



Aged Care  
Standards and Accreditation Agency Ltd

## **Uralba Hostel**

RACS ID 0285  
50 Tor Street  
GUNDAGAI NSW 2722

Approved provider: **Gundagai and District Hostel Accommodation  
Inc**

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 6 December 2015.

We made our decision on 24 October 2012.

The audit was conducted on 18 September 2012 to 19 September 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                           |



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Standards and Accreditation Agency Ltd

# Audit Report

**Uralba Hostel 0285**

**Approved provider: Gundagai and District Hostel Accommodation Inc**

## Introduction

This is the report of a re-accreditation audit from 18 September 2012 to 19 September 2012 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 18 September 2012 to 19 September 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:   | Margaret Williamson |
| Team member/s: | Victoria Oakden     |

## Approved provider details

|                    |                                                |
|--------------------|------------------------------------------------|
| Approved provider: | Gundagai and District Hostel Accommodation Inc |
|--------------------|------------------------------------------------|

## Details of home

|               |               |
|---------------|---------------|
| Name of home: | Uralba Hostel |
| RACS ID:      | 0285          |

|                                             |     |
|---------------------------------------------|-----|
| Total number of allocated places:           | 19  |
| Number of residents during audit:           | 17  |
| Number of high care residents during audit: | Nil |
| Special needs catered for:                  | Nil |

|                 |                            |            |              |
|-----------------|----------------------------|------------|--------------|
| Street/PO Box:  | 50 Tor Street              | State:     | NSW          |
| City/Town:      | GUNDAGAI                   | Postcode:  | 2722         |
| Phone number:   | 02 6944 2066               | Facsimile: | 02 6944 2066 |
| E-mail address: | uralbagundagai@bigpond.com |            |              |

## Audit trail

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

### Interviews

|                          | Number |                 | Number |
|--------------------------|--------|-----------------|--------|
| Hostel supervisor        | 1      | Residents       | 8      |
| Deputy hostel supervisor | 1      | Representatives | 6      |
| Care staff               | 5      | Catering staff  | 1      |
| Chair of board           | 1      | Cleaning staff  | 1      |

### Sampled documents

|                  | Number |                   | Number |
|------------------|--------|-------------------|--------|
| Residents' files | 8      | Medication charts | 12     |
|                  |        | Personnel files   | 4      |

### Other documents reviewed

The team also reviewed:

- Activities calendars 2012 and activities documentation
- Advance care plans
- Audit schedules and completed audits
- Cleaning manual and schedule
- Comments and complaints register
- Continuous improvement plan
- Criminal history record check records
- Dietary preference forms
- Education and training information – competency assessment information, education and training records, training needs analysis, training calendar and orientation information
- Electrical tagging records
- Environmental audits and reports
- External services manual and contractor information
- Fire extinguishers, blankets, hose reels, maintenance records and reports, certification report, evacuation plan
- Food safety program including food and equipment temperature monitoring records and cleaning schedules
- Hazard reports
- Incident and accident forms and summary
- Infection control policies and procedures, outbreak management information, infection control audit results and infection surveillance data
- Maintenance log book
- Medication documentation including protocols and incident forms

- Meeting minutes including staff, resident and board
- NSW Food Authority audit report
- Organisational chart
- Orientation material, induction checklist, duty statements, position descriptions, staff confidentiality agreements
- Patient health summary
- Philosophy of care and mission statement
- Policy and procedure manual
- Preventative maintenance folder
- Regulatory compliance information
- Reportable incident register
- Resident admission checklist
- Resident agreement and handbook
- Resident and staff survey results
- Self-assessment for re-accreditation
- Staff communication diary
- Staff handbook
- Staff roster
- Staff specimen signature and initials
- Volunteer handbook
- Wound care plans

## **Observations**

The team observed the following:

- Activities in progress
- Brochures and posters – external complaints and advocacy services
- Charter of residents' rights and responsibilities displayed
- Cleaning and laundry room environments, equipment and staff practices, linen stocks
- Cleaning in progress (including use of equipment, trolleys and wet floor signage boards)
- Dining environment during midday meal including food presentation and staff assistance
- Emergency box including resident list and photographs
- Equipment, archive, supply and storage areas
- Fire safety systems and equipment, evacuation plans and emergency procedures' flip charts
- Individual resident placemats
- Infection control resources including hand washing facilities, appropriate signage, spills kit, sharps container, hand sanitiser dispensers, personal protective equipment and colour coded equipment
- Interactions between residents, staff and visitors

- Kitchen/servery staff practices, environment, food storage areas
- Laundry service manual
- Living environment - internal and external
- Material safety data sheets (MSDS) available to staff throughout home
- Medication administration round
- Medication and clinical storage
- Menu displayed
- Mobility aids including hand rails throughout the home
- Notices advising of re-accreditation audit on display
- Secure storage of resident files
- Staff work areas and staff practices in all areas
- Suggestion box
- Volunteers engaged in 1:1 activities with residents



## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement across all four Accreditation Standards through audits, meetings, suggestions for improvement forms, feedback and hazard reporting. Opportunities for improvement identified are recorded on a continuous improvement action plan enabling the planning, implementation and evaluation of the improvements. This process is coordinated by the hostel supervisor in collaboration with the staff. Continuous improvement is monitored at Board meetings. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement. They say management is responsive to suggestions and they are provided with feedback.

Recent improvements relating to Accreditation Standard One include:

- The home found their resident agreement did not meet the requirements under new prudential arrangements. To comply with the legislation the home sourced and implemented an electronic agreement.
- Feedback from staff and residents led to the home increasing care staff hours by two hours every fortnight to assist with linen change. Staff said most residents choose to be showered and dressed prior to breakfast and having the extra assistance helps meet the preference of the residents.
- As part of the ongoing quality system of the home the policies and procedures used at the home were reviewed and updated in July 2012.

#### 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

Management reports the home receives updates and information pertaining to regulatory compliance from a peak body. The home also receives information through notices from government departments and agencies and other aged care and health industry organisations. Management told us the Board of Management receives advice regarding legislation impacting on the service. Management said compliance with legislation is monitored through observation, feedback and internal and external audits. Staff interviews and documentation confirm staff are informed of regulatory requirements, current legislation and guidelines through policies and procedures, training sessions and meetings.

Examples relating to Accreditation Standard One include:

- Police certificate checks have been carried out for all staff.
- Staff are required to sign confidentiality agreements when they commence employment at the home to ensure compliance with privacy standards and legislation.
- Residents/representatives were informed of the re-accreditation audit in accordance with the Accreditation Grant Principles 2011.

### **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

Residents/representatives told us management and staff have appropriate knowledge and skills to perform their roles effectively. Training and education is driven by the hostel supervisor and deputy supervisor. Staff have access to DVD training programs and utilise external trainers as necessary. Some of their suppliers provide also training for staff. Staff competency levels in key areas are routinely assessed. Staff state the education provided to them meets their needs and they are offered both internal and external education opportunities. Staff confirmed they attend annual compulsory education on fire training, manual handling, infection control and food safety education.

Education attended in relation to Accreditation Standard One includes aged care funding training, computer training, workshop on new prudential arrangements and how to use new electronic agreement program.

### **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

The home has a system allowing access to internal and external complaints mechanisms. Complaints and comments are captured by a system including opportunities for improvement forms, resident meetings, surveys and verbal feedback. The resident handbook outlines the system for expressing any comments and complaints and provides the contact details to lodge a complaint externally. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism and advocacy service are also available. Residents/representatives say they are aware of how to make a comment or complaint and they feel comfortable raising issues of concern with staff and management.

### **1.5 Planning and leadership**

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

#### **Team's findings**

The home meets this expected outcome

The home has documented its' mission and philosophy of care statements and has communicated these to residents, representatives and staff. The resident handbook and staff handbook contain the mission and philosophy of care statements and we observed them to be displayed in the home's foyer. The organisation chart clearly defines the management structure of the hostel and the Board oversees strategic planning, continuous improvement and financial management. Feedback from residents/representatives and staff, in addition to our observations of staff interaction with residents, demonstrated the vision and values of the home underpin the care provided to the residents.

### **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

There is a system to manage human resources including policies and procedures, staff appraisals, job descriptions, selection and recruitment processes, appropriate rostering and an education program. The home does not have access to an agency due to the rural location but the home does have a small casual pool of staff and the permanent staff volunteer to cover staff absences when necessary. Police certificates for staff are monitored and recorded. Personnel files are maintained by the organisation and stored securely. The home demonstrated staff numbers may be adjusted according to resident need. Staff told us management provide them with ongoing education, training and support. Staff say they have sufficient time to complete their designated tasks and meet residents' needs. Residents/representatives report their satisfaction with the care provided by the staff.

### **1.7 Inventory and equipment**

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

#### **Team's findings**

The home meets this expected outcome

The home ensures there are stocks of appropriate goods and equipment to provide a quality service through systems of monitoring stock supply, maintenance and ordering. There is also a system to ensure appropriate storage and timely use of perishable items to avoid spoilage and contamination. We observed sufficient stocks of goods and equipment in storage areas. Staff and residents confirm maintenance requests are completed in a timely manner. New equipment is trialled prior to its purchase and staff are trained in the use of any new equipment. Staff and residents confirm there are satisfactory stocks of goods and equipment available at all times to enable the delivery of quality service.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to manage the creation, usage, storage and destruction of all information. Clinical care notes provide the necessary information for effective care. A password protected computer facilitates management access to the internet and e-mail communication. Policy manuals and job descriptions outline work practices and responsibilities for staff. Residents/representatives receive information when they come to the home through meetings and through informal interactions with management and staff on a regular basis. A daily diary facilitates communication between management and staff. We noted staff and resident records are kept locked to ensure security of access and confidentiality. The staff orientation process and staff handbook include the importance of confidentiality. Staff and residents/representatives say they are kept well informed and consulted about matters impacting on them.

## **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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. External service providers have service agreements kept on file. Routine maintenance work is undertaken by contractors according to the maintenance program and management sources other service providers on a needs basis. Residents are able to access external services such as hairdressing, podiatry and other allied health professionals. The home monitors external contractors' performance through a system of feedback from residents and staff. An approved supplier list is available for staff to access and stakeholders confirm their satisfaction with the service they receive from contractors.

## **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

Refer to expected outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement. Improvements relating to Accreditation Standard Two include:

- An audit of the medication system by the pharmacy identified some areas where improvements could be made, including the updating of all resident photographs for easy identification of residents and the placing of physical reminders throughout the medication book in relation to signing for medications. Management said the changes made have improved the safe delivery of medications to residents.
- Whilst the residents are all mobile, falls prevention training for residents was organised and provided by a physiotherapist. The aim of the program is to keep residents as mobile as possible and highlight any changes they can make to stay safe. Management said the majority of residents attended and the feedback from the residents has been very positive.
- Management have provided residents with information relating to advance care planning. Residents were given information brochures and a copy of an advance care plan. Management said the information is now being provided in the admission information. Several residents have had further discussions with their families and management and completed the plans, which are stored securely in resident files. Management said the information will assist in ensuring resident preferences are met in relation to palliative care and transfer in emergencies.

### **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

Refer to expected outcome 1.2 Regulatory compliance for details about the home's system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home was able to demonstrate its system for ensuring regulatory compliance is effective, with the following examples relating to Accreditation Standard Two:

- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Department of Health and Ageing and industry body resources are available to management and staff on topics relating to health and personal care.
- The home has a procedure for reporting missing residents.

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

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information on the home’s system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Education provided in the last year in relation to Accreditation Standard Two includes understanding diabetic diets, medication management, first aid for care staff and attendance at an aged care seminar at the local hospital.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents receive clinical care appropriate to their individual needs and preferences. The home’s system ensures each resident undergoes initial assessment and ongoing monitoring and review to identify and manage health and personal care needs. Processes include each resident having a regular health check and self-care ability assessments on entry to the home. This information is used to develop individual care plans. The home monitors the effectiveness of the care system through review of care plans and evaluation of care provided to meet individual needs. Results show care needs are documented and reviewed and care staff provide care consistent with care plans. Staff demonstrate knowledge of individual resident needs and preferences. Residents/representatives are satisfied with the clinical care residents receive.

### **2.5 Specialised nursing care needs**

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

#### **Team’s findings**

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met by suitably qualified nursing staff. The home’s system ensures nursing staff assess residents’ needs for specialised nursing care and provide specialised nursing treatments to meet these needs. Staff have the knowledge and skills to assess, develop care plans, provide, evaluate and review specialised nursing care. Care staff receive appropriate training to meet specialised nursing care needs. Residents/representatives are satisfied with the care provided in relation to 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’s system ensures referral to appropriate health and related services occurs in accordance with residents’ needs and preferences. Referrals are made as required, based on assessment of need, with transport provided by each resident’s representative or the home’s staff. The home also organises health and related services to visit the home as required, including podiatry, optometry, speech therapist and dietician. Residents may choose their medical practitioner. Residents are referred to a range of services for assessment, treatment and review of outcomes. Appropriate changes are documented and implemented as a result of ongoing support. Residents/representatives confirm they are satisfied with the arrangements for referral to appropriate health and related specialists.

## **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’s systems ensure medication is managed safely and correctly, including medication ordering, administration, recording and review. The home uses a pre-packed medication system, demonstrates safe storage of medications and uses appropriately qualified staff to administer medications. Documentation ensures staff have sufficient and relevant information to assist them, including assessments, current care needs and specific information. Processes are monitored through regular and ongoing review of incidents, medication checking procedures and staff competencies. The home monitors medication supplies to ensure residents have a continuous supply of medications available as prescribed. Medication practices are consistent with policies and procedures. Residents/representatives confirm they are satisfied with the way residents’ medication is managed.

## **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’s pain management system ensures all residents are as free as possible from pain. Each resident has a pain assessment on entry to the home which forms part of the individual care plan. Care interventions are reviewed regularly and pain management altered to meet changing resident need. Alternative therapies are used to help residents manage pain including massage, heat packs and exercise routines. Staff demonstrate knowledge of pain management interventions and individual residents’ pain management requirements. The home uses internal and external resources to support staff education in relation to meeting the needs of residents experiencing pain. Residents/representatives confirm they are satisfied with the home’s pain management system and residents are as free as possible from 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’s palliative care systems ensure terminally ill residents’ comfort and dignity is maintained. Processes include supporting residents at end of life through meeting individual needs and preferences. The home supports staff in the provision of palliative care and care is implemented to meet individual wishes with dignity and comfort. Care staff have knowledge and skills in the management of residents who have a terminal illness, including maintaining skin integrity, managing pain and providing comfort and emotional support. Some residents have advanced care directives. Residents/representatives are satisfied residents’ individual needs and preferences are met, ensuring comfort and dignity.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Residents receive adequate nutrition and hydration. The home has an assessment and monitoring system to ensure dietary needs and preferences are recorded on entry to the home and met on an ongoing basis. Residents are referred to the dietician to meet specific weight management needs. Medical practitioners are informed and review residents who experience weight fluctuations, with referral to health specialists as needed. Staff demonstrate knowledge of individual residents’ different nutritional requirements and preferences and the support required to assist residents with their meals. Residents/representatives confirm residents receive adequate nourishment and hydration.

## **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 provides support to residents to promote general health and wellbeing, which assists in maintaining skin integrity ensuring it is consistent with their general health. Assessments on entry to the home identify specific needs and preferences for skin care. A community nurse oversees wound care, completes assessments and monitors wound healing. Skin integrity is maintained through regular assessment, repositioning and moisturising. Skin conditions and infections are monitored by the home’s staff, who are supported by a community based registered nurse. The home provides on-site podiatry and hairdressing services. Staff demonstrate knowledge of individual resident requirements. Residents/representatives confirm they are satisfied with the care provided to maintain skin integrity.



## **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’s system ensures continence needs are managed effectively and meets residents’ needs for dignity, comfort and wellbeing. Continence is managed through initial and ongoing assessments and individualised care plans developed in consultation with residents/representatives, medical practitioners and care staff. The home has a range of continence and toileting aids to meet residents’ needs and preferences and continence aids are provided for residents who require them. The home demonstrates residents’ programs are regularly monitored and evaluated for effectiveness. Training is provided for staff, who are knowledgeable about residents’ individual continence needs. Residents/representatives are satisfied with the home’s continence management systems and processes.

## **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 effectively meets the needs of residents through assessment, consistent approach, specialist consultation and flexible provision of care. Staff are alert to changes in behaviour that may indicate the need for additional support or referral to specialist health provider. Effectiveness of behaviour management is monitored and reviewed through incident reports and case conferencing. Residents/representatives are satisfied with the approach to manage challenging 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’s system ensures all residents are supported to achieve optimum levels of mobility and dexterity. Each resident has a manual handling assessment on entry to the home. Residents are reviewed by a physiotherapist as required, with care staff assisting residents in range of movement exercises. Care staff facilitate exercise activities in response to individual support required and exercises are included on the activities calendar. Residents/representatives state they are satisfied with the support provided to maximise residents’ mobility and dexterity.

## **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’s oral and dental care system ensures residents’ oral and dental health is maintained. Each resident has an oral health assessment on entry, which forms part of the

care plan and is regularly reviewed. Residents are encouraged and assisted to clean their teeth or dentures during daily care. Any changes identified in oral and dental health result in a dental referral to a local practitioner. Referrals and assistance to access appointments are arranged to a dentist, speech pathologist or dental technician as required. Residents/representatives confirm they are satisfied with the oral care provided at the home.

## **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

The home has a system to ensure residents’ sensory losses are identified and managed effectively through assessment of needs on entry to the home, referral to vision and audiology specialists and ongoing monitoring of health status. Residents’ sense of touch is stimulated through hand massage and manicure. Residents’ sense of smell is stimulated by the aromas from the kitchen at mealtimes and during activities such as the weekly milkshake and coffee afternoon. Residents are assisted to make appointments with outside health professionals such as optometrists and hearing specialists as needed. Residents/representatives confirm they are satisfied with the support provided to manage sensory loss.

## **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 supports residents to maintain their natural sleep and rest patterns. Assessments on entry to the home and during the first few weeks identify residents’ individual needs and preferences for settling at night. Residents are encouraged to maintain their natural bed time and to have rest breaks during the afternoon if this is their choice. Noise levels are considered when residents are resting and residents state the home is quiet at night. Care staff provide alternatives to night sedation for residents having difficulty sleeping, including warm drinks, snacks and a clear evening routine. Residents/representatives stated residents sleep comfortably.

### **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

Refer to expected outcome 1.1 Continuous improvement for information about the system to actively pursue continuous improvement. Improvements relating to Accreditation Standard Three include:

- Residents expressed to management they would like regular church services. Management discussed this with local churches and there are now fortnightly visits organised. Residents have given positive feedback about the new initiative.
- Residents suggested the addition of two new card games to the activity program. Staff were unsure of the rules of the games so staff sourced a member of the community to come to the home and teach staff and residents. Residents are now enjoying playing the new card games.
- The roll out of digital television access across the area meant the television in the common area would need to be replaced. With the assistance of a generous donation, a new large screen digital television has been purchased and installed. Residents were observed to be enjoying the facility during the visit.

#### **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

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance with regulatory requirements specific to Accreditation Standard Three include:

- Information is provided to residents/representatives in the residents’ handbook and the resident agreement regarding their rights and responsibilities, including security of tenure and the care and services to be provided to them.
- The Charter of residents’ rights and responsibilities is displayed in the home.
- The home maintains a register for the mandatory reporting of alleged and suspected assaults.

### **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

Please refer to expected outcome 1.3 Education and staff development for information on the home's system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Education provided in the last year in relation to Accreditation Standard Three includes person centred care, dignity in care and elder abuse.

### **3.4 Emotional support**

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

#### **Team's findings**

The home meets this expected outcome

The home welcomes new residents and their family members to the home. Residents are provided with information prior to and on arrival at the home to assist in settling into their new environment. Each resident and their family are invited to lunch when they first come to live at Uralba Hostel. Each resident is offered the opportunity to discuss their life story and encouraged to bring in items from home to personalise their room. Family and friends are encouraged to visit and become part of the community. Residents/representatives confirm residents are happy living at the home and staff are kind and caring.

### **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 provides an environment and lifestyle where residents are encouraged and supported to stay as independent as possible. Care plans developed in consultation with residents include strategies to assist them to maintain their independence during daily care. Residents are encouraged to move freely around the home and into the community. The activity program facilitates independence and community participation as well as promoting friendships within the home and with the wider community. The home encourages residents to visit the local hospital 'day care' program. Regular exercise sessions assist residents to maintain or improve limb movement, balance, muscle strength, dexterity and mobility. Residents/representatives confirm they are satisfied with the support provided to assist in maintaining residents' independence.

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home meets this expected outcome

The home implements systems respecting each resident's right to privacy, dignity and confidentiality. The home provides single room accommodation with en suite bathrooms. Staff training includes the importance of privacy, dignity and confidentiality. Staff were observed to always knock and wait prior to entering a resident's room and address each resident by their preferred name. Specific health information and resident records are stored in accordance with the health records legislative requirements and are only available to authorised staff. Residents/representatives confirm staff are polite and respect residents' privacy at all times, including during care provision.

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

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

#### **Team's findings**

The home meets this expected outcome

The home provides a varied lifestyle program, including a wide range of activities residents may participate in. Individual interests and preferred activities are identified on entry to the home through a lifestyle assessment. Activities are reviewed regularly at resident meetings to ensure programs continue to meet individual resident's needs and preferences. The activities program includes a range of physical, cognitive, spiritual, creative and social activities. Residents who choose not to participate are provided with alternative opportunities. Group activities and one-to-one time is provided as required. Residents state they generally enjoy the range of activities available at the home.

### **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 provides cultural and spiritual support for residents according to their individual preferences. The care manager coordinates the pastoral care and religious services undertaken at the home. Church services of various denominations are held throughout the month to ensure different needs are met. Residents choose to participate in special religious and cultural anniversaries such as Christmas, Easter and ANZAC day ceremonies. Significant events such as birthdays are recognised at functions. Residents/representatives confirm they are happy with the spiritual and cultural support provided at the home.

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

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

#### **Team's findings**

The home meets this expected outcome

The home encourages each resident to exercise choice and make decisions about their care and the services they receive. Residents are consulted during the assessment period and participate in planning their care. Day to day choices are available such as choice of rising time each day, clothes preferences and times to retire in the evening. Residents are encouraged to personalise their own rooms with personal belongings and have the right to participate in activities, as well as the right to refuse. Resident and family meetings are held where stakeholders are encouraged to participate in decisions about the running of the home. Residents/representatives confirm they are satisfied with their participation and choices they may make.

### **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

The home provides information for residents/representatives on security of tenure and residents' rights and responsibilities in residents' agreements and the residents' handbook. A resident agreement is offered to each resident/representative to formalise occupancy arrangements. The resident agreement includes information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. Residents/representatives are provided with information on complaints resolution processes, including internal and external complaint mechanisms and advocacy services. Management say any movement of residents' accommodation is fully discussed with the resident and their representatives and each resident is supported in their transfer.

## **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

Refer to expected outcome 1.1 Continuous improvement for information about the system to actively pursue continuous improvement. Improvements relating to Accreditation Standard Four include:

- Management and staff recognised residents with mobility aids had difficulty accessing toilets in the common areas due to the configuration of doors. In response, the home has removed one of the doors in each toilet and placed locks on the external doors. This ensures residents have easy access as well as privacy. Staff and residents say the new doors are working well.
- The home has had a fire sprinkler system installed throughout the building to ensure compliance with building certification. Residents were kept well informed of the progress of the work and staff and residents are pleased with the additional safety measure the system provides.
- The home had a very old centrally controlled cooling and heating system. A new system has been installed to enable each resident to have individual temperature control in their rooms. Residents are very happy with the new system.

### **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

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance with regulatory requirements specific to Accreditation Standard Four include:

- Fire safety equipment is being inspected and tested regularly.
- There is a documented food safety program and the home has a NSW Food Authority licence.
- Material safety data sheets (MSDS) sheets are readily available to staff in all relevant work areas.

#### **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

Please refer to expected outcome 1.3 Education and staff development for information on the home's system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Education provided in the last year in relation to Accreditation Standard Four includes fire and evacuation, infection control, chemical safety and food handling guidelines.

#### **4.4 Living environment**

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

##### **Team's findings**

The home meets this expected outcome

The home is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with their own bathrooms. Residents are encouraged to personalise their rooms as much as possible. There are communal areas and lounge rooms, as well as outdoor areas for use by residents. The living environment is clean, well furnished, well lit and free of clutter; a comfortable temperature is maintained. The safety and comfort of the living environment is monitored through environmental inspections, resident/representative feedback and observation by staff and management. Residents/representatives expressed their satisfaction with residents' living 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 findings**

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Management oversees work health and safety within the home and work health and safety (WHS) matters are discussed at staff meetings. Staff are trained in their responsibilities regarding work health and safety, manual handling and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. Environmental audits are conducted regularly, hazards are identified and solutions are discussed and implemented. Staff demonstrate a sound knowledge of WHS requirements and say they receive training and information regarding WHS issues.



#### **4.6 Fire, security and other emergencies**

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

##### **Team's findings**

The home meets this expected outcome

The home has systems in place to minimise fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment and compulsory training. The home is equipped with fire warning systems, a sprinkler system and fire fighting equipment, such as extinguishers and fire blankets. Staff confirm compulsory education is held for fire training and their attendance is monitored. Emergency flipcharts are available for staff and there is an emergency evacuation kit including a current list and photographs of residents. We observed exit signs and clear egress routes. Staff wear name badges and there is a lock up procedure at night. Residents say they feel safe living in the home.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

The home has an effective infection control program with a system for identifying, managing and minimising infections. This includes staff education, audits, evaluation of resident infection data, monitoring of temperatures in fridges and freezers, colour coded equipment, wearing protective clothing and providing adequate hand washing facilities. There are formal cleaning schedules and processes for the removal of waste to maintain hygiene levels. All work areas provide sufficient and appropriate equipment to minimise infection risk. The home has an annual influenza vaccination program for residents and staff. Staff are familiar with infection control practices and confirmed personal protective equipment is readily available. Staff can describe various infection control strategies, for instance, the colour coded equipment used during all aspects of cleaning.

#### **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 hospitality services provided are meeting residents' needs and are enhancing their quality of life. Residents are assessed for their dietary preferences and needs when they move into the home. All meals are cooked fresh on site and the rotating menu has been reviewed by a dietician. Cleaning is carried out five days a week according to a cleaning schedule, which includes resident rooms and public spaces. Residents' personal laundry is laundered within the home and linen is laundered externally. The hospitality services are monitored through audits, surveys, meetings and the home's feedback mechanisms. Residents/representatives say they are very satisfied with the variety, quality and quantity of food provided, the cleanliness of the environment and the quality of the laundry services provided.