



Aged Care
Standards and Accreditation Agency Ltd

St Martin de Porres Hostel

RACS ID 0454
26 Lorna Street
WARATAH NSW 2298

Approved provider: **Calvary Retirement Communities Hunter-Manning Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 March 2015.

We made our decision on 15 February 2012.

The audit was conducted on 23 January 2012 to 24 January 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle**Principle:**

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

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

St Martin de Porres Hostel 0454

Approved provider: Calvary Retirement Communities Hunter-Manning Ltd

Introduction

This is the report of a site audit from 23 January 2012 to 24 January 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct 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 the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 23 January 2012 to 24 January 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Jennifer Woodman
Team member/s:	Kathryn Mulligan

Approved provider details

Approved provider:	Calvary Retirement Communities Hunter-Manning Ltd
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Details of home

Name of home:	St Martin de Porres Hostel
RACS ID:	0454

Total number of allocated places:	41
Number of residents during site audit:	40
Number of high care residents during site audit:	28
Special needs catered for:	Nil

Street/PO Box:	26 Lorna Street	State:	NSW
City/Town:	WARATAH	Postcode:	2298
Phone number:	02 4968 2244	Facsimile:	02 4960 2702
E-mail address:	joseph.mccarthy@calvarycare.org.au		

Audit trail

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

Interviews

	Number		Number
Manager St.Martin de Porres home	1	Residents	8
Manager residential care services Hunter-Manning	1	Representatives	6
Clinical services consultant	1	Volunteers	1
Care coordinator/registered nurse	1	Leisure and lifestyle officer	1
Administration assistant	1	Cook and catering staff	2
Care service employees	5	Cleaning and laundry staff	2
Maintenance contractor	1		

Sampled documents

	Number		Number
Residents' files: assessments, care plans, progress notes, medical notes	6	Medication charts	15
Resident agreements	6	Personnel files	7

Other documents reviewed

The team also reviewed:

- Activity assessments, care plans, attendance records and programs
- Calvary Aged Care and Retirement Services accreditation executive presentation
- Cleaning schedules and duty lists
- Clinical equipment cleaning program
- Communication books, progress reports
- Consent forms (residents) and confidentiality agreements (staff)
- Contractors register and service level agreements
- Education records, competency assessments and education program
- Electronic care planning, assessment and documentation program
- Fire safety and equipment checks including exit lights
- Food safety program, catering records and menu
- Handyman request book, pest control and maintenance records
- Health monitoring: blood sugar, blood pressure, bowel management, weight monitoring and other general observations
- Incident/accident reports including medication incidents
- Infection surveillance: monthly recording and actioning of infections
- Key performance data and audit results
- Legionella testing results
- Management information folder
- Medical officers referrals, reports and correspondence
- Meeting minutes, memorandum and newsletters
- Mission, vision and values statement
- Outbreak management information

- Policy and procedure manuals, and work practice manuals
- Quality improvement action plan and activity reports
- Resident handbook
- Security check log book
- Staff employment pack, orientation handbook and rosters
- Temperature monitoring records (medication and specimen refrigerators)
- The home's self-assessment application
- Work health and safety folder including policies

Observations

The team observed the following:

- Accreditation site audit flyers
- Activities in progress
- Activity program and menu
- Chapel, hairdressing salon
- Charter of residents' rights and responsibilities
- Cleaning in progress, equipment and trolleys
- Comments/suggestions/complaints information, 'I have an idea' and 'Thank you' forms
- Disaster box, outbreak box and first aid box
- Document storage, archiving and secure document destruction container
- Equipment and supply storage areas
- Hand washing facilities and sanitiser gel dispensers throughout the home
- Interactions between staff and residents
- Living environment – internal and external areas.
- Manual handling and mobility equipment, and pressure relieving devices
- Material safety data sheets (MSDS) at point of use
- Meal service and choice being offered to residents
- Medication storage and administration rounds
- Mission, vision and values statements displayed
- Noticeboards, whiteboards and pamphlets/brochures
- NSW food authority licence and annual fire safety statement
- Personal protection equipment in use and in storage
- Photographs of residents participating in activities
- Specialised eating equipment in use
- Staff work areas and offices
- Treatment room, clinical supplies and trolleys and refrigerators
- Video security main doors
- Visitors 'sign in and out' folders
- Waste management system, spills kits, sharps containers
- Wound trolley and clinical stock

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

St.Martin de Porres Hostel is committed to continuous improvement with a focus on provision of quality care and services for residents. The organisation, Calvary Retirement Communities Hunter-Manning, has developed a robust quality framework which is implemented by the home. This includes identification of opportunities for improvement, actioning of improvements, monitoring of progress to completion and evaluation. The system includes the use of quality activity records, a quality register, monthly manager reports, benchmarking and discussion of continuous improvement activities during meetings. Opportunities for improvement are identified through internal and external audits, surveys, key performance data, comments/suggestions/complaints, meetings, observation and verbal feedback. Interviews and documentation review show residents/representatives and staff contribute to suggestions for improvement which are followed through by management. Improvements implemented are reviewed and evaluated with further improvements actioned if required. Feedback is provided to residents/representatives and other stakeholders during meetings, via documentation, verbally or individually by management.

Examples of improvements specifically relating to Accreditation Standard One include:

- In response to a staff survey management developed a business case which was successful in being approved by senior management for additional care staff hours. A new four hour morning shift seven days a week has now been commenced. This provides additional time for resident care in the mornings, has improved staff morale and reduced the risk of staff injury due to the morning workload.
- Information management related to resident care has been improved through the reduction of hard copy documentation of resident care information. Staff training was provided on how to enter clinical observations such as blood pressure monitoring, weight records and blood glucose levels into the homes electronic care system. This has resulted in improved access to resident care information, facilitated trending of results, reduced paper usage and improved care staff efficiency thus releasing them for other duties.
- Care information management has been improved through the use of ‘scheduling of tasks’ in the electronic care system including tasks such as weight monitoring and cleaning of clinical equipment. The system now reminds staff when health monitoring observations or nursing care tasks are due thus reducing the likelihood they will be missed or completed late.
- The home has taken delivery of and installed four new computers which have improved access to information and the efficiency of staff. Management and staff now have access to an improved email system, the organisation intranet and national policies and procedures.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems to receive, identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Information on changes or new legislation is received by St. Martin de Porres Hostel from the organisation head office and via email alerts from peak bodies and government departments. Information related to current issues or changes is tabled and discussed at executive and manager’s meetings and forwarded to relevant staff verbally, via policies/procedures, memorandum and meeting minutes. An information management register is maintained at the home where general information and legislative information is logged ready for reference and actioning. Residents/representatives are informed of relevant changes during meetings, via displayed notices and verbally by management. The home monitors compliance with legislation through observation of staff practices, review of key performance indicators, audit results and feedback from residents/representatives.

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

- Residents/representatives were advised of the Accreditation site audit as per the requirements under the *Aged Care Act 1997*.
- The home ensures that documents are securely stored, computers are password protected, and appropriate archiving and destruction of documents is undertaken.

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

St. Martin de Porres Hostel actively strives to ensure all management and staff are appropriately qualified to undertake the roles in which they are employed. The home provides opportunities and support for management and staff to participate in education that is specific to their vocation and ongoing career development. Training needs are identified through feedback from residents/representatives, observation of staff practices, staff surveys, key performance indicator data and staff performance appraisals. Mandatory training includes manual handling, reporting of elder abuse, infection control, fire safety and evacuation, and bullying and harassment. A corporate orientation is provided for new staff, and site orientation with buddy shifts ensures they have sufficient knowledge and skills to commence working at the home. Competency assessments are completed prior to staff administering medications to residents. Management and staff interviewed said they have access to education on a regular basis.

Examples of education activities relating specifically to Accreditation Standard One include: management attended financial education and a national managers conference on strategic and business planning. Staff attended training related to bullying and harassment, the new employee orientation program and accreditation and implementation of the electronic care system.

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

St. Martin de Porres Hostel has a culture in which concerns, suggestions and complaints are encouraged and welcomed and are seen as an opportunity for improvement.

Residents/representatives, visitors, staff and other stakeholders are encouraged to make suggestions, voice any concerns and raise complaints without reprisal or criticism by staff or other residents. Information is freely available around the home via posters, forms and brochures on internal and external mechanisms for raising concerns, and a suggestion box is located in the foyer. The home maintains a feedback and complaints register which includes positive comments about the running of the home and timely response to concerns which have been resolved. Residents/representatives interviewed commented that management and staff are approachable and they have no hesitation voicing concerns which are always followed up to their satisfaction.

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 organisations' Mission, Vision and Values and commitment to quality service provision is displayed around St. Martin de Porres Hostel and is documented in key documents including the resident handbook. The mission and values are expressed through the provision of holistic care for residents, the creation of a homelike environment, the careful use of resources and by focusing on respect and the dignity and worth of each person. The home is committed to providing quality care and services by continually monitoring, reviewing and evaluating the systems in place, and by implementing mechanisms which identify opportunities for improvement.

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

St. Martin de Porres Hostel's management are supported by a corporate human resource department for recruitment, orientation of new staff, staff development and performance management. Policies, procedures, position descriptions and duty statements underpin a system which guides management and staff in day to day care and service provision. New staff complete an application, interview and reference and police check prior to receiving an appointment letter. A site orientation process which includes fire safety, infection control and manual handling as well as buddy shifts, is provided for new employees. A corporate orientation program introduces new employees to the organisations' mission, vision and values, quality system and other general information. Management maintains sufficient staff numbers and skill mix which are continually reviewed and adjusted according to the needs of residents and feedback from staff. Staff practices are monitored and performance appraisals

are conducted. During interviews residents/representatives said staff are polite, kind, respectful and know how to provide the care residents need.

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 organisation has a property and asset management team who oversee the maintenance of assets and purchasing of major equipment items. Management of the home has the responsibility of ensuring that appropriate goods and equipment are available on site to provide the day to day quality care and service needs of residents. The home has systems to monitor and order stocks of goods such as clinical supplies, food and beverages, chemical supplies and paper goods. New equipment is trialled, with feedback from staff and residents as appropriate prior to purchase. A preventative and corrective maintenance program is in place for plant and equipment. Staff say there is enough equipment and it is maintained in good working order. The quality of goods provided to the home is monitored and replacement arranged if the standard is unacceptable. Management and staff say they do not run out of stock and back up supplies are available when required.

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 implementation of processes, procedures and systems by management and staff ensures information is managed in a secure and confidential way. This includes restricting access to residents and staff files, the locking of offices, filing cabinets and storage areas, and restricted access to computers through electronic passwords. Residents sign consent for exchange of information and staff sign confidentiality agreements. An information register is maintained which includes relevant legislation and actions taken to disseminate information to relevant parties. Other forms of communication include noticeboards, meetings, memoranda, a monthly newsletter, staff training, email and the organisation's intranet. Appropriate systems are in place for archiving and document destruction. The home has a system of audits, surveys and data collection which provides information for quality care and service provision. Residents/representatives and staff interviewed said they have access to all necessary information.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

Calvary Retirement Communities Hunter-Manning has processes, procedures and systems in place to ensure all external sourced services are provided in a way that meets the needs and service provision quality goals of St.Martin de Porres Hostel. The organisation maintains comprehensive and current information about external services and contractors which is provided in hard copy to the home. A central register guides management and staff on approved contractors and currency of their information including appropriate registrations/licences, insurance, police checks and contact details. Management of the

home monitor the quality of service provision by contractors and provide feedback to the contractors and organisation management as needed. An annual evaluation of external service provision is undertaken by the organisation prior to continuance or renewal of agreements with external services or contractors. Residents, management and staff say they are satisfied with the provision of external services to the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home is actively pursuing continuous improvement in relation to health and personal care. This was confirmed by the team's observations, interviews and review of documentation. For a description regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Examples of improvement activities in relation to Accreditation Standard Two include:

- The home has introduced a new medication administration documentation system. Staff were provided training in the system which includes individual 'sign off' for each resident's medication when it is administered. The new system has improved the accountability of staff administering medications and ultimately the safety of residents.
- The home has introduced a supper round in the evening to provide additional fluids for residents. This was facilitated by a change in the daily catering shift time from one nine hour shift to two shorter shifts plus the addition of half an hour. This has resulted in an increase in resident fluid intake, shorter more manageable catering shifts and provision of an additional opportunity for staff to check residents prior to them settling for the night. Resident feedback regarding the change is positive including they enjoy the supper and feel more secure being checked on last thing at night.
- A comprehensive pain management program has been introduced. Residents are assessed by a registered nurse who initiates treatments such as heat packs, transcutaneous electrical nerve stimulation (TENS) therapy and massage which are documented in resident care documentation. Dedicated time has been provided for staff to implement the therapy which residents say eases their pain and improves their quality of life.
- The home has commenced weekly clinical meetings on Wednesdays. Three residents are identified each Monday who may have experienced a condition change, been in hospital recently or where staff may wish to discuss a resident's care. Discussion with the clinical care coordinator and care staff centres on condition of the resident, their medical or life history and any suggestions which may assist in care provision. Residents' care plans are updated after the meetings as required. The meetings are proving a success as care staff find the exchange of information and the guidance by the clinical coordinator helpful.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place to manage regulatory compliance relating to health and personal care. For the description of the system refer to the expected outcome 1.2 Regulatory compliance.

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

- The home implements the regulatory requirements of the *Poisons and Therapeutic Goods Regulation 2008* in relation to the storage and administration of schedule eight medications.
- Residents who require a high level of care are provided with goods and services such as continence aids according to legislative requirements.
- The home maintains a record of professional staff registrations to ensure currency.

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 education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. For a description of these systems please refer to expected outcome 1.3 Education and staff development.

Examples of education activities relating specifically to Accreditation Standard Two include: Certificate 1V in aged care, medication assistance and associated competency, wound care, palliative care, pain management and oral health hygiene.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

St. Martin de Porres Hostel has systems to identify, assess, monitor and evaluate residents’ individual care needs on entry to the home and on an ongoing basis. Information obtained from residents and representatives is documented in an interim care plan when residents move into the home. The care coordinator coordinates the individual assessments that each resident requires. Residents care plans are developed by the care service employee with responsibilities for resident assessments and care planning. The care coordinator checks and signs for the care interventions to be implemented. Interviews and a review of documentation confirm all care plans are up to date and reflect the care the residents are receiving. Residents are regularly seen by their treating medical officer. Residents and their representatives expressed satisfaction with the clinical care and care consultation provided by the home’s care staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

There are systems to ensure appropriately trained staff are utilised to meet the needs of residents who require specialised nursing care. The care coordinator undertakes the clinical assessments of any resident with specialised nursing care needs. Specific care plans are developed and regularly evaluated. The home consults with external health professionals on an individual needs basis to assist in managing the specialised nursing care of residents. Residents and representatives expressed satisfaction with the level of specialised nursing care. Staff demonstrated knowledge of resident’s individual specialised nursing care needs.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents are referred to the appropriate health care specialists in accordance with their assessed needs. A review of residents’ clinical documentation shows assessments and reviews have occurred by external health specialists. These include speech pathologists, occupational therapists, physiotherapists, podiatrists, optometrists and behaviour management specialists. Residents and representatives are aware of the availability of other health specialists if needed. Staff are aware of specialist input into residents’ care planning and are made aware of any changes to a resident’s care need at handovers, and on an as needed basis.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

The home has systems to manage the ordering, storage, administration, recording and review of medications. The home uses a blister pack system and liaison with the supplying pharmacist ensures new or changed medications are supplied. Medications are stored in a locked medication trolley. The administration of medications is completed by care staff who have completed a medication competency assessment. Residents who wish to self administer their own medication are fully assessed by their medical officer and care coordinator for their ability to safely manage their medications. Observation of a medication round showed staff administering medications according to the home’s policy and procedure. All medications were observed to be locked in medication trolleys and stored in a locked treatment room when not in use. Residents interviewed stated they are satisfied with the staff’s administration of their medication and said that it occurs in a timely manner.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has a system for assessing, monitoring and treating residents' pain. The care plans are formulated by the care coordinator and include individual pain management strategies to meet the resident's need. The home uses a range of strategies to manage residents' pain including heat, massage, the use of electronic nerve stimulation and pain relieving medication. The care coordinator liaises with the residents' medical officer for referrals to specialists in line with the residents' assessed need. Residents stated they received relief and satisfaction with their pain management treatment and with staff responses to their needs. Staff demonstrated knowledge of the processes required to effectively manage the residents' pain.

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 home has a system of collaboration for palliation and care of the resident to ensure the comfort and dignity of terminally ill residents is maintained. The home uses a combination of formal and informal case conferencing as a system, in order to ensure that relatives, staff members, medical officers and other health care professionals are aware of the individual needs of the resident. Case conferences are attended by the care coordinator who is also the palliative care champion within the home and responsible to facilitate all educative processes. Advance care directives are discussed with the resident and representatives on entering the home and on an as needed basis. A palliative care kit is available to be used when a resident is receiving palliative care. Staff interviewed are aware of the processes to be used when a resident is requiring palliation. The home has received 'Thank you' cards from relatives of past residents in appreciation of the care provided.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has a system to ensure each resident receives adequate nourishment and hydration. When a resident enters the home a dietary assessment is completed which forms part of the interim care plan and is forwarded to the kitchen for implementation. Residents' weights are recorded monthly by care staff and in line with the individual residents' assessed need. The care coordinator monitors the resident's weight management program and implements strategies according to the resident's needs. Nutritional supplements are available for residents who require extra nutritional support. Specialised eating equipment is used on an individual basis to help promote resident independence. The home accesses speech pathology services as needed and any instructions are incorporated into the resident's care plan. Texture modified foods and fluids are served in accordance with the assessed needs of the resident. Throughout the accreditation site audit fluids such as tea, coffee, water and nutritional supplements were observed being offered and served to the residents. Residents expressed satisfaction with meals. Staff are aware of residents' individual special diets and fluid requirements.

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

The home has systems to assess and monitor residents’ skin integrity. Residents are assessed on entry to the home by the care coordinator and monitored daily by care staff. The home uses the accident/incident reporting system to report any breaches in skin integrity. The care coordinator attends to all complex wound management and monitors the effectiveness of the products used in wound care. The care service employees attend to simple wound management. Photographs of wounds are used to support evidence of wound status on an as needed basis. Residents and their representatives interviewed are satisfied with the skin treatment provided for residents.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ continence needs are managed effectively. Continence management strategies are developed for each resident following an initial assessment of urinary and bowel patterns. The care staff assist residents with their continence programs as required and residents’ bowel management programs are monitored daily. The care coordinator liaises with all care staff in relation to the individual needs of residents. Staff said there is sufficient supply of continence aids to meet residents’ needs. Residents and representatives stated they are satisfied with the continence care provided to residents.

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 home has a system to ensure that the needs of residents with challenging behaviours are managed effectively. All residents are assessed on their entry to the home, behaviours are identified and strategies implemented by the care coordinator to manage each resident individually. Episodes of challenging behaviour are recorded in the resident’s progress notes and the resident is monitored closely. The care coordinator investigates the causes of any escalation in a resident’s behaviour. The team observed the home to be quiet and peaceful during the visit. Staff are aware of resident’s individual needs and management strategies. Residents and representatives are satisfied with the manner in which the staff manage resident’s individual behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has systems to ensure optimum levels of mobility and dexterity are achieved for all residents. The care coordinator completes initial and ongoing assessments of residents' mobility, dexterity and rehabilitation needs. A falls risk assessment is conducted for all residents and reassessment is conducted when a resident experiences a series of falls. The home has access to an external physiotherapist on an as needed basis and referral is made by the care coordinator. The home's program includes exercises during activities of daily living, group chair exercise and walking. The accident and incident reporting system includes analysis of incidents to identify trends and implementation of strategies to reduce falls. The team observed mobility equipment in use by residents during the visit. Residents and representatives express satisfaction with the exercise programs and walking opportunities the residents receive.

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

The home has a system to ensure residents' oral and dental health is maintained including initial and ongoing assessment of residents' oral and dental needs. Assessments occur and referral to specialists is arranged to meet the residents' needs and preferences. Aids to oral and dental care are provided at the home, including tooth brushes and toothpaste. Residents and representatives expressed satisfaction with the way in which residents' oral health is maintained. Staff demonstrated an understanding of oral and dental care practices used in the residents' care.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Residents' sensory losses are identified and managed by staff at the home. The home's assessment process ensures any sensory loss is identified and referrals to appropriate specialists are made. Sensory aids are available at the home and any special instructions are documented on residents' care plans. Staff demonstrated an understanding of individual residents' sensory needs. Residents and representatives reported satisfaction with the assistance provided by staff in relation to resident sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home has systems to assist residents achieve their natural sleep pattern. On entry to the home a resident's sleep pattern is assessed, strategies implemented and a care plan is formulated and regularly evaluated. The use of medication is at the discretion of medical

officers in consultation with residents and/or their representatives. Each resident has a single room that allows for their door to be closed. The carpeted hallways decrease any noise from staff. Residents interviewed informed the assessment team they were able to sleep comfortably at night and that the home was very peaceful.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home is actively pursuing continuous improvement in relation to resident lifestyle. This was confirmed by the team’s observations, interviews and review of documentation. For a description regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Examples of improvement activities in relation to Accreditation Standard Three include:

- Resident feedback indicated they would like to have more opportunities for outings. Management sourced options for a bus and the residents compiled a list of places they would like to go or visit. The home now hires a bus once a fortnight for regular outings chosen by residents including to restaurants for lunch, drives with ice creams, shopping and visits to local attractions. Residents spoke excitedly about the how much they enjoy and appreciate the outings; representatives commented on how happy their relative is now they are going out regularly on the bus.
- The home has a new large screen wall mounted television in one of the lounge rooms where movies are run at weekends for residents. A selection of movies is available and movies are shared from individual resident collections. The movie afternoons are enjoyed by residents especially the soft drinks and nibbles provided by the home. The home has also upgraded to a digital television antenna which has significantly improved channel reception.
- The catering staff talk with residents about recipes for cakes or biscuits they used to make at home. This leads to an exchange of recipes with the staff who then cook the recipe, tell other residents whose recipe it is and ask the resident who provided the recipe if it tastes the way they used to make it. Catering staff say this involves residents in ‘what and how’ foods are cooked at the home. Residents enjoy the recipe exchange immensely. One recent recipe trial of a diabetic fruit cake with fresh mango was a big success and enjoyed by all who tasted it.
- Management of the home have commenced an annual Christmas party for residents and their family/friends. Photographs show the party with a volunteer dressed as Santa Claus being enjoyed by all who attended including management, staff and their families. New activities include picture bingo and a mystery box game where prizes are wrapped as a surprise.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems in place to manage regulatory compliance relating to resident lifestyle. For the description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Information on residents' rights and responsibilities is provided verbally to residents/representatives, is documented in agreements and the resident handbook, and is displayed on the wall of the home.
- Residents sign consents prior to exchange of information with other health related services, and residents agree to their name or photograph being displayed at the home.
- Confidentiality of resident personal information is reinforced through staff 'sign off' on confidentiality agreements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. For a description of these systems please refer to expected outcome 1.3 Education and staff development.

Examples of education activities relating specifically to Accreditation Standard Three include: mandatory elder abuse reporting, cultural and diversity training, and a dementia care forum on guardianship and decision making for the person responsible. Leisure and lifestyle staff attend a networking forum which includes education and exchange of ideas for activity programs.

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

St.Martin de Porres Hostel supports residents in adjusting to life in their new environment. The results of the team's observations, interviews and document review reveals residents and their representatives receive emotional support from staff. On entry to the home a social, cultural and spiritual assessment is conducted by the lifestyle and leisure officer and a care plan is completed. This data contributes to the assessment of residents' emotional needs. The team observed that residents have personalised their rooms with photos and small furniture items. They also observed staff supporting and interacting with residents. Staff interviewed demonstrated insight into the residents' emotional needs.

Residents/representatives interviewed informed the team that from the initial contact with the home to entering the home they were supported and assisted in all aspects. One resident concluded with "the only difference with this home and my other home is here I have someone to cry with and someone to laugh with".

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 strategies in place to provide assistance to residents to maintain maximum independence, their friendships and to participate in the life of the community within and outside the home. Review of documentation and staff and resident interviews, supports that the residents are as independent as they are able to be during activities of daily living, in health choices and lifestyle. The home provides an environment in which representatives, family, friends and community groups are welcome to visit. The team observed staff encouraging residents with mobility and activities of daily living. The activity program contains both internal and external activities such as outings and entertainment by community groups. Staff informed the team that residents are assisted to retain their independence as much as possible. Residents interviewed are satisfied with the homes encouragement to maximise individual independence and assisting all residents to be involved in the wider community.

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' right to privacy, dignity and confidentiality is recognised and respected. The home's computerised care system is accessed via individual staff password. The staff office and administration office are locked when not in use. The team observed staff respecting residents' privacy by knocking on residents' doors prior to entering. Staff were also observed interacting with the residents in a dignified and respectful manner. Residents' rooms were noted to be personalised by the residents and they are able to entertain guests either in their rooms, in the courtyard or in the residents' lounge areas. Residents/representatives interviewed support that the privacy and dignity of residents is well respected.

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

Residents at the home are encouraged and supported to participate in a wide range of interests and activities. On entering the home the resident's social, cultural and spiritual assessment is completed by the lifestyle leisure officer in conjunction with the resident and/or representative. This assessment identifies the resident's past and present interests and their social/leisure profiles. The information gained forms part of the resident's social, cultural and spiritual care plan. The activity program is developed to incorporate activities that encourage cognitive thought, listening and looking, touch and physical exercise. Input from residents

into the activity calendar is sought at resident meetings and through individual discussion with residents. Examples of activities incorporated into the program are arts and crafts, bus trips, theme days, lunch outings and entertainment as well as individual resident activities. Residents and representatives stated that staff support residents to participate in activities of interest.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate that residents' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Assessment of residents' specific needs, customs, and beliefs is conducted on their arrival at the home and reviewed on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held within the home's chapel. Days of cultural significance are celebrated including Mothers' Day, Fathers' Day, Remembrance Day, Australia Day, Christmas and Easter. Residents stated they are encouraged and supported to continue with their own interests, customs and beliefs.

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

The home has processes to ensure each resident or their representative participates in decisions about the services the resident receives. These processes uphold the resident's right to exercise choice and control over his or her lifestyle. Residents are kept informed and given opportunities to provide input into the home through systems such as continuous quality improvement and resident meetings. Where residents are unable to make choices for themselves staff identify an authorised decision maker for the resident. Residents are provided with choices concerning their personal care regimes, cultural and spiritual choices and waking and sleeping times. Choices are also available regarding meals, personalisation of rooms, and participation in activities. Residents/representatives stated that the home's staff actively support residents in maintaining their right to make their own lifestyle choices and decisions.

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

St. Martin de Porres Hostel ensures residents/representatives are provided with information on residents' rights and responsibilities and security of tenure. Prospective residents/representatives are invited to meet with a care choices advisor where information is explained about agreements, fees and charges, residents' rights and responsibilities, and security of tenure. A meeting is also arranged with the manager of the home and tour of the home is provided prior to making any decisions. All residents are offered a residential agreement which may be taken away to be discussed with external professionals prior to

being signed. Two original agreements are signed; one is kept by the home and the other given to the resident/representative. If a room change is requested or becomes necessary discussion is undertaken with all parties concerned prior to the move. Residents say they are happy living at the home and wouldn't want to live at any other aged care 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

The home is actively pursuing continuous improvement in relation to physical environment and safe systems. This was confirmed by the team’s observations, interviews and review of documentation. For a description regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Examples of improvement activities in relation to Accreditation Standard Four include:

- A resident identified the bingo buttons may be an infection control risk as they were shared amongst residents and stored all together in a box. In response management purchased individual plastic containers for all residents who play bingo, provided individual bingo buttons and labelled the boxes with the resident’s name. This has reduced the risk of infections being transferred between residents and has given residents ownership of their own set of bingo buttons.
- A new system has been implemented for regular updating of the resident evacuation list in the case of emergency. A copy of the resident list is checked and dated Monday to Friday by administration staff and by the senior care staff member at weekends. In addition management has added the mobility information required for each resident in the event an emergency evacuation is necessary. These initiatives have improved the safety of residents.
- Audits of the infection control system identified a rise in resident eye infections. This was investigated by management who identified a change in staff practice during eye drop rounds was required. Staff were provided with training in a new procedure to ensure that resident eye drop bottles do not come in contact with each other. This has resulted in a decrease in eye infections and no further instances of eye infections transferring between residents.
- The home has implemented an improved comprehensive disaster management plan and an associated disaster box. The plan clearly sets out the procedures staff are expected to follow in an emergency evacuation of the home. The disaster box, which is centrally located, includes up to date details about residents, individual lanyards for each resident to wear in an evacuation and essential items which may be required in a hurry. This includes torches, personal protective equipment, ponchos, pens/clipboards, continence aids and copies of the disaster plan and other necessary information.

4.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems in place to manage regulatory compliance relating to physical environment and safe systems. For the description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- The home meets the requirements for work health and safety.
- The home meets regulatory requirements for fire and safety. An annual fire safety statement is on display.
- The home has a food safety program and a NSW Food Authority License.

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 education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. For a description of these systems please refer to expected outcome 1.3 Education and staff development.

Examples of education activities relating specifically to Accreditation Standard Four include: catering staff attendance at hazard analysis and critical point (HACCP) food safe certification, fire safety education, infection control, manual handling, outbreak coordination, basic food safety practices, and work and health safety education.

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

St.Martin de Porres Hostel has a warm and welcoming atmosphere, pleasant décor, comfortable communal living rooms, spacious corridors and well maintained gardens. The home was observed to be well lit and clean, and to have low noise levels. A covered courtyard with outdoor furniture and barbeque facilities which leads off the large activity room is used for social functions such as an annual Christmas party for residents, family, volunteers and staff. Residents are accommodated in air conditioned single rooms with ensuite bathrooms, and have the opportunity to decorate their room as they choose with small pieces of furniture, photographs and mementoes. Call bells, which are checked regularly, are located in the bathroom and each resident has a call bell pendant. The home has a corrective and preventative maintenance system along with an ongoing refurbishment program including painting and décor improvements. Environmental audits ensure the home

remains safe for residents, visitors, management and staff. Residents commented on the cleanliness of the home, the pleasant homely living environment and how happy they are living at the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The organisation and the home implement a work health and safety system in consultation with management, staff and volunteers. Employees and volunteers are given the opportunity to express their views and to contribute to the resolution of work place health and safety issues. Compulsory manual handling and work place safety education is provided for all management and staff. The home has designated staff representatives who raise concerns with management when required. Regular meetings provide a forum for discussion of work place health and safety matters which are actioned and followed through by management where appropriate. The home has a system for reporting and addressing maintenance issues, 'out of order' plant or equipment, hazards, results of workplace audits and risk assessments. Training in the use of new equipment is provided for staff prior to a suitability and safety trial before purchase. Staff are alert to any safety issues and management provided examples of where staff practices had been changed to improve safety.

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

St.Martin de Porres Hostel is committed to providing a safe and secure environment for residents, their visitors, volunteers, management and staff. All new and existing staff attend mandatory education on fire awareness, safety and evacuation drill and fire equipment handling annually. Regular monitoring and testing of fire and emergency equipment is carried out by external contractors. An emergency evacuation list with resident mobility status is maintained on a daily basis by staff. Clear evacuation plans are displayed around the home, emergency contact information is available near phones and the home has a well stocked first aid kit. A comprehensive disaster plan and associated disaster box is ready in case of emergency evacuation of the home. Lockup procedures are implemented by staff, a security service checks the home three times every night and there is video monitoring of the main entry doors to the home. Residents say they feel safe living at the home and night staff interviewed clearly explained lockup procedures, emergency plans and said they feel safe while working at the home overnight.

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

St. Martin de Porres Hostel has an effective infection control program. The care coordinator is responsible for the day to day infection control surveillance within the home. Infection data is collected, collated and evaluated by the care coordinator. Infection control education is conducted by an external consultant. Hand washing forms part of the new staff orientation process and the annual compulsory education program. The food safety program, cleaning

schedules and laundry practices follow infection control guidelines. The assessment team observed staff practices including personal protective equipment use, hand washing occurring and colour coded equipment used in cleaning. An outbreak management kit and spills kit are available, and the home has a large stock of personal protective equipment available. The home has access to additional emergency supplies of personal protective equipment at any time through the organisation's regional manager. Waste management including sharps and contaminated clinical waste is appropriately managed and disposed of by staff. Staff interviewed demonstrated knowledge of the home's infection control practices and outbreak management.

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 catering, cleaning and laundry services provided at St.Martin de Porres Hostel are maintained at a quality standard to ensure the comfort, safety and satisfaction of residents. Management monitor the housekeeping services through feedback from residents/representatives, audits, surveys and observation of staff practices. All meals are cooked fresh on site including snacks such as cakes, slices and biscuits. Residents commented on the variety, choice and presentation of meals as being very good. The menu is reviewed by a dietician. Special diets and texture modified foods, nutritional supplements and thickened fluids are available. Residents dietary needs including any food allergies and food like/dislikes are recorded and updated as needed. There is a thorough cleaning schedule across the home which is implemented, well known and understood by staff. The home was observed to be clean, tidy and uncluttered during the site audit and residents/representatives said "it always looks like this". Flat linen and towels are outsourced for laundering. Residents personal laundering is done on site two days a week. Residents say there is a fast turnaround on these days and their clothes are returned clean and neatly folded or on hangers. Residents/representatives say they are satisfied with the catering cleaning and laundry services provided for residents of the home.