Decision to accredit
Willandra Hostel

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

The Agency has decided that the period of accreditation of Willandra Hostel is three years until 6 September 2012.

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

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

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

Information considered in making an accreditation decision
The Agency has taken into account the following:
- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Willandra Hostel
RACS ID:	3304

Number of beds:	60	Number of high care residents:	11

Special needs group catered for:	• Dementia care

Street/PO Box:	43 Diamond Street				
City:	ELTHAM	State:	VIC	Postcode:	3095
Phone:	03 9431 0100		Facsimile:	03 9431 0342	
Email address:	cbrowning@mcm.org.au				

Approved provider

Approved provider:	Melbourne Citymission

Assessment team

Team leader:	Nicholas Hill
Team member/s:	Stephen Koci
	Jennifer Thomas
Date/s of audit:	15 June 2009 to 16 June 2009

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome		Assessment team recommendations	Agency findings
1.1	Continuous improvement	Does comply	Does comply
1.2	Regulatory compliance	Does comply	Does comply
1.3	Education and staff development	Does comply	Does comply
1.4	Comments and complaints	Does comply	Does comply
1.5	Planning and leadership	Does comply	Does comply
1.6	Human resource management	Does comply	Does comply
1.7	Inventory and equipment	Does comply	Does comply
1.8	Information systems	Does comply	Does comply
1.9	External services	Does comply	Does comply

Standard 2: Health and personal care

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

Executive summary of assessment team's report		Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

Expected outcome		Assessment team recommendations	Agency findings
4.1	Continuous improvement	Does comply	Does comply
4.2	Regulatory compliance	Does comply	Does comply
4.3	Education and staff development	Does comply	Does comply
4.4	Living environment	Does comply	Does comply
4.5	Occupational health and safety	Does comply	Does comply
4.6	Fire, security and other emergencies	Does comply	Does comply
4.7	Infection control	Does comply	Does comply
4.8	Catering, cleaning and laundry services	Does comply	Does comply

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

Name of home	Willandra Hostel
RACS ID	3304

Executive summary

This is the report of a site audit of Willandra Hostel 3304, 43 Diamond Street ELTHAM VIC 3095 from 15 June 2009 to 16 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 19 June 2009.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 15 June 2009 to 16 June 2009.

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

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

Assessment team

Team leader:	Nicholas Hill
Team member/s:	Stephen Koci
	Jennifer Thomas

Approved provider details

Approved provider:	Melbourne Citymission

Details of home

Name of home:	Willandra Hostel
RACS ID:	3304

Total number of allocated places:	60
Number of residents during site audit:	54
Number of high care residents during site audit:	11
Special needs catered for:	Dementia care

Street/PO Box:	43 Diamond Street	State:	Victoria
City/Town:	ELTHAM	Postcode:	3095
Phone number:	03 9431 0100	Facsimile:	03 9431 0342
E-mail address:	kpatterson@mcm.org.au		

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		**Number**
Hostel manager	1	Residents/representatives	9
Care coordinators/division two nurses	2	Pastoral care	1
Care staff	2	Homemakers	2
Leisure and lifestyle staff	1	Catering staff	3

Sampled documents

	Number		**Number**
Residents' files	8	Medication charts	10
Summary/quick reference care plans	8		

Other documents reviewed

- 2009 regular meeting schedule
- Accreditation standards – expected outcomes 09 Master folder
- Admission information
- Advanced care planning documents
- Aged and palliative care services business plan
- Aged care education framework
- Aged care individual learning priorities survey
- Agency orientation information
- Approved supplier information
- Balanced scorecard plan
- Behaviour care plans, charting, assessments and evaluations
- Bowel/bladder management plans and charts
- Charter of resident rights and responsibilities
- Cleaning information
- Clinical audits
- Clinical care reviews
- Clinical fact sheets
- Clinical referrals
- Comments and complaints

- Completed training records folder
- Compliments, complaints and concerns information
- Continues improvement plan
- Contractors handbook
- CQI folder and action plans
- Diabetic management care plans
- Diabetic treatment sheets
- Dietary information forms
- Doctor's communication folders
- Electrical tagging information
- Electronic progress notes
- Emergency contact information
- Employee orientation program
- Evaluation summaries
- External services folder
- Falls risk flowcharts
- Fire and emergency information
- Fluid balance charts
- Food safety audit
- Food safety plan
- Food service resident data sheet
- General consent form
- General observation charts
- Handover charts
- Incident reports
- Induction checklist
- Infection control information
- Infection control manual
- Infection control registers
- Job descriptions
- Laundry information
- Leisure and lifestyle information
- Maintenance records
- Management reports
- Mandatory reporting information folder
- Material safety data sheets
- Medication advisory committee meeting minutes
- Medication chart audits
- Medication policy and procedure manual
- Medication reviews
- Meeting minutes
- Melbourne city mission's organisational capability framework
- Memorandums
- Menus
- New resident admission pack
- New staff package
- Newsletters
- Nurse registration form
- Nutrition/hydration care plans
- Occupational health and safety information
- Oral hygiene management plans
- Organisational management chart
- Pain care plan reviews
- Pain monitoring charts and assessments
- Palliative care information
- Pastoral care information

- Performance development planning and review template
- Pest control information
- Pharmacy folder
- Pharmacy ordering sheets
- Philosophy statement
- Physiotherapy assessments and exercise plans
- Police check forms
- Policies and procedures
- Policy and procedure manuals
- Position descriptions
- Preferred supplier information
- Preventative maintenance information
- Process charts
- Progress note reviews
- Quality and risk committee agenda
- Record of meeting quality and risk committee
- Resident and relative meetings 2009
- Resident care plan consultation forms
- Resident package
- Residents continence aids and allocation documents
- Residents' information package and surveys
- Restricted drugs register
- Risk management information
- Rosters
- Self directed learning strategy 2008
- Short term care plans
- Skin integrity risk assessments
- Sleep care plans
- Social and human needs forms
- Staff handbook
- Staff learning and development attendees list
- Staff learning and development: training application form
- Staff survey
- Standard one: staff education – orientation, in-service training and external training
- Survey results
- Technical/complex care needs plans
- Temperature control records
- Terms of reference
- The charter of residents' rights and responsibilities
- Trending information
- Village newsletter
- Vision, purpose and values and philosophy
- Weight charts
- Workplace inspection register
- Wound management documentation

Observations
- Activities in progress
- Administration of medication
- Charter or resident rights and responsibilities on display
- Chemical storage
- Cleaning in progress
- Emergency exits
- Equipment and supply storage areas
- External areas

- Fire and emergency equipment
- First aid trolley
- Food preparation and service
- Gardens
- Hand sanitiser dispensers in home
- Hand washing facilities
- Infectious outbreak kits
- Infectious waste containers
- Information displayed on noticeboards
- Information storage
- Interactions between staff and residents
- Library books
- Lifting machines
- Living environment
- Meals service
- Medication administration
- Notice boards
- Personal protective equipment in utility areas
- Resident rooms
- Spill kits
- Staff practices
- Staff work areas
- Stock levels
- Storage of medications
- Suggestion box
- Walkways and pathways

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Team's recommendation
Does comply

The home has in place a system that includes a cycle of monitoring, assessment, actioning and review in order to actively pursue continuous improvement. As a part of a wider organisation, the home has procedures for continual planning and reporting of results to benefit all stakeholders. The home carries out scheduled audits, reviews and surveys with the results being collated and reported regularly. Any deficits or areas requiring improvement are actioned, monitored and evaluated using set procedures and guidelines. Additional input into the system regarding areas for improvement is gathered through resident and representative meetings, improvement logs, staff meetings and case conferences. Continuous improvement is monitored by the homes' management team and at an organisational level through documented reports and regular meetings. Staff and residents confirm that continuous improvement occurs.

Examples of continuous improvement in Standard One include:
• The installation of hard wired nurse call system.
• The purchase of new laundry trolleys
• Review of the comments, complaints and compliment forms
• Completed a staff needs analysis for education planning.

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

Team's recommendation
Does comply

There are systems and processes in place for the home to monitor and be informed of any legislative or regulatory changes. Changes are communicated to staff through formal processes and administration practices altered where necessary. There are systems in place to monitor staff professional registrations and for all staff to have passed criminal record checks. The team reviewed documents used for monitoring police check information and confirmed that the system is current and the required information present. Regulatory compliance is discussed at staff and resident meetings.

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

Team's recommendation
Does comply

The home has an established education and training program which addresses each of the accreditation standards. Staff recruitment and selection ensure staff have the appropriate qualifications for their roles. The home provides an orientation program including 'buddy shifts' to support new staff. Management and senior staff have access to seminars, presentations and conferences to enhance their skills and education. All staff interviewed said

they have access to education on a regular basis and are supported and encouraged to participate.

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

Team's recommendation
Does comply

Residents and their representatives have access to the internal and external complaints systems. Information on the complaints systems is provided during the entry process and retold at meetings. Comments, complaints and suggestions for improvement are documented on forms available throughout the home and can be submitted anonymously if required. Comments and concerns are managed by the hostel manager and the team noted that past issues have been addressed in a timely manner. Comments and complaints are discussed at resident forums and monthly evaluation reports are forwarded to management committees. Residents and representatives interviewed by the team state they are aware of the processes for making a complaint and feel that management is receptive to their comments.

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

Team's recommendation
Does comply

The team observed the home's vision, values and goals displayed at the home and present in the resident and employee information pack. The home's commitment to quality is evident through its continuous quality improvement initiatives, policies, procedures and other documents that guide the practices of management and staff. Staff interviewed confirmed awareness of the vision, mission and values statement and the home's commitment to quality care and services.

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

Team's recommendation
Does comply

The home has systems in place to ensure staff are appropriately skilled and sufficient in numbers to deliver quality care services. The home orientates new staff including compulsory education sessions and provides information relevant to their roles. Staff appraisals, audits, some staff competencies and management observations ensure staff practices and knowledge are maintained and can be enhanced. Staff stated they are supported by management to enhance their skills and are satisfied with the arrangements for rosters and workloads. Residents and representatives are satisfied with the levels of staffing and the care provided at the home.

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

Team's recommendation
Does comply

The home can demonstrate that there are appropriate levels of goods and equipment in all areas. Equipment and inventory requirements are identified through staff requests and residents' changing health status. All goods and equipment have specified storage space and during the visit these areas were noted to be clean, tidy and well maintained. Servicing of equipment is performed by qualified tradespeople according to a schedule overseen by the maintenance department. Stocks of food and beverage products are rotated to maintain freshness and compliance with food safety regulations. Staff, residents and representatives confirmed their satisfaction with the quantity and quality of stock and equipment available at the home.

1.8 Information systems

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

Team's recommendation

Does comply

There is a range of strategies in place to provide an effective information system at the home. This includes a document and data control system of regular updates to procedures and guidelines for staff. There is an established process for updating resident care information that is performed by key staff according to a set schedule of reviews. The home has an electronic care planning, assessment and monitoring system that staff access using personal passwords. The home uses memoranda, noticeboards, newsletters and scheduled meetings to communicate with all stakeholders. Staff say information is provided to them and residents and their representatives commented they are kept informed by the home.

1.9 External services

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

Team's recommendation

Does comply

Willandra Hostel has a range of external suppliers to meet their service needs and quality goals. The team noted there is ready access for staff relating to contact numbers for preferred suppliers and external providers. The maintenance department liaises with external providers for monitoring the fire systems and other preventative measures. Residents, representatives and staff have the opportunity to comment on external services by using the comments and complaints system and an appraisal process at manager's meetings. Staff and residents indicated satisfaction with the services that the current contractors provide.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's recommendation
Does comply

The home has a continuous improvement system to provide planned approach and positive outcomes in relation to resident health and personal care. The system includes clinical assessments, updated and individual care plans and ongoing reviews of personal care. Improvement information is gathered from sources that include stakeholder feedback, incident reports, improvement requests, meetings, audits and personal consultation with residents, representatives and input from medical officers. Performance is measured through systematic audits and through data collection that is monitored and analysed for trends. The home has access to a range of external associations to further identify improvement opportunities and to facilitate problem solving.

Examples of continuous improvement in Standard Two include:
- A successful submission to be a pilot site for encouraging best practice in residential aged care in conjunction with a division of general practice in regard to palliative care.
- Availability of complementary aromatherapy to enhance resident lifestyles.
- Introduced "Strength fitness training groups" as part of the aged access initiative
- Facilitated onsite consultations by an audiologist

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

Team's recommendation
Does comply

The home has a system in place to identify relevant legislation and regulatory requirements in relation to resident health and personal care. There are systems in place at the home to identify any legislative or regulatory changes and to communicate those changes to residents and staff. Compliance with the regulatory matters for the provision of clinical care to residents is reviewed as part of clinical practice reviews. Care staff have access to procedural and legislative information by using the homes' intranet. There are requirements for external health professionals providing services at the home to be able to demonstrate qualifications and registration. Medications are stored and administered according to legislated processes. Staff state they are informed about legislative and regulatory requirements.

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

Team's recommendation
Does comply

The home has systems in place to ensure that staff have the appropriate knowledge and skills to perform their roles effectively. Audits and observations identify gaps in staff practices with individual or group training sessions then provided. The care staff education program is supported by on the job training and a selection of aged care related resources. Staff training records and participation records are maintained to enable management to monitor

attendance at planned sessions. Staff confirm they are supported to attend internal and external training.

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

Team's recommendation
Does comply

The home has processes and procedures in place to ensure residents receive clinical care according to their assessed needs and preferences. Comprehensive information is collected from residents and representatives on entry. Care plans are developed and detail the care to be provided. The home has systems in place to ensure resident clinical needs are planned, implemented and evaluated every two months or as needed. A registered nurse division one oversees and reviews clinical care for all high care residents well supported by the care coordinators and care staff, who ensure all residents receive the care they require. Staff state they use care plans when providing daily care and can demonstrate knowledge of individual resident care needs. Resident and representative feedback was positive about the clinical care provided.

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

Team's recommendation
Does comply

Registered nurses division one assess, develop, review and monitor the specialised nursing care needs of all high care residents, the care coordinators and care staff ensure all residents receive the specialised care they require. Attending doctors document the specific care required and staff ensure this is provided to the resident. Detailed care plans are in place and contain additional information for staff to assist them to deliver optimal specialised care to residents. Staff have access to external consultants for management advice and attend education sessions on specialised areas of care. Residents and representatives state they are satisfied with the specialised care provided.

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

Team's recommendation
Does comply

Residents have access, via referrals to a number of other health services according to their needs and preferences. Services include dietitian, speech pathology, palliative care; wound management and a behavioural support team. Progress notes, residents and staff confirm the availability of specialist external health practitioners. Residents and representatives stated they are consulted before referrals are made and are informed of the outcome following an appointment. They said they are involved and happy with the services provided.

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

Team's recommendation
Does comply

The home has processes and procedures in place to ensure medication is ordered, stored, administered, checked and disposed of safely and correctly. Personal care staff administer medication from multi-dose blister packs. Staff are aware of their legal obligations in relation

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to administering medication. Medication management is part of the education calendar and staff said they attend these sessions and stated that they are required to undertake a regular medication management competency assessment. Residents who self-administer medications have competency assessments undertaken by their general practitioner in consultation with staff. Resident and representatives confirmed they are satisfied with their medication management.

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

Team's recommendation
Does comply

All residents are assessed for pain on entry to the home. If pain is identified a pain management care plan is developed and implemented. Care plans reviewed included non-medication strategies to help relieve resident pain. Resident progress notes confirm staff attending promptly to resident's requests for pain relief. The outcome of strategies implemented is also documented in the progress notes. External pain management services are accessed as required. Residents told the team they are assisted to be as pain free as possible.

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

Team's recommendation
Does comply

Staff and documentation reviewed confirm that residents are able to remain at the home and receive palliative care. The care coordinator said that the home is introducing advance care planning documentation and that this process has been commenced. The nurse unit manager of the nursing home and an external palliative care team are accessed for management strategies and advice. Staff said this assists them to provide optimal palliative care. When a resident requires palliative care a review of their care plans is undertaken and is updated to reflect the changing care needs. Staff are aware of the special needs of residents and families at this time. Progress note entries highlight the emotional support offered to residents and families.

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

Team's recommendation
Does comply

On entry to the home information regarding residents dietary likes, dislikes, allergies and preferences is recorded. This information is detailed on their care plan and sent to the kitchen to ensure residents receive the meals and drinks of their choice. Residents are weighed regularly and if significant changes in weight are identified staff refer residents to the dietitian and/or speech pathologist. The team reviewed all weight charts and observed that resident's weights are stable. Staff said residents receive food and fluid supplements as assessed and are seen by the dietitian regularly. Resident feedback was positive about the meals, all residents said they are offered alternative meals and always have enough to eat.

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

Team's recommendation
Does comply

Resident files reviewed contained skin integrity assessments and detailed care plans to assist staff to maintain and protect resident's skin using creams, pressure relieving equipment and protective devices. When impairment to the skin occurs wound management plans are implemented. Staff said they always have adequate supplies to ensure wound and skin care can be provided. Residents stated they are satisfied with the skin care they receive.

2.12 Continence management
This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation
Does comply

Residents, who require a continence assessment, are assessed soon after entry to the hostel. During this time staff observe when the resident to goes to the toilet and then records the outcome. Following this a comprehensive continence management care plan is implemented which includes the aids to be worn and a reminder to staff regarding the residents privacy and dignity needs when continence care is being carried out. Staff undertake regular reviews of continence aids to ensure residents have the most effective product available. Residents told the team that staff provide effective continence care and are mindful of their dignity and ensure privacy while care is being provided. Resident's stated that their continence needs are managed well.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's recommendation
Does comply

Residents with identified challenging behaviours are assessed and comprehensive management plans implemented. Staff access a community behaviour support team and said this service provides management strategies to assist staff to minimise resident behaviours in the home. Staff interviewed demonstrated knowledge of residents and individual management strategies. Residents and representatives said the environment of the home was generally peaceful and said staff intervene promptly if any resident behaviours impact on others.

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

Team's recommendation
Does comply

The physiotherapist assesses residents and formulates individual mobility plans and an exercise program. The care staff carry out these exercises daily and record the outcomes. Residents identified with a mobility risk also have a risk assessment completed and if required additional strategies are developed that include how to safely position the resident in bed, protective devices to be used and lists lifting machines suitable to that resident's mobility/transfer needs. Modified cutlery is available to assist residents to maintain independence with eating. Residents and representatives said they are satisfied with the mobility assistance offered by staff.

2.15 Oral and dental care
This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation
Does comply

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All residents have their oral and dental needs assessed on admission and throughout their stay in the home. The assessment includes the type of teeth the resident has and the condition of the teeth and mouth. A detailed care plan is then implemented outlining the individual care each resident needs. If required and following consultation with resident and representatives a dental referral is made. Residents said that they are satisfied with the oral and dental care that is available and provided.

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

Team's recommendation
Does comply

Resident's communication and sensory needs are assessed on entry to the home. Resident preferences in regard to their sensory aids are recorded on their care plans. Following consultation with residents and representatives staff organise referrals to appropriate services for examination and review of sensory losses. Residents are assisted to access external services or can attend when services are onsite. A record is kept of resident appointments and follow up is recorded in their progress notes. Residents stated they are happy with how their sensory loss is managed.

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

Team's recommendation
Does comply

All residents have a sleep management plan, this details resident settling routines and their preferences in relation to the environment most conducive for sleep. Staff administer medication, as prescribed, to aid sleep and offer residents drinks and snacks to help them to settle to a natural sleep. Progress note entries confirm that staff spend one on one time with restless residents and record the number of times they return to check on unsettled residents. Residents told the team they sleep very well because of the assistance given to them by the staff.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team's recommendation

Does comply

The home has an effective system for identifying and actioning continuous improvement opportunities related to residents' lifestyle. Resident and representative satisfaction surveys are conducted to obtain feedback on the leisure program and other lifestyle matters. Regular meetings provide further opportunities for residents and representatives to raise concerns and discuss the issues related to residents' lifestyle. Information obtained through completed complaints and suggestion forms and feedback at meetings has resulted in changes to the activities program and food preferences at the home. Residents and representatives are satisfied they are offered opportunities to have input into the leisure and lifestyle program at the home.

Examples of continuous improvement in Standard Three include:
- Developed a resident and representative questionnaire to assess service satisfaction
- Purchase of a large screen television for residents
- Developed a resident lifestyle questionnaire to identify improvements in the program.
- Inclusion of the needs of the ageing person in the staff education calendar

3.2 Regulatory compliance

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

Team's recommendation

Does comply

There are systems and processes in place for the organisation to identify any relevant legislation and regulations and any changes in them. The organisation has developed polices and procedures to promote resident privacy and dignity matters and guidelines for the reporting of missing persons. Residents' rights and responsibilities are documented in resident and staff information packs. Staff who spoke with the team are able to clearly express their responsibilities with regard to mandatory reporting legislation.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home monitors staff knowledge of lifestyle provision through satisfaction surveys and observations of staff practices. Staff orientation information includes information on respecting residents' rights and employee responsibilities in adhering to these principles. The home supports staff to attend external courses and conferences. Residents and representatives are complimentary of the respect and dignity that staff demonstrate when attending to their care. Recent education relating to Standard three includes dementia care skills for aged care workers

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

Team's recommendation
Does comply

Residents are assisted to settle into life at the home through regular staff contact, encouragement to participate in activities to increase social interaction and by personalising their rooms. Residents' requirements with emotional support are assessed with care plans being provided and reviewed as required. Residents and their representatives are given information about the home prior to entry and are offered a tour of the facility to enhance the integration into residential life. Residents are provided with an orientation following entry and staff complete an orientation checklist. Residents and representatives are complimentary of the care and emotional support provided by the staff.

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

Team's recommendation
Does comply

The home demonstrates that residents are supported to achieve optimal independence and maintain their links with the community. The home's assessment and care planning system identifies residents' ability for social interaction and community participation. Resident communication at the home is supported through the availability of a hearing devices and various techniques are employed to help with sight, mobility and memory loss. Willandra Hostel provides a community visitors scheme and other social occasions to enhance interactions outside the home. Residents have access to newspapers and private telephone facilities. Residents and representative feedback indicated satisfaction with access to individual community events and support networks in the home.

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

Team's recommendation
Does comply

Residents and representatives are provided with information about privacy and confidentiality processes in the home. The assessment, review and consultation systems are used to identify residents' individual privacy and dignity matters. Residents are provided with single rooms and a lockable space for private belongs. Consent is sought for the use of resident's names and photographs used at the home. Staff induction and orientation includes information about privacy and confidentiality. Resident information is stored securely and accessed by authorised staff and management. Residents are satisfied with the manner in which the home supports their privacy and dignity.

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

Team's recommendation
Does comply

Willandra Hostel has effective systems to encourage and support residents to participate in activities of interest to them. The past and current pastimes of residents and their social and

human needs are assessed on entry to the home and an individual lifestyle plan developed. Residents are invited to participate in a variety of group and personal activities based on individual needs and resident feedback. Staff remind residents when one of their favourite activities is taking place and regular one-on-one activities are provided and varied where possible. Lifestyle staff evaluate group activities and develop new activities as a result of resident requests. Individual lifestyle care plans are reviewed according to a schedule for all residents. Residents said they enjoy the regular bus trips and confirmed they are satisfied with the activities available to them 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 recommendation
Does comply

An assessment of individual requirements for each residents cultural and spiritual preferences is undertaken by the home. To recognise these preferences, the home conducts memorial and religious celebrations, cultural specific days and birthdays. The home provides church services inline with resident preferences and the services of a pastoral care worker is available as needed. Regular discussions and an annual resident survey are used to monitor satisfaction and gather feedback relating to residents cultural and spiritual life. Residents are satisfied that their cultural and spiritual needs are being met by 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 recommendation
Does comply

Willandra Hostel has systems in place to support individual choice and decision-making. Residents participate in decisions about their care and lifestyle preferences at the home through the complaints process, resident meetings, surveys and informal verbal feedback. Residents' preferences in relation to their activities of daily living such as meals, activities, sleep and personal hygiene routines are identified and documented. All residents are provided with the charter of residents' rights and responsibilities to strengthen their understanding in exercising choice and decision making. Residents confirmed that their choices and individual wishes are respected by the home.

3.10 Resident security of tenure and responsibilities
This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation
Does comply

Management at the home can demonstrate that residents have security of tenure while at the home. The home provides information about residents' rights and responsibilities and security of tenure to prospective and new residents or their representatives. Each new resident or representative is provided with a residential agreement. The home meets with residents and their representatives to discuss the residential care agreement and any other issues. The home has processes in place to support residents and representatives if they move from their original bedrooms for health and safety reasons as their care needs increase. Residents and their representatives confirm they are satisfied they have security of tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

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

Team's recommendation
Does comply

The home identifies continuous improvement opportunities related to the physical environment by monitoring incidents, accidents and infections, improvement forms, audits and observations. Regular workplace inspections and environmental audits are conducted to monitor the home's for safety and security measures. Management review reported incidents and accidents to identify trends and compare results with previous months. Equipment to work safely and staff training is provided to promote safe practices. Staff state that equipment requests are acted upon and management is responsive when issues are raised.

Examples of continuous improvement in Standard Four include:
- The home replaced carpet in general areas.
- The home upgraded the en-suites in resident rooms.
- Wooden fencing was removed and replaced with see through cyclone fencing to enhance the views for the residents.
- Repair of the pathways and landscaping was completed.

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

Team's recommendation
Does comply

The home has systems and processes in place to monitor legislative and regulatory requirements in provision of a safe work place living environment for residents.
The kitchen is audited to food safety standard requirements. Compliance with building certification codes and fire regulations is validated with documented reports. There is an infection outbreak protocol in place that complies with industry guidelines. Regulatory requirements are reflected in work practices and in the home's systems and processes related to occupational health and safety and fire and emergency procedures. Staff confirmed compliance with safe work practices occurs at the home

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

Team's recommendation
Does comply

A program of mandatory training and safe systems provides assurance to management that staff have the required skills and knowledge to promote safety and security within the home. An education planner is developed to enable staff to plan for attendance at scheduled sessions. Questionnaires are completed for some training sessions to enable management to monitor staff understanding and knowledge. Staff confirm that suppliers and the home provide training in use of new equipment and supplies prior to use.

4.4 Living environment

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

Team's recommendation
Does comply

The living environment at the home is safe and consistent with residents 'care needs. The home has a large, central space for dining and lounging. Residents have access to smaller, more private areas when meeting with visitors. There are a series of paved walking paths that stretch around the garden and lawn areas. A review of documents and staff interviews confirms there are processes in place for maintenance or repairs to be reported and acted on. An environmental safety inspection is conducted regularly and issues raised are tracked through the quality system. Residents and representatives said they comfortable at the home and satisfied with their surroundings.

4.5 Occupational health and safety

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

Team's recommendation
Does comply

Management at the home are active in providing a safe working environment that meets regulatory requirements. Preventative measures such as compulsory education, risk assessments and providing suitable equipment and protective clothing support the home in maintaining a safe workplace. There is an effective corrective maintenance program and preventive maintenance system is in place. Staff are made aware of safe practices through occupational health and safety training, ongoing risk assessments and monitoring of their work practices. Chemicals are stored according to current guidelines and accompanied by up to date material safety data sheets. The team noted the provision of personal protection equipment, first aid kits and staff demonstrating safe practices in their respective roles.

4.6 Fire, security and other emergencies

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

Team's recommendation
Does comply

There are systems in place to support the home in working actively to provide a safe environment and minimise the risk of fire and other emergencies. Staff receive information on the fire safety systems during induction including a skills test; further education is conducted throughout the year. External service providers carry out routine checks on fire safety equipment, the fire panel and emergency systems. Emergency procedures and evacuation plans are displayed throughout the building and there is controlled entry and egress from the home. Staff and residents demonstrated an appropriate knowledge of emergency and evacuation procedures and their responsibilities.

4.7 Infection control

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

Team's recommendation
Does comply

The home has an effective infection control program that includes education, provision of personal protective equipment for staff and infection surveillance processes. An infection register is completed each time a resident infection is identified. Staff state they have attended infection control education in the last year. The team observed stock levels and staff

confirmed that they have enough stock to maintain infection control practices in the home. There is a biohazard spill kit, an infectious management kit and yellow infectious waste disposal units located in the home. Infection control audits are undertaken and staff hand-washing competencies completed. Staff are aware of standard precautions and infection control principles.

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

Team's recommendation
Does comply

Catering, cleaning and laundry services have set procedures and systems in place to guide staff practices in these areas. Meal preferences and individual requirements for food and beverage preparation and delivery are noted in the kitchen. Allowances in the menu are made for special requests or changes. Cleaning staff showed an understanding of cleaning standards and infection control principles; storage areas were noted as being well maintained and equipment in good working order. External contractors launder linen off-site while resident clothes are laundered on-site. Meetings, surveys, communication books and discussions allow for resident input for these services. Residents are satisfied with the catering, cleaning and laundry services provided by the home.