, music therapy, diversion and exercise. Residents and representatives provided positive feedback about the management of residents’ challenging behaviours at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Jim Holm Hostel has systems to ensure that residents’ movement, mobility and dexterity are maintained at optimum levels. Assessments of mobility, dexterity and risk of falls are carried out on a resident’s entry to the home and repeated when necessary. Residents are assisted with individualised exercise programs. The physiotherapist, who attends the home each week, assesses each resident on entry and as necessary. Massage and bower therapy are included as part of the home’s programs to maximise residents’ mobility, dexterity and rehabilitation. Residents and representatives stated that they are happy with the home’s mobility program.

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

Jim Holm Hostel has systems to ensure that residents' dental care is maintained. On their entry to the home, a resident's oral and dental health as well as their ability to attend to their own oral and dental care is assessed. Care plans are then formulated and are regularly reviewed. Residents are encouraged to brush their own teeth or dentures to maintain their independence. The home has facilities to deliver dental care in the home and also arranges appointments for residents to attend a local dentist when needed. Residents and representatives stated that residents are able to access dental care and are satisfied with the oral care and support they receive.

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

Jim Holm Hostel has systems to identify and manage residents' visual, hearing and other sensory losses. On their entry to the home, residents' sensory status is assessed, care plans are formulated and these are then regularly reviewed. Residents have access to specialist services including speech therapy, audiometry and optometry. Care staff assist residents requiring help to clean and maintain hearing aids and spectacles. Activities include crafts which often incorporate tactile elements such as cooking. Residents stated that they receive any assistance they require in relation to their sensory needs.

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 needs of residents to achieve natural sleep patterns, including any use of night sedation, are assessed on a resident's entry to the home and documented in their care plan. Individual sleep management strategies are developed depending on residents' needs and preferences. Residents' ongoing sleep patterns are monitored and strategies to address sleep disturbances are developed as necessary. Residents have their own rooms enabling choice of retiring and waking time. If a resident has difficulty with sleeping, staff offer a variety of measures such as warm drinks and snacks, heat packs and emotional support. Residents reported their satisfaction with the way in which their sleeping patterns are 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

Refer to Expected Outcome 1.1 for an overview of the home’s continuous improvement system.

Examples of recent improvement activities relevant to this Accreditation Standard include:

- Following feedback from a former resident’s family and external stakeholders, a new position of ‘admissions and discharges coordinator’ was created. This coordinator has acted to improve the quality of the relationship and information exchange with new residents, their representatives and hospital discharge planners. As such, management stated that it has resulted in better placement decisions being made and more informed residents and representatives.
- A ‘meet and greet’ morning tea was held to ensure that all residents and their relatives were familiar with the home’s management team. This was followed by an invitation encouraging residents and their representatives to attend a family care conference at a mutually convenient time. Management reported that this process has provided “a platform for developing more positive and transparent relationships” with residents and representatives.
- To improve relatives’ knowledge of the activities in which residents have participated, the home purchased a digital photograph frame which runs a series of pictures featuring different residents during various events and activities. Staff stated that this photograph frame is also a source of enjoyment for residents.
- New outdoor furniture was purchased to improve residents’ use and enjoyment of the garden areas. Management reported that residents are now able to enjoy barbeques and other outside activities in greater comfort. A new aviary has also been established outside the dementia specific unit to provide residents with an added area of interest.

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 does not meet this expected outcome

The home cannot show an effective system for ensuring compliance with relevant legislation and regulatory compliance requirements in relation to the recording of resident to resident assaults. Management and staff are not all aware of regulatory compliance requirements in relation to resident to resident assaults. Management does not ensure information about regulatory compliance regarding resident to resident assaults is effectively communicated to staff and cannot show how the home complies with regulatory requirements.

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 for an overview of the home's education and staff development processes.

Examples of recent education topics and staff development relevant to this Accreditation Standard are listed below:

- attendance at regional leisure and lifestyle staff meetings
- enrolment in certificate IV leisure and lifestyle qualification
- elder abuse awareness.

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

Staff at Jim Holm Hostel provide support to residents in adjusting to life in their new environment and on an ongoing basis. An admission officer meets with residents and representatives prior to their entry to the home. New residents are supported by staff through introduction to other residents and to the activities in the home. Clinical assessments and a social needs assessment identify any need for extra emotional support for individual residents. Staff monitor residents and ensure they receive individualised attention. Staff provide continuing support to residents by encouraging them to participate in life at the home whilst also respecting their independence. Residents and representatives reported that support is given to them by staff when they first arrive and that support is ongoing. Many residents and representatives made particular mention of the caring and supportive nature of the care that is provided.

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

Staff at Jim Holm Hostel actively work to assist residents to achieve independence. Residents are encouraged to maintain friendships and interests and to participate in community activities in accordance with their individual abilities and preferences. Residents' level of independence and need for assistance is assessed at the time of their entry to the home and is regularly reviewed. Residents are able to personalise their rooms and families are encouraged to visit. Residents commented that they maintain their friendships and community interests.

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 to ensure that each resident's privacy and dignity is respected and that their confidentiality is maintained. Strategies are in place to respect this. For example, continence aids are stored discretely in resident rooms and residents' records and personal information are generally stored securely, with access by authorised staff only. Staff are required to practice in a manner which ensures that residents' rights, privacy, confidentiality and dignity are maintained. Staff address residents in a courteous and polite manner, call residents by their preferred names, only enter residents' rooms with permission and ensure the privacy of residents who require assistance with toileting. All residents and representatives reported that staff treat them well and respect their privacy, dignity and confidentiality. Staff orientation includes discussion of the need for confidentiality and staff sign a confidentiality agreement when they commence their employment.

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 has processes to ensure that residents are encouraged and supported to participate in a range of activities of interest to them. On residents' entry to the home, a social history is obtained to identify their leisure interests and preferences and lifestyle plans based on this information are prepared in conjunction with residents. Lifestyle plans include consideration of group activities, family and friend involvement, spiritual and religious life, individual activities, emotional needs and cultural needs. The activities program includes a range of activities to meet differing leisure interests and backgrounds. In addition to activities offered by the home, residents are able to attend activities offered by the home's co-located nursing home. The home's activities programs are developed and reviewed in conjunction with residents. Residents stated that they are happy with the activities offered and representatives commented on how welcome they feel in the home.

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

Jim Holm Hostel has systems to meet the spiritual beliefs and interests of residents and to ensure that their cultural and ethnic backgrounds are valued and fostered. Each resident's cultural and spiritual preferences are obtained on their entry to the home through the social profile which is incorporated into lifestyle and clinical care planning. A non-denominational church service is conducted each week and all residents wishing to participate are encouraged and assisted to attend. The home has information and contact details for specific religious denominations and staff are able to arrange visits from these groups if requested. Cultural and theme days such as Anzac Day and international days are celebrated on a regular basis. Residents and representatives commented about the extensive work undertaken by staff to ensure that Christmas celebrations were memorable. Residents also

said that their cultural and spiritual needs are met, and expressed their appreciation for the spiritual support offered to them.

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 has processes to ensure that each resident is able to participate in choice and decision making about their care, lifestyle and environment. Residents are consulted regarding their preferences and care plans are developed that reflect these choices. Residents' wishes not to participate in activities are respected. Residents' suggestions are sought and discussed during resident meetings. Residents and representatives reported that staff discuss care delivery with them and that their wishes and choices are respected.

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 residents and representatives of Jim Holm Hostel are provided with information outlining resident rights, responsibilities and security of tenure before any resident's entry to the home. This includes a resident information package, handbook and residential agreement as well as verbal discussion with the home's admissions coordinator. Topics covered include the services provided by the home, payable fees, cooling-off periods, conditions of occupancy and other resident rights and responsibilities. The charter of residents' rights and responsibilities is also displayed in the home and included in the resident handbook and agreement. Residents and representatives reported a general awareness of resident rights and responsibilities, including matters relating to security of tenure.

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 for an overview of the home’s continuous improvement system.

Examples of recent improvement activities relevant to this Accreditation Standard include:

- New floral chairs for resident sitting areas, new curtains for the main entrance and new floor coverings for the dining room have been purchased to enhance residents’ comfort and improve the home’s appearance.
- A new combination oven-steamer was purchased in mid 2011. In comparison to the previous oven, this appliance cooks faster, has more cooking options, is self-cleaning and retains more moisture in cooked foods. Catering staff and management reported that the new oven is working very well and has resulted in more flavoursome and nutritious resident meals.
- A review of incidents identified a need to enhance the skills of staff in relation to incident and injury management. In response, a compulsory incident and injury management session was held for staff in December 2011. Major topics covered were first line responses to incidents, ongoing management of residents following an incident, and head injury management. Management reported that the ability of staff to manage incidents and injuries has significantly improved since the training.
- A review of the home’s fire and emergency systems was conducted during the latter part of 2011. This included updating fire and emergency policies, manuals and procedures and a review of staffing levels to ensure sufficient staff numbers are available to manage any emergency situations. The general manager is also currently working with the local council, area health service and other residential aged care providers to develop a more comprehensive emergency evacuation plan.
- Due to a number of snake sightings, a ‘snake sighting procedure’ was developed and distributed to staff, residents and representatives. Management stated this has provided staff with greater confidence about what should be done in the event of a snake sighting.

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 Expected Outcome 1.2 for an overview of the home’s regulatory compliance system.

Current examples of regulatory compliance relevant to this Accreditation Standard are listed below:

- There is a food safety program.

- There are processes to ensure compliance with fire safety regulations.
- The home monitors and maintains occupational health and safety (OH&S) guidelines and procedures in line with regulatory requirements.
- Material safety data sheet information is maintained and chemicals stored in accordance with guidelines.

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 for an overview of the home's education and staff development processes.

Examples of recent education topics and staff development relevant to this Accreditation Standard are listed below:

- incident and injury management
- enrolment in a chef apprenticeship program
- fire safety and awareness
- occupational health and safety
- manual handling.

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 residents of Jim Holm Hostel are accommodated in single rooms with ensuite bathrooms and have the opportunity to personalise their rooms. The home's living environment is clean, well furnished, well lit and has a heating/cooling system to maintain a comfortable temperature. Call bells are installed in all resident rooms and room and bed sensors are also available for resident safety. The building and grounds are well maintained with a program of preventative routine maintenance. The safety and comfort of the living environment is monitored through audits, incident/accident and hazard reports and through feedback from staff, residents and representatives. Management is actively working to provide a safe and comfortable environment consistent with the residents' care needs. Residents and representatives expressed their satisfaction with the home's internal and external environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The management of Jim Holm Hostel has a system to provide a safe working environment that meets regulatory requirements. The home has occupational health and safety (OH&S) policies and procedures detailing safe work practices and an OH&S committee with trained representatives who have regular meetings to oversee OH&S issues within the home. Staff are trained in manual handling, OH&S, fire awareness and evacuation procedures during their orientation and on an ongoing basis. Manual handling and personal protective equipment is readily available for staff use. The working environment is monitored through regular audits, risk and hazard assessments, incident and accident reporting, and through daily observation. Staff have an understanding of safe work practices and stated that the home's management is proactive in providing a safe environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Jim Holm Hostel has a system designed to provide an environment and work practices that minimise fire, security and emergency risks. Fire and safety equipment is checked annually by registered fire safety professionals and there are twice yearly fire safety training sessions for all staff which include mock resident evacuations. Emergency flipcharts and evacuation plans are displayed throughout the home and a current resident list and evacuation pack is maintained in case of evacuation. Security measures in operation include sign in/out procedures, call bells, door alarms, out of hours lock up procedures, security lighting and camera surveillance. Staff demonstrated a sound understanding of what to do in the event of an emergency. All residents 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

Jim Holm Hostel has procedures, practices and equipment available to monitor, identify and control infection. These include a food safety plan, hand-washing facilities throughout the home, ample supplies of personal protective equipment such as disposable gloves, and pest control and waste management practices. Hepatitis B vaccinations are offered to all staff when they commence employment at the home and influenza vaccinations are offered to residents and staff annually. The home monitors infections and the environment through clinical indicators, audits and observations. Staff indicated that personal protective equipment is readily available and they understood the infection control practices to be used in care, cleaning, laundry and catering tasks. Residents and representatives stated they are satisfied with the hygiene practices of staff and with the overall cleanliness of the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Jim Holm Hostel has systems and processes to provide and monitor the quality of catering, cleaning and laundry services for residents and a safe work environment for hospitality staff. All residents are assessed for their dietary preferences and needs when they move into the home and this information is reviewed on an ongoing basis. Meals are cooked on site each day. There is a four week rotating menu that has input from a dietician and which caters for residents' special dietary requirements. Catering staff are responsive to the changing needs and preferences of residents. Cleaning services are provided by the home's staff in accordance with scheduled routines and duty lists and are monitored on a regular basis. Residents' personal clothing and linen is laundered at the home and clothing is labelled to minimise any losses. Hospitality services are monitored through audits, meetings and through informal feedback from residents and representatives. Residents and representatives reported satisfaction with the hospitality services provided at the home.