



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to Accredit St. Joseph Hostel**

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

The Agency has decided that the period of accreditation of St. Joseph Hostel is 3 years until 8 July 2012.

The Agency has found the home complies with 43 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

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

Matters of non-compliance have been referred to the Secretary, Department of Health and Ageing, in accordance with the Accreditation Grant Principles 1999.

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

### **Action following the decision**

Subsequent to the accreditation decision, the Agency has undertaken support contacts to monitor the home's progress and has found that the home has since rectified the earlier identified non-compliance.

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

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

## MOST RECENT AGENCY FINDINGS

Since the accreditation decision the Agency has conducted a support contact. The Agency's latest findings are below.

| <b>Standard 1: Management Systems, Staffing and Organisational Development</b> |                                 |
|--|---------------------------------|
| <b>Expected Outcome</b>  | <b>Agency's latest findings</b> |
| 1.1 Continuous improvement   | <b>Compliant</b>                |
| 1.2 Regulatory compliance  | <b>Compliant</b>                |
| 1.3 Education and staff development  | <b>Compliant</b>                |
| 1.4 Comments and complaints  | <b>Compliant</b>                |
| 1.5 Planning and leadership  | <b>Compliant</b>                |
| 1.6 Human resource management  | <b>Compliant</b>                |
| 1.7 Inventory and equipment  | <b>Compliant</b>                |
| 1.8 Information systems  | <b>Compliant</b>                |
| 1.9 External services  | <b>Compliant</b>                |
| <b>Standard 2: Health and Personal Care</b>                                    |                                 |
| <b>Expected Outcome</b>  | <b>Agency's latest findings</b> |
| 2.1 Continuous improvement   | <b>Compliant</b>                |
| 2.2 Regulatory compliance  | <b>Compliant</b>                |
| 2.3 Education and staff development  | <b>Compliant</b>                |
| 2.4 Clinical care  | <b>Compliant</b>                |
| 2.5 Specialised nursing care needs   | <b>Compliant</b>                |
| 2.6 Other health and related services  | <b>Compliant</b>                |
| 2.7 Medication management  | <b>Compliant</b>                |
| 2.8 Pain management  | <b>Compliant</b>                |
| 2.9 Palliative care  | <b>Compliant</b>                |
| 2.10 Nutrition and hydration   | <b>Compliant</b>                |
| 2.11 Skin care   | <b>Compliant</b>                |
| 2.12 Continence management   | <b>Compliant</b>                |
| 2.13 Behavioural management  | <b>Compliant</b>                |
| 2.14 Mobility, dexterity and rehabilitation                                    | <b>Compliant</b>                |
| 2.15 Oral and dental care  | <b>Compliant</b>                |
| 2.16 Sensory loss  | <b>Compliant</b>                |
| 2.17 Sleep   | <b>Compliant</b>                |

| <b>Standard 3: Resident Lifestyle</b>                    |                                 |
|--|---------------------------------|
| <b>Expected Outcome</b>                                  | <b>Agency's latest findings</b> |
| 3.1 Continuous improvement                               | <b>Compliant</b>                |
| 3.2 Regulatory compliance                                | <b>Compliant</b>                |
| 3.3 Education and staff development                      | <b>Compliant</b>                |
| 3.4 Emotional support                                    | <b>Compliant</b>                |
| 3.5 Independence   | <b>Compliant</b>                |
| 3.6 Privacy and dignity                                  | <b>Compliant</b>                |
| 3.7 Leisure interests and activities                     | <b>Compliant</b>                |
| 3.8 Cultural and spiritual life                          | <b>Compliant</b>                |
| 3.9 Choice and decision-making                           | <b>Compliant</b>                |
| 3.10 Resident security of tenure and responsibilities    | <b>Compliant</b>                |
| <b>Standard 4: Physical Environment and Safe Systems</b> |                                 |
| <b>Expected Outcome</b>                                  | <b>Agency's latest findings</b> |
| 4.1 Continuous improvement                               | <b>Compliant</b>                |
| 4.2 Regulatory compliance                                | <b>Compliant</b>                |
| 4.3 Education and staff development                      | <b>Compliant</b>                |
| 4.4 Living environment                                   | <b>Compliant</b>                |
| 4.5 Occupational health and safety                       | <b>Compliant</b>                |
| 4.6 Fire, security and other emergencies                 | <b>Compliant</b>                |
| 4.7 Infection control                                    | <b>Compliant</b>                |
| 4.8 Catering, cleaning and laundry services              | <b>Compliant</b>                |

## Home and Approved provider details

### Details of the home

Home's name: St. Joseph Hostel

RACS ID: 0086

Number of beds: 52      Number of high care residents: 19

Special needs group catered for: Nil

Street/PO Box: 41 Gladesville Road

City: HUNTERS HILL      State: NSW      Postcode: 2110

Phone: 02 9817 2055      Facsimile: 02 9817 5705

Email address: lynetteb@ssjacs.com.au

### Approved provider

Approved provider: Sisters of St Joseph Aged Care Services (NSW)

### Assessment team

Team leader: Katrina Bailey

Team member/s: Richard Hanssens

Date/s of audit: 30 March 2009 to 31 March 2009

| <b>Executive summary of assessment team's report</b>                           |  |
|--|--|
| <b>Standard 1: Management systems, staffing and organisational development</b> |  |
| <b>Expected outcome</b>  | <b>Assessment team recommendations</b> |
| 1.1 Continuous improvement   | Does comply                            |
| 1.2 Regulatory compliance  | Does comply                            |
| 1.3 Education and staff development  | Does comply                            |
| 1.4 Comments and complaints  | Does comply                            |
| 1.5 Planning and leadership  | Does comply                            |
| 1.6 Human resource management  | Does comply                            |
| 1.7 Inventory and equipment  | Does comply                            |
| 1.8 Information systems  | Does comply                            |
| 1.9 External services  | Does comply                            |
| <b>Standard 2: Health and personal care</b>                                    |  |
| <b>Expected outcome</b>  | <b>Assessment team recommendations</b> |
| 2.1 Continuous improvement   | Does comply                            |
| 2.2 Regulatory compliance  | Does comply                            |
| 2.3 Education and staff development  | Does comply                            |
| 2.4 Clinical care  | Does not comply                        |
| 2.5 Specialised nursing care needs   | Does comply                            |
| 2.6 Other health and related services  | Does comply                            |
| 2.7 Medication management  | Does comply                            |
| 2.8 Pain management  | Does comply                            |
| 2.9 Palliative care  | Does comply                            |
| 2.10 Nutrition and hydration   | Does comply                            |
| 2.11 Skin care   | Does comply                            |
| 2.12 Continence management   | Does comply                            |
| 2.13 Behavioural management  | Does comply                            |
| 2.14 Mobility, dexterity and rehabilitation                                    | Does comply                            |
| 2.15 Oral and dental care  | Does comply                            |
| 2.16 Sensory loss  | Does comply                            |
| 2.17 Sleep   | Does comply                            |

## Accreditation decision

| <b>Agency findings</b> |
|------------------------|
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |

| <b>Agency findings</b> |
|------------------------|
| Does comply            |
| Does comply            |
| Does comply            |
| Does not comply        |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
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| Does comply            |
| Does comply            |
| Does comply            |

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

### Accreditation decision

| <b>Agency findings</b> |
|------------------------|
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |

| <b>Agency findings</b> |
|------------------------|
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |
| Does comply            |

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

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



**Aged Care**

Standards and Accreditation Agency Ltd

# SITE AUDIT REPORT

|              |                   |
|--------------|-------------------|
| Name of home | St. Joseph Hostel |
| RACS ID      | 0086              |

## **Executive summary**

This is the report of a site audit of St. Joseph Hostel 0086 41 Gladesville Road HUNTERS HILL NSW from 30 March 2009 to 31 March 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

## **Assessment team's recommendation regarding compliance**

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

- 43 expected outcomes

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcomes:

- 2.4 Clinical Care

## **Assessment team's recommendation regarding accreditation**

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

The assessment team recommends the period of accreditation be 3 years.

## **Assessment team's recommendations regarding support contacts**

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 30 March 2009 to 31 March 2009.

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

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

## Assessment team

|              |                  |
|--------------|------------------|
| Team leader: | Katrina Bailey   |
| Team member: | Richard Hanssens |

## Approved provider details

|                    |   |
|--------------------|---|
| Approved provider: | Sisters of St Joseph Aged Care Services (NSW) |
|--------------------|---|

## Details of home

|               |                   |
|---------------|-------------------|
| Name of home: | St. Joseph Hostel |
| RACS ID:      | 0086              |

|  |    |
|--|----|
| Total number of allocated places:                | 52 |
| Number of residents during site audit:           | 50 |
| Number of high care residents during site audit: | 19 |
| Special needs catered for:                       |    |

|                 |                        |            |              |
|-----------------|------------------------|------------|--------------|
| Street/PO Box:  | 41 Gladesville Road    | State:     | NSW          |
| City/Town:      | HUNTERS HILL           | Postcode:  | 2110         |
| Phone number:   | 02 9817 2055           | Facsimile: | 02 9817 5705 |
| E-mail address: | lynetteb@ssjacs.com.au |            |              |



### Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be 3 years.

### Assessment team's recommendations regarding support contacts

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

The assessment team recommends there should be 4 support contacts during the period of accreditation and the first should be within 2 months.

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

|   | Number |   | Number |
|---|--------|---|--------|
| Chief Executive Officer                 | 1      | Residents                                   | 11     |
| Director of Clinical Care               | 1      | Relatives                                   | 2      |
| Human resources manager                 | 1      | Volunteers                                  | 2      |
| Learning and development manager        | 1      | Cleaning regional supervisor                | 1      |
| Catering services regional manager      | 1      | Cleaning staff                              | 1      |
| Catering staff                          | 2      | Maintenance staff                           | 1      |
| Acting hostel manager                   | 1      | Providence representative                   | 1      |
| Registered nurse                        | 1      | Physiotherapist                             | 1      |
| Physiotherapy aide                      | 1      | Pastoral carer                              | 1      |
| Recreational activity officer           | 1      | Care staff including continence coordinator | 3      |
| External provider – continence supplies | 1      |   |        |

#### Sampled documents

|  | Number |                             | Number |
|--|--------|-----------------------------|--------|
| External services provider contracts   | 4      | Accident/incident reports   | 10     |
| Personnel files  | 4      | Complaints forms            | 10     |
| Resident files including documents and information on the computerised care system | 10     | Bowel monitoring charts     | 12     |
| Blood glucose monitoring information (computer and hard copy)                      | 2      | Blood pressure chart        | 1      |
| Wound management chart   | 6      | ACFI pack                   | 1      |
| Self medication assessments  | 2      | Pain assessment charts      | 3      |
| Medication charts and signing charts   | 10     | Medication Treatment charts | 8      |

## Other documents reviewed

The team also reviewed:

- Bowel monitoring folder
- Catering complaints log/audit folder/three monthly workplace inspection sheets
- Catering hassle sheet (for minor problems) and blooper sheet (for major problems)
- Catering industry policies and procedures manual
- Catering records (temperature records/cleaning schedules/training records/supplies ordering sheets/resident food preferences)
- Catering staff on the job training matrix
- Chemicals material safety sheets
- Cleaning schedules
- Cleaning spot check audits
- Cleaning toolbox training matrix
- Communication diary
- Compulsory education folder and training records
- Continuous improvement audit October 2008
- Critical operations standing procedures (reviewed November 2008)
- Dietary likes and dislikes folder
- Education monthly reports to board
- Electronic tagging (receipt for work completed February 2009)
- Fire fighting and evacuation emergency planning guide
- Fire prevention and first attack training records
- Fire safety certificate (annual) dated from 23 October 2008
- Infection control data graphs and summaries 2009
- Information on pastoral care including spiritual and cultural assessment, pastoral care brochure, ongoing assessment form and personal requests
- Information on recreational activity program including photographs of program, monthly program, activity evaluations and individual resident attendance charts
- Information on the mobility program including better practice application, no falls program, exercise program, manual handling, competency skills testing and tick sheet
- Job descriptions
- Maintenance log/mixing valves monthly temperatures records/hazard reporting records
- Medication - pain folder
- Minutes of meetings (2008/2009)
- New staff checklist
- Newsletters
- Policy and procedures manual
- Policy and protocol developed on management of skin tears
- Quality improvement committee and policy meetings minutes
- Recruitment policies and procedures
- Resident (and relatives) survey 2008
- Resident agreement
- Resident and staff meeting minutes
- Resident handover list
- Residents' information handbook
- Schedule eight drug register
- Staff education attendance records 2008-2009
- Staff education day (compulsory orientation) program and handouts
- Staff Handbook
- Staff police checks record
- Staff three day up-skilling program 2008
- Training needs analysis (November 2008)
- Evidence folder for each expected outcome

## Observations

The team observed the following:

- Activities in progress
- Chapel
- Cleaning in progress and use of wet floor signage
- Clinical care area
- Colour coded cleaning equipment
- Dining room
- Doctors' room
- Equipment and supply storage areas
- Exercise programs in progress
- Feedback process poster
- Fire and emergency evacuation plans (throughout the home)
- Fire equipment tagged
- Gastro outbreak kit and resource manual
- Handover report being conducted
- Kitchen and food storage area
- Living environment
- Maintenance area
- Meals being delivered and residents being assisted with meals
- Medications being provided to residents
- Memory board
- New South Wales Food safety Certificate (to 2 November 2009)
- Notice boards and notices
- Physiotherapy room
- Prayer room
- Resident rooms
- Residents' kitchenettes, laundries and small sitting areas
- Security key pads throughout the building
- Sitting room and library
- Staff flu shot reminder slip
- Swimming pool
- Treatments being provided to residents

## **Standard 1 – Management systems, staffing and organisational development**

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

St Joseph’s Hostel actively pursues continuous improvement across the four Accreditation Standards through assessment and review of material gathered by surveys, audits, incident and accident reports, comments and complaints, hazard reports, feedback from staff education and issues raised during staff and resident meetings. Trends are identified and potential strategies for improvement considered and evaluated for likely effectiveness. Staff, residents and other stakeholders are encouraged to participate in the development and implementation of improvements. Results and outcomes are formerly reviewed through quality improvement meetings and further improvement strategies are planned and implemented as required. The manners in which results are reported back to stakeholders include discussion, meetings, newsletters, and changes to practice or services. Residents and resident representatives interviewed confirm that the home is responsive to the issues they raise, both in person and through the complaints system. Staff said that the home’s management team is open to suggestions for improvement and is responsive to issues they raise through the consultation processes available to them.

Examples of continuous improvement specifically relating to Accreditation Standard One include:

- The home has moved from a paper based information system to a comprehensive computer data based one. This includes password protected resident care information including care plans, integrated care and progress notes. The home applied a ‘train the trainer’ model to ensure staff competence in the use of these new systems. The transition occurred in stages, beginning with entering progress notes and now the home is entering new resident care plans onto the data base. The home’s evaluation of the transition identified that the system is working well and staff said they are confident in accessing and using the computer system as part of their work practice.
- The home has adopted a ‘smart’ human resource data system which allows them to track staff qualifications, skills and competencies. Further to this, the program is linked to the new payroll system, allowing a more effective and precise use of information (such as alerting the home’s human resource staff to when staff police checks are due).
- The home has introduced an exit interview process to gather information useful to employment practices and ongoing employee work satisfaction. The human resource manual has been updated to include a section on exit interviews and managers have been trained in the use of exit interview processes.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

There are systems and processes in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home subscribes to an aged care specific legislation update service and a peak industry organisation providing relevant information about regulatory requirements. New South Wales Department of Health circulars are placed in a file that can be accessed by staff, who also

have access to legislative information through the homes policies and procedures, and their job descriptions.

Examples of regulatory requirement undertaken in relation to Accreditation Standard One include:

- The home maintains updated records of current registration of registered nursing staff and other contracted care staff such as doctors, the physiotherapist and podiatrist.
- The home has a system of criminal history checks of employees, contractors and suppliers in accordance with the Department of Health and Ageing legislation and these are located in staff personnel files.

### **1.3 Education and staff development**

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

#### **Team's recommendation**

Does comply

The home has a defined recruitment process, job descriptions (including described duties and responsibilities), systematic skills assessments (such as competencies), and an ongoing education program in place to ensure that management and staff have the knowledge and skills to perform their roles. Training needs are identified through the staff's performance appraisals and annual education surveys and education program records are maintained. The team noted that the education program offers internal and external training in a variety of formats. Fire safety and evacuation training, occupational health and safety, manual handling and infection control is mandatory for staff, and management have a system for monitoring staff compliance with this requirement. Education provided to staff recently and relating to Accreditation Standard One includes:

- The home has recently employed a full time learning and development manager (working across the St Joseph sites).
- Following a review of its staff orientation program, the home has introduced compulsory education days (orientation) which includes information and training on manual handling, fire drill and emergency evacuation, elder abuse, infection control and Occupation Health and Safety (OHS).
- Staff have received training in the use of the computer data based systems used in the home to gather information relevant to resident care.

### **1.4 Comments and complaints**

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

#### **Team's recommendation**

Does comply

Residents and representatives have access to both internal and external complaints processes. Information on accessing these services and procedures are described in the residents' handbook and a flowchart on providing feedback is visible throughout the home. A locked complaints/suggestions box is located in the home's entrance foyer and a dedicated catering complaints book is located in the resident dining room. Resident meetings have a section titled 'open forum' where residents are encouraged to and do raise immediate concerns. The home exercises an open door policy where any resident, representative or staff member can access members of the management team to discuss concerns. The home has a policy of responding to complaints in a timely fashion (within two days) and a sample of complaint reports showed that any action taken is recorded and results communicated to the complainant as appropriate. Issues raised as complaints are seen to be linked to continuous improvement. Residents said they are familiar with the home's complaints processes and confident that any issues they raise will be dealt with quickly and fairly.

## 1.5 Planning and leadership

*This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".*

### **Team's recommendation**

Does comply

The home's vision, values, philosophy, objectives and commitment to quality is documented in the resident's handbook, is displayed around the home and is visible in the work practices and operation of the home. St Joseph's is part of a religious order and the principles of this order guide the work undertaken by the hostel, where the majority of residents are religious and in particular religious sisters. The home's main objectives are to support the residents' religious focus (particularly through pastoral care) and develop skilled motivated leaders and staff to ensure good quality care to residents. Staff said they have good leadership and are satisfied with the way in which they are encouraged to develop their work skills. Residents said that the home meets and supports their core spiritual values and this is reflected through the home's staff and management practices.

## 1.6 Human resource management

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

### **Team's recommendation**

Does comply

The home is able to demonstrate that it has sufficient, appropriately skilled and qualified staff to ensure services are delivered in accordance with the Standards and St Joseph's philosophy and objectives. The home's organisation has a dedicated human resource (HR) team which oversees the management of policy, job descriptions, HR procedures, pay and collating relevant employment documentation. The home has a system in place for recruitment which includes extensive consultation within the management team to identify ongoing resourcing requirements (including changes to resident needs). New staff attend a one day comprehensive orientation program and a buddy system is used to familiarise them to their work role and practices. The home is able to draw on a trained casual pool of staff to cover annual and sick leave requirements, including a reciprocal arrangement with the adjacent nursing home which also provides the home with on-call weekend registered nursing cover. Staff are encouraged to review their duty lists monthly to assess work flow and to ensure that there is adequate staff cover in the hostel at all times. This has led to an increase in some additional shift contact hours and additional activities hours. Residents said they are satisfied with the ratio of staff available to care for them.

## 1.7 Inventory and equipment

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

### **Team's recommendation**

Does comply

Systems are in place to ensure adequate supplies of inventory and equipment are available. A stock ordering system operates across the home and is overseen by the management team. Individual staff take responsibility for ensuring adequate supplies are maintained in their area and the management team conduct regular stock-takes of products used by the hostel. New equipment is selected in consultation with residents and trialled prior to purchasing and is regularly maintained to keep it operational. Recently height adjustable chairs were purchased for the dining room to assist residents with restricted mobility. A maintenance schedule ensures resident equipment such as mobility aids (wheelchairs, toilet chairs and walking frames) are regularly serviced. Thermostatic valves are tested monthly and serviced annually. Chemical supplies are kept secured and the team observed that the home has

sufficient supplies of linen, towels, medical supplies, mobility aids, toiletries, cleaning supplies and foodstuffs.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

The home has effective information systems in place including an extensive computer data basing system. The home's policies and procedures are clearly written and accessible to staff, residents, representatives and other stakeholders. The home has document creation systems, information storage systems and a process and secured place for archiving material. Information is stored appropriately for its purpose and access is limited to those with recognised and legitimate authority to do so. Staff sign an agreement to respect resident privacy and protect the confidentiality of resident information. Staff (and as required, contractors such as doctors) have access to accurate and appropriate information to perform their roles and residents and representatives are supplied with sufficient information to enable them to make decisions about their lifestyle and care in the home. General information is circulated through newsletters and meetings and the home has auditing processes (internal and external) in place to monitor and evaluate its information systems. Residents said they are satisfied with the way in which the home gathers and stores their 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 recommendation**

Does comply

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The home negotiates service agreements with external service providers and suppliers (including catering, cleaning, maintenance and laundry services). Six monthly meetings are held with contractors, or sooner if required, to discuss any issues which may arise. Less formal discussions occur on site between managers and the contractors to monitor quality of service and products. The CEO uses a spreadsheet format to monitor delivery of service, quality of products and price and this information is used in renegotiating contracts or for consideration in the annual budget round. Residents and staff are encouraged to provide the home with their views concerning the goods and services received. Residents said that overall they are satisfied with the range of goods and quality of service the home receives.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.1 Continuous Improvement for details of the home’s system for continuous improvement.

Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Two include:

- The home has an aging in place policy and following discussion with residents has recently moved to providing palliative care in the hostel rather than transferring residents to the nursing home facility. The home works in partnership with the local hospital service palliative care team and some of the home’s registered nurses have attended a two day advanced level palliative care course, and three staff members have received funding to attend (2009) university certificate training in palliative care. The home said residents appreciate this move as it is in keeping with their requirements to have the choice to end their days in their home within their community. The home has recently nursed two residents through this mode of care and is reviewing its palliative nursing requirements and practices to further improve the quality of the care provided.
- The home is providing an education program specifically for registered nursing staff on the following topics mental health, dementia, continence, pain management, wound management and palliative care. These sessions were identified as areas staff had indicated they wanted further training in. Each subject will be presented by an external speaker and is aimed to provide staff with further relevant skills as well as preparing registered nurses to meet the 2010 registration requirement for professional development points.

### **2.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details of the home’s system for ensuring regulatory compliance.

Examples of regulatory requirements undertaken in relation to Accreditation Standard Two include:

- The home has a monitoring procedure to ensure registered nurse registration is up to date.
- External practitioners such as doctors, podiatrist and physiotherapist are required to provide evidence of relevant practising certificates and registration.

### **2.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply



Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions undertaken in relation to Accreditation Standard Two include:

- Interacting with the person with dementia and dementia essentials.
- Supporting older person with asthma.
- Medication management.
- Promoting continence management.
- Wound care.

## 2.4 Clinical care

*This expected outcome requires that "residents receive appropriate clinical care".*

### **Team's recommendation**

Does not comply

The home has a system for the assessment, planning and monitoring of residents' care needs. The home could not demonstrate that residents are consistently receiving appropriate clinical care. The team found gaps in the management for clinical care with many residents reviewed, this includes information on the care plan being no longer current; strategies not assessed effectively and/or are not identified for residents with increased care needs (such as increased challenging behaviours) and gaps in the documentation of treatments and monitoring for residents. Information in relation to residents current care needs and diagnosis is reported to staff through the 'handover reporting system'; is documented on resident lists and information is also provided through the documentation of progress notes and via the communication diary. Whilst staff interviewed demonstrated a general knowledge of resident care requirements, specific clinical care needs had not been consistently followed through for a number of residents. Residents and/or representatives confirm that they are satisfied with the care provided; comments include 'staff are wonderful' and 'the staff care are kind and caring'.

## 2.5 Specialised nursing care needs

*This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".*

### **Team's recommendation**

Does comply

There are systems in place to identify and meet residents' specialised care needs; this includes educating staff to the appropriate level to deliver specialised nursing care and ensuring that staff and equipment is available. The acting manager of the home is a registered nurse and registered nurse support is provided. Registered nurses co-ordinate assessments on residents' specialised care needs. The home has access to specialised nurse consultants for referral and specialised care is provided according to medical and clinical orders. Staff interviewed demonstrate a general knowledge and understanding of specific residents' specialised nursing care needs, for example, complex pain management. Residents/resident representatives expressed satisfaction with the management of specialised nursing care needs.

## 2.6 Other health and related services

*This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".*

### **Team's recommendation**

Does comply

Processes are in place that enable residents to receive timely and appropriate care from health specialists according to individual needs and preferences. There are systems in place

for the provision of admission, regular and emergency medical practitioners' reviews. A range of health specialists visit the home on a regular basis; as required and following referral, including a podiatrist, dietician, clinical pharmacist and palliative care specialists. The home also accesses dental services, optometry and pathology services. Residents are supported to attend external specialist appointments. Resident incidents and accidents, which resulted in resident injury, are investigated and appropriate clinical care/referral is provided such as contacting the doctor, first aid and/or transfer to hospital. Staff interviewed demonstrated an understanding of the referral system and staff have access to information on resident referral requirements. The team viewed information in relation to the referral to the appropriate health specialist and follow-up of referrals. All residents/resident representatives interviewed expressed satisfaction with the access and choice of medical and clinical care.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

There are systems in place to ensure that medication orders are current; resident medication care needs are identified (for example allergies, special alerts and medication administration needs) and physical requirements. Residents' medications are regularly reviewed and changes in medications are communicated and supplied in a timely way. The medication management system is monitored through pharmacy reviews, the internal audit system and medication incident reporting. Staff interviewed and observed demonstrated that medications are provided according to the home's medication policy and procedures. The team found that all medications reviewed are stored and administered in a safe and correct manner. Staff interviewed and observed demonstrated understanding of residents' medication's regime, reporting of medication errors and the administration of medications. Residents and/or representatives reported satisfaction with the homes management of resident's medication.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

The home has an effective system to assess and manage residents' pain to keep residents as free as possible from pain. Review of clinical documentation confirmed that a pain assessment is carried out on residents when moving into the home and as necessary and pain management strategies are implemented, documented and regularly reviewed. Further assessments are undertaken as required when the level of pain changes or strategies are no longer effective. Pain-relieving strategies including providing pain medication, medicated rubs, medication patches for pain, the use of hot packs and passive/active physiotherapy. Residents interviewed by the team confirmed that pain management in the home is adequate in meeting their needs.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

The staff and management at St Joseph's hostel demonstrate that the dignity and comfort of residents who are terminally ill is maintained. Systems are in place to identify and put into practice end of life wishes and palliative care needs. Staff interviewed demonstrated knowledge and skills in the management of residents who have a terminal illness including skin care, pain management, cultural and spiritual needs and emotional support. The home has access to advice on palliative care from palliative care health professionals and a

palliative care team. Funeral wishes and requirements are documented and a 'terminal care form' is offered to residents who require terminal care. Consultation with the resident and/or resident representative and their preferred medical practitioner assists with the palliation of residents. The Sisters of St Joseph and the pastoral care team are available to provide bedside support to dying residents and transition rituals are performed for 'end of life' stage as requested. Staff interviewed also said that they feel 'satisfied with the way that they are supported by management to provide care for terminally ill residents'.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Residents' nutrition and hydration needs and preferences are obtained on entry to the home and this information is provided to the kitchen. Food of varying consistency and texture is provided based on residents' individual needs. Staff provide assistance to residents with their meal as needed and monitor their food and fluid intake. Residents are weighed six monthly and an audit of the weights is conducted to review the results and actions are taken such as referral to doctor and/or dietician. Observations of staff practices demonstrate individual attention to residents' nutritional and hydration needs. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning and afternoon tea. Supplementary drinks are provided based on residents' identified needs. The home has access to specialists for the assessment and management of swallowing difficulties and/or residents vomiting and nausea. Residents and their representatives report satisfaction with the management of their nutrition and hydration needs.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

The home has systems in place for maintaining residents' skin integrity including initial and ongoing assessment, care planning and evaluation. All residents who have a breakdown of skin integrity are commenced on a wound management chart, which documents the dressings and frequency of treatment and the management of the wound. Residents' skin integrity is monitored daily by staff who report any abrasions, rashes or abnormalities to the RN. Skin care is provided as required and with resident's hygiene such as the use of emollients and limb protectors as required. The home monitors accidents/incidents and acts on data collected. Interviews with residents and staff and documentation reviews demonstrated that residents' skin integrity issues are appropriately documented and that there are referrals to appropriate specialists and allied health professionals.

## **2.12 Continence management**

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

### **Team's recommendation**

Does comply

Residents' continence is managed through initial and focus continence assessments (voiding patterns, bowel management and toileting), care planning and the provision of individual toileting programs, bowel management programs and continence products. The home demonstrated a system for the management of continence aids, bowel habit recording and observations for urinary tract infections. There are systems in place for the assessment, usage and distribution of continence pads and training has been provided. The home is currently reviewing this system through their external continence aide provider. Staff interviewed demonstrated an understanding of specific resident's continence requirements

and knowledge of the systems and policies used at the home. Residents/resident representatives expressed satisfaction with care provided at the home.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

St Joseph’s hostel has systems in place to manage the needs of residents with challenging behaviours. The home has policy and procedures in relation to behaviour management. Resident records reviewed show that behaviour issues are identified and intervention strategies generally occur in consultation with staff, medical practitioners and/or other health professionals or teams as required. Resident care plans are developed which generally identify residents’ challenging behaviours and interventions. Reporting of incidents occur following a behavioural related incident. Referrals for the management of residents with challenging behaviours can include reviews from medical practitioners and psycho-geriatricians (as required) according to the residents care needs relating to challenging behaviours. Staff interviewed described general and specific managements of residents’ behaviour. The RAO provides some 1:1 interactions for residents. Practices of the staff observed are generally consistent with appropriate behaviour management strategies. Residents and/or representatives are satisfied that resident behaviours of concern are addressed

### **2.14 Mobility, dexterity and rehabilitation**

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

#### **Team’s recommendation**

Does comply

The home has an effective system in place to ensure that optimum levels of mobility and dexterity are achieved for all residents. The system includes initial and ongoing assessment of residents’ mobility, dexterity and rehabilitation needs, assessment and review by a physiotherapist; and the development of a specific care plan and individual exercise regime if required. Falls risk assessments are undertaken and residents are reviewed and monitored to prevent and/or reduce further falls. The physiotherapist, physiotherapist aide, and nursing staff are involved in the delivery and evaluation of residents’ mobility programs. The home’s physiotherapy program includes, but is not limited to, passive/active exercises, group exercise classes, tai chi, walking programs and individual one-on-one exercise programs. The effectiveness of the program is assessed through individual resident mobility and dexterity measures and monitoring of incidents and accidents. Staff interviewed informed the team how the program has resulted in improvements in residents’ mobility and dexterity. Nursing staff are provided with manual handling, mobility and dexterity education and competency skill assessment. The team observed residents using mobility aids and handrails suitably placed throughout the home. Residents/ resident representatives interviewed expressed satisfaction with the management of their mobility and dexterity.

### **2.15 Oral and dental care**

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

#### **Team’s recommendation**

Does comply

The home’s system for ensuring that residents’ oral and dental health needs are maintained starts on admission, and includes consultation with resident and their representatives. Residents with their own teeth are encouraged and supported to maintain their independence in terms of oral hygiene and brushing. Residents/resident representatives interviewed stated

that they are supported by staff to maintain their dental care independently, or are assisted by care staff as required. Residents who are able to leave the home, access dental care in the community and the home have access to services that visit the home.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

The home ensures that residents’ sensory losses are identified through the assessment process, which includes assessment of comprehension and communication needs and can include examination by vision and audiology specialists as required. Optometry and hearing aid services are accessible and the home can access specialist medical services if necessary. The information documented on the resident care plan’s reviewed are general in nature however interviews with staff identified knowledge of residents’ management of relevant aids such as reading glasses and/or hearing aids. The mobility and activity program and the environment supports residents with sensory loss such as providing garden areas. Sensitivity tests are conducted for all residents requiring hot packs and reading to residents with visual impairment. Recently a ‘loop system’ has been installed into the chapel to assist residents with hearing impairment. Residents/resident representatives interviewed stated that they are satisfied with the care they received from staff in relation to their sensory losses.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure that sleep patterns are assessed on entry to the home and at times when sleep difficulties are identified. These include maintaining usual settling and rising times, pain relief, regular toileting or provision of night continence aids and night sedation. Residents’ sleep patterns are monitored by the staff on night duty and sleep disturbances and interventions are recorded in the residents’ progress notes. Residents are encouraged to bring in photos and soft furnishings to promote a comforting environment that is familiar and promotes sleep. In general poor sleep patterns are followed up by the day staff who may request a review by the resident’s medical practitioner.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

Refer to expected outcome 1.1 Continuous Improvement for details of the home’s system for continuous improvement.

Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Three include:

- The home has introduced a transition ceremony for new resident’s which acknowledges that in entering residential care, there may be a sense of loss of independence and issues of grief to do with leaving their home and community. This developed through recognising that for some residents it helped to formalise the transition and better prepare them for residential living. The resident is encouraged to include family and friends in the ceremony and it is also an opportunity for other residents to get to know the new resident.
- A monthly meeting has been scheduled a month in advance of delivery to evaluate and update activity programs and to assess whether they still meet the requirements and needs of residents. The meeting is held between the hostel manager, the activities officer and the pastoral care co-ordinator. The home sees this as enabling them to make better use of the resources available. One outcome has seen the increase in activities and pastoral care hours. Residents said they are satisfied with the amount and kind of activities available to them.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details of the home’s system for ensuring regulatory compliance.

Examples of the home’s responsiveness to regulatory compliance specifically related to Accreditation Standard Three include:

- Resident agreements are available to all residents on entry to the home and the home encourages residents and representatives to seek appropriate legal advice before signing contracts involving the payment of bonds.
- The team observed signed confidentiality and privacy statements in staff personnel files.

#### **3.3 Education and staff development**

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

##### **Team’s recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions undertaken in relation to Accreditation Standard Three include:

- Hand massage.
- RAO activities day.
- Tai chi.
- The needs of grieving people.
- Cultural and spiritual support.

### **3.4 Emotional support**

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

#### **Team's recommendation**

Does comply

Residents and representatives interviewed expressed satisfaction with the assistance provided by staff to meet their initial and ongoing emotional needs. Emotional support is provided to residents on entering the home and continues throughout the time the resident lives in the home. The team observed that emotional needs are identified and regularly monitored and evaluated through interview, assessments and progress/file note entries. Feedback from residents and resident representatives is gained through individual discussions, resident/resident representative conferences; resident and relative meetings. Birthdays, special religious events and special occasions are celebrated. Staff informed the team of ways they provide residents with emotional support, for example, with the provision of one-on-one support, providing a welcome prayer and flowers when a resident is admitted and providing support for residents who are unwell. Members of religious orders and pastoral care team are actively involved in providing residents and their representatives with emotional support. The Sisters of St Joseph nuns are actively involved in providing emotional support for residents and families.

### **3.5 Independence**

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

#### **Team's recommendation**

Does comply

The home has systems in place to encourage physical, financial and social independence through consultation with residents and their representatives. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use, a leisure activity and lifestyle program which actively seeks the involvement of family and friends, and a comprehensive mobility program. Residents' independence is supported in all aspects of their lives including, ascertaining residents voting requirements, residents right to refuse treatment and the ability to take informed risk is respected. The home facilitates regular outings in the community, arranges regular entertainers to the home, and encourages residents to maintain their independence for as long as possible. Representatives from the Community Visitors' Scheme and the religious order visit residents in the home. The team reviewed strategies developed to assist individual residents maintain independence, friendships and participate in the life of the community within and outside the residential care services.

### **3.6 Privacy and dignity**

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

#### **Team's recommendation**

Does comply

All residents and their representatives interviewed stated that staff recognise and respect residents' right to privacy, dignity and confidentiality. This was also confirmed by observations of staff delivering care and their interactions with residents. Information regarding residents' rights to privacy and confidentiality is included in material provided during the entry process. Each resident has their own room and there are quiet areas available at the home. The team also observed that residents' records are kept secure. Information of a confidential nature is stored in a restricted access areas and verbal handover between care staff is being conducted away from resident accommodation areas in the clinical care office.

### **3.7 Leisure interests and activities**

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

#### **Team's recommendation**

Does comply

The home has a range of activities offered including craft, physical activities, visiting entertainers, quiz, games, computer sessions and bus trips. On entry to the home resident interests and preferences are assessed and the information is documented and an activity plan is developed. The residents' involvement in activities is then documented and regularly evaluated. Residents are informed of community events by a monthly activity sheet and congregational events are widely advertised. The team observed that residents were actively engaged in a range of activities during the accreditation visit. The activity program is on display, and the team observed the program being conducted. A recreational activities officer directs and oversees the program that provides opportunities for residents to participate in group or individual activities. Resident meetings, direct feedback, recreational activity officer evaluations and surveys are used to inform management of the ongoing suitability of the leisure interest and activity program. Residents and representatives confirmed they are satisfied with the activities provided for 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 recommendation**

Does comply

All residents and their representatives interviewed expressed satisfaction with the way that the home supports residents' individual interests cultural and spiritual backgrounds, which are valued and fostered. The home's system identifies residents' social, cultural and spiritual needs on entry to the home in consultation with residents and their representatives. The home encourages a cultural and spiritual focus and provision is made for the celebration of religious and culturally significant days, for example Easter, Christmas, Australia day and Feast days. Mass and church services are held onsite and the home has its own chaplain. Residents are supported to attend community events and a memory board is displayed when a resident passes away to assist with the grieving process. The home has access to ministers from different denominations who visit as required, to ensure the various spiritual needs are provided and the pastoral care staff support residents' cultural and spiritual requirements.

### **3.9 Choice and decision-making**

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

#### **Team's recommendation**

Does comply

Interviews with residents and resident representatives identified that residents are satisfied with the choices available to them. The systems in the home offer residents choice and



control over their lifestyles through resident/resident representative conferencing meetings, one to one feedback and residents' meetings. Residents can choose to participate in activities of their choice, choose their hygiene preferences, complete a food likes and dislikes form and can furnish their rooms with their own belongings. Residents and resident representatives are encouraged to provide feedback on the care and services. The 'charter of residents rights and responsibilities' is in the residents' handbook and are displayed in the home. Information packs are given to the residents/resident representatives and the information is discussed with individuals which allows them to make informed choices about the services provided by 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 recommendation**

Does comply

St Joseph's Hostel has systems in place which ensures that residents have secure tenure within the residential care service and understand their rights and responsibilities. The resident's handbook provides comprehensive information detailing these areas and this is discussed with resident and resident representatives before entry to the facility and forms the basis for the resident agreement signed by the resident and the facility on the commencement of the resident's tenure. Included within the agreement is the definition of levels of care and the services the home provides, the Charter of Residents' Rights and Responsibilities, the complaints processes (internal and external), charges and fees and the processes for ending the agreement. The home provides ongoing information to residents and their representatives on any changes to fees, charges or services. Residents and representatives believe their tenure is secure and as well as having rights they understand that they are responsible to meet their obligations to the home, staff and other residents.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.1 Continuous Improvement for details of the home’s system for continuous improvement.

Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Four include:

- The home is four storeyed with a number of stairways and it recognised that many of its residents would have difficulty managing stairs if the home required evacuation. Therefore, it decided to purchase a purpose designed evacuation chair. Staff have had training in its use and said it is much easier and speedier to move residents using this chair.
- The home, following a gastroenteritis outbreak in 2008, has appointed an infection control officer to co-ordinate its infection control program. The officer is on site one day a month to complete competencies in areas such as hand washing, to check fridge temperatures and update infection resources.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for details of the home’s system for ensuring regulatory compliance. The home has mechanisms in place to receive, analyse and implement relevant legislation and regulatory requirements, related to Accreditation Standard Four: Physical environment and safe systems.

- The Annual Fire Safety Statement (dated 23 October 2008) certifying that fire equipment is appropriate and suitably serviced is on file and displayed.
- The home has a New South Wales Food Safety Authority certificate current to 2 November 2009 and is waiting for the Authority to confirm its audit for 2009.

### **4.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions undertaken in relation to Accreditation Standard Four include:

- Mandatory education such as fire training and evacuation, manual handling and infection control are undertaken and monitored.
- Safe food handling

- Occupational health and safety.

#### 4.4 Living environment

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

##### **Team's recommendation**

Does comply

The home is a four storeyed building set in spacious and well maintained grounds. The facility is divided into 'cottage' areas, each with its own laundry, kitchenette and sitting room. Residents have their own room with an ensuite and kitchenette (including a small fridge) and are encouraged to bring items of their own furniture or pictures and photographs. Each level is serviced by ramps, stairs and lifts. The corridors are wide with grip rails. The home is pleasantly and comfortably furnished with carpeted floors and the team observed it was clean and free from odour. Fire exit doors were plentiful, unobstructed and clearly marked. The home has a number of larger living and activities areas, a dining room, library, chapel and a prayer room. There is an external swimming pool that is occasionally used by residents. The garden is used for walking and is a mixture of paths and grass areas with numerous flower beds and natural shading provided by trees. There are many outdoor seating areas, including undercover. Residents said the home is homely and they enjoy its peaceful environment.

#### 4.5 Occupational health and safety

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

##### **Team's recommendation**

Does comply

The home has OHS policies and procedures which it maintains and updates as required. It has an OHS committee which draws representatives from across its services and all are provided with training in OHS to carry out their role. Staff are encouraged to bring matters to their OHS delegate or to record concerns in the hazard log. The OHS committee reviews and analyses trends in incidents and accidents and identifies appropriate remedial actions to manage events. Committee members conduct workplace safety inspections to identify hazards and any potential risks and the OHS committee links in with continuous improvement through its reporting to the continuous quality improvement committee. OHS material is included in the staff handbook and is a part of training both at orientation and on an ongoing basis. Staff are provided with manual handling skills training and assessors have been appointed to maintain staff manual handling competencies.

#### 4.6 Fire, security and other emergencies

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

##### **Team's recommendation**

Does comply

The home has regular fire safety training and this is included in orientation programs provided to new staff. Fire equipment and fire safety compliance is checked regularly by an external contractor, and fire equipment on site was observed to be tagged. The team observed that fire equipment locations and fire exits are clearly identified and it is noted that the home recently replaced some of its fire blankets. The home has an evacuation pack and plans are on the walls throughout the home. The home is secured by keypad and this automatically locks in the evening. Access is then gained by ringing the front door bell with staff instructed only to allow in people they can identify and who have a legitimate purpose for visiting the home after hours. Residents said they feel safe in the home.

#### 4.7 Infection control

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

##### **Team's recommendation**

Does comply

The home has a dedicated infection control officer who is on site one day a month. Infection data is gathered and discussed in quality improvement meetings and considered as part of occupational health and safety. Reports are summarised and graphs allow the management team to track patterns of infection in the home. Documentation indicates that the home uses infection control procedures and monitoring in wound management, urinary tract infections and upper respiratory tract infections. Staff interviewed showed understanding of infection control principles and in particular of cross contamination routes. The team observed that knowledge was applied through the use of protective equipment such as gloves, aprons, as well as washing of hands. Colour coded laundry bags and cleaning equipment were observed, as were displays of infection control procedures. The home's kitchen has a food safety program in place and includes safe practices such as temperature monitoring of food and equipment, fruit and vegetable sanitisation and a stock date rotation system to ensure earlier stock is used first. Staff and residents are offered flu vaccination. A 2008 gastroenteritis outbreak was managed effectively, with the outbreak contained within a matter of days through the application of preventative and containment measures.

#### 4.8 Catering, cleaning and laundry services

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

##### **Team's recommendation**

Does comply

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment.

##### **Catering**

Catering is contracted to an external company with all food prepared and cooked on site. The kitchen is well organised, clean and spacious with adequate storage space. The team observed plentiful supplies of fresh food and stores. Residents' complete a dietary assessment form on entry to the home and this is assessed and updated as required. Resident food preferences are identified and any specific dietary requirements (such as diabetic) highlighted. Catering staff are provided with resident dietary and likes/dislikes information. Residents have a choice of food with each meal and a catering comments and complaints log is in the dining room. Residents make good use of this, complimenting good meals and raising any concerns they have regarding the quality of meals and catering staff record in the log the actions taken to address these issues. Residents interviewed said they are satisfied with the meals provided. During the 2008 gastroenteritis outbreak in the home the kitchen applied infection control measures which included the use of disposable plates, cups and cutlery and in consultation with nursing staff adjusted their menu to include more broths and a range of fluids for residents who were infected.

##### **Cleaning and laundry**

The home uses an external contractor for cleaning services. The contractor provides the home with two cleaners five days a week. Cleaning staff said they receive training from their parent company (including mandatory training in infection control and fire drill). This is ongoing through a 'toolbox' system used by the company to assess and expand the skills of its staff. There is a daily and weekly cleaning schedule and the company conducts spot check audits to ensure this is followed and is effective. A system is in place to ensure there is always sufficient inventory and equipment available. Wet floor signage was observed to be used and cleaning equipment is colour coded and stored effectively to maintain appropriate infection control management. A number of residents commented that the home was always clean and fresh smelling.

The home's laundry is bagged and sent out to the laundry on site at the group's nursing home. St Joseph's hostel has a number of small laundry areas on site for resident to do their own laundry and these were observed to be used. Colour coded bags are used to separate contaminated linen and clothes from other washing. There are two morning pick-ups for laundry and one daily delivery back to the home of clean laundry. The home encourages residents to label clothes. Residents said they are satisfied with the laundry services, that their clothes are returned in a timely manner, items rarely go astray and clothes are always clean.