

Willoughby Retirement Community Hostel

RACS ID: 0319

Approved provider: Willoughby Retirement Community Association

Home address: 1 Warrah Street CHATSWOOD NSW 2067

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| 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 23 March 2021.  We made our decision on 15 January 2018.  The audit was conducted on 12 December 2017 to 13 December 2017. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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:

Care recipients’ physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

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: Care recipient lifestyle

### Principle:

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

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 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors

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



Audit Report

Name of home: Willoughby Retirement Community Hostel

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# Introduction

This is the report of a Re-accreditation Audit from 12 December 2017 to 13 December 2017 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# 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

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 12 December 2017 to 13 December 2017.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

# Details of home

Total number of allocated places: 40

Number of care recipients during audit: 31

Number of care recipients receiving high care during audit: 4

Special needs catered for: N/A

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Chief executive officer | 1 |
| Company secretary | 1 |
| Director of residential care | 1 |
| Assistant director of residential care | 1 |
| Registered nurse | 1 |
| Care staff | 3 |
| Care recipients and/or representatives | 15 |
| Activities co-ordinator | 1 |
| Catering supervisor | 1 |
| Maintenance supervisor | 1 |
| Cleaner | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files including assessments, care plans, progress notes, medical notes and referrals, medication charts | 7 |
| Personnel files | 5 |
| Resident agreements | 4 |

## Other documents reviewed

The team also reviewed:

* Accident/incident and hazard reports, workplace audits, risk assessments
* Care recipients’ leisure and lifestyle records, including activity program and projects,
* Care recipient information package, handbook and agreements; privacy collection statements; consent forms; admissions checklist
* Cleaning schedules, cleaning duty statements, laundry procedures manual
* Clinical documentation, handover documentation, clinical manual, summary care plans, daily assessments, wandering charts, international normalised ratio (INR)
* Communication documentation including memoranda, diaries, newsletters and other publications
* Computer based and hardcopy information systems
* Continuous improvement documentation including plan for continuous improvement, comments/complaints register, feedback forms, audit schedule, audit and survey results,
* Education documentation including yearly planner, staff education folder with attendance records and evaluations, competency assessments
* External provider agreements
* Fire and emergency documentation including annual fire safety statement, fire safety schedule, evacuation plans, fire equipment audits and testing records, fire safety education records and orientation checklists
* Human resource documentation including recruitment policies and procedures, human resources management plan, orientation documentation, position descriptions and duty statements, staff rosters, staff allocation time report, criminal record checks, professional staff registration records
* Maintenance/service schedules, equipment registers and lists, legionella testing records, thermostatic mixing value and testing records, electrical tagging records
* Meeting minutes including Medication Advisory, Residents’ Forum, Staff
* Mandatory reporting register
* Monthly newsletters
* Menu, food preference lists, specialised dietary requirements, seasonal menus, dietician review, temperature checks and other food safety documentation, NSW Food Authority licence and audit report
* Policies, procedures, and flowcharts
* Self-assessment report for re-accreditation
* Wound management resources and guidelines

## Observations

The team observed the following:

* AACQA re-accreditation audit notice displayed
* Activities in progress
* Care recipients and family members enjoying Christmas lunch with staff and Board members
* Chemical and hazardous materials storage, chemical register, chemical dispensing systems, safety data sheets
* Cleaning in progress, trolleys and supplies
* Dining environments during midday meal services, morning and afternoon tea, staff serving/supervising, menu on display
* Equipment and supply storage areas
* Fire safety instructions, equipment, fire panel, sprinkler system, evacuation plans, emergency procedure flipcharts, emergency pack, in/out signing sheets, security systems
* Hairdressing salon
* Infection control resources including outbreak kits, spills kits, personal protective equipment, colour coded equipment, sharps container, sanitising gel, hand washing facilities
* Interactions between staff, care recipients, relatives/representatives, visitors
* Living environment – internal and external
* Medication round and secure medication storage
* Secure storage of clinical and administrative files – care recipients and staff, archive room, electronic record systems – clinical and administration
* Short group observation in a communal area
* Staff handover
* Staff work practices and work areas including care services, catering, cleaning, laundry and maintenance
* Suggestions and concerns (complaints) forms; suggestion box; information on noticeboards for staff, care recipients and visitors; various brochures on display
* Vision, philosophy and core values statements on display
* Vital call system

# 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 services, management systems are responsive to the needs of care recipients, 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

Willoughby Community Retirement Hostel has a quality improvement system that supports Mission, Vision, Values and Philosophy of the organisation and promotes continuous quality improvement. Information is obtained through comments and complaints, results of audits and surveys, incident reports, meetings, observation and informal feedback from staff, care recipients and representatives. A continuous improvement plan is developed to address any identified issues and ongoing monitoring occurs. Board members are involved in committees including continuous improvement and safety management. Feedback to key stakeholders including management, staff, care recipients and family members is through meeting minutes, memoranda, notices and newsletters.

Continuous improvement activities undertaken in relation to Accreditation Standard One – Management Systems, Staffing and Organisational Development include:

* Development of a single quality database which captures information from incidents, complaints, quality improvement suggestions and risk assessments, linking information across all dimensions of quality. This provides information to guide management decisions and improvements.
* Review and update of the Human Resources Plan to enable overview of for example, staff retention, and other statistically significant information.

### 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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Information is obtained through peak industry bodies, circulars and bulletins from government and non-government departments and professional organisations. Regulatory issues and updates are communicated to staff through memoranda, meetings and education sessions. Staff state they are made aware of regulatory issues and that they have access to information regarding legislative and regulatory requirements.

Examples of the monitoring and compliance with regulatory requirements relevant to Accreditation Standard One are:

* A system to ensure all criminal record checks and professional qualifications remain current.
* Notification to care recipients and representatives of reaccreditation site audits

### 1.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

The home's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in the orientation program that provides them with information about the organisation, key policies, and procedures and equips them with mandatory skills for their role. Each staff member receives a personal copy of the policies and procedures manual and amendments as they occur. Staff are scheduled to attend regular mandatory training and attendance is monitored. The effectiveness of the education program is monitored through attendance records and observation of staff practice. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided. Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include:

* Elder abuse and mandatory reporting
* Workplace bullying and harassment

### 1.4 Comments and complaints

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

#### Team’s findings

The home meets this expected outcome

There are systems to ensure that care recipients, their representatives and other interested parties have access to internal and external complaints mechanisms. Internal mechanisms include meetings, feedback forms, and discussions with management. A Resident Forum and various functions enable residents to communicate directly with members of the Board. Care recipients and family members are encouraged to address any concerns directly with the home’s management. Information on external complaints mechanisms is available and detailed in the care recipient handbook and care recipient agreement. Care recipients and representatives interviewed are aware of complaints mechanisms.

### 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 Mission, Vision, Values and Philosophy of Willoughby Community Retirement Hostel are documented and displayed in the facility. The home’s continuous improvement plan demonstrates its ongoing commitment to quality care and service. Management and staff are aware of and understand the philosophy of the organisation and their commitment can be observed in the practices and attitudes and interactions between management, staff and care recipients/ representatives.

### 1.6 Human resource management

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

#### Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure there are sufficiently skilled and qualified staff to deliver services at the home. Recruitment, selection, orientation and education processes ensure staff have the required knowledge and skills to deliver services. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. There is a stable staff which is demonstrated by the numbers, both staff and management, who have been employed for more than ten years. Care recipients interviewed are very happy with the care and services provided and commented particularly on the skills, support and empathy of 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 has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Observation, management and staff interviews demonstrate there are appropriate levels of stock and equipment including medical supplies, food, chemicals, furniture and linen, to provide quality care and services to care recipients.

### 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 provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Information is stored securely, electronic information is password protected and hard copy records are securely stored. Processes are in place for backup, archiving and destruction of records according to legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. Staff interviewed stated they are satisfied they have access to current and accurate information. Care recipients interviewed are satisfied that information provided is appropriate to their needs and commented that the monthly newsletter keeps them up to date.

### 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

There are mechanisms to identify external service needs. The home's expectations in relation to service and quality is specified and communicated to external providers. The home has agreements with external service providers which outline minimum performance and regulatory requirements. There is a process to review the quality of external service providers and where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients and staff are satisfied with the quality of externally sourced services.

## Standard 2 – Health and personal care

### Principle:

Care recipients’ physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (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

For details of the continuous improvement system refer to expected outcome 1.1 Continuous improvement in this report. Examples of continuous improvement activities relevant to Accreditation Standard Two include:

* To improve the management of unusual and specific behaviours, and in consultation with the behaviour assessment team from the local hospital, the home has introduced an essential oils behaviour management program. This includes the blending of calming oils to address identified needs. This has had very positive results.
* Following feedback after an incident, first aid courses have been offered to all staff. The home has purchased two defibrillators and staff have been trained to use them.

### 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 also in this report to expected outcome 1.2 Regulatory compliance for details about the home’s systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines. Examples of compliance with regulations relevant to Accreditation Standard Two include:

* A system to ensure the currency of professional staff registrations
* A system to ensure medications are managed safely and correctly

### 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 also in this report to expected outcome 1.3 Education and staff development and expected outcome 1.6 Human resource management. Examples of education relevant to Accreditation Standard Two include:

* Behavioural and psychological symptoms of dementia
* Medication review
* Bullous pemphigoid
* Identifying respiratory outbreaks and what to do next

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

The home has a system to ensure appropriate clinical care is provided for care recipients. Information collected prior to entry and from the ongoing assessment process is used to generate care plans which contain specific interventions for each care recipient. Any changes to care recipients’ condition or care needs are communicated to staff by verbal handovers, communication diaries, progress notes and care plan updates. Care plans are regularly evaluated for effectiveness. The home has established networks with clinical support services in the community. Care recipients have a choice of local medical officers who visit the home and arrangements are in place to ensure they have access to after-hours medical treatment or transfer to hospital. Clinical care practices are monitored through internal audits and staff competencies. Care staff demonstrated positive attitudes toward their work and a good understanding of work practices. Care recipients and representatives provided very complimentary remarks about the care staff.

### 2.5 Specialised nursing care needs

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

#### Team’s findings

The home meets this expected outcome

Care recipients, specialised nursing care needs are identified and met by appropriately qualified nursing staff. This includes registered nurse input into assessment, management and care planning for care recipients. Systems ensure appropriate stock is available and equipment is checked regularly. Staff access the services of specialists and use resources from local area health professionals as necessary. Care staff demonstrated knowledge and understanding of care recipients’ specific needs and said they are provided with education and training in specialised nursing procedures. Care recipients and representatives interviewed are satisfied with how care recipients’ residents’ specialised nursing care needs are met.

### 2.6 Other health and related services

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

#### Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Care recipients’ care plans are updated to reflect changes or recommendations in care delivery following referrals and care is monitored to ensure changes are effective. Staff support care recipients to attend external appointments with health specialists. Various services visit the home including psycho-geriatricians, podiatry, speech pathology, dietician, and dental services. Other services are accessible from the local area health network. Care recipients and representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 2.7 Medication management

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

#### Team’s findings

The home meets this expected outcome

The home has an efficient and effective system to ensure care recipients’ medication needs are identified and their medication is managed safely and correctly. Medications are administered by care staff who have been deemed competent. Medication management, policies and procedures, and a system for reporting medication incidents are in place to ensure medication orders are current and reviewed regularly by medical officers and pharmacists. Medication incidents are monitored through the incident reporting system. The home uses the services of a consultant clinical pharmacist to review care recipients’ medication. Care recipients and representatives said they are satisfied with the home’s management of care recipients’ medication.

### 2.8 Pain management

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

#### Team’s findings

The home meets this expected outcome

The home has a system to assess and manage care recipients’ pain and ensure they are as pain free as possible. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients’ pain. Interventions to manage pain include analgesia, massage, passive exercise, heat packs and one-on-one time. If the levels of pain change or the strategies are no longer effective, further assessments are undertaken. Care recipients interviewed said staff monitor their comfort and assist them to be as free as possible from pain.

### 2.9 Palliative care

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

#### Team’s findings

The home meets this expected outcome

The home has processes to ensure the comfort and dignity of terminally ill care recipients is maintained. Staff provide the opportunity for all care recipients and representatives to make choices about care when faced with a terminal illness. Decisions regarding management of terminally ill care recipients are made in consultation with the care recipient and representatives and their medical officer. Advanced care plans and end of life wishes are respected. Care recipients are assessed to ensure their palliative care needs can be delivered by the service and they are supported to remain in the home as long as possible. Pastoral care is offered and provided for care recipients and representatives. Care recipients and representatives said the home’s practices maintain the comfort of terminally ill care recipients.

### 2.10 Nutrition and hydration

This expected outcome requires that “care recipients receive adequate nourishment and hydration”.

**Team’s findings**

The home meets this expected outcome

The home demonstrates a system to ensure care recipients’ nutrition and hydration needs are assessed, documented and regularly reviewed. Care recipients’ dietary needs, preferences and allergies are recorded and communicated to the kitchen staff and special diets are catered for. Residents are encouraged to eat their meals in dining rooms and residents’ nutrition is monitored by supervision and observation. Residents have a choice of meal and are encouraged to maintain hydration, with drinks provided at and between mealtimes. Supplements are provided when a nutritional deficit is identified. Care recipients and representatives said they are happy with the home’s management of their nutrition and hydration needs.

### 2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

#### Team’s findings

The home meets this expected outcome

There are systems to ensure care recipients’ skin integrity is consistent with their general health. Initial assessment of the care recipient’s skin condition is completed with other assessments which relate to and influence skin integrity. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Care staff state they monitor skin integrity daily, apply emollient creams to care recipients skin following showering and report any changes to the registered nurse. All care recipients who have wounds have a wound assessment and ongoing wound management is overseen by the medical officer and attended by the registered nurse. Care recipients have nutritional support, podiatry, hairdressing and nail care according to their individual needs and choices. Care recipients and representatives report they are satisfied with the management of skin care.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. Staff are conscientious of care recipients' dignity while assisting with continence needs. Care recipients and representatives interviewed are satisfied with the support provided to care recipients in relation to continence management.

### 2.13 Behavioural management

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

#### Team’s findings

The home meets this expected outcome

The home has a system to effectively manage the needs of care recipients with challenging behaviours. Care recipients entering the home are monitored for any behavioural issues and care recipients and representatives and medical officers are involved in care planning with staff. Following appropriate assessment, referrals are made to manage any change in the care recipients’, behavioural care needs. The home has access to the dementia behaviour management advisory service and a psycho-geriatrician who will visit the home. Staff at the home interact with care recipients in a caring and calming manner and demonstrated an understanding of how to manage individual care recipients' responsive behaviours, including those care recipients who are at risk of wandering. Care recipients and representatives interviewed said staff are responsive and support care recipients with behaviours which may impact on others.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Team’s findings

The home meets this expected outcome

Care recipients are assisted to attain optimum levels of mobility and dexterity. Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. A weekly exercise program is run by a physiotherapist and falls prevention exercises are run three times weekly by activity and care staff. Care recipients and representatives interviewed are satisfied with the support provided for achieving optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

#### Team’s findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients with their own teeth are encouraged, prompted and supported to undertake oral hygiene and teeth cleaning. Dental assessment services will visit the home. Care recipients are assisted to access local dental services in the community and expressed satisfaction with the care and services provided to maintain dental health.

### 2.16 Sensory loss

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

#### Team’s findings

The home meets this expected outcome

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 2.17 Sleep

This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.

#### Team’s findings

The home meets this expected outcome

The home has systems to assist care recipients achieve their natural sleep patterns. On entry to the home care recipients’ sleep patterns are assessed, sleep management preferences are documented and implemented as required. Interventions to support care recipients’ sleep include: offering of warm drinks or snacks; appropriate continence management; pain management and night sedation if ordered by a medical officer. The home is in a quiet setting with sleep over staff. Security monitoring cameras are in place at building entrances and foyers. An alarm system and security lighting are also in place. Care recipients state the environment is quiet at night, they are able to have a good night’s sleep and night staff are attentive to their needs.

## Standard 3 – Care recipient lifestyle

### Principle:

Care recipients 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

For details of the continuous improvement system, refer to expected outcome 1.1 Continuous improvement. Examples of continuous improvement activities relevant to Accreditation Standard Three include:

* Following feedback from care recipients additions to the activities program include:
* Poetry writing
* Karaoke

### 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 care recipient lifestyle**”.**

**Team’s findings**

The home meets this expected outcome

Refer also in this report to expected outcome 1.2 Regulatory compliance for details about the home’s systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines. Examples of compliance with regulations relevant to Accreditation Standard Three include:

* Care recipients/representatives are provided with information on prudential arrangements and sign agreements on or before entry to the home.
* The care recipient handbook (Hostel Handbook) and agreement detail security of tenure arrangements and charter of care recipient rights and responsibilities, which is also displayed.

### 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

Refer also in this report to expected outcome 1.3 Education and staff development and expected outcome 1.6 Human resource management. Examples of education relevant to Accreditation Standard Three include:

* Privacy and dignity
* Specific education through the Diversional Therapy Association

### 3.4 Emotional support

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

#### Team’s findings

The home meets this expected outcome

Willoughby Retirement Community Hostel demonstrates that care recipients are supported in adjusting to life in the new environment and that their emotional status and needs are identified and met on an ongoing basis. Comprehensive information is provided for care recipients and their family members pre entry to ensure any needs are identified. On entry care recipients are welcomed into the home, introduced to staff and other care recipients, advised of activities they may enjoy and of the opportunities to maintain their links with the community. The lifestyle program offers opportunities through one to one interaction with staff, for care recipients’ emotional needs to be identified and addressed. Observation and interviews demonstrate that staff are empathetic with, and supportive of care recipients’ emotional needs.

### 3.5 Independence

This expected outcome requires that "care recipients 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

Processes at the home ensure care recipients are assisted to maintain their independence and participate in community life. Care recipients are supported to be as independent as possible with their activities of daily living and to undertake external activities within their physical capabilities, for example, taking a bus to the local shops or attending community events. Should a care recipient wish to use their own vehicle they must be assessed as safe to do so. Family members are encouraged to take their loved ones to outside events and/or appointments. For care recipients wishing to remain on the electoral roll a mobile polling station set up in the Function Room, enables them to vote in elections. Care recipients are satisfied that their need for independence is supported and assisted.

### 3.6 Privacy and dignity

This expected outcome requires that "each care recipient’s right to privacy, dignity and confidentiality is recognised and respected".

#### Team’s findings

The home meets this expected outcome

Care recipients’ rights to privacy, dignity and confidentiality are recognised and respected. Information regarding care recipients’ rights and responsibilities is included in pre entry and entry information and care recipients give consent for disclosure of personal information. Care recipients are accommodated in single rooms with en-suite bathrooms, and observation and interviews demonstrate that staff understand and are respectful of care recipients’ privacy and dignity, knocking on doors before entering and calling them by their preferred name. Care recipients’ information is securely stored and appropriately archived. Care recipients interviewed state staff care for them in a respectful and dignified manner.

### 3.7 Leisure interests and activities

This expected outcome requires that "care recipients 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

Willoughby Community Hostel ensures care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Care recipients’ social and cultural history and their current activity interests are identified when they move into the home and included in the plan of care. Activities calendars are developed in consultation with care recipients based on identified preferences and on feedback received. These are published in the monthly newsletter and promoted daily on the activities noticeboard. Gentle exercise classes take place and a variety of activities to stimulate conversation and interaction such as “conversation box” which promotes discussion around a chosen subject. There are also theme days, armchair travel and visiting entertainers. Care recipients expressed satisfaction with the program and commented that their wishes not to participate are respected.

### 3.8 Cultural and spiritual life

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

#### Team’s findings

The home meets this expected outcome

The home is able to demonstrate that each care recipient’s interests, customs, beliefs and cultural background is valued and fostered. Cultural and spiritual preferences are identified on entry and documented in the care plan. Catering and dining arrangements can be adjusted to meet individual cultural needs. Care recipients are assisted to attend community events and representatives from local religious groups visit regularly. The home has two Finnish residents and the 100th. Anniversary of Finnish Independence was celebrated recently. Care recipients are satisfied that their cultural and spiritual needs are met.

### 3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

Each care recipient is encouraged to exercise choice and control over their lifestyle. Care recipients and their families receive information pre entry and on entry to the home regarding their rights and responsibilities and on the choices available to them. Care recipient preferences are identified during the assessment processes and documented in the care plan. Care recipients have the opportunity to provide feedback on any issues through the suggestion forms, surveys and resident meetings. Care recipients report that they are informed of choices and involved in decisions regarding care issues and referrals to specialist services. Care recipients are satisfied their decisions and choices regarding care and lifestyle issues are respected.

### 3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

#### Team’s findings

The home meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients interviewed are satisfied they have secure tenure within the home and understand their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

### Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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 also in this report to expected outcome 1.1 Continuous improvement. The home’s continuous improvement activities include systems to check the home provides a safe and comfortable environment consistent with residents’ care needs. Examples of continuous improvement activities include

* Updating of common areas with new carpet and artwork displayed
* New furnishings for foyer, dining room and activities area
* Extra hot breakfast added to the menu at care recipient request

### 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 also in this report to expected outcome 1.2 Regulatory compliance. There are systems to ensure compliance with regulations relevant to residents’ quality of life and provision of a safe environment. Examples of regulatory compliance relevant to Accreditation Standard Four include:

* A system to ensure compliance with food safety requirements including a food safety program and NSW Food Authority license
* A system to ensure compliance with fire safety and work health and safety requirements

### 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

Refer also in this report to expected outcome 1.3 Education and staff development. The home demonstrates that staff have the knowledge and skills required for effective performance in relation to physical environment and safe systems. Examples of education and training programs relevant to Accreditation Standard Four include:

* Fire safety
* Manual handling
* Infection control and respiratory outbreaks
* Work Health and Safety

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients’ needs. Care recipients are encouraged to personalise their rooms with photographs and mementoes. Care recipients and their visitors have access to communal areas, including lounge and dining areas, and easy access to landscaped grounds. We observed that the home is clean, and free of odour and clutter. Communal areas, corridors and bedrooms are bright and well lit. The home has a planned preventative and corrective maintenance program supported by environmental audits which identify risks, and monitor residents’ comfort and safety. There are also care recipient feedback mechanisms, such as meetings, surveys, and direct discussions with management, in relation to the comfort and safety of the living environment. Care recipients stated the home is safe and comfortable

### 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

There are effective mechanisms in operation to ensure management is actively working to provide a safe working environment that meets regulatory requirements. The safety system is monitored by the home’s quality improvement committee. The system includes regular staff training (including manual handling), regular safety related audits and inspections, hazard reporting, accident and incident reporting and risk assessments. A preventative and routine maintenance program is in operation in the home, which helps ensure the overall safety of the environment and equipment. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment.

### 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

Fire, security and safety systems are monitored and maintained through policies and procedures, regular fire equipment testing and maintenance, and mandatory staff fire safety training. The home has an emergency evacuation pack and care recipients’ information can be quickly accessed in an emergency. A current fire safety statement is on display and documentation shows a fire safety company visits the home regularly to test and maintain the fire detection system and fire fighting equipment. Sprinklers and smoke detectors have been installed throughout the home. We observed clearly marked emergency exits and correctly orientated evacuation plans. We observed the home provides a secure environment including secured doors, security lighting, lock up procedures and appropriate overnight staffing arrangements.

### 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’s infection control program includes policies, procedures and guidelines to identify, document, manage and minimise infections. The home has a food safety program, a vaccination program for care recipients and staff, and outbreak management contingency plans. Care recipients’ infection statistics are monitored, documented and regularly reviewed. A pest control program is in place, and cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed. We observed personal protective equipment and colour coded equipment in use. Hand washing facilities, hand sanitisers, sharps waste disposal containers, locked clinical waste bins and spill kits are readily accessible. Staff receive infection control education at orientation and as part of ongoing education. They described infection control measures, including the appropriate use of personal protective equipment and hand hygiene procedures.

### 4.8 Catering, cleaning and laundry services

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

#### Team’s findings

The home meets this expected outcome

The home has implemented policies, procedures and appropriate arrangements to ensure hospitality services are provided in a way that enhances care recipients’ quality of life and the staff’s working environment. The hospitality services are subject to regular monitoring and audits to ensure they are operating at desired levels. The catering system ensures care recipients’ preferences are taken into account in the food planning process and appropriate choices and alternatives are offered. Care recipients/representatives have input into the menu and meal service through meetings, surveys, regular feedback directly to staff and other communication. In a random sample of 12 consumer experience interviews, all of the care recipients say they like the food most of the time or always. We noted the cleaning system is well organised and effective, with common areas and each care recipient’s room being cleaned regularly. Laundry services are provided effectively, with care recipients’ personal items being washed and returned to their owner within a reasonable turnaround time. Care recipients/representatives confirmed their satisfaction with the level of cleanliness and the laundry services at the home.