



Aged Care
Standards and Accreditation Agency Ltd

Marian Hostel

RACS ID 0345
678 Victoria Road
RYDE NSW 2112

Approved provider: Calvary Retirement Community Ryde Limited

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 5 August 2015.

We made our decision on 22 June 2012.

The audit was conducted on 15 May 2012 to 18 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

Marian Hostel 0345

Approved provider: Calvary Retirement Community Ryde Limited

Introduction

This is the report of a re-accreditation audit from 15 May 2012 to 18 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 15 May 2012 to 18 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:	Hiltje Miller

Approved provider details

Approved provider:	Calvary Retirement Community Ryde Limited
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Details of home

Name of home:	Marian Hostel
RACS ID:	0345

Total number of allocated places:	52
Number of residents during audit:	39
Number of high care residents during audit:	25
Special needs catered for:	Secure dementia

Street/PO Box:	678 Victoria Road	State:	NSW
City/Town:	RYDE	Postcode:	2112
Phone number:	02 8878 1400	Facsimile:	02 9809 7086
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
General Manager/Director of Care	1	Residents/representatives	7
Deputy Director of Care	1	Administration assistant	1
Team Leader	1	Volunteers	1
Care staff	4	Laundry staff	1
Clinical Care Coordinator	1	Cleaning staff	2
Catering staff	2	Cleaning contractor managers	2
Physiotherapist	1	Recreational Officer	1
Pastoral Carer	1	Maintenance staff	1
Procurement manager	1	Educator	1
Human resources staff	1	Workplace health and safety staff	1
Director of mission	1		

Sampled documents

	Number		Number
Residents' files	15	Medication charts	14
Summary/quick reference care plans	6	Personnel files	9
Resident agreements	7		

Other documents reviewed

The team also reviewed:

- Clinical and care assessment documentation: resident dietary and observation charts including weights, continence, behaviours, sleep, skin integrity, pain, mobility, falls risk, toileting, wound assessments, leisure and lifestyle, daily care plans, podiatry records, physiotherapy care plans/assessment forms
- Computer based information systems
- Consolidated mandatory reporting register
- Continuous improvement documents including Mission integrating indicator review, work plan, logs, audit folder, benchmarking, policy and program,
- Contracts register
- Education documentation including skills' assessments, independent learning packages, various competencies, individual training records, articles, attendances, programs, calendars, mandatory education,

- Emergency planning and fire safety documentation including early warning and intercommunication system (EWIS), fire equipment service documents, fire safety statements for various hostel buildings,
- Human resources documents including police checks, professional registrations, staff package, visa details folder, performance appraisals, rosters, induction and orientation
- Infection control documentation including pest control records and contract, vaccination records, various cleaning schedules and sign off sheets, contractor site documentation, chemical records, probe calibration, mould and bacteria treatment of cold storage,
- Kitchen and food documentation including resident nutrition requirements, diet change forms, hot breakfast requirements, food safety plan, food orders, food preparation monitoring, material safety data sheets, food temperature records, colour coded meal types, menus,
- Maintenance records including preventative records for equipment and buildings,
- Meeting minutes – various including resident/representatives
- Policies and procedures - various
- Resident/representative communication documents - various other
- Self assessment report for re-accreditation and associated documentation
- Staff communication records including handover sheets, diaries, memorandum, newsletters

Observations

The team observed the following:

- Emergency exits and fire safety equipment, fire panel and location maps
- Equipment in use, supplies and storage areas - various
- Infection control resources - hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, sharps containers, outbreak management kit, spill kit
- Interactions between clinical/care staff and medical and other health and related services personnel, and between staff, residents and relatives/representatives
- Living environment - internal and external
- Meal service and staff assistance
- Medication administration rounds and medication storage areas
- Mobility and manual handling information and equipment including mechanical lifters, shower chairs, wheel chairs and walkers
- Notices, pamphlets, forms and other information on display including the re-accreditation site audit, the principles, philosophy, vision and values statements, comments and complaints, advocacy services, food safety, charter of residents rights and responsibilities
- Residents' leisure and lifestyle activities in progress, calendar and resources
- Security system including nurse call system, close circuit television, coded key pads and secure storage of resident and staff files, visitor/contractor sign in/out books
- Staff work practices, and access to information systems
- Workplace health and safety documentation including minutes, risk assessments, equipment register, environmental audits, staff rotation audit schedule,

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

Marian Hostel actively pursues continuous improvement across the four Accreditation Standards. The system includes improvement logs and plans, feedback forms, audits, benchmarking, surveys, meetings, comments/complaints, hazard and risk assessments, staff education and accident/incident reporting. These are reported by staff, co-ordinated by the quality officer, actioned by the manager of each unit and monitored by the general manager/director of care (DOC). Staff could identify some of the above systems for continuous improvement and sometimes make suggestions for improvement. Residents/representatives say they have input into the improvements and are aware of improvements being made.

Recent improvements relating to Accreditation Standard One include:

- The strategic plan is being reviewed to incorporate the new business units acquired by the organisation and all policies and procedures are being integrated to produce the best of previous systems.
- A new more structured system of continuous improvement is currently being developed from the integration of the two previous organisations' systems. The new system provides the evidence for all quality improvements and the results for residents.
- Shared services, the corporate unit of the approved provider, ensures the home has expertise and support for management systems including human resources, external contractors, inventory and equipment and regulatory compliance. Currently this unit is reviewing the staff performance appraisal system in consultation with the home.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home 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 that 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 Ltd and other related government and non-government agencies. The general manager and residential care manager receive this information and communicate it to staff through memos, staff meetings and training sessions where necessary. Policy review and development occurs as required

with the home generating draft frameworks for discussion and consultation at regional management meetings.

Examples of compliance with regulatory requirements specific to Standard One include:

- The home has a system for collecting and monitoring police checks and statutory declarations for staff, volunteers, health professionals and contractors.
- The home maintains a mandatory reporting register for elder abuse and a missing persons register.
- Residents/representatives were advised of the re-accreditation audit as per the requirements under the Accreditation Grant Principles 2011.
- The finance team has discussed the new prudential legislation about bonds with management and the new care choice adviser. Information and advice has also been received from the home's peak body and residents have been informed of the changes.

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. An annual training needs analysis is undertaken and information from staff requests, audits, staff appraisals and residents' care needs flow into the preparation of the annual education calendar. Staff are supported in attending internal and external education programs which cover all areas of the four Accreditation Standards. Suppliers of resources, such as the continence and chemical suppliers, provide specific education to staff. An orientation program is provided to all staff on employment, which includes fire safety, infection control, 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. Examples of education activities relating specifically to Accreditation Standard One include:

- Orientation of new staff, current issues in accreditation, protecting older people from abuse, duty of care and negligence, Certificate IV in Frontline management and leadership skills.

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 for comments and complaints. Internal and external complaint forms are accessible to residents/representatives, stakeholders and staff. The home's process is to log comments and complaints in the feedback log. These are then actioned and tracked through this system. Residents/representatives have access to the general manager at all times and some make complaints verbally. The home has information about comments and complaints mechanisms included in the resident handbook provided to residents/representatives at the time of entry to the home. Resident/representative meetings are held and with resident

surveys provide alternative avenues for comments or complaints. Residents/representatives stated management is approachable and acts 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

The home has documented its vision, values, philosophy, objectives and commitment to quality which are on display at the home. 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 and said improvements are made regularly.

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 which include recruitment, qualifications, reference checks, health screening, rosters, orientation, duty statements, training, performance appraisals and occupational health and safety. Staffing levels and rostering are set and monitored to meet residents' needs and preferences. Management also takes into account regulatory requirements, occupancy levels and the changing environment in which the home operates. Unplanned leave is replaced by casual staff and nursing management stand in for registered nurses if required. Residents/representatives are satisfied with the level and competency of staff and their ability to meet residents' care and service needs.

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 are systems for ensuring adequate supplies of inventory and equipment for quality service delivery. All agreements with providers of the main categories of products and services have been centralised by the organisation's head office to gain more efficiency and improved services from their preferred suppliers. A stock ordering system is in operation and a rotating inventory management system is kept at the desired level for quality and fitness for use. There is a capital budgeting system to allocate expenditure for replacements. Staff stated appropriate goods and equipment are available in appropriate quantities for them to perform their roles effectively. Residents/representatives said there are no issues with availability of goods and equipment.

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 including for creation, storage, archiving 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 to make decisions about residents' care and lifestyle. The home has many noticeboards for daily activities and other information and a variety of pamphlets on display. Resident representatives stated the home keeps them informed on a regular basis through phone calls, when visiting, if 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 home has electronic systems which include care notes and forms, medical officer access, NSW Government Department links, internet communication, policies and procedures 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. Major external suppliers have service agreements which have been re-negotiated and contracted by shared services; smaller suppliers have contracts direct with the home. Management and residents said they are satisfied 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. A regular review of suppliers is undertaken to ensure the products/services and procedures are appropriate, efficient and continue to meet the residential care service'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 way to strengthen staff ownership, responsibility and accountability for resident care, the home has developed a hard copy care folder system to provide accessible information for care staff. This ensures that 'resident of the day' care tasks are fully completed, care is consistent and residents are informed and consulted on their own care.
- The home has introduced the use of a pain management scoring chart to measure the effect of S8 drugs after each dose administered. This is used to show residents' doctors the fluctuations and variations in the amount of pain experienced by residents to prompt doctors to review residents' medications and alter them as necessary for residents' comfort.

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 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 employed by the home and supports their requirements for education and training to maintain their registration.
- The home also monitors the registrations of all health professionals who attend the home including medical officers, physiotherapists, podiatrists and speech pathologists.
- The home implements the regulatory requirements of the Poisons and Therapeutic Goods Regulation 2008 in relation to the storage and administration of schedule eight medications.

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 management and staff have appropriate skills and knowledge to effectively perform their roles. The home employs a clinical nurse educator for one day a week to coordinate and provide clinical education. The team verified a range of programs have been provided and attended in relation to health and personal care. Examples of education activities relating specifically to Accreditation Standard Two include:

- Medication management, pain management, palliative care, Parkinson’s - a person centred approach, catheter care, dysphagia, dementia, care of PEG tubes, mobility and falls prevention, diabetes – managing hypoglycaemia and foot care and promoting wellness.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home provides residents with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. The home has processes putting the resident/representative in control of residents’ care and to provide opportunities to have input into residents’ care planning. The Deputy Director of Care (DDOC) provides clinical support and advice to the nursing home. The Clinical Care Coordinator (CCC) and registered nurses (RN) review and evaluate residents’ individual plans of care every three months or when required. Resident care needs are communicated to staff verbally, via handover sheets and the electronic communication system. Residents’ weights, vital signs and urinalysis results are recorded monthly or as ordered by the doctor. An accident and incident reporting system is in place for the reporting of resident incidents such as falls, skin tears and behaviours of concern. Arrangements are in place to contact doctors after hours ensuring that residents’ ongoing needs are met. All residents/representatives expressed satisfaction with the timely and appropriate assistance given to residents by care 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 findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff, with doctor input when required. This includes the DDOC, CCC and registered nurse input into the assessment, management and care planning for residents. The home currently provides specialised nursing care for residents requiring: urinary catheter care, administration of insulin and diabetic management, catheter care, wound care, pain management and oxygen therapy. Trained and qualified care staff are provided with education in specialised nursing procedures with competency/skills audits based

assessments in place. Staff demonstrate knowledge and understanding of residents' specialised nursing care needs. Staff confirmed they have access to adequate supplies of equipment for the provision of residents' specialised nursing care needs. Residents/representatives are satisfied with the level of specialised nursing care offered to residents by nursing, medical and/or other health professionals and related service teams.

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

The home has systems to identify residents' needs and preferences in relation to other health and related services and for making referrals. Management advised internal and external other health and related services are available to residents. Examples include Hearing Australia, continence management support, dental service, dietician, optometry, physiotherapy, podiatry, psycho geriatrician, radiology, speech pathology, massage, pathology, palliative care, psychiatric services and wound care specialist. Care plans and progress notes are reflective of specialist health care practitioners' recommendations and ongoing care interventions. Residents have pathology testing when ordered by their doctor including checks for therapeutic medication levels. Residents/representatives are satisfied with residents' access to and availability of other health and related services.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents' medication is managed safely and correctly through policies and procedures, regular pharmacy deliveries, the secure storage of medications, and internal and external audits. Qualified and trained staff administer medication from packaged medications packs and the deputy director of care and clinical care coordinator oversee the home's medication management system and processes. Review of residents' medication charts revealed current doctors' orders are recorded and filed with medication identification sheets. These documents are filed along with information including residents' photographic identification, allergies, how to take the medication, staff signature and medication allergy status. Controlled drugs are administered by registered nursing staff according to legislated guidelines and regulatory compliance. The home has a medication error reporting system with additional monitoring provided by the home's medication advisory committee. All staff who administer medications are assessed according to the home's medication policy through competency based assessments on an annual basis or as required. Residents/representatives said they are satisfied with the home's management of the residents' medication.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home uses initial assessment, care planning, evaluation processes, and accessing advice on pain management from doctors. A variety of validated pain assessment tools are used for residents who are cognitively aware. Other interventions are detailed in the care plans of residents' with cognitive impairment. On-going assessments are documented for all residents. The individual resident's needs are considered to ensure the most appropriate method of pain relief is used for each resident. Effective pain control methods used are pharmacologic, various pain management programs and physical therapies. These include massage, repositioning, gentle exercise, aromatherapy, transcutaneous electrical neuromuscular stimulator (TENS) machines, provision of pressure relieving equipment and emotional support. Referral to the resident's doctor and other services are organised as needed. Residents/representatives said residents are as free as possible from pain and staff respond to residents' requests for pain control in a timely manner.

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

Discussions are held with the relevant resident's doctor, family and staff and care plans for palliative care are developed and implemented as required. Support is provided for terminally ill residents including pressure relief care, oral care and pain relief. Preferences relating to residents' spiritual, physical, cultural, psychological and emotional needs are considered in care planning and pastoral care is provided as requested. Staff demonstrate an understanding of the needs of a terminally ill resident and their families, including a peaceful and supportive environment. Resident/representatives advise they are confident the home will meet the needs of the resident at the time when they require palliative care.

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

Residents' special dietary needs are assessed on admission on a resident's nutritional and dietary preference form which is sent to the kitchen. Provision is made for residents who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. Residents are provided with assistance at meal times and dietary assistive devices are available when required. When changing needs of a resident's dietary requirements are identified, the resident is re-assessed with care plans being updated and information forwarded to the catering staff. The home monitors nutrition and hydration status through staff observations, food monitoring charts and recording residents' weights with variations assessed, actioned and monitored. Residents are referred to a dietician and/or speech pathologist when problems arise with residents' nutrition. Residents/representatives expressed satisfaction with residents' meals, which allow residents to have an alternative choice and that they are able to have input into menus.

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

Initial assessment of resident’s skin condition is carried out along with other assessments which relate to and influence skin integrity. Residents have nutritional support, podiatry, hairdressing and nail care provided according to their individual needs and choices. Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts. The home’s reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in the audit system. The home has a variety of equipment in use to maintain residents’ skin integrity such as air flow mattresses, body wipes, overlay mattresses and protective coverings for limbs. Care staff help to maintain residents’ skin integrity by providing regular pressure care, application of skin guards and correct manual handling practices. Residents/representatives are satisfied with the skin care provided to residents and care staff are careful when assisting residents with their personal care activities.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system for identifying, assessing, monitoring and evaluating residents’ continence needs to ensure their continence is managed effectively. The continence liaison care staff are responsible for making sure processes are in place for the distribution of residents’ continence aids and informing staff of residents’ continence aid needs. Care staff have access to adequate supplies of continence aids to meet resident’s needs and they provide them with regular toileting programs as indicated. Bowel management programs include daily monitoring and various bowel management strategies. For example, regular drinks, aperients medication if necessary and a menu containing high fibre foods such as fresh fruit and vegetables and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home’s continence supplier provides ongoing advice and education for staff and residents. Feedback from residents/representatives confirmed general satisfaction with residents’ continence care, inclusive of continence.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed through consultation between the resident/representative, staff, general practitioners and allied health professionals to identify any behavioural issues. Care staff, recreational activity officers and the pastoral care team implement a range of strategies to effectively manage residents with challenging behaviours. Residents who exhibit behaviours of concern have a behaviour

monitoring chart commenced to monitor frequency of behaviour and the effectiveness of documented interventions. Referrals are made to their doctor and/or external health specialists as appropriate for review. The specialist mental health services for older people provide guidance and education to staff in identifying and managing residents' challenging behaviour. Staff are able to recognise the triggers and early warning signs exhibited by residents and put in place appropriate strategies to calm and distract residents. The team observed the environment to be calm, residents well groomed and residents happily participating in activities of interest to them. Resident's representatives confirmed staff manage residents' challenging behaviour well.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The development of individual programs for the maintenance and, if possible, improvement of mobility and dexterity for the resident is supported. This is achieved through assessments completed on entry to the home, care planning and exercise programs provided. A registered physiotherapist is employed five days, with the assistance of a physiotherapist aide three days a week and is available to assess those residents who have identified needs. Based on the assessment a plan of care is developed and evaluated for effectiveness. Individual and group exercise programs are recorded in the residents' plans of care and staff are informed verbally, visually and electronically. Re-assessment of residents occurs following falls, when there is a change in their condition and on return from hospital. Strategies for residents' falls prevention include physiotherapy, provision of mobility aids, medication reviews, the use of hip protectors when indicated and exercises. The physiotherapist gives staff education on manual handling on a yearly basis or when necessary.

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

Residents' dental needs are identified through assessment and consultation with the resident/representative on a resident's entry and as their needs change. Appropriate dental health is planned and staff are informed of the residents' needs. Specific care plans including any treatments for teeth and gums are recorded on individual resident's medication charts and plans of care as necessary. Dental consultations are arranged as required either to the resident's dentist of choice, or by referral to a dental clinic. Ongoing care needs are identified through resident feedback, staff observation of any discomfort, or reluctance to eat and weight variances. Residents are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. Residents/representatives stated they 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

Residents’ sensory losses are identified and managed effectively through assessments, development of a plan of care, documentation, monitoring and evaluation. Residents’ sensory losses are recorded on their care plans which are evaluated three monthly or when required. The home’s recreational activity officers have implemented a variety of programs and resources to assist residents with sensory loss. These programs are designed to promote independence, sensory stimulation and interaction with others. Staff recognise that a loss of taste may be associated with medications, disease and ageing processes, resulting in a decrease in appetite and nutritional issues. Residents can access large print books through the home or from a local library if required. Residents have access to specialist services, for example referral to optometrists and acoustic hearing centre. Residents/representatives said staff are supportive of residents with sensory loss and promote their independence.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home assists residents to achieve natural sleep patterns through a sleep assessment, care planning, choice of time for going to bed and rising and staff support at night. Staff are able to explain the various strategies used to support residents’ sleep. For example, offering warm drinks or snacks, appropriate pain and continence management, comfortable bed, positioning and night sedation if ordered by the doctor. Residents use the nurse call system to alert the night staff if they have difficulties in sleeping. Most residents state they sleep well at night. Residents/representatives interviewed did not identify any problems with residents achieving natural sleep patterns and are satisfied with the home’s approach to sleep management.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home demonstrates 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 that show improvements in Accreditation Standard Three resident lifestyle and their responsiveness to the needs of residents/representatives and stakeholders. Examples of improvement activities in relation to Accreditation Standard Three include:

- The home has appointed a care choices co-ordinator to promote resident input and involvement with all aspects of care and lifestyle. This staff member meets and greets residents on arrival at the home and helps them make the transition to the new environment. They also provide additional support to the recreation and pastoral care staff.
- The home has extended the range of lifestyle programs and therapy available for residents over the last three years. These include access to internet and visual communication tools to enhance resident independence and choice, doll therapy for emotional support, entry to the local garden competition to maintain links with the community and remembrance services to provide spiritual and emotional support.
- The volunteer program has been improved with the recruitment of a large pool of volunteers to assist residents to participate in a wide range of activities.

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 relating to Accreditation Standard Three include:

- All residents/representatives are provided with a resident agreement in line with government requirements, which they can choose to sign.
- Residents sign consents prior to the inclusion of their information in documents such as the newsletter and exchange of information with other health related services.
- The importance of confidentiality of resident personal information is reinforced through staff ‘sign off’ on confidentiality agreements.

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 management and staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programs have been attended in relation to resident lifestyle. Examples of education activities relating specifically to Accreditation Standard Three include:

- Dignity and care, spirituality, pastoral care and dementia, presence, stories and ethics at end of life, introduction unit of clinical pastoral education, grief and loss, companions on the journey workshop and reportable incidents.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The care choice advisor liaises with resident/representatives', Aged Care Assessment Team (ACAT) and other referring agencies, such as hospitals, doctors and consumer advocacy groups, prior to entry to ensure suitable care is offered. On entry the resident is introduced to staff, other residents and made familiar with the services offered. Both the resident/representatives are offered emotional support to reassure them during this difficult time. Residents' records show residents' individual social, emotional, cultural and spiritual history details are recorded shortly after their entry to the home. The information is used to formulate the residents' personalised care plans that are reviewed three monthly. Pastoral care, cultural support and counseling services are available and residents/representatives with assessed needs are referred as required. Residents are able to have familiar and treasured items in their rooms which contribute to their overall health and wellbeing. The team observed staff showing respect to and interacting with residents in an understanding and caring manner.

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

An assessment of independence of all new residents is undertaken to ensure their needs are met appropriately. The information is documented in their care plans and evaluated three monthly. Care staff only perform tasks and provide assistance with activities of daily living when residents are unable to do so themselves. The home provides an environment in which community groups are welcome to visit the home. Residents' representatives are also welcome to visit and the home provides a room which residents can use for special celebrations with their families. Residents can choose to continue to participate in local community activities and to go on outings as their condition allows. Residents' independence is enhanced through various activities and areas of decision-making. These include personal

hygiene, attendance at activities, the use of specialised equipment and assistive devices such as hearing aids, rollator frames, raised toilet chairs, shower chairs and rehabilitation programs to improve independence are sourced. Communication and feedback is available through resident meetings and personal discussion. Residents/representatives said the residents are encouraged by the home to maintain their independence and friendships.

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. New residents and representatives are provided with the home's privacy policy and are requested to sign a privacy agreement and a form giving consent for the use and display of resident photographs. Care staff demonstrate they maintain the confidentiality of resident information and are aware of strategies for maintaining respect for residents' privacy and dignity. Resident's records and personal information are securely stored. Observations confirmed residents' personal care is provided in a manner that protects their dignity and privacy. Residents/representative expressed satisfaction with the way residents' privacy and dignity is recognised and respected by staff in the home.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

All residents' leisure, interest and activity needs are assessed on admission utilising a database and the lifestyle assessment tool. Resident/representatives are consulted in regards to the residents' individual leisure, interest and activity needs. The residents' involvement in activities is recorded and changes are made to their individual care plans when needed. Recognition of residents' individual limitations is taken into consideration and assistance is provided to enable them to participate in activities. Individual therapy programs are also provided to meet specific individual's needs. A range of group leisure, interest and activity therapies are provided to meet the variety of physical, cognitive, social, cultural and spiritual needs of the resident. Regular review of leisure interests and activities is carried out, with input from residents/representatives through resident meetings and satisfaction surveys. The home keeps residents informed of activities via noticeboards and verbal prompts. Residents/representatives are satisfied with the activities offered to residents and appreciate opportunities to provide suggestions for inclusion.

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

The home ensures resident's interests, customs, spiritual beliefs and practices and cultural and ethnic backgrounds are valued and fostered. The menu is flexible and assists in maintaining resident dietary customs in accordance to their religious and cultural preference. Staff identify and document individual likes, dislikes and health and personal needs of all residents including those from linguistically and culturally diverse backgrounds. Staff arrange competent interpreters/translators whenever informed consent is required, or on other appropriate occasions. Specific cultural days such as Australia Day, St Patricks Day, Anzac Day and Christmas and Easter are commemorated with appropriate festivities. Residents' birthdays are recognised and celebrated. Pastoral care is delivered by various religious denominations providing services, personalised through one to one visits and weekly services. Residents/representatives are satisfied with the home's approach to the cultural and spiritual program and the support provided.

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 encouraged to participate in choice and decision making about residents' care needs and services, and to exercise control over residents' lifestyle. The Charter of residents' rights and responsibilities is included in all resident handbooks as well as displayed in the home. Resident meetings are conducted regularly to ensure open two-way communication between the home and the resident/representative. Issues identified are resolved as quickly as possible. All staff and residents/representatives are aware of the home's internal and external complaints mechanism which is utilised and feedback given. Individual residents' needs, preferences and choices are documented within the resident's plan of care. The home respect the resident's right to refuse treatment and clearly document this refusal, reporting it to the care coordinator, doctor and representative. The homes' management team provide an 'open door' policy. Residents/representatives said residents are able to exercise choice and control over the care and services provided to them 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

Residents have secure tenure outlined in their resident agreement and their rights and responsibilities are contained in the resident information package and displayed in the home. A resident agreement is offered to all residents at the time of entry to the home to formalise occupancy arrangements. The agreement includes information for residents about their security of tenure, a 'cooling off' period, prudential provisions, levels of care provision and

processes regarding termination of the agreement. Residents/representatives are aware of their rights and responsibilities and residents' 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 and operates across the four Accreditation Standards including Accreditation Standard Four: Physical environment and safe systems. Management demonstrated results showing improvements in physical environment and safe systems; and their responsiveness to the needs of residents/representatives and stakeholders. Examples of improvement activities in relation to Accreditation Standard Four include:

- The secure external courtyards and gardens have been upgraded to suit the needs of residents of the secure dementia specific unit. It includes the installation of a central paved area with a stable roofed pergola for sun protection and outdoor seating and tables. It also has waist high garden beds for residents to maintain and to use the herbs and vegetables grown there. Residents/representatives are happy with the whole outdoor area.
- Because it is such an extensive site, the home did an in depth review of their emergency and fire safety planning. This included a group of manager’s doing a full site inspection and walking through the site on two occasions to identify the infrastructure in place and to identify the risks and hazards. The emergency plan was developed and this was added into the manual. Instead of the flip charts for use in emergencies the home developed a colour coded, single A4 sheet so all information is immediately on view. A five hour training session was provided to all fire officers including using equipment. Team leaders have been identified as the fire wardens.
- A facility asset management software package has been implemented to improve the timeliness and accountability of maintenance systems. It includes planned maintenance, web based requests for work, work order management, workforce management, materials and inventory, contracts and contractor management, smart phone connectivity and integration with the financial system. With such a large site, this system ensures residents requests are actioned efficiently and not overlooked. It also ensures that residents’ living environment, security and safety are managed appropriately.

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 Regulatory compliance encompass all four Accreditation Standards, including Accreditation Standard Four.

Specific examples of regulatory compliance relating to Accreditation Standard Four include:

- The annual fire statements are on display at the home.

- The annual NSW Food Authority licence is on display at the home.
- Material safety data sheets are kept in the nurses' station, the kitchen, on the cleaner's trolley, in the laundry and in the maintenance area where staff using chemicals have ready access to them.

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 management and staff have appropriate skills and knowledge to effectively perform their roles. The team verified a range of programs have been attended in relation to physical environment and safe systems.

Examples of education activities relating specifically to Accreditation Standard Four include:

- The home has compulsory education for all staff in manual handling, fire safety and evacuation, infection control and mandatory reporting.
- The occupational health and safety committee members have completed the required training for them to carry out their roles.
- Catering staff have been provided with education on safe food handling.
- Specific fire training including their roles and responsibilities has been provided for the home's fire officers.

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

Marian Hostel provides safe access to clean and well maintained accommodation in a series of four cottages with north facing courtyards. One of the cottages provides secure accommodations for residents with dementia. The home contains servery kitchens and resident laundries and is co-located with a nursing home and independent living units within park like grounds including heritage trees. Resident rooms are generally single bed rooms with en suites. Residents and their visitors have access to courtyards and common areas including lounge, dining and activity rooms. Residents are encouraged to personalise their own space with photographs or memorabilia. The outdoor areas are shaded and have paths for residents who are all able to mobilise. Internal temperatures are comfortably maintained by reverse cycle air conditioning. The home is secured overnight to ensure the safety of residents and staff. Environmental audits are conducted regularly; and a preventative and corrective maintenance program is in place and well managed. Residents/ representatives commented that they are satisfied with the living environment of the home and stated they feel safe and secure at the home.

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. Workplace health and safety (WHS) is linked with the home's continuous quality improvement process and supported by the shared services WHS staff. Processes to monitor a safe working environment include audits, accident and incident reporting, hazard and risk assessments, maintenance programs and staff feedback. Information on WHS is provided to staff through the orientation and education programs, meetings, policies and procedures and various resource materials. Observations demonstrated chemicals are stored securely and dispensers are installed for the decanting of chemicals. Material safety data sheets are available for the chemicals in use. Staff are provided with training and instructions on residents' manual handling needs and equipment is provided to support safe work practices. Staff are satisfied with the safety of their working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The safety and security of residents and staff is achieved through well publicised and clearly understood emergency and fire evacuation procedures plus fire warning and fire fighting equipment. Staff are aware of the location of emergency equipment and of emergency procedures and confirmed they undertake regular fire training. Fire prevention measures in place include smoke detectors, a sprinkler system, education, competency assessment, environmental safety inspections and safe storage of chemicals. The fire officers and staff could describe procedures and sequences as well as areas of responsibility for responding to fire and other emergencies. The security system includes staff lock up procedures. There are books for residents, staff, visitors and contractors to sign in and out. Emergency numbers are available for staff to call. All residents have a call bell in their room and ensuite. Residents/representatives are satisfied the environment is safe, secure and staff know the appropriate emergency procedures.

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 infection control program coordinated by the DDOC incorporating an organisation-wide approach. This involves infection control surveillance and reporting system, a waste management system, a food safety program in the kitchen, and appropriate disinfection methods in the on site laundry. The home has guidelines for the management of influenza and gastroenteritis outbreaks and outbreak kits. Staff know the practices and procedures they would carry out when dealing with an outbreak at the home. Staff associated with the provision of care, catering, cleaning and laundry services demonstrated an awareness of infection control relating to their work area. Staff adhere to infection control guidelines including the use of standard precautions. Preventative measures include

education for all staff, an effective cleaning program and a staff and resident vaccination/ immunisation program. Residents/representatives expressed satisfaction with the cleanliness of the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering

There are systems to identify residents' meal requirements and preferences on entry to the home and as their care needs change. Mechanisms for feedback on hospitality services include meetings, comments/complaints, the continuous improvement system and feedback to management. The home uses a fresh cook system following a seasonal four week rotating menu, prepared in the joint kitchen in the co-located nursing home. Food is taken to the hostel serveries in hot boxes, where it is plated and delivered to residents. The menu is provided to a dietician for review and advice before implementation. Procedures and schedules are in place to ensure hospitality services are provided in accordance with health, food safety, environmental standards, and resident care requirements and preferences. Residents' food preferences are met and there is effective communication between nursing and kitchen staff to identify changes in dietary requirements or resident preferences. All catering staff interviewed demonstrated an understanding of their duties and responsibilities.

Cleaning

Cleaning is contracted to an external provider and the living environment at the home was clean, uncluttered and non odorous. The cleaning staff demonstrated a working knowledge of the home's cleaning schedules, infection control practices and safe chemical use. Chemicals used in the home were safely stored and material safety data sheets were available and accessible. The cleaning schedules ensure all residents' rooms and common areas are cleaned regularly according to a set schedule. High cleaning and equipment is done by maintenance staff or external contractors. The team observed colour-coded cleaning equipment in use in all areas. Resident/representatives interviewed were satisfied with the level of cleanliness of their rooms and of the home.

Laundry

All residents' clothing and linen is laundered on site and laundry is delivered and returned by the home's laundry staff. The laundry is situated in the co-located nursing home and staff explained the laundering process. Residents/representatives are requested to label their own clothes and not to send woollens to the laundry. The dirty and clean laundry areas are separate and operating in accordance with the home's infection control guidelines. Mops are washed separately at the end of each day. Residents/representatives generally stated all clothes are laundered appropriately and returned to residents in a timely manner.