



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Lyndoch Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Lyndoch Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Lyndoch Hostel is three years until 21 August 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Lyndoch Hostel		
RACS ID:	3347		
Number of beds:	113	Number of high care residents:	71
Special needs group catered for:	<ul style="list-style-type: none"> • Dementia 		
Street/PO Box:	Hopkins Road		
City:	WARRNAMBOO L	State:	VIC Postcode: 3280
Phone:	03 5561 9300	Facsimile:	03 5561 9398
Email address:	ceo@lyndoch.org.au		

Approved provider

Approved provider:	Lyndoch Warrnambool Inc
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Assessment team

Team leader:	Gerard Barry
Team member/s:	Carolyn Rogers
	Rhonda Whitehead
	Elaine O'Connor
Date/s of audit:	2 June 2009 to 4 June 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
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Agency findings
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Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Lyndoch Hostel
RACS ID	3347

Executive summary

This is the report of a site audit of Lyndoch Hostel 3347, Hopkins Road, WARRNAMBOOL VIC 3280 from 2 June 2009 to 4 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 12 June 2009.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Lyndoch Hostel.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 2 June 2009 to 4 June 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of four registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Gerard Barry
Team member/s:	Carolyn Rogers
	Rhonda Whitehead
	Elaine O'Connor

Approved provider details

Approved provider:	Lyndoch Warrnambool Inc
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Details of home

Name of home:	Lyndoch Hostel
RACS ID:	3347

Total number of allocated places:	113
Number of residents during site audit:	112
Number of high care residents during site audit:	71
Special needs catered for:	Dementia

Street/PO Box:	Hopkins Road	State:	VIC
City/Town:	WARRNAMBOOL	Postcode:	3280
Phone number:	03 5561 9300	Facsimile:	03 5561 9398
E-mail address:	ceo@lyndoch.org.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents/ representatives	26
Director of nursing	1	Volunteers	2
Director of business services	1	Laundry staff	2
Director of community services	1	Cleaning staff	1
Assistant director of nursing	1	Maintenance staff	1
Hotel services manager	1	Catering staff	3
Secretary to chief executive officer	1	Storeman	1
Quality manager	1	Statutory compliance officer	1
Registered nurses	10	Health information officer	1
Care staff	7	Infection control consultants	2
Admissions officer	1	Educator occupational health and safety	1
Infection control coordinator	1	Leisure and lifestyle	1
Diversional therapist	2		

Sampled documents

	Number		Number
Residents' files	17	Medication charts	20
Care plans	17	Personnel files	15
Resident agreements	12	Palliation files	2

Other documents reviewed

The team also reviewed:

- Activity calendars
- Activity records and participation records
- Advance care plans
- Alert signage (influenza)
- Analysis of complaints
- Audit schedule and results
- Audits for emotional support
- Blood glucose monitoring charts
- Bowel charts
- Care plan evaluation sheets
- Care worksheets
- Catering records and food safety program
- Certification as a registered food premise
- Clinical quality indicators
- Complaint feedback summaries
- Compliments/suggestion/complaints form
- Consent forms
- Continuous improvement forms
- Daily intake charts
- Dementia mapping summaries
- Education attendance records
- Education calendar
- Education evaluations
- Electronic care documentation
- Environmental audits
- Essential service records
- External audit of kitchen
- Falls risk assessments
- Fire emergency, sprinkler, evacuation log books
- Flowchart for unplanned weight loss
- Food review meeting minutes
- Hand washing competencies
- Hand washing posters
- Handover sheets
- Health professional referral form
- Hostel lifestyle and activity booklet
- Incident forms
- Interim care plans
- Job descriptions
- Lifestyle care plans
- Maintenance request books
- Preventive maintenance schedule
- Malnutrition assessment tool
- Material safety data sheets
- Medication advisory committee meeting minutes
- Medication audits
- Medication errors analysis report 2008
- Medication incident action process
- Menus
- Mini nutritional assessment tool
- Minutes of meetings
- Monthly infection data
- Non verbal pain charts
- Observation charts

- Orientation planner
- Pain management evaluations
- Physiotherapy care plans
- Podiatry appointment list
- Policies, procedures, work instructions
- Process reviews
- Quality plan
- Recruitment policies and procedures
- Registered nurse resource folder
- Resident consultation form
- Resident education program survey
- Resident identification charts
- Resident information booklet
- Residents education given
- Residents' information package and surveys
- Restraint consent forms
- Risk management plan
- Self administration of medication assessments
- Service records
- Specialised nursing care plans
- Spot checks
- Staff appraisals
- Staff care documentation competencies
- Staff handbook
- Staff medication competencies
- Staff newsletters
- Staff pack
- Staff rosters
- Strategic plan
- Tagging electrical
- Tagging fire equipment
- Temperature logs for water
- Terminal care wishes form
- Unit infection data and collection tool
- Verbal pain charts
- Weight charts
- Wound assessments
- Wound progress charts

Observations

The team observed the following:

- Activities in progress
- Activity equipment, storage rooms
- Activity office and boxes containing special visual items for the residents
- Antiseptic hand wash
- Bed alarms
- Chapel
- Cleaning in progress
- Duke of Edinburgh students
- Equipment and supply storage areas, chemical cage
- Exercise video game unit and theatre room
- Fish tank and fish in the activity room
- Football tipping displayed
- Hand washing being undertaken
- Infection control equipment-personal protective clothing
- Infectious waste bins

- Interactions between staff and residents
- Intranet
- Kitchenette white boards
- Kitchenettes throughout the home
- Laundries for residents use
- Linen storage bags
- Living environment, internal and external, courtyards, sitting rooms, staff rooms
- Medication administration
- Medication storage
- Mens' recreational room
- Menu on display
- Music therapist entertaining residents
- Notice boards with notices and residents work displayed
- Nurses workstation
- Resident meals areas and bedrooms
- Resident remembrance photo candle and flowers on display
- Residents interacting with pets
- Residents rooms and ensuites
- Residents' dental aids
- Room sensor alarms
- School children visiting
- Secure unit
- Sensor mats in use
- Sensory garden and courtyards with garden, chook pen and windmill
- Sharps containers
- Staff notice boards
- Staff practices
- Staff respecting privacy calling residents by preferred names, knocking on doors
- Staff wearing identification badges
- Storage of medications
- Storage of oxygen
- Storage of residents' files
- The home's pets
- Use of lifting equipment
- Waste disposal, walkways and corridors, utility rooms, store rooms
- Wound assessment charts
- Wound progress chart

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 recommendation

Does comply

Lyndoch Hostel has a quality system in place that monitors and improves processes to gain system improvement and better results for residents. Sources of information include: scheduled clinical audits and process reviews, staff committee and resident meetings, strategic issues, regulatory compliance, improvement logs, hazard analysis and feedback from the comments and complaints system. A committee oversees the system and authorises all procedures following staff review and feedback. Management expects that all staff employed at the home will actively participate in continuous improvement this is borne out by staff knowledge and the type and nature of continuous improvement forms generated. Recent improvements include:

- Purchased and implemented software to create standardised forms.
- A new system to alert staff to changes in legislation and to ensure that policies and procedures are reviewed and revised as needed has been developed.
- Purchased and introduced an electric risk management program to allow for analysis of incidents.
- The hostel has a one page internal newsletter published on the intranet that alerts staff to weekly events and changes in legislation/policies/procedures. To gain insight into how many staff were actually accessing this newsletter a program was added to count the number of hits the newsletter was achieving.
- A photocopy access code has been introduced to the corporate area to reduce wastage of paper, copier also set to automatically print double side.

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 recommendation

Does comply

The hostel receives updates on regulatory and legislative changes through an agreement with a commercial service enhanced by newsletters/journals from peak industry bodies, communiqués and despatches from government departments. Management informs staff of changes through memoranda, electronic mail, notices, staff meetings and where needed education sessions. Management monitors the industrial relations laws, meets the requirements of equal opportunity employment and discrimination, compulsory reporting of incidents and police checks. Management also makes sure that relevant policies and procedures are revised or updated and internal reviews and surveys are conducted to monitor the effectiveness of the system.

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 recommendation

Does comply

The home has a system in place to cater for the continuing professional development of staff. Internal and external education is identified and managed by the education officer and approved by departmental managers. An annual education calendar is developed that includes staff input through a training needs analysis and annual staff appraisals. Staff confirmed they are kept informed of training opportunities through the education calendar, fliers and departmental managers. Staff records confirmed that staff from all operational areas of the home attend mandatory training, with new staff going through an extensive orientation program. Education recently offered includes: teamwork and leadership skills, effective communication, accreditation roles and responsibilities, the new funding tool, computer training for reporting incidents and clinical care, mandatory reporting including elder abuse and the new requirements regarding missing residents

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 recommendation

Does comply

Lyndoch Hostel has a functional system in place for residents, representatives and other stakeholders to express any compliments, suggestions or complaints. Complaints can be received verbally, by letter, through the home's own complaint brochure or via telephonic or electronic mail. All complaints are registered, acknowledged, investigated and reported to the chief executive officer prior to a final report being issued to the initiator. The complaint system has pre-determined timelines for dealing with complaints and statistical analysis is conducted monthly to determine possible trends. The team observed the complaint system is being used by residents, representatives, staff and visitors. Residents and representatives told the team that any concerns they have are promptly addressed and they are kept informed of the process.

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 recommendation

Does comply

Lyndoch Hostel is a not for profit, community based home governed by a board of management sourced from local business leaders. The board has training and succession planning programs in place to ensure that board members have the appropriate skills and knowledge. Operational management of the hostel is delegated to a management team. There is a five year strategic plan in place with the quality, operational and departmental plans all aligned to that strategy. Vision/mission and organisational values are published in the annual report, the resident and staff handbooks and displayed in the hostel.

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 recommendation

Does comply

Staff are recruited to deliver care and services to the residents in a homely environment, by selective recruitment by the human resource department and department heads. Positions are advertised internally and externally, resumes are forwarded to the department heads for selection, then staff are short listed, interviewed, references and professional credentials checked prior to an offer of employment. There is a comprehensive orientation

program for new staff that includes an introduction to the hostel's quality system and continuous improvement ethos. Staff appraisals are done annually by heads of departments. Staff confirmed the orientation program, the team observed an all day orientation session for new employees was conducted during the audit. Residents and relatives told the team that staff attend to them in a timely manner

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has a well-defined purchasing system including an automated computer stocktaking/ordering system that allows for 'just in time' ordering of supplies. Deliveries are inspected upon arrival at the storeroom where everything is securely stored until requisitioned by departments. Plant and equipment is regularly serviced according to a preventive maintenance schedule, the maintenance department promptly takes corrective action on equipment breakdowns or rectifying hazards. Lifting and standing machines are available to staff when needed to assist residents. Residents and staff confirmed that there is never a shortage of materials.

1.8 Information systems

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

Team's recommendation

Does comply

Management ensures staff are kept informed of relevant information pertaining to the operation of the home and the care of the residents. Care plans are reviewed regularly and staff are generally able to detail how information is shared between different levels of care and hospitality services to provide a holistic result for the residents. Incident reports are managed in a priority risk assessment approach with appropriate interventions being detailed. Files are well maintained and stored or archived appropriately to maintain privacy and confidentiality. Residents have access to their files if requested.

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 recommendation

Does comply

Management uses needs analysis, audit results and surveys to determine what services are required. Contracts or supplier agreements are in place with all suppliers and there is an approved supplier list containing supplier contact information available to staff. Performance is monitored annually or more frequently if there are any concerns. The home has recently made changes to a supplier due to a number of complaints expressed by residents. Residents feel they are well served by what the home has in place.

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 recommendation

Does comply

Analysis of trend data for infection, incident rates and customer complaints is used to adjust processes for improved resident outcomes. Staff and the resident/relative meetings and case conferences also provide information for improvements. Actions are recorded and if appropriate, added to the homes' continuous improvement plan. Internal audits are conducted over the clinical care documentation and practices. Improvements include:

- The introduction of a 'drugs of dependence' cabinet since there is now continuous coverage provided by a registered nurse division one.
- With the assistance of the pharmaceutical supplier, all drug packs now have the resident's photograph to reduce medication errors.
- Introduction of a new database for the monitoring of: personal care workers medication competencies, yearly medication updates and incidents.
- Clinical audit tools have been reviewed to improve the information being collected to allow for better review of clinical practices and change procedures.

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 recommendation

Does comply

The home monitors any changes in legislation such as medication management and alerts the staff through meetings, email or memoranda. The use of medically endorsed registered nurses division two will be pursued to assist the residents and other nursing staff when it is strategically relevant. Drugs of dependence and other medications are properly stored and professional registrations are verified each year.

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 recommendation

Does comply

Two new staff have recently been appointed to the role of overseeing clinical care. Education of needs are monitored and observed by staff practices, area managers arrange training through the educator. Attendance records are maintained on a data base system, sessions are evaluated. Staff confirmed training offered to them and residents stated staff perform their duties promptly and safely and explain procedures. Recent education includes: palliative care, diabetes, wound management, complex wound dressings, dementia management, Alzheimer's disease and medication management.

2.4 Clinical care

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

Team's recommendation

Does comply

The home has processes in place to ensure that initial and ongoing assessments identify residents' care requirements, and individualised care plans are developed. The effectiveness of strategies and interventions are reviewed and evaluated on a two monthly basis or more regularly if indicated. Care requirements are communicated through staff handover. The team reviewed documents that reflect attention paid to residents' care needs and the degree of consultation between care staff, residents, medical officers and health specialists. An incident reporting system is in place for the reporting of residents' falls, skin tears, and behaviour. Clinical indicators are monitored and clinical link teams meet regularly and initiate improvement activities. Residents and representatives were complimentary about the level of care provided by staff

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 recommendation

Does comply

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officers or health professionals input when required. Clinical procedures and guidelines are available for registered nurses on a range of nursing care procedures. Care plans are developed to guide staff in the management of specialised nursing care including catheter care, and diabetes management. A regional continence nurse oversees catheter management. Specialised equipment is available at the home and staff education is undertaken. Residents interviewed stated they are satisfied that staff attend to their specialised nursing 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 recommendation

Does comply

Residents' needs and preferences regarding health specialist services are identified on entering the home, and the names of preferred specialists and review dates are recorded in residents' histories. Residents have access to an array of health specialists with staff providing assistance by making appointments and facilitating referrals. The home uses health specialists such as the podiatrist, physiotherapist, dietician, speech pathologist and Aged Persons Mental Health Services as required. On-site visits are organised for residents who are unable to attend external appointments, and there is a dental clinic twice a week at the home. Residents informed the team that they are assisted to access the health service providers they require.

2.7 Medication management

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

Team's recommendation

Does comply

Residents' medication is managed safely and correctly. Residents' medications are dispensed by a contracted pharmacist and administered by personal care workers and registered nurses. Medication assessments are conducted and a care plan established. Review of medication charts confirms photograph identification, method of administration, allergy alerts, and legible doctors orders. Review of records show 'as required medication' (PRN) is monitored for effectiveness. Medication management is monitored via regular audits, the monitoring of staff practices, an incident reporting system, and medication advisory committee meetings. There are processes in place to monitor residents who self administer their medication. All staff

administering medications complete annual medication competencies. Residents and representatives told the team that staff assist them with their medications.

2.8 Pain management

This expected outcome requires that "all residents are as free as possible from pain".

Team's recommendation

Does comply

The home ensures all residents are as free as possible from pain. Initial and ongoing pain assessments are undertaken to monitor the effectiveness of management strategies. Assessments of residents' pain management needs take into account medical history, and precipitating and relieving factors. Pain assessments also consider psychological function, which allow for staff observation of non-verbal pain cues, and physical signs and symptoms of pain. The residents' response to planned interventions is monitored and evaluated. Pain management strategies are documented on care plans and include the administration of schedule eight medications; provision of pressure relieving equipment; repositioning; heat packs; and massage. Resident and representative interviews confirmed residents are comfortable and treatment for residents' pain is provided.

2.9 Palliative care

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

Team's recommendation

Does comply

The comfort and dignity of terminally ill residents is maintained. On admission residents inform staff of their end of life wishes, and advance care planning is currently being undertaken. Staff initiate a palliative care plan in consultation with medical officers when required. Review of progress notes confirmed care provision during the palliative phase is regularly reviewed to reflect residents' changing needs including pain relief, management of skin integrity, nutrition and hydration, and oral care. Ongoing consultation with representatives is evident, and clergy and bed-side ministry are accessible for residents spiritual needs. Specialist education and resources are accessed as required to effectively manage the more complex types of care including management of pain.

2.10 Nutrition and hydration

This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's recommendation

Does comply

On entry to the home, all residents' nutrition and hydration requirements and nutritional risks are assessed and an individual care plan is developed in consultation with the resident and their family. Residents' likes, dislikes, food allergies, portion sizes and the preferred sequence and set up of meals are recorded on menu cards for kitchen staff to follow. The menu has been reviewed by a dietician and a choice of menu options is available. Care staff are present during meal times providing support if necessary and residents interviewed confirm their satisfaction with the quality, and the amount of food and beverages provided by the home.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation

Does comply

An assessment of the resident's skin integrity is conducted on entry to the home and a specific care plan is developed. Risk assessments are also completed. Care plans provide details of devices and aids to protect frail skin and relieve pressure. Staff interviewed said they care for residents skin integrity through the application of moisturising creams, and the provision of pressure area care and pressure relieving mattresses. A system is in place to monitor the incidence of skin tears. Care staff have received education regarding the treatment of skin tears and stated they have sufficient supplies to provide the skin care required. Residents interviewed are complimentary about the level of care provided by staff in this area.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation

Does comply

Residents' continence is managed through the assessment of residents' continence management needs and care planning. The home's continence care includes provision for residents' toileting needs, and management and assistance with specific continence aids. Interviews with care staff confirm they have access to adequate supplies of continence aids and provide residents with regular toileting programs as required. The home has effective strategies for residents' bowel management including: the completion of bowel lists each shift; provision of high fibre diets, monitoring of fluid intake, and the administration of medications when the need is identified. Residents and representatives interviewed expressed satisfaction with the continence care provided.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home has systems in place to manage the needs of residents with challenging behaviours. Assessments are completed to identify factors that may impact on residents' behaviour and take into account identification of medical, physiological, and social factors. Behaviour charting records the types of behaviours and successful interventions. Care plans reviewed show individualised interventions to reduce or manage behaviours and are regularly reviewed. Behaviour incidents are recorded and all residents have identification charts. Residents with challenging behaviours are accommodated in a secure unit, and the team observed a warm and friendly atmosphere within the unit. Residents told the team they feel safe and appreciate the attention of staff.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents are supported to achieve optimum levels of mobility and dexterity through assessments, care planning and regular reviews. A physiotherapist develops exercise programs for residents and reviews residents when required. Falls risk assessments also inform the development of a care plan and there is regular evaluation of the strategies implemented. Strategies for falls management include: floor alarms, sensors, low/low beds and environmental and footwear reviews. Falls data is collated, analysed and trended as part of the incident management and review system. Staff have attended falls management education and are aware of the importance in reducing resident falls. The team observed a

high level of activity in the home and residents confirm they enjoy the opportunities provided to maintain their mobility

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral and dental health is maintained through the home’s assessment of residents’ oral and dental care needs, and care plans which are regularly reviewed. Residents’ ongoing oral and dental care needs are monitored through staff observations and resident feedback. Review of progress notes confirmed residents are assisted with appointments for repairs to dentures and regular visits to dentists occur. Staff interviews indicated residents are provided with oral care including regular teeth cleaning, and mouth care when indicated and during the palliative stage. Residents said they are satisfied with the oral and dental care provided by the home.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory deficits are identified upon entry to the home. Care plans record strategies and techniques to assist with communication, and directions for fitting and cleaning of aids. Residents are assisted to make appointments with their preferred health professionals for assessment including the optometrist and audiologist. Education is provided to staff in the use and management of aids, and staff interviewed said batteries for aids are regularly checked and they ensure appropriate aids are in place and cleaned as per the resident’s preference. Sensory stimulation includes massages, regular cooking sessions, flower arranging, tactile boxes. A volunteer conducts weekly discussion groups for visually impaired residents, and a music therapist attends the home. Residents were observed enjoying interaction with a number of animals at the home, and residents expressed satisfaction with sensory loss care provided.

2.17 Sleep

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

Team’s recommendation

Does comply

The home assists residents to achieve natural sleep patterns. Assessment includes information from residents and staff observations over an initial three day period in relation to settling and rising routines, environmental preferences, and interventions to manage sleep disturbance. Care plans reviewed contain personalised strategies from assessment information and are regularly reviewed. Strategies used to support residents to sleep at night include continence care, warm drinks, snacks, reassurance, and pain relief. Residents interviewed report they are encouraged to participate in active daily routines within their physical limitations including walking, exercise programs, and outings. Residents interviewed said they sleep well and receive staff assistance when required.

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 recommendation

Does comply

Resident lifestyle is monitored through scheduled audits, and feedback is sought through resident satisfaction surveys and resident/relatives meetings. Feedback to the team from residents indicates satisfaction with the lifestyle program. Recent and current improvements include:

- The introduction of an education program for residents that includes fire and emergency and optional topics ranging from infection control, continence, falls strategies to lifestyle topics such as quilting.
- Following the transfer of a low level care resident to the nursing home an issue was identified amongst fellow residents that they had not been informed and not given the chance to say goodbye or wish them luck. A new checklist has been introduced to overcome this type of issue and to allow resident transfers are handled more considerately.
- A procedure has been developed regarding transport to include outings scheduled during extreme weather events such as the high temperatures that occurred during the last summer.
- Developed an education session and poster to alert residents and staff to the fact that clothes driers in the resident laundries require their lint filters to be cleaned because of the risk of fire.

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 recommendation

Does comply

Systems related to legislative and regulatory requirements are in place. Information about the required specified care and services, security of tenure, complaints mechanisms, rights and responsibilities and the organisational mission and values statements are included in information folders for residents and prospective residents. The mission and values statements, and the charter of rights and responsibilities are displayed and brochures are available. The team noted that resident agreements contained information about the specified care and services to be provided and had all been signed. Residents are aware of ways to follow up concerns and felt the entry process was handled well.

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 recommendation

Does comply

A system is in place to ensure all leisure and lifestyle staff are either qualified in that area or currently undertaking training. A survey has been conducted asking residents what training they would like to participate in, and the results have been used to provide a resident education program. Residents and relatives are now offered training sessions including computing, quilt making, cooking and fire/emergency. Recent training provided for staff

includes: the Eden philosophy of care and person centred care, confidentiality, working with cultural diversity, the new resident transitioning to a new way of life, meaningful activities in dementia.

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 recommendation

Does comply

The home has a system in place to ensure residents and families are supported throughout the process of entering the hostel. Prospective residents are interviewed prior to entering the home and given some preliminary information. Upon entering the home staff assist in the orientation of the resident and their representatives and pass on further information including brochures and a residential agreement detailing the care and services to be delivered. New residents are welcomed with flowers in their rooms and staff sit with the resident helping them to complete all the necessary paper work and assisting with unpacking and the orientation process. Residents are encouraged to bring in personal belongings into the home to create a homelike environment. Residents stated they are supported by staff and that follow up surveys on emotional support is conducted with all new residents shortly after entering the home. Representatives confirmed that they are welcomed into the home and are given ongoing support.

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 recommendation

Does comply

The home provides an environment where residents, volunteers, school and community groups are welcome to visit. Residents are assisted to attend to daily financial affairs and maintain independence where possible. Physiotherapists visit and assist with independence. Residents are encouraged to be independent by being allowed to go to the shops, fishing, on outings, two residents cook for themselves in the home and another resident bakes several different sweets, men's and ladies groups are also well attended. Residents have mobility aids and assistive devices to maintain independence and assessments to allied health as required. Residents are very satisfied with how their independence is maintained.

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 recommendation

Does comply

The home has a system in place to respect privacy, dignity and maintains confidential information by calling residents by their preferred name, knocking on doors keeping records secured in nurse stations. Residents have included in the information pack a copy of the resident's rights. Residents and relatives stated that they are treated with respect by staff. Some rooms are shared and privacy screens are provided around the beds, other rooms are single. Serviettes are given to residents prior to meals being served. Residents confirmed that staff speak to them politely using their preferred names.

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 recommendation

Does comply

Shortly after entering the home a social profile containing preferences and life history is developed in consultation with the resident and/or the relative or power of attorney. A lifestyle care plan is developed detailing individual needs and preferences and respecting religious and cultural needs. Evaluation of the care plan occurs regularly throughout the year. All residents get a weekly activity calendar. A qualified music therapist who was observed to refer to residents by name provides music therapy. Visual therapy is done in the dementia unit, residents do the football tipping, writing the day's activities on the white board and assisting to feed the home's hens. Residents confirmed they are happy with the programs offered particularly the 'Grand Buddies' program where a number of residents are matched with primary school children for a range of activities.

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 recommendation

Does comply

The home has systems in place to identify cultural and spiritual needs identified in the admission profile and the lifestyle care plan. Residents are assisted to participate in days of religious significance and culturally special days. The home has resources to meet the needs of residents from a non-English speaking background. Residents and relatives confirmed they are supported to celebrate special days, communion is offered weekly and church services monthly

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 recommendation

Does comply

Resident's choices and preference are documented on admission in consultation with the resident, their family or power of attorney care plans are developed and regularly reviewed. Residents are encouraged to select their own clothing, continue with choice of allied health professionals, food choices, drinks, likes and dislikes regarding daily activities. Relatives confirmed they are encouraged to participate in the residents' care and personal choices, Residents confirmed that their preferences are respected by staff.

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 recommendation

Does comply

The home has a system in place that outlines terms and conditions in the residency and the bond agreement. Prior to entry residents and relatives are provided with verbal and written information and are offered individual tours of the home. Information packs are given to them assisting them to make an informed decision prior to entering the home. The packs include information on fees and charges, services provided, and security of tenure. Residents confirmed they are aware of their rights and responsibilities and are consulted and kept informed regarding any changes in fees and charges and relocations to a different unit.

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 recommendation

Does comply

The physical environment and safe systems are monitored through scheduled process reviews and workplace inspections which are conducted to assess resident satisfaction and staff implementation of procedures related to standard Four. Incident reports are collated on an internal database, analysed for trends and actioned. Resident surveys are used to assess the level of satisfaction and also to highlight equipment needs. Recent improvements include:

- Alterations have been made to vitamised meals to make them more visually appealing to residents.
- Computerised number of meals for kitchen information to replace a manual system resulting in a productivity gain.
- Developed a contingency plan for the laundry in case of power outage or major equipment breakdown.
- Gastroenteritis kits have been introduced into the hostel in preparation for any outbreak.
- Introduced an alcohol based hand wash throughout the hostel to assist with hand washing to improve infection control and reduce risk to residents.
- Been very active in environmental improvements resulting in large reductions in power and water usage.
- Refurbishment of hostel including painting throughout in appealing colour schemes and rebuilding of some areas to remove corners and open up living areas.

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 recommendation

Does comply

Regulatory and legislative update mechanisms are operating to ensure the home meets requirements related to the physical environment and safe systems. Regular audits and workplace inspections are conducted to ensure that hospitality services meet the requirements. The current certification assessment document indicates that the home meets minimum fire safety requirements. Current food safety certification is displayed and all catering staff have food handling qualifications. Material data safety sheets are displayed in relevant locations in the home. Occupational health and safety representatives undergo training and risk assessments are being performed.

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 recommendation

Does comply

A training calendar is developed annually from a needs analysis, the result of audits, mandatory compliance, the purchase of new equipment and the observation of staff practices. Staff attend training at orientation and ongoing throughout the year, training records are maintained on the database for individual staff members, staff are informed of all training via

the calendar or memoranda stating mandatory training, staff are followed up and a suitable training time is arranged if they are on leave at the time. Recent topics covered include; emergency procedures, manual handling, cardio pulmonary resuscitation and behaviours of concern, restraint policy and procedure for falls prevention, occupational health and safety, infection control, use of pagers and equipment, vehicle use and home safety gastroenteritis, H1N1 flu outbreak, hand washing, use of protective clothing.

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 recommendation

Does comply

The hostel accommodates residents in mainly single rooms with a private ensuite; there are several double rooms with a shared ensuite. There is a range of comfortable sitting rooms for the use of residents and relatives, meals are served by carers from kitchenettes in each wing and there are small laundries for residents who wish to and are capable of doing their own washing. The home has different levels all accessible from ramps, stairs or elevator. There a number of external courtyards for residents and families to access with shaded garden areas, several lounge areas have spectacular views of the river. The home has a sensory garden for residents and the community to access, one resident described it as being very relaxing. There is a preventive and reactive maintenance system in place to ensure plant and equipment is well serviced. Residents are very happy with the 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 recommendation

Does comply

The home has an occupational health and safety system that provides a safe working environment for staff. There is an occupational health and safety officer managing work cover claims and return to work programs. Policies/procedures are available, electrical tagging occurs for all equipment on-site including residents' personal items, new equipment is tested prior to introduction, incident reports, auditing systems, regular manual handling updates and risks assessments are all in place. Regular meetings the minutes of which were observed by the team all issues are addressed at the meeting or carried forward. Staff confirmed ongoing education and the support provided by management.

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 recommendation

Does comply

The home has a system in place to prevent, detect, and educate staff in an emergency to act upon fire or security risk. The home is equipped to alert staff and residents in the case of a fire, ongoing weekly testing of essential equipment is recorded, monthly fire monitoring is performed by a qualified external contractor and the local voluntary fire brigade. Essential service records and fire records were sighted the team. Staff confirmed and staff records verified fire and emergency education occurs regularly and staff felt confident they would be able to evacuate residents safely. Emergency lighting is located throughout the building. Keypad security is on doors, external doors are locked at night.

4.7 Infection control

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

Team's recommendation

Does comply

Infection control systems are in place to identify, monitor and manage infections. Staff are educated in infection control measures and requirements when orientated to the home and on an annual basis. Immunisation against influenza for residents and staff is encouraged; registers of those vaccinated are currently under construction. Hand washing sites are well stocked with appropriate equipment and protective clothing is available. Disposal of contaminated waste and sharps is regularly undertaken. Information in the form of policies and procedures are available to staff in the event of an infectious outbreak. Outbreak kits which include antiseptic hand wash, additional protective equipment and specific warning signage are available. Surveillance records are maintained monthly and contribute to monitoring systems identifying issues for each resident and for the home. The home is working towards setting up a benchmarking system to monitor its performance against similar homes.

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 recommendation

Does comply

Catering, cleaning and laundry all come under the control of the hospitality services manager, the laundering of linen is contracted out but all other services are on-site with trained personnel. The kitchen is large, well equipped, clean and functional preparing food fresh each day with the choice of several meals at each sitting. Residents select their choice of meals the week before but changes can always be accommodated; residents attend food focus groups with the chef and have direct input into the menu. Food is transferred from the kitchen in hotboxes and then plated and served from a series of kitchenettes in each wing. Cleaning is performed according to a predetermined schedule and personal clothing is cleaned in a well equipped laundry. All catering, pantry and domestic staff have attended food handling, safe handling of chemicals and infection control training. Residents and their representatives spoke very highly of all the hospitality services at the home.