



Aged Care
Standards and Accreditation Agency Ltd

RSL Care Pioneers Hostel

Approved provider: RSL Care Limited

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 11 December 2014. We made the decision on 2 November 2011.

The audit was conducted on 5 October 2011 to 6 October 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	RSL Care Pioneers Hostel				
RACS ID:	5069				
Number of beds:	19	Number of high care residents:	5		
Special needs group catered for:	Nil				
Street/PO Box:	1 Sparrow Street				
City:	LONGREACH	State:	QLD	Postcode:	4730
Phone:	07 4658 1777			Facsimile:	07 4658 3040
Email address:	cathydancer@rslcare.com.au				

Approved provider

Approved provider:	RSL Care Limited
--------------------	------------------

Assessment team

Team leader:	Louise Brouwers
Team member/s:	Catherine Miller
	Therese Roberts
Date/s of audit:	5 October 2011 to 6 October 2011

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

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

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

Principle:

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

RSL Care Pioneers Hostel 5069

1 Sparrow Street

LONGREACH QLD

Approved provider: RSL Care Limited

Executive summary

This is the report of a site audit of RSL Care Pioneers Hostel 5069 from 5 October 2011 to 6 October 2011 submitted to the Accreditation Agency.

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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 5 October 2011 to 6 October 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of 3 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:	Louise Brouwers
Team member/s:	Catherine Miller
	Therese Roberts

Approved provider details

Approved provider:	RSL Care Limited
--------------------	------------------

Details of home

Name of home:	RSL Care Pioneers Hostel
RACS ID:	5069

Total number of allocated places:	19
Number of residents during site audit:	14
Number of high care residents during site audit:	5
Special needs catered for:	Nil

Street/PO Box:	1 Sparrow Street	State:	QLD
City/Town:	LONGREACH	Postcode:	4730
Phone number:	07 4658 1777	Facsimile:	07 4658 3040
E-mail address:	cathydancer@rslcare.com.au		

Audit trail

The assessment team spent 2 days on site and gathered information from the following:

Interviews

	Number		Number
Lifestyle Manager	1	Residents	6
Registered/care staff	5	Volunteer	1
Care Manager	1	Regional/corporate Managers	3
Hospitality staff	6	Maintenance staff	2
Administrative staff	1	Physiotherapist	1
Diversional therapy staff	2	Workplace Health and Safety Officer	1

Sampled documents

	Number		Number
Residents' files	5	Medication charts	7

Other documents reviewed

The team also reviewed:

- Authorisation and recognition of the need for protective assistance
- Bed change list
- Blood pressure charts
- Blood sugar level record chart
- Bowel charts
- Case conference summary
- Catering, cleaning and laundry audits
- Clinical incident data and analysis
- Comments/complaints data
- Continence aid cards
- Continuous improvement plan
- Controlled drug register
- Dietician review of menu
- Doctors' list
- Education records
- Emergency procedures folder
- External providers contracts
- Family conference checklist
- Fire safety records
- General observation form
- Handover sheets
- Job descriptions
- Lifestyle activities evaluation sheets
- Lifestyle care plans
- Lifestyle coordinators
- Lifestyle monthly attendance sheets
- Mandatory reporting register
- Medication imprest log
- Medication imprest stock weekly checklist
- Medication management instructions
- Meeting minutes
- Memos to staff
- Menus and Kitchen dietary information.
- Nutritional supplement signing sheet
- Observation charts
- Oxygen equipment checklist
- Pathology reports
- Reactive and preventative maintenance charts
- Recruitment policies and procedures
- Request for assistance to take medication forms
- Resident lifestyle profiles
- Residential care agreement
- Residents settling in survey.
- Residents' information package and surveys
- Residents' satisfaction survey
- Shower list
- Smoking chart
- Staff handbook
- Staff incidents
- Transdermal patch application form

- Weight records
- Workplace health and safety folder
- Wound assessment – complex form
- Wound management guidelines
- Wound treatment record

Observations

The team observed the following:

- Activities in progress
- Emergency medication stock
- Equipment and supply storage areas
- Equipment for specialised nursing
- External complaints posters
- Fire assembly areas and paths to egress
- Food service
- Hand sanitiser
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Internal complaints mechanisms
- Kitchen
- Laundry
- Maintenance shed
- Service of meals
- Storage of clinical stock
- Storage of medications
- Wound treatment trolley

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

RSL Care Pioneers Hostel has a continuous quality improvement program which is managed and monitored by the Lifestyle Manager (LM). Mechanisms in place to enable the identification, implementation, evaluation and monitoring of quality activities include improvement/suggestion forms, comments and complaints forms, audit results, incident/accident forms, one-to-one discussions with staff and management and resident and staff meetings program. Improvements are logged into a register and actions implemented are communicated to the originator individually or through meeting forums, further review and evaluation takes place if appropriate before closure. Urgent issues are immediately addressed and all issues are discussed by the management team at the monthly quality meeting. Residents are satisfied that any issues raised will be addressed by management in a timely manner and to their satisfaction and staff demonstrate awareness of the process and mechanisms in place.

Examples of continuous improvement activities in relation to management systems, staffing and organisational development include the following:

- To improve resident/representatives access to additional information regarding the home, a newsletter is now provided. Management indicated that the inaugural newsletter had been printed in July 2011 with further additions being produced since that time. Management informed the team that residents/representatives had commented positively on the home’s newsletter.
- The home has introduced a roster replacement document which assists administration and/or management in monitoring and managing changes to shifts and staff sick leave. Management informed the team that the new form has been successful in improving the management of information related to shift changes and staff replacement.
- To assist management in capturing accurate and timely information regarding mandatory reporting requirements, a card outlining the processes to be followed has been supplied to staff to guide the reporting mechanisms in place. Management indicated that improving staff access to information has been effective in ensuring staff have a shared understanding of processes to be followed in regard to reporting.

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

Systems and processes are in place to identify current legislation including subscriptions to update services and memberships to industry peak bodies. Staff receive information on legislative requirements through the home's orientation program and mandatory training sessions. Updates are communicated to staff through policies and procedures, internal communications, memoranda and meeting forums. Compliance is monitored through audits and surveys, observation, and tracking mechanisms in place at an organisational and local level. Processes are in place to ensure all staff and other relevant individuals have current criminal history checks and ensure that residents/representatives are advised regarding accreditation audit visits.

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 developed recruitment criteria, position descriptions, job instructions and an education program to ensure that staff have the appropriate knowledge and skills to perform their roles effectively. The knowledge and skill needs of staff are identified. Staff education is provided on site and staff are encouraged and supported to attend courses provided by external training bodies. Assessments of competency are conducted to monitor skills and knowledge with residents satisfied that management and staff have appropriate knowledge and skills. Management and staff demonstrated appropriate knowledge and skills in the provision of management systems, staffing and organisational development.

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

There are processes to ensure residents/representatives are informed of both internal and external complaint mechanisms. Information about the comments and complaints process is provided to residents/representatives via the resident handbook and as part of the resident agreement completed on admission; this information is also explained verbally to ensure residents/representatives understand the process. Complaints forms are available throughout the service in a position accessible to residents/representatives. Staff are provided with information about residents' rights and the comments and complaints process on commencement of employment and ongoing education is provided. Staff are aware of how to appropriately handle and direct comments and complaints, and residents stated that they are aware of the process and that response from management is timely.

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 commitment to quality throughout the service and the organisation's vision, values, philosophy and objectives; these are outlined in organisational documents and displayed throughout the home. Staff are orientated on the organisation's vision, values, philosophy and objectives before commencing employment and an organisational code of conduct is maintained.

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 organisation has established systems and processes that include the selection, appointment, induction and management of staff. Employment occurs following interview, criminal history check, confirmation of appropriate qualifications and reference feedback. Orientation is provided to commencing staff, new employees receive rostered buddy shifts with experienced staff members for supervision and mentoring in their new role and practices are monitored through probationary and annual performance appraisals. Staff are provided with an orientation pack and have access to education opportunities and duty lists to assist them to perform their roles. The roster is reviewed and planned and unplanned leave is managed through the use of casual staff. Staff report they have sufficient time to perform their duties and that resident care needs are met. Residents are satisfied that staff have the skills to attend to their needs and respond to requests for assistance 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 findings

The home meets this expected outcome

The home has processes to identify, maintain and purchase appropriate goods and equipment for the delivery of services. Service agreements include provision for feedback and replacement when goods or services are unsuitable. Management, contracted maintenance and workplace health and safety personnel ensure that equipment is suitable for its intended use and risk assessment processes are undertaken where appropriate. Minimum stock levels are maintained across all areas of the home in consideration of variations in staff and residents' requirements. A preventive maintenance program ensures equipment is serviced and maintained according to manufacturer's recommendations. Staff and key personnel have procedures/authority to repair or replace equipment and goods as necessary and have access to emergency contacts for urgent and after hours repairs. Residents and staff have access to a consistent supply of stock and suitable equipment to meet their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has processes and procedures in place to manage information in a secure and confidential manner, including, restricted access to organisational information, residents' records and personnel files with locked storage areas and offices. Information stored on computers is password restricted with various levels of access available to appropriate staff. Management has access to current legislative requirements via head office and the intranet with policy/procedures, education and training communicated via manuals, meetings, memo folders and one to one discussions updated and conducted as appropriate. Information on residents care is generally communicated to staff by handover meetings, care plans and progress notes to guide staff practice. The home has procedures in place for reviewing, archiving and destroying documents which are generally carried out in accordance with the home's policies. Residents and staff report that they are satisfied with information management at the home and staff are consulted if information is relevant to their work.

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

The home has a list of external providers and contractual agreements are entered into where relevant to ensure quality and workplace health and safety requirements of the home are met. The performance and quality of goods and services provided by external suppliers is monitored by corporate office with yearly reviews conducted. Management, staff, and residents/representatives also provide feedback on external providers of the home and this is considered in the yearly review. Processes are in place to ensure that external contractors visiting the home are accompanied by staff during their visit with residents being made aware of any disruptions. All contractors make contact with administration on their arrival. Residents and staff are satisfied with the provision of externally sourced services.

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

RSL Care Pioneers Hostel has a continuous quality improvement program which is managed and monitored by the Lifestyle Manager (LM). Mechanisms are in place to enable the identification, implementation, evaluation and monitoring of quality activities include improvement/suggestion forms, comments and complaints forms, audit results, incident/accident forms, one-to-one discussions with staff and management and resident and staff meetings program. Improvements are logged into a register, actions implemented are communicated to the originator individually or through meeting forums, further review and evaluation takes place if appropriate before closure. Urgent issues are immediately addressed and all issues are discussed by the management team at the monthly quality meeting. Residents are satisfied that any issues raised will be addressed by management in a timely manner and to their satisfaction and staff demonstrate awareness of the process and mechanisms in place.

Examples of continuous improvement activities in relation to residents' health and personal care include the following:

- To assist in the management of residents' continence management, contrasting coloured toilet seats have been provided to support resident toileting. Staff indicated that the new toilet seats had improved continence management for residents.
- To support staff responsiveness when residents request assistance, the home has upgraded the nurse call system available to residents in the hostel section of the home. Management informed the team that the revised call system has been an improvement for residents.

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

Management has established systems to identify and ensure compliance with relevant regulatory requirements and these systems are effective. The organisation has established links to external bodies to receive advice regarding new regulatory requirements and amendments to existing requirements. Relevant regulatory requirements are incorporated into the organisation's policies, procedures and practices. Where required, staff are provided with information and training. Systems to monitor compliance have been established. The home has a system in place to ensure that nursing services are provided as per the *Quality of Care Principles 1997* and medications are administered according to relevant protocols.

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

The home has developed recruitment criteria, position descriptions, job instructions and an education program to ensure that staff have the appropriate knowledge and skills to perform their roles effectively. The knowledge and skill needs of staff are identified. Staff education is provided on site and staff are encouraged and supported to attend courses provided by external training bodies. Assessments of competency are conducted to monitor skills and knowledge. Residents are satisfied that management and staff have appropriate knowledge and skills. Management and staff demonstrated appropriate knowledge and skills in the provision of health and personal care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

A clinical management system has been established to ensure that residents receive appropriate clinical care. Guidelines are provided to promote consistency of practice. Processes are in place for identification and assessment of residents care needs; referral to medical and/or allied health professionals (in accordance with residents needs); care planning in consultation with residents, their representatives and the health care team; implementation of care and regular evaluation of the effectiveness of care is undertaken as directed. Residents reported satisfaction with clinical care, the consultation processes, and the way care is delivered. The effectiveness of the system and process for supporting effective clinical care is monitored through the internal audit system and resident/ representative surveys.

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 with specialised nursing care needs are identified and their needs assessed in consultation with the resident, their representatives and the health care team. Types of specialised care provided include blood glucose monitoring, oxygen therapy and the management of complex wounds. The home has access to external nursing services to support the provision of specialised nursing care. Care strategies are developed and recorded within care and treatment plans, and care is implemented and regularly evaluated. Appropriate equipment and sufficient stock is available to enable care and treatment to be provided effectively. Residents reported satisfaction with the care provided.

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

Residents are referred to appropriate health services in accordance with their needs and preferences. Residents’ needs are identified and assessed and referrals are made for medical and/or allied health professionals’ assessment and management as needed. Care documentation indicated that referrals have been initiated and recommendations for care and management are recorded and communicated to relevant staff. Implementation of care is monitored and the effectiveness of care is evaluated. Residents reported satisfaction with other health and related services provided and with consultation processes.

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

A medication management system has been established to ensure that residents’ medication is managed safely and correctly. Medications are prescribed by the medical practitioner and are dispensed by the pharmacist. Information about the time and frequency of medications and alerts about medications not packed within the medication containers is effectively communicated to staff to facilitate continuity of care and to ensure that residents receive their medications as prescribed. Staff administer medications in a safe and correct manner and medications are stored appropriately. The resident’s medical officer regularly reviews residents’ medications and their effectiveness and a clinical pharmacist also monitors residents’ health response to the medications prescribed. Residents reported satisfaction with the way their medications are managed. Effectiveness of the medication management system is monitored through the internal auditing and incident reporting processes, and action is taken to address deficiencies.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Pain is identified and factors contributing to pain are assessed and referrals for medical assessment are initiated as needed. A variety of pain management strategies are available for residents to ensure that they remain as free as possible from pain and these strategies are communicated to staff and implemented. Staff outlined pain management strategies for individual residents, care and treatment plans and progress notes entries show that action is taken in response to residents’ reports of pain and the effectiveness of pain management strategies is regularly reviewed. Residents report pain is managed effectively.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The comfort and dignity of terminally ill residents is maintained and information about residents’ care needs and changes is effectively communicated to staff within the care documentation and verbally throughout the shift. Palliative care, emotional and psychosocial support for residents and their representatives is provided by nursing staff, and the palliative care specialists from the local hospital and other resources in accordance with residents’/representatives’ needs and preferences. Residents’ choices and preferences in relation to their end of life care is recorded and care documentation shows regular discussion with the resident and/or their family and the health care team in relation to changes in residents’ response to care and consultation about ongoing 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 receive adequate nourishment and hydration and processes are in place to identify residents’ food and fluid preferences and to assess residents at risk of impaired nutrition. Weight monitoring is undertaken and action is taken to address weight loss with residents being referred for medical and/or allied health assessment and management if nutritional deficiencies are identified. Monitoring is undertaken to ensure that residents’ special dietary needs are provided and assistance/supervision is given to residents (with eating and drinking as needed) to ensure that their nutrition and hydration is maintained. Residents reported satisfaction with the quality, quantity and variety of food and fluids and with the assistance provided by staff. The effectiveness of processes for ensuring residents nutrition and hydration is regularly evaluated.

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

Processes have been established to ensure that residents’ skin integrity is consistent with their general health. Residents at risk of impaired skin integrity are identified through assessment, and care plan strategies outline measures required to maintain residents’ skin integrity. Breaks in skin integrity are recorded and reported through the incident reporting processes and if trends are identified, strategies are put in place to prevent recurrence. Wound treatment charts outline wound management strategies and instructions within the treatment charts are effective in facilitating continuity of care. Care staff outlined strategies that they use to promote residents’ skin integrity and pressure relieving equipment is available and used as needed. Residents reported satisfaction with the care provided. The effectiveness of strategies to promote skin care and the effectiveness of treatments is regularly evaluated.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed effectively through identification and assessment of residents’ bladder and bowel patterns, and the establishment and monitoring of programs to promote continence, to manage incontinence and prevent constipation. Programs are developed in consultation with residents/representatives and the health care team. Residents’ individual continence management programs are communicated to care staff and the effectiveness of the programs in meeting residents’ needs is regularly evaluated. Residents reported satisfaction with the assistance provided by staff in respect to continence management.

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 assessment and the identification of triggers, trends and effective interventions. Residents are referred for specialist medical and allied health services in accordance with resident’s needs and preferences. Care plans outline preventive and management strategies for residents with challenging behaviours and staff demonstrated that they are attentive to residents’ needs and responded appropriately to residents exhibiting challenging behaviours. Residents advised that they are satisfied with behaviour management strategies. The effectiveness of behaviour management strategies is regularly evaluated.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents’ mobility and dexterity levels are achieved for residents through the identification and assessment of residents’ dexterity, mobility and manual handling needs by the physiotherapist and nursing staff who treat and/or refer residents as needed. Education is provided to care staff to enable them to effectively assist residents with their exercise program and to maintain and/or improve their mobility and dexterity in accordance with planned care. Aids are provided to promote independence in accordance with residents’ needs. Falls incidents are reported and trends are identified and preventive strategies are implemented where indicated. Residents reported satisfaction with the assistance provided by staff to help residents maintain their mobility, dexterity and independence. The effectiveness of strategies in identifying and managing residents’ mobility and dexterity is regularly evaluated.

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’ oral and dental health is assessed and if needed, residents are referred for specialist medical and/or dental services for more detailed assessment and management in accordance with their needs and preferences and availability of services in a far west community. Care strategies to effectively maintain residents’ oral and dental health are developed, communicated to staff and implemented. Staff outlined these strategies and residents advised that they are satisfied with the assistance provided by staff. The effectiveness of strategies in maintaining residents’ oral and dental health is regularly evaluated.

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 abilities are assessed and if sensory loss is identified, residents are referred for specialist medical and/or allied health services for more detailed assessment and management in accordance with their needs and preferences and availability of services in a far west community. Care strategies to effectively manage residents’ sensory loss are developed, communicated to staff and implemented. Staff outlined these strategies and residents reported that they are satisfied with the assistance provided by staff to assist them to manage sensory losses effectively. The effectiveness of strategies in identifying and managing residents with sensory losses is regularly evaluated

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

Processes are in place to assist residents to achieve natural sleep patterns. Residents’ normal sleep patterns and assistance required to achieve natural sleep are identified and assessed in consultation with the resident and the health care team. Care strategies are developed, communicated to staff and implemented in response to residents’ needs and preferences. Residents advised that they are satisfied with the care and assistance provided to them to make them comfortable in bed and promote sleep. The effectiveness of strategies in promoting natural sleep for residents’ is regularly evaluated.

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

RSL Care Pioneers Hostel has a continuous quality improvement program which is managed and monitored by the Lifestyle Manager (LM). Mechanisms in place to enable the identification, implementation, evaluation and monitoring of quality activities include improvement/suggestion forms, comments and complaints forms, audit results, incident/accident forms, one-to-one discussions with staff and management and resident and staff meetings program. Improvements are logged into a register, actions implemented are communicated to the originator individually or through meeting forums, further review and evaluation takes place if appropriate before closure. Urgent issues are immediately addressed and all issues are discussed by the management team at the monthly quality meeting. Residents are satisfied that any issues raised will be addressed by management in a timely manner and to their satisfaction and staff demonstrate awareness of the process and mechanisms in place.

Examples of continuous improvement activities in relation to resident lifestyle include the following:

- To enhance the lifestyle for residents, a full time qualified diversional therapist has been employed to provide activities of interest for residents. Management informed the team that the appointment of the diversional therapist complements the home’s music therapist. Residents and staff commented positively on the revised and expanded lifestyle program available at the home.
- To improve resident access to the community, a relationship has been established between the residents and the town’s local schools. Residents are visited by school students and on a regular basis travel to the school to attend an assembly. Residents commented positively on their interactions with the town’s school children.

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

Management has established systems to identify and ensure compliance with relevant regulatory requirements and these systems are effective. The organisation has established links to external bodies to receive advice regarding new regulatory requirements and amendments to existing requirements. Relevant regulatory requirements are incorporated into the organisation’s policies, procedures and practices. Where required, staff are provided with information and training. Systems to monitor compliance have been established. The home has a system in place to manage the mandatory reporting of assaults and to manage the reporting of missing residents.

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

The home has developed recruitment criteria, position descriptions, job instructions and an education program to ensure that staff have the appropriate knowledge and skills to perform their roles effectively. The knowledge and skill needs of staff are identified. Staff education is provided on site and staff are encouraged and supported to attend courses provided by external training bodies. Assessments of competency are conducted to monitor skills and knowledge. Residents are satisfied that management and staff have appropriate knowledge and skills. Management and staff demonstrated appropriate knowledge and skills in the provision of resident lifestyle.

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

Processes are in place to identify residents' emotional support needs on entry to the home and on an ongoing basis. Residents are provided with a resident handbook on admission and are orientated to the environment, services, staff and other residents. Regular review processes identify changes or concerns experienced by residents and current strategies used to support residents are documented in progress notes, communication books and in care plans. Nursing staff, diversional therapists, relatives, friends, volunteers, management and spiritual/cultural services provide initial and ongoing social and emotional support to residents. Residents confirm satisfaction with the emotional support provided on entry and on an ongoing basis to enable them to adjust to their altered lifestyle within the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems in place to support and assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Residents' needs and preferences for independence are assessed on entry to the home and care plans are developed to guide staff practice. Residents requiring alternative decision makers have relevant information documented and those with special needs are provided with appropriate equipment and support by nursing staff, diversional therapists and volunteers to promote maximum independence. Staff assist residents to pursue activities of preference, encourage residents to maintain friendships and cultural/spiritual connections within the home and wider community and are aware of individual resident's preferences and limitations. Residents expressed satisfaction with the assistance they receive in maintaining personal independence.

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

Residents' preferences in relation to their preferred name, care, lifestyle, cultural and spiritual beliefs are identified on entry to the home and this information is recorded in care plans and information folders to guide staff practices. Residents' records are secured in areas that are restricted to authorised personnel, and staff discuss individual residents' issues in private. Staff practices promote privacy and dignity and include knocking on doors to gain consent for entry and closing doors whilst attending to resident care needs. Staff have knowledge of individual preferences and address residents in a respectful manner. Resident feedback indicated that staff respect residents' individual privacy and support them in a dignified manner.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to ensure residents are supported and encouraged to participate in a wide range of activities of interest to them. On entry to the home nursing staff complete a resident profile assessment to capture significant health, social and leisure information and the diversional therapist creates a leisure interest and activities care plan. A monthly activities calendar is developed and displayed on resident notice boards and circulated through the resident newsletter and activities are monitored through examining attendance rates, talking with residents one to one or at resident monthly meetings and through satisfaction surveys. Residents with special needs are encouraged and supported to participate in planned activities inside and outside the home. Residents report they are satisfied with the variety of activities provided by the home and that staff encourage and support them to attend activities that interest them.

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 cultural and spiritual needs of the resident are identified through the completion of the biographical profile and lifestyle assessment with the information gained transferred into the residents' lifestyle care plans. Ecumenical church services are conducted and individual spiritual needs are met by visiting ministers. Cultural days of significance are celebrated within the home with the individual beliefs and customs of residents are observed and known by staff. Residents indicate that they are satisfied that their cultural and spiritual needs are being met at the home.

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

There are established policies and processes to identify residents' choices and ability to make decisions on entry into the home and as changes occur. Information relating to residents appointed decision makers is included in the residents file for staff to access and is reviewed regularly. Information regarding the residents' rights and responsibilities is contained in the resident handbook and is discussed on entry to the home.

Residents/representatives reserve the right to refuse care or treatment and refusal is documented in the progress notes. Residents or representatives are welcome to attend meetings to discuss and suggest any issues they may have. Both internal and external complaints systems are in place. Residents expressed satisfaction with the decision making processes at 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

Resident/representatives are provided with information regarding security of tenure on entry to the home. Residents/representatives are informed of their rights and responsibilities on entry to the home and are encouraged to ask question to clarify any concerns.

Resident/representatives sign an agreement stating fees, charges and responsibilities on entry to the home and are welcome to have this reviewed by an independent body if required. The appropriateness of a resident's room is assessed regularly and if any changes are needed to ensure care is provided consultation with the resident/representative takes place. The home has a system in place to ensure that residents with advanced health directives and/or alternative decision makers are identified. Residents interviewed stated they felt safe and secure in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

RSL Care Pioneers Hostel has a continuous quality improvement program which is managed and monitored by the Lifestyle Manager (LM). Mechanisms in place to enable the identification, implementation, evaluation and monitoring of quality activities include improvement/suggestion forms, comments and complaints forms, audit results, incident/accident forms, one-to-one discussions with staff and management and resident and staff meetings program. Improvements are logged into a register, actions implemented are communicated to the originator individually or through meeting forums, further review and evaluation takes place if appropriate before closure. Urgent issues are immediately addressed and all issues are discussed by the management team at the monthly quality meeting. Residents are satisfied that any issues raised will be addressed by management in a timely manner and to their satisfaction and staff demonstrate awareness of the process and mechanisms in place.

Examples of continuous improvement activities in relation to the living environment and safe systems include the following:

- To support the residents walking program, local council assistance has been obtained to provide residents with a safe pathway. Management informed the team that through a process of consultation, footpaths around the home have been replaced and/or repaired to ensure residents are safe whilst mobilising in the local area.
- To improve resident access to appropriate areas in which to smoke cigarettes as per their individual preferences, the home has through a process of consultation developed suitable outdoor areas for smoking residents. Residents commented positively to the new outdoor areas and to the home’s consultative approach in establishing a pleasant environment for them to enjoy their cigarettes.

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

Management has established systems to identify and ensure compliance with relevant regulatory requirements and these systems are effective. The organisation has established links to external bodies to receive advice regarding new regulatory requirements and amendments to existing requirements. Relevant regulatory requirements are incorporated into the organisation’s policies, procedures and practices. Where required, staff are provided with information and training. Systems to monitor compliance have been established. The home has a system in place to ensure compliance with building certification requirements and provides a safe working environment; the home has a food safety program.

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

The home has developed recruitment criteria, position descriptions, job instructions and an education program to ensure that staff have the appropriate knowledge and skills to perform their roles effectively. The knowledge and skill needs of staff are identified. Staff education is provided on site and staff are encouraged and supported to attend courses provided by external training bodies. Assessments of competency are conducted to monitor skills and knowledge. Residents are satisfied that management and staff have appropriate knowledge and skills. Management and staff demonstrated appropriate knowledge and skills in the provision of a safe physical environment.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings

The home meets this expected outcome

The environment provides access to internal and external communal and private dining areas with sufficient and appropriate furniture for residents and their visitors. Residents are encouraged to have their own furnishings in their room. Preventative maintenance and cleaning schedules are in place and are adhered to by staff. Additional maintenance requirements are reported by staff or residents and are attended to by maintenance staff or external contractors in a timely manner. Security measures are in place to ensure overnight security in the home. Monitoring of the living environment is conducted through the reporting and actioning of hazards, risk assessments, review and completion of audits, resident feedback and investigation of incidents with identified improvements being actioned in a timely manner. Resident feedback indicates residents feel safe and comfortable in all areas of 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

The home has procedures, processes and practices in place to assist in the identification, actioning and review of safety issues. Workplace health and safety information is provided at staff meetings, orientation, and mandatory training. Safety performance is monitored through audits/inspections, competency assessments, hazards reporting, risk assessments and incidents/accident reports. Identified issues are reviewed and action taken. Staff implement safe practices whilst performing their role and have access to material safety data sheets and personal protective equipment. Chemical, equipment and supply storage areas are identified by signage. Accidents and incidents are recorded identifying frequency, severity and location and action is taken to instigate control methods to prevent any reoccurrence. Staff reported that they were aware of their safety obligations and that management was responsive to providing a safe workplace for them.

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

Processes are in place to guide residents and staff in emergency procedures and this is documented in the fire security and emergency manuals. A resident fire list report is kept updated and informs staff of resident numbers and mobility status in the event of an emergency. The maintenance of fire systems and equipment is undertaken by an external service provider and is monitored through the planned maintenance program. Staff complete fire safety training during orientation and on an annual basis and this attendance is monitored and processes are in place to follow up non-attendance. Illuminated signage and evacuation plans are in place and emergency instructions and other relevant information is displayed at the fire panels. Fire and other emergency information is provided to residents through consultation and meetings. Staff indicated awareness of fire safety and evacuation procedures, location and use of fire fighting equipment.

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

Processes to minimise the risks associated with the transmission of infection are in place. Staff are provided with information about infection control at orientation, through the ongoing training program, assessment of competency (hand washing), and through policies, procedures and other available guidelines (including outbreak management). Staff demonstrated knowledge of infection control principles in line with their roles and responsibilities (including hand washing, use and changing of personal protective equipment, and separation of clean and dirty areas). There is sufficient stock and equipment (for example personal protective equipment, machinery and cleaning agents) available to enable them to effectively minimise the transmission of infection. Staff practices in preventing the transmission of infection are monitored as part of the audit program. Records are kept of the number and type of resident infections, and data is analysed to enable additional control measures to be implemented if indicated. Residents advised that they are satisfied with staff hygiene practices and 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

The home cooks all meals fresh on site according to a cyclic menu with is changed seasonally. Standard recipes are used to ensure that continuity of quality is present. Menus are review annually by the dietician and actions are taken in regard to recommendations. Residents have input to the menu via resident food survey and residents' meetings. The home has a system in place to capture residents' likes and dislikes. There is a system in place to ensure catering staff supply texture modified meals and drinks as required. Routine schedules are in place for cleaning residents' rooms and for ongoing extra cleaning. All linen and personals are laundered on site and there is a system in place to address lost clothing. Management monitors the effectiveness of the catering cleaning and laundry through regular audits. Residents interviewed expressed satisfaction with hospitality services provided at the home.