



Aged Care
Standards and Accreditation Agency Ltd

Kressville Lodge Hostel

RACS ID 0373

549-551 Freemans Drive
COORANBONG NSW 2265

Approved provider: Seventh-day Adventist Aged Care (North New South Wales) 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 20 July 2015.

We made our decision on 6 June 2012.

The audit was conducted on 1 May 2012 to 3 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

Kressville Lodge Hostel 0373

Approved provider: Seventh-day Adventist Aged Care (North New South Wales) Ltd

Introduction

This is the report of a re-accreditation audit from 1 May 2012 to 3 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 1 May 2012 to 3 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:	Dianne Gibson
Team member/s:	Kristine Hodyl

Approved provider details

Approved provider:	Seventh-day Adventist Aged Care (North New South Wales) Ltd
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Details of home

Name of home:	Kressville Lodge Hostel
RACS ID:	0373

Total number of allocated places:	40
Number of residents during audit:	37
Number of high care residents during audit:	22
Special needs catered for:	n/a

Street/PO Box:	549-551 Freemans Drive	State:	NSW
City/Town:	COORANBONG	Postcode:	2265
Phone number:	02 4977 0139	Facsimile:	02 4977 0129
E-mail address:	arv@aacnsw.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	11
Quality systems manager	1	Catering manager	1
Registered nurses	1	Volunteers	4
Physiotherapist	1	Diversional therapist coordinator	1
Care staff	3	Recreational activities officers	2
Purchasing officer	1	Cleaning/laundry staff	3
Catering staff	2	Maintenance staff	1
Chaplain	1	Physiotherapy aide	1
Team leader	1		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	6
Leisure and lifestyle profiles and care plans	5	Personnel files	6
Resident agreements	10		

Other documents reviewed

The team also reviewed:

- Catering documentation including cleaning schedules, temperature records, roster, ordering list, food safety plan, menu, resident preference sheets, diary, manual, Food Authority licence, special meal requests
- Clinical documentation including clinical reviews, handover and exception reports, clinical indicator reports, accident and incident reports, care documentation including advanced care directives; bowel charts; observation records; pain management folder; physiotherapy care plans; 'resident of the day' folder, and wound care plan folder
- Complaints
- Continuous improvement documentation including log, feedback forms, plan, audit schedule and audits
- Contractors hand book
- Education documentation including attendance records, plans, schedule, fire officer qualifications, mandatory training, competency tests
- Fire safety and emergency planning documentation including annual fire statement, internal monthly service checks, monthly service records, service sheets weekly and monthly, fire service folder, resident evacuation sheets, evacuation procedures, site location sheets

- Human resources documentation including recruitment, job descriptions, nurses registrations, police check register for staff, for volunteers and for contractors, staff orientation package, staff handbook, rosters
- Infection control documentation including outbreak management folder and instructions, infection surveillance data, pest control reports, maintenance request for storage for pain heat packs, medication fridge records
- Leisure and lifestyle documentation including resident assessment tool, profiles, care plans, evaluations, program schedules, program information and guidelines, walking program folder, visits to local school folder and photos
- Maintenance documentation including requests, monthly reports, preventative schedules, lift registration, worksheets, equipment records
- Mandatory reporting register
- Meeting minutes
- Newsletters, memorandums, handover reports
- Policies and procedures
- Residents' information package and surveys
- Workplace health and safety system including environmental audits, incident/accident logs, hazard reports, electrical tagging and material safety data sheets

Observations

The team observed the following:

- Activities in progress
- Complaints, feedback and resident rights posters and pamphlets in foyer
- Doctors' and podiatrist clinics in progress
- Equipment and supply storage areas including medications
- Fire fighting equipment, exits, fire panel, emergency resident identification grab bag
- Hand washing stations, wall mounted hand antiseptic dispensers, protective personal equipment in use and available, colour coded cleaning equipment
- Interactions between staff and residents
- Living environment
- Medication round and storage
- Material data safety sheets
- Mission, values and philosophy on display
- New hairdressers room
- Noticeboards for residents and for staff including notification of re-accreditation
- Security arrangements
- Workplace health and safety equipment including lifters, belts, warning signs during cleaning, personal protective equipment, material safety data sheets

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 across the four Accreditation Standards through improvement plans and logs, audits, surveys, meetings, comments and complaints, feedback logs, hazard and risk assessments, staff education and accident/incident reporting. The audit system is under review and benchmarking has been added recently. Staff could identify some of the above systems for continuous improvement and sometimes make suggestions for improvement. Residents/representatives stated they have input into the improvements and are aware of improvements being made. Recent improvements relating to Accreditation Standard One include:

- As a result of increasing resident acuity the home has restructured staffing to introduce endorsed enrolled nurses as team leaders. This brings a higher level of clinical judgement and more detailed handover information which results in improved resident monitoring, treatment and care.
- To improve information management a more detailed handover sheet has been introduced. It includes resident diagnoses, manual handling requirements, activities of daily living and exceptions. It also has linen change and fridge clean days and is highlighted during aged care assessment funding (ACFI) processing. This has resulted in more guidance for staff to provide the most appropriate care and assistance.

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

Kressville Lodge Hostel has systems and processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home is a member of an industry peak body which, with the home's head office, provides ongoing information about industry issues and regulatory changes. Additionally, the home receives circulars from the Department of Health and Ageing, the Aged Care Standards and Accreditation Agency and other related government and non-government agencies. The quality systems manager and facility manager receive this information and communicate it to staff through memos, staff meetings and training sessions where necessary. Policy review and development occurs routinely and as required. Examples of compliance with regulatory requirements specific to Standard One include:

- The home has systems for collecting and monitoring police checks and statutory declarations for staff, volunteers and contractors.
- A mandatory reporting and missing person's register is maintained and education on both is provided to staff.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has systems to ensure management and staff have appropriate knowledge and skills to perform their roles. Training needs are scheduled into a calendar from compulsory items first then from staff requests, staff appraisals and residents' care needs. Staff are supported in attending internal and external programs which cover all areas of the four Accreditation Standards and include self directed learning packages. Suppliers of resources such as continence aids and chemicals provide specific education to staff. An orientation program is provided to all staff on employment and includes fire, manual handling and mandatory reporting which are compulsory. Training attendance and competency records are kept and residents stated staff provide appropriate care for their needs. Recent examples of Standard One Management systems, staffing and organisational development education include:

- Electronic systems training
- Documentation management
- Orientation
- Making the most of complaints
- Team coordination
- New rules for accommodation bonds.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives and other stakeholders have access to internal and external avenues of comment and complaint. The home's process is to log comments and complaints in the feedback register and action them. Residents/representatives have access to the managers at all times and some make complaints verbally. Information about comments and complaints mechanisms is included in the resident handbook provided to residents/representatives at the time of entry to the home. Resident/representative meetings are held regularly and with resident surveys provide alternative avenues for complaints. Many residents/representatives stated management is approachable and act on issues brought forward.

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

Kressville Lodge Hostel has documented its vision, values, philosophy, objectives and commitment to quality and it is displayed in the facility. The home's commitment to quality is evident through its policies, procedures and other documents that guide the practices of management and staff. Management review the home's vision, values, philosophy, objectives and commitment to quality. Management meet at an organisational level for planning and leadership support. Residents/representatives expressed confidence in the leadership of the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has human resources systems including recruitment, minimum qualification levels, staff rosters, orientation, position descriptions, training, performance appraisals and occupational health and safety. Unplanned absences can usually be covered by staff from the nearby nursing home or by agency staff. There is a planned system of access to registered nurses from the nearby nursing home in the evening and weekends. Residents/representatives are satisfied with the level and competency of staff and their ability to meet residents' care and service needs. Staffing levels and rostering is set and monitored to meet the demands of residents, taking into consideration regulatory requirements, occupancy levels, resident needs, and the changing environment in which the home operates.

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

There is a comprehensive system to manage corrective and preventive maintenance in the home to ensure all equipment is regularly checked and serviced. The home has procedures for trialling, purchasing and replacing necessary equipment for use in various functional areas. Staff receive education in the use of new equipment. Storerooms and functional areas such as staff rooms, clinical areas and the kitchen are adequately equipped, stocked and maintained. Staff stated there were sufficient supplies of equipment and consumable products for them to perform their job roles effectively. Residents/representatives reported there is sufficient and appropriately maintained equipment and stocks of goods.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective information management systems for the creation, storage, archive and disposal of documentation. There is information to help staff perform their roles in relation to management systems, health and personal care, resident lifestyle and the maintenance of a safe environment. Residents/representatives have access to information appropriate to their needs to assist them make decisions about residents' care and lifestyle. The home has many noticeboards for daily activities, newsletters and other information. Residents/representatives stated the home keeps them informed on a regular basis through phone calls and when visiting, when an incident occurs, or if there is a change in residents' care needs. Information is stored appropriately for its purpose. Staff sign a privacy statement to ensure the confidentiality of resident information and confidential material is stored securely. The organisation has electronic systems which include a clinical system, internet communication, financial and human resource information.

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

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. Some external suppliers have service agreements which are negotiated by the organisation. Management and residents expressed their satisfaction with the products and services currently supplied to the home from external sources. Suppliers of external professional services have their registration and police check on file with their agreements or other documentation. A regular review of suppliers is undertaken to ensure the products/services and procedures are appropriate, efficient and continue to meet the home's needs and service quality goals.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's ongoing commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard Two: Health and personal care. Management demonstrated results showing improvements in health and personal care and their responsiveness to the needs of residents, representatives and stakeholders. Some results achieved relating to Accreditation Standard Two include:

- As a result of increased resident needs the home has purchased a stand up lifter to assist residents enter and exit beds more easily. Residents have to be able to bear their own weight to use the new lifter which provides a higher degree of protection, dignity and comfort than the mechanical lifter. Residents expressed satisfaction with this new equipment.
- Pain assessment has been introduced to the 'resident of the day' review and care process. Previously it was done on entry and annually but the home recognised it is now required more frequently. Residents' doctors review these assessments and can adapt treatment as needed. The home has also purchased a large number of heat packs for use in the pain management program which is integrated with the lifestyle program.
- As a result of resident suggestions the home has implemented a walking program to enable residents to get outside the home for fresh air, sunshine, staying in touch with the community and to maintain and improve mobility. All residents' walking ability has been assessed and they either make a request or staff offer them the opportunity for tailored walks and these are scheduled. Volunteers assist with the program and it provides one to one attention and stimulation as well. The physiotherapist is evaluating each resident's improvement in walking ability and residents have given positive anecdotal feedback on their satisfaction with this initiative.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home's ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards, including Accreditation Standard Two: Health and personal care. The home receives and disseminates regulatory information in relation to expected outcomes under Standard Two. Policies and procedures related to health and personal care reflect regulatory requirements. Staff practices relating to health and personal care are monitored to ensure they comply with the policies and procedures. Examples of regulatory compliance related to this Standard include:

- The home monitors the annual registration of registered nurses and a physiotherapist employed by the home and supports their requirements for education and training to maintain their registration. It also monitors registrations for all allied health professionals including doctors, podiatrists and others.

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 provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Some examples include:

- Palliative care guides for pain management
- Pharmacology in palliative care
- Certificate IV in Aged care
- Vision impaired residents
- Urinary incontinence
- Medication management
- Promoting high touch nursing elderly people
- Behaviour management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Kressville Lodge Hostel has a system to assess, implement and review individual resident care needs to ensure residents receive appropriate clinical care. Residents’ clinical care needs are initially assessed by registered and enrolled nurses using a suite of assessment tools. Individual care plans are then developed in consultation with residents, representatives, care staff, medical and allied health professionals. Case conferences are offered to residents/representatives during a resident’s entry period and annually thereafter. There is a monthly ‘resident of the day’ process to monitor residents’ clinical indicators including weight, vital signs and urinalysis. Care plans are reviewed every three months or whenever there is a significant change in a resident’s care needs. Any adverse changes in a resident’s condition or care needs are reported to doctors or other health services as required. Clinical practice is monitored through regular auditing, the collation, analysis and review of incidents and infections, supervision of staff practices and resident/representative surveys. Residents/representatives are very satisfied with the clinical care provided by staff at the home.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The specialised nursing care needs of residents at Kressville Lodge Hostel are assessed, implemented and reviewed by appropriately qualified staff. Staff at the home currently provide specialised nursing care for residents requiring pain management, wound care, anticoagulant therapy, oxygen therapy and non-insulin dependent diabetes management. A registered nurse is on site each day until late afternoon, after which time a registered nurse is available on an ‘on call’ basis. Residents at the home are referred to general practitioners and specialist medical officers and the local aged services emergency team (ASET) also provides advice in relation to residents’ nursing care needs. Additional training in specialised nursing care is provided for staff in response to changing resident needs. Residents/representatives expressed confidence in the ability of staff to appropriately manage 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

Kressville Lodge Hostel has processes for the referral of residents to appropriate health specialists in accordance with their needs and preferences. Residents have access to an on-site physiotherapist and social worker. Visiting health specialists to the home include podiatrist, dietician, speech pathologist and pathology services. External specialists to whom residents are referred include psycho-geriatricians, surgeons, oncologists and dental services. Resident appointments are diarised and residents are assisted to attend appointments. Communication from allied health professionals is documented in progress notes and specific instructions are included in individual resident care plans. Residents/representatives are satisfied residents have access to other health and related services as required.

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

Kressville Lodge Hostel has processes to ensure residents’ medication is stored, administered and disposed of in an appropriate and safe manner. Trained staff administer residents’ medications using a pre-packed medication system or directly from the medication containers for medications which cannot be pre-packaged. Residents are assessed for their ability to self medicate and this information is reviewed by residents’ doctors. Medication orders are reviewed three-monthly or as required by doctors; an accredited pharmacist is also engaged to conduct medication reviews. Practices are monitored through medication audits, reporting and analysis of medication incidents and review of medication charts. Staff demonstrated a sound understanding of medication administration practices and of their associated responsibilities. Residents/representatives are satisfied residents’ medication is managed safely and correctly.

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

Staff at Kressville Lodge Hostel use a range of pain management practices which assist residents to be as free as possible from pain. Pain assessment takes into consideration verbal and non verbal cues to identify pain and intensity levels. Residents who experience ongoing pain have access to an on-site pain clinic and are referred to allied health specialists and medical professionals as required to promote optimal pain management. In addition to prescribed pain medication, the home’s staff provide non-chemical therapies to assist with pain including pressure relieving equipment, heat packs, massage, transcutaneous electrical nerve stimulation (TENS) therapy and physiotherapist designed gentle exercise programs as appropriate. Staff demonstrated a sound understanding of chemical and non-chemical pain management practices and residents and representatives stated residents’ pain is managed well.

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

Kressville Lodge Hostel has processes to ensure the comfort and dignity of any residents who require palliative care. These include the identification of residents’ advance care directives and their preferences in relation to pain management, care needs and spiritual practices. Emotional support for residents receiving palliative care is available from the home’s chaplain and social worker. The home has policies and procedures to support staff in the provision of palliative care and staff can access specialist advice from the local aged services emergency team (ASET). Staff described ways they can provide care for terminally ill residents through supporting the residents’ physical and emotional care needs. Residents/representatives are satisfied with the flexibility of the home’s staff in meeting resident needs and said they are regularly consulted to ensure residents’ needs are met.

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 processes for the assessment of residents’ nutrition and hydration requirements on entry to the home, including the identification of preferences, allergies and any cultural and spiritual needs. A care plan is developed and residents’ dietary needs are communicated to catering staff. Provision is made for residents who require special diets, nutritional supplements, pureed meals, thickened fluids and dietary assistive devices. Fluids are provided to residents at regular intervals to ensure their hydration is maintained and fresh fruit is readily available for residents on a daily basis. The home monitors resident nutritional status through the regular recording of residents’ weights. Residents with swallowing difficulties are referred to a speech pathologist for review as required. The home’s menu is reviewed by a dietician and feedback invited from residents. Residents/representatives are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Kressville Lodge Hostel has systems to maintain residents’ skin integrity and to manage any wound care needs. Skin care needs are assessed on a resident’s arrival at the home and reviewed at regular intervals. Planned skin care strategies and preventative measures are documented in progress notes and care is evaluated in consultation with the resident, their medical practitioner and other health professionals as appropriate. Any skin tears or wounds are assessed and treated promptly and are regularly monitored by a registered nurse or team leader. Staff have access to ready supplies of wound dressings and skin management treatments, pressure relieving cushions and mattresses, limb protectors and equipment to assist with residents’ safe manual handling. Residents/representatives are satisfied with the management of resident skin care, including the use of moisturiser and the implementation of preferred daily hygiene care routines.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Residents’ bladder and bowel continence is managed through appropriate assessment, care planning and the regular monitoring and review of individual continence management patterns. Continence is promoted through resident toileting programs which may include prompting; scheduled toileting times; high fibre foods such as prunes; increased fluid intake, and exercise programs. Continence aids and aperients medication are used as appropriate. Staff demonstrated a sound knowledge of residents’ continence management needs and specific care requirements. Residents/representatives are satisfied with the care and support provided to manage and support 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

Kressville Lodge Hostel has processes to support the needs of residents with challenging behaviours, including referrals to specialist services such as geriatricians and psycho-geriatricians. Resident behavioural management needs are assessed on entry to the home and are regularly reviewed. The home uses individualised and flexible strategies to manage the causes which prompt challenging behaviours, including residents being encouraged to undertake appropriate diversional activities. No physical restraints are used at the home and staff are knowledgeable about individual strategies used to redirect and divert residents with challenging behaviours. Residents/representatives are satisfied with the home’s approach to managing residents’ challenging behaviours.

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

Residents at Kressville Lodge Hostel are supported to achieve optimum levels of mobility and dexterity. An on-staff physiotherapist completes assessments and physiotherapy care plans for all residents and also develops individual exercise programs for residents. Falls prevention strategies used for residents include reviews by the physiotherapist, sensors to monitor residents' movements and the use of hip and limb protectors. A range of equipment is available to maximise resident mobility and dexterity including mobility aids, modified cutlery, exercise equipment and equipment for transfers such as lifters and wheelchairs. Residents/representatives expressed satisfaction with the support provided for residents to maintain their mobility and dexterity levels.

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

Kressville Lodge Hostel has processes to optimise the oral and dental health of its residents. Assessments and reviews of residents' oral and dental health include consideration of their ability to attend to their own oral and dental care and use of dentures. Care strategies are then developed and updated as required. Referrals are made when dental care is required and the home's staff can provide residents with assistance to make and attend appointments. Residents can also be referred to an external speech pathologist who conducts assessments and provides recommendations for care. Residents/representatives are satisfied with the oral and dental care provided to residents.

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

Kressville Lodge Hostel has systems to identify and manage residents' visual, hearing and other sensory losses. Residents' sensory deficits are assessed on entry to the home and the level of assistance required by the resident, as well as the management of relevant aids such as glasses and hearing aids, is included in their care plans. Residents have access to external specialists including optometrist, audiologist and speech pathologist services. Sensory loss interventions for residents include the provision of magnifying aids, large print and talking books, foot spa treatments and massages. The home's physical environment includes safe walking areas and good lighting. Residents/representatives are satisfied with the care provided by staff in relation to residents' sensory loss 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

Staff at Kressville Lodge Hostel assist residents to achieve natural sleep patterns through the assessment of residents’ sleep patterns, associated care planning and the availability of staff support at night. Residents have access to call bells in their rooms to request staff assistance at night as required. Sensors can also be applied to resident beds to monitor residents’ movements at night. Pharmacological and non-pharmacological strategies are used to induce and maintain residents’ sleep. Non-pharmacological strategies include providing warm drinks, heat packs, night lights, repositioning and through conducting day-time activities for residents in areas with access to natural light such as verandas and the garden. Residents reported they generally sleep well.

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

Kressville Lodge Hostel demonstrated commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement which operates across the four Accreditation Standards, including Accreditation Standard Three: Resident lifestyle. Management demonstrated results showing improvements in resident lifestyle and their responsiveness to the needs of residents/representatives and stakeholders. Recent results achieved include:

- As a result of staff suggestions about an increase in residents’ challenging behaviours, the home has introduced new therapy aids for residents with dementia. One rummage box has nuts, bolts and screws for a resident with a mechanical background. One box has a calculator, a Rubik’s cube and paper, pencil and maths sheets for a resident who was an accountant. Both were observed engrossed in using these resources. Other resources include a life-like mechanical cat and bird which both blink and move when residents pat them. These resources are used as therapy aids rather than being toys and are bought out and put away for specific residents at specific times to provide appropriate therapy as required.
- The home has integrated leisure and lifestyle activities into their walking, mobility and pain management programs to improve residents’ participation rates and continuity of attendance. Residents were observed doing flower arrangements while pedalling with soft music playing in the background. Other residents were observed receiving massages and heat packs applications while listening to a reading or answering quiz questions. Residents indicated they enjoy the interaction with staff and with other residents during these sessions.
- As a result of a volunteer’s interest in model trains the home has provided resources and support for the volunteer to coordinate a group of male residents to build a train set and associated scenery over a period of months. The men continue to attend this activity and express their enjoyment in building and creating mechanical and landscape items for the set and watching it in action.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards, including Accreditation Standard Three: Resident Lifestyle. Examples of regulatory compliance related to Standard Three include:

- All residents/representatives are provided with a resident agreement in line with government requirements, which they can choose to sign.

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 provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Some examples include:

- Namaste (relaxation and meditation)
- Coaching families living with dementia
- Cornell depression scale
- Barista training for operating the coffee machine
- Operation of wheelchair loader and loading passengers

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

Each resident receives support in adjusting to life in the new environment and then on an ongoing basis. This includes gathering relevant information on the resident's likes and dislikes, life history and spirituality. Residents are provided with an orientation to the home, its environment and introduced to other residents and key staff. Activity staff ensure residents are welcomed, introduced to the activity program and provided with one-on-one support as required. A qualified social worker and chaplain are employed by the organisation to provide emotional support as required. Volunteers also provide residents with ongoing support and visits. Residents were observed in a number of settings enjoying each other's company. Residents said that staff and volunteers provide very good emotional support and help to provide a home like environment.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home encourages residents to be as independent as they are able to be, to maintain friendships and to participate in life both within and outside of the home. Residents report a high level of satisfaction with the opportunities available to them to participate in the life of the community. Residents advised they are encouraged to entertain their visitors at the home. Regular resident meetings are conducted where residents/representatives can express their views. Staff facilitate resident participation in the life of the community, for example, through walks to the local shops and visits to the local school for concerts. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's right to privacy and dignity through the identification of residents' care needs, care planning and staff practices. For example, each resident's preferred name is identified on their entry to the home and included in the resident's care plan. The provision of single rooms with en-suites for all residents enhances their privacy. Staff described strategies for maintaining respect for residents' privacy and dignity including closing doors when providing treatments in residents' rooms. All staff complete a confidentiality agreement and have an awareness of the need to maintain the confidentiality of resident information. Residents/representatives expressed satisfaction with the way staff respect and maintain residents' privacy, dignity and confidentiality.

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 entry to the home a leisure and lifestyle needs assessment, profile and care plan is completed for individual residents in consultation with their family. The lifestyle program is tailored to residents' needs for activities in groups and one to one sessions which are often integrated with other therapy programs. For example, a walking program and a pain program are integrated with socialising, games and music. The lifestyle program also includes bus trips, shopping trips, exercises, movies and entertainment. There are activities specific to the needs of residents with challenging behaviours, sensory loss and limited mobility. Monitoring includes individual resident's activity attendance, resident feedback and staff observations. Residents/representatives indicate residents are encouraged and supported to participate in activities of interest to them and are satisfied with the range of activities provided.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' cultural and spiritual needs are fostered through the identification and communication of residents' individual language, customs, religions and ethnic backgrounds during the home's assessment processes. The majority of residents come from an Anglo-Australian background. The home recognises and celebrates culturally specific days consistent with the majority of residents residing in the home. The organisation has specific links with the Seventh Day Adventist parish community which manages the home. The chaplain visits often and services are run by residents and ministers in the in-house chapel. Residents generally reported their cultural and spiritual needs are being met.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents/representatives are enabled and supported to participate in decisions about the care and services provided. Staff and management at the home keep the residents/representatives informed of choices available to them. Residents/representatives are advised of their rights through the information provided in the resident agreement and the resident handbook. Mechanisms are available to enable residents/representatives to have input into the care and services provided, including resident/relative meetings, family case conferences, surveys, comments and complaints mechanisms and management's 'open door' policy. Examples of residents' choices for care and services include choice of participation in activities, of medical officer, of personal items in rooms and of timing of personal care. Residents/representatives stated there are processes to support them to exercise choice and control over the care and services provided within the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has policies and procedures to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. A resident agreement is offered to all residents at the time of their entry to the home to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities and their security of tenure, a 'cooling off' period, prudential provisions, levels of care provision and processes regarding termination of the agreement. The agreement has recently been reviewed and updated. Residents/representatives are aware of their rights and responsibilities and feel secure in their 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

The home’s commitment to continuous improvement outlined under expected outcome 1.1 Continuous improvement operates across the four Accreditation Standards, including Accreditation Standard Four: Physical environment and safe systems. Management demonstrated results that show improvements in physical environment and safe systems and their responsiveness to the needs of residents/representatives and stakeholders. Some results achieved include:

- As a result of the increasing acuity of residents, the home has purchased seven more electric beds and pressure relieving mattresses. The ability to raise the head of the bed makes breathing easier for residents and the beds can be adjusted for pain management. Staff have also increased security to protect wanderers by locking the end of corridor doors. These are now part of the fire system and will open automatically on the activation of the fire alarm.
- As a result of resident complaints, the home has purchased thermal bowls and lids to retain food temperatures while meals are served to residents. The home has also instigated a table rotation system to begin serving meals so that all residents get the opportunity to be the first to receive their meal. There has been a reduction in complaints since these improvements have been in place.
- As a strategy for improving infection control, the home added soap, glove and paper towel dispensers to all residents’ rooms which greatly increases the number of hand washing stations available to staff. Extra wall mounted antiseptic foam dispensers have also been added to strategic positions throughout the home. Infection statistics are being monitored to identify any changes in infection rates.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2, encompass all four Accreditation Standards, including this Standard. Examples of regulatory compliance related to Standard Four include:

- A current annual fire statement is posted at the home.
- A current annual NSW Food Authority licence is posted at the home.
- Material safety data sheets are kept at point of use.

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 provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Some examples include:

- Introduction to new chemicals
- Safe operation of a hedge trimmer
- How to prevent food poisoning
- Warden emergency coordination
- Sunflower code for infection control
- Risk management.

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 a safe and comfortable environment consistent with residents' care needs and expectations and residents/representatives stated they are happy with the quality of the living environment. Residents live in single en-suite rooms. All communal areas are comfortably furnished. These include resident dining, lounge and activities areas. A comfortable climate is maintained within the building. Large windows and doors provide residents with views of the external environment. The home has well maintained gardens and paved garden courtyard areas accessible to residents. The safety of the environment is underpinned by the identification of the residents' care needs on admission as well as monitoring their environmental needs on an ongoing basis. Environmental audits and the planned preventative and corrective maintenance systems ensure the grounds, building and equipment is well maintained

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. This is achieved through a program of staff awareness, incident/accident/hazard reporting, risk assessment and a functional workplace health and safety (WHS) committee. There is also a workers' compensation program which incorporates an injury management and staff return to work program. In addition, the home employs a number of preventative strategies including compulsory education, hazard management and the provision of suitable equipment such as electric lifters and fully adjustable beds. This

equipment assists staff with lifting and minimises bending. Staff have access to workplace safety training and to adequate supplies of equipment. Workplace safety inspections/ environmental audits are undertaken and remedial action is undertaken to rectify hazards or risks identified.

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

The environment and safe work practices at the home minimise fire, security and emergency risks. This is achieved through well publicised and clearly understood emergency and fire evacuation procedures, plus fire warning and fire fighting equipment. The performance of this equipment is regularly assessed against the relevant Australian Standard. Emergency exits are clearly marked and free from obstruction. Fire prevention measures include education, environmental safety inspections, safe storage of chemicals and electrical equipment checking and tagging. A sign in/sign out book is maintained for staff, visitors and contractors. Emergency numbers and phones system are available to staff to call for assistance. All residents have access to emergency buzzers in their rooms, bathrooms and communal areas. Residents/representatives and staff expressed satisfaction with the safety of the home and an understanding of their role in the event of an emergency

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection prevention and control program. The program incorporates an organisation-wide approach which includes the infection control surveillance and reporting system, a hazard risk management system and a waste management system. There is a food safety program in the kitchen. There are appropriate linen handling and sanitisation processes for laundry. Procedures for the management of outbreaks are in place. Preventative measures include an effective cleaning program, pest control services and a staff and resident vaccination/immunisation program. In addition, appropriate equipment, staff practices and workflows are minimising the risk of cross infection. Staff associated with the provision of care, catering and cleaning services demonstrated an awareness of infection control in their work areas.

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

Catering

Catering is provided by the kitchen in the nearby nursing home and delivered for each meal in hotboxes. The food safety plan and staff use hazard alert critical control point (HACCP) methods. Meals are prepared to a fresh cook formula on a four week seasonal rotating menu with a wide range of choice and variety. Resident preferences, food dislikes and allergies are

listed in the home's server and a system is in place for updating this information. Meals are provided to residents with special diets such as diabetic, gluten free, vegan, vegetarian and needs for texturing of meals and thickening of fluids. A dietician is available for consultation about the particular needs of residents and reviews the menu every six months. Residents have input into menus, their likes and dislikes are recorded and monitored on an ongoing basis through the resident feedback process. Residents/representatives said residents' likes and dislikes, special dietary needs and expectations in relation to the quality and quantity of meals are identified and met.

Cleaning

The living environment is clean and very well presented. The cleaning staff demonstrate a working knowledge of cleaning. Chemicals used in the home are securely stored and material safety data sheets are available and accessible. Colour coded cleaning equipment and personal protective equipment is in use in all areas and the cleaner's trolley and room are kept locked when unattended. Residents/representatives are happy with the high level of cleanliness throughout the home.

Laundry

The laundry service employs effective systems for the storage, identification, laundering and delivery of linen and residents' personal clothing. Residents/representatives are satisfied with the laundry services provided at the home and said their personal items are returned to them promptly and in good condition. Laundry staff are very knowledgeable about the system to reduce loss of personal clothing, manual handling practices to reduce and prevent injury and operating processes in accordance with the home's infection control policy.