



Australian Government

Australian Aged Care Quality Agency

Teloca House Hostel

RACS ID 0207
120 Audley Street
NARRANDERA NSW 2700

Approved provider: The Council of the Shire of Narrandera

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for two years until 15 July 2016.

We made our decision on 06 June 2014.

The audit was conducted on 29 April 2014 to 30 April 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Teloca House Hostel 0207

Approved provider: The Council of the Shire of Narrandera

Introduction

This is the report of a re-accreditation audit from 29 April 2014 to 30 April 2014 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 29 April 2014 to 30 April 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Greg Foley
Team member/s:	Allison Watson

Approved provider details

Approved provider:	The Council of the Shire of Narrandera
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Details of home

Name of home:	Teloca House Hostel
RACS ID:	0207

Total number of allocated places:	45
Number of residents during audit:	44
Number of high care residents during audit:	39
Special needs catered for:	N/A

Street/PO Box:	120 Audley Street
City/Town:	NARRANDERA
State:	NSW
Postcode:	2700
Phone number:	02 6959 1049
Facsimile:	02 6959 2862
E-mail address:	Michael.Pieper@narrandera.nsw.gov.au

Audit trail

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

Interviews

Category	Number
Facility manager	1
Registered nurse	1
Team leader	1
Care staff	3
Administration/quality officer	1
Fire safety officer	1
Residents/representatives	10
Recreational activity officers	2
Kitchen supervisor	1
Catering staff	1
Laundry staff	1
Cleaning staff	1

Sampled documents

Category	Number
Residents' files assessments, care plans, medical officers notes, observations, referrals and letters from specialists	6
Supplier/service agreements	6
Medication charts	6
Personnel files	5

Other documents reviewed

The team also reviewed:

- Accreditation welcome pack
- Activities documentation including external activities for residents, spiritual and religious information and other faiths and completed daily participation records
- Admission assessments, aged care assessment team and aged care funding instrument assessments (ACFI)
- Audit programs and reports

- Cleaning policy, program and records
- Clinical and care assessment documentation including assessments for initial and ongoing resident care needs and preferences such as resident dietary and observation charts including weights, continence, behaviours, sleep, skin integrity, pain, mobility, fall risk, toileting, wound and sensory assessments
- Clinical indicator audits trends and evaluations, skin tears, falls, medication and infection control
- Communication diary
- Complaints, suggestions and comments register
- Dietary advice forms
- Dietician's menu report
- Education program and attendance records
- Emergency procedure and disaster management plan
- Environmental inspection audits
- Feedback forms – Compliments, complaints and opportunities for improvement
- Fire safety inspection and maintenance records
- Food safety program and records
- Hazard register and reports
- Improvement register
- Induction checklists
- Infection control universal precaution folder, influenza and gastro information, hand washing and various infection control signs, infection control data collection and outbreak kit
- Legislative, regulatory and industry updates
- Lock up procedure and security checklist
- Maintenance request book
- Mandatory reporting register
- Medication management documents including medication management information and medication policy and procedure
- Meeting minutes including staff, medical advisory committee, and residents/representatives
- NSW Food Authority audit report

- Police certificate register
- Policies and procedures
- Position descriptions
- Preventative maintenance schedule
- Record of nurses' registration
- Resident agreements
- Resident handbook
- Resident information pack
- Resident meal survey
- Resident newsletters
- Service provider contact list
- Staff handbook
- Staff newsletter
- Staff performance appraisals and performance feedback forms
- Staff roster

Observations

The team observed the following:

- Activities in progress
- Archives
- Charter of residents' rights and responsibilities on display
- Complaints mechanism notices, forms and brochures on display
- Daily menu displayed
- Dining rooms at meal times including the serving and transport of meals, staff assisting residents with meals and beverages
- Equipment and supply storage areas
- Equipment available and in use for manual handling include hand rails, ramps, walk belts, mobile walkers and walking sticks
- Fire safety and emergency warning systems and equipment

- Infection control facilities and equipment, waste management including clinical waste, outbreak management kit, spill kits, sharps containers and hand sanitisers
- Interactions between staff, residents, relatives/representatives and visitors
- Living environment
- Medication administration, management of schedule 8 medication and storage of medications
- Mission and values statements on display
- Noticeboards for residents and staff
- Notification of re-accreditation audit on display
- Short group observation in foyer
- Staff handovers
- Staff practices and courteous interactions with residents, visitors and other allied health professionals
- Staff work areas
- Visitor sign in/out books

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

A quality management system is in place and the home is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: improvement forms, regular meetings, a program of audits and surveys, and analysis of monitoring data. All opportunities for improvement that are identified are recorded on an improvement register that enables the planning, implementation and evaluation of the improvements. This process is coordinated by the management team and residents/representatives and staff are encouraged to actively contribute to this process.

They say management is responsive to suggestions and they always receive feedback.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below.

- A consultant has been engaged to help review all the systems used at the home. They have introduced a new suite of policies and procedures which have been customised for the home. These provide clear guidelines for staff. The consultant also conducted a full audit of the systems used at the home and made a number of recommendations for improvements. Management have been working to implement these improvements to ensure residents are receiving quality care and services.
- In response to a management review of systems used at the home a number of new communications initiatives were introduced. A monthly staff newsletter was commenced with information relating to improvements, regulatory compliance, education, workplace safety and resident care and lifestyle. In a similar style a monthly resident information bulletin was introduced. The official quarterly newsletter for residents and relatives was also upgraded with colour printing and more photographs. These initiatives have resulted in improved communication between residents/representatives, staff and management.
- Following a review of the human resources system all position descriptions have been revised and updated. They set out more clearly the expectations and responsibilities of each role. A schedule of staff performance appraisals has been introduced to ensure all staff take part in their annual review. A new staff performance feedback form has been introduced to capture feedback about staff that is to assist staff development and is also

used at staff appraisals. These improvements have given staff a better understanding of their role and provide support and affirmation of the work they do.

- After receiving feedback about the need to ensure staff are suitably trained a new education program has been introduced. All training sessions have been made compulsory and these sessions include a wide range of topics across the Accreditation Standards. This has helped develop the knowledge and skills of the staff.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home identifies all relevant legislation, regulatory requirements, professional standards and guidelines through information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is disseminated to staff through updated policies and procedures, newsletters, regular meetings, memos and ongoing training. Relevant information is disseminated to residents/representatives through residents’ meetings, newsletters, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s continuous improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored to ensure compliance with regulatory requirements.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One.

- Criminal history record checks are carried out for all staff.
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards, and include criminal history record checks for contractors visiting the home.
- There is a system for the secure storage, archiving and destruction of personal information in accordance with privacy legislation and regulations relating to residents’ records.
- Residents/representatives were informed of the re-accreditation site audit in accordance with the Quality Agency Principles 2013.

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

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. There is a comprehensive induction and orientation program for all new staff to familiarise them with their new work environment. There is an education program, including topics covering the four Accreditation Standards, which is developed with reference to performance appraisals, regulatory requirements, staff input and management assessments. It includes the use of an aged care education subscription service, in-service training by senior staff, training by visiting trainers and suppliers, and access to external training and courses. Records of attendance at training are maintained and the effectiveness of the training is monitored through performance appraisals and competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents and representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard One include:

- The orientation program covering such topics as: mission and values, structure of the organisation, complaints mechanisms and policies and procedures.
- The education program provided for staff which includes such topics as: continuous improvement, policies and procedures, documentation and code of conduct.
- The Better Practice event attended by the facility manager.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives are informed of internal and external complaint mechanisms through the resident handbook, discussion during orientation to the home, notices and at residents' meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism and advocacy service are also available. Management maintains a log of all comments and complaints and we noted issues raised are addressed in a timely manner to the satisfaction of complainants.

Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Residents and representatives say they are aware of how to make a comment or complaint and feel confident concerns are addressed appropriately.

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, values and commitment to quality are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Mission and values are an integral part of the orientation program and all staff are required to abide by a code of conduct that is aimed at upholding the rights of residents and the home's mission, values and commitment to quality. Feedback from residents, representatives and staff and observations of staff interaction with residents demonstrated the vision, mission and values of the home underpin the care provided to the residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles.

The orientation and education program, outlined in expected outcome 1.3 Education and staff development, provide the staff with further opportunities to enhance their knowledge and skills. There are position descriptions for all roles and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to residents' needs, a range of clinical monitoring data and feedback from staff and residents/representatives. Relief staff are drawn from existing permanent and casual staff to ensure any vacancies that arise in the roster are filled. The performance of staff is monitored through annual appraisals, competencies, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed said they have sufficient time to complete their designated tasks and meet residents' needs. Residents and representatives report their satisfaction with the care provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home uses a list of approved suppliers and enters into supplier agreements to guarantee the availability of stocks of appropriate goods and equipment for quality service delivery.

There are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment.

Maintenance records show equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The system is monitored through regular audits, surveys, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

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

There are information management systems to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. A password protected computer system facilitates electronic administration, communication and clinical documentation. Policy and procedure manuals and position descriptions clearly outline correct work practices and responsibilities for staff.

Residents/representatives receive information when they come to the home and through meetings, case conferencing, newsletters and notices. Mechanisms used to facilitate communication between and amongst management and staff are meetings, memos, communication books, feedback and reporting forms, newsletters and noticeboards. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff, residents and representatives report they are kept well informed and consulted about matters that impact on them.

1.9 External services

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

Team's findings

The home meets this expected outcome

There is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. The home accesses externally sourced services to meet needs across the four Accreditation Standards from a list of service providers who have been approved through a formal contractor management process. Agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. Residents are able to access external services such as hairdressing, podiatry and other allied health professionals. The services provided are monitored by management through audits and the feedback mechanisms of the home and there is a system for managing non-conformance of service providers. Residents, representatives, staff and management interviewed say they are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples of this are listed below.

- In response to gaps identified in clinical documentation the software for electronic clinical documentation was upgraded. Education was provided to staff in the use of the new software. It is now being used fully without the need for any hardcopies or duplication. It has resulted in more efficient clinical documentation.
- Management responded to feedback from a previous assessment contact regarding signing for medication management. Staff were given further education for the correct procedures for medication administration and their skills competencies were reassessed. New medication charts were also introduced which are clearer to read. This has resulted in a reduction in medication errors.
- Medication advisory committee meetings were introduced in August 2013. The committee includes local general practitioners, pharmacists and representatives from the home and another nursing home in the town. These meetings have improved the communication between the various stakeholders, provided better access to resources and helped address issues with medication management.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- A record is kept of the current registration of registered nurses.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- The home demonstrated registered nurses have responsibility for care planning of high care residents in accordance with the specified care and services of the Quality of Care Principles 1997.
- The home has a policy and procedures for the notification of unexplained absences of residents and maintains a register for recording these incidents.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of education and training that management and staff attend relating to Accreditation Standard Two include:

- The education program covering such topics as: clinical documentation, nutrition and hydration, medication administration, oral care, pressure area care, diabetes, pain management, continence management, dementia and dysphagia, cardiac training, mental health assessments and skin care.
- External training on: wound care and palliative care.
- External courses; with one staff member having completed the enrolled nurse course, two currently studying to become enrolled nurses and another studying to become a registered nurse.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Staff described the processes which are implemented to ensure residents are provided with appropriate clinical care. Information collected from the assessment process is used to generate individual care plans which contain specific interventions for each resident. These are updated as needs change and are evaluated three monthly for effectiveness. The home has communication and care documentation systems which enable nursing staff, allied health and visiting doctors to identify issues and be informed of the care being provided to residents. There is a system for after-hours medical support and emergency procedures.

Clinical care practices are monitored through the home’s auditing program, care staff meetings, staff appraisals and competencies and residents’ satisfaction surveys. Residents and representatives interviewed were very complimentary about the care provided by staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has documented policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents’ specialised nursing care needs. Residents’ specialised nursing care needs (including pain management, palliative care, catheter, oral hygiene and wound care) are met and residents are referred to appropriate specialists and health professionals as necessary. There are also systems to ensure appropriate stock is available. Referrals are made to specialised services as required. Residents and representatives said they are very satisfied with the way staff provide specialised nursing care to residents.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems which ensure residents are referred to appropriate health specialists in accordance with their needs and preferences. Ongoing assessments and regular reviews of residents’ care needs help to identify residents requiring referral to other health and related services. Some of the services being accessed by the home include psychogeriatrician, podiatrist, speech pathologist, physiotherapy, dentist, and X-rays service. Referrals to health specialists and the outcomes of the consultations are documented in residents’ files with appropriate changes made in assessments and care plans. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with residents and/or representatives. Assistance may also be provided in arranging transport

for appointments. The home assists residents with travel arrangements to external appointments. Residents and representatives said residents are referred to medical and allied health services and staff assist with the care recommended by the health and other related services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ medication is managed safely and correctly. This includes secure and correct medication storage and incident reporting and actioning. The home uses a blister packed medication system and all medications are administered by nursing staff that have completed medication competencies. Photo identification with clear information relating to known allergies and special requirements is evident on the residents’ medication charts. All medications are securely stored and there is a system to ensure safe administration and accountability of schedule eight (S8) medications. A medication advisory committee comprising a pharmacist, doctors and management meets regularly. Residents’ medication regimes are reviewed by their medical officers on a three monthly basis and annually by the home’s pharmacist. Residents and representatives said they are confident staff administer residents’ medications safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents are as free as possible from pain. Assessment of verbal and non-verbal indicators of pain and strategies for its relief are recorded on entry to the home and reviewed as indicated by the registered nurse. Each resident who is having analgesia has a care plan developed in consultation with residents/representative, medical practitioner and allied health professionals. The home consults other allied health services as necessary and staff use a range of strategies or treatments which include gentle exercises, re-positioning, massage, hot packs and oral or topical analgesia to manage residents’ pain. Treatments are regularly evaluated for effectiveness and referrals to a pain specialist or the palliative care team are organised as required. Residents and representatives said pain management provided to residents meets residents’ needs and pain relief can be accessed as required.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that the comfort and dignity of terminally ill residents is maintained. All residents reviewed had completed advanced care planning and where possible

residents' end of life wishes are identified and documented. Residents are supported to remain at the home during palliation and family/friends are also supported during this stage of the resident's life. Families have opportunities for case conferencing and spiritual support is available for those residents who request it. The home has a range of appropriate equipment to assist with resident comfort. Staff said they are adequately supported in issues of grief and loss and advised they receive education relating to palliative care. Residents and representatives said they are comfortable with the home's approach to maintaining residents' comfort and dignity, and the knowledge that their wishes would be considered and respected.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has systems for ensuring adequate levels of nourishment. There is an initial and ongoing assessment of each resident's likes and dislikes, allergies, cultural, religious, nutritional and hydration needs, eating, and medical requirements. There is also a process for monitoring each resident's nutritional status through regular measurement of weights. If indicated, meals are fortified or supplements provided to reverse weight loss. Adapted crockery and cutlery and meals of varying consistency including thickened fluids as well as special diets are supplied as necessary. Residents' swallowing ability is assessed by a speech pathologist if indicated. Care staff promote adequate fluid intake and residents' intake and output is recorded if necessary. A range of meal choices including culturally appropriate dishes are available. Staff supervise and assist residents with their meals as necessary.

Residents and representatives advised residents have a choice of meals and they generally enjoy the meals provided.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has a system to ensure that residents' skin integrity is consistent with their general health status. Residents' skin is assessed on entry to the home and as necessary in order to maintain skin integrity. Tools used include risk assessments and regular review of care documentation. Treatments required for residents' specific skin, hygiene, continence, hair and nail care needs are documented and referrals to appropriate specialists and allied health professionals are undertaken if needed. Pressure relieving mattresses and limb protectors are used and residents are given special dietary supplements to promote healing when necessary. Skin integrity statistics are collated and presented at appropriate meetings and there are adequate stocks of skin care and dressing materials available to assist in improving or maintaining residents' skin integrity. Residents and representatives advised they are satisfied with the management of residents' skin care needs.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure that residents' continence is managed effectively, including assessment on entry to the home and on an ongoing basis; evaluation of management strategies such as scheduled toileting; and the use of continence aids. The home's external continence aid supplier can be accessed as required for advice and the provision of staff training. Bowel management programs including the provision of high fibre diets and encouragement with fluids, and monitoring is via daily recording and reporting by care staff. Urinary tract infections are monitored and preventive strategies are implemented when indicated. Resident and representatives advised residents are satisfied with the home's approach to continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours are identified and met. Entry information obtained from residents/representatives and medical officers, together with staff observations and assessments of individual needs and triggers, are used to develop strategies for staff to implement. Following assessment medical and other health professionals are consulted to provide input into the behaviour management care plan which includes strategies to address residents' specific needs. Care plans and management strategies, are regularly reviewed to ensure the care and safety for all residents and staff at the home. The environment was observed to be calm and residents well groomed. Residents and representatives expressed satisfaction with the care provided including the manner in which residents with challenging behaviours are managed.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

A physiotherapist visits to assess the mobility, dexterity and balance of residents on entry to the home and as necessary. A program is developed which is carried out by care staff and changes in mobility are identified and documented as part of the care planning process.

Manual handling assessments are completed by the registered nurse in consultation with the physiotherapist. Falls risk assessments are completed for residents at risk of falling and group exercise sessions are conducted each week day morning. Staff have been provided with education on manual handling and maintaining mobility and dexterity. Falls statistics are

collated and presented at appropriate meetings. Residents and representatives said residents are satisfied with the mobility program and the assistance they receive from staff.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

On entry to the home residents' oral and dental health is assessed and there are processes to ensure their oral and dental health is maintained. This is achieved by ongoing assessments and the development of care plans to address oral hygiene. Access to dental professionals is available to residents and when required residents are assisted to access dental and oral care services of their choice outside the home. Care staff assist or prompt residents with teeth and denture cleaning and report any changes in oral health to a registered nurse and this is documented in the care planning system. Residents and representatives advised residents' oral and dental health is maintained.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has a system to assess, monitor and evaluate residents’ senses to ensure they are managed effectively. A review of clinical documentation and care plans showed the home liaises with providers of ophthalmic, audiometry, and speech therapy services.

Staff monitor residents to ensure they are wearing their spectacles and hearing aids are functioning correctly. Family members are encouraged to bring their pet dogs to visit residents. Residents talked about how they enjoyed walking around the garden areas with one commenting they also do some gardening. The activities program provides opportunities for a range of sensory stimulation activities including cooking and the use of warm sensory towels before lunch. Adequate lighting and large screen televisions assist residents with sensory impairment to maintain enjoyment, independence and safety. Large print books are available as necessary. Residents expressed satisfaction with the management of their sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

There is a system to assess sleep patterns on entry to the home in consultation with the resident and their representative. An individual care plan is developed and regularly reviewed. Residents’ rising and retiring times are documented and staff interviewed report residents are assisted to settle for the night. Medications to assist with sleeping are prescribed at the discretion of the resident’s medical officers. Staff are able to discuss non pharmacological

strategies used such as offering drinks, extra blankets and pillows and toileting residents. Residents interviewed said that the home is generally quiet and they sleep well at night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples of this are listed below.

- Management have accessed a consultant diversional therapist through Medicare Local. The diversional therapist has reviewed the activities program and has made suggestions for improvements and they will be visiting periodically to provide support for the activities officers. They have also established a network of recreational activities officers from the local area who meet quarterly to discuss their work and share ideas. This has helped enrich the activities program and support the recreational activities staff.
- The senior recreational activities officer attended external training in leisure activities in aged care. They have returned with renewed enthusiasm and have updated some of the resources for activities. These have been well received by residents.
- An arrangement has been made with the local out of school-hours child care centre for the children to visit the home on one day a week during school holidays. This helps to maintain the link with the local community for the residents. The feedback from residents has been positive.
- Due to a change in the dining arrangements a room previously used as a dining area became available. It was suggested the area could be used for social activities and a weekly happy hour has been introduced. This has proved very popular with residents.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three.

- Information is provided to residents/representatives in the resident handbook and the resident agreement regarding residents’ rights and responsibilities including security of tenure and the care and services to be provided to them.
- The Charter of residents’ rights and responsibilities is included in the resident handbook and displayed in the home.
- Staff are trained in residents’ rights and responsibilities in their orientation program and follow a code of conduct. They also sign a confidentiality agreement to ensure residents’ rights to privacy and confidentiality are respected.
- The home has a policy and procedures for mandatory reporting and maintains a register for these incidents.
- Training has been provided for staff on mandatory reporting.

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 to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard Three include:

- The orientation and in-service programs covering such topics as; resident rights, dignity and respect for residents, privacy and confidentiality.
- Compulsory training on mandatory reporting.
- External training for the senior recreational activities officer.
- The recreational activities officers' network which provides the opportunity for support and education.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and representatives advised they were satisfied with the ways in which staff provided information prior to entry, assisted residents to adjust to life within the home and for ongoing emotional support. The home has systems to ensure each resident receives initial and ongoing emotional support through the entry processes (including the provision of a residents' handbook), assessments, care planning, and the evaluation of the care provided. Visiting families, friends, visitors and volunteers are welcomed. Residents are encouraged to go on outings if possible and there is a room available for private functions within the home. Residents are encouraged to bring in personal items and photos to help create a homelike atmosphere. Staff advised they provide residents with emotional support, such as the provision of one-to-one support, the compilation of a newsletter and visits from local religious denominations.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Strategies to enable residents' independence to be maximised are identified in individual care plans. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon. The home welcomes visits from resident representatives and residents are encouraged to participate in life outside the home when possible. Many residents have phones connected and mobility aids are readily available. Residents are encouraged to achieve independence in health care choices, participation in decision-making, and personal care. There is a physiotherapy program to assist residents to maintain or improve independence through individual and group exercise programs which encourage them to do as much as they can for themselves. Residents' representatives said residents are encouraged to be independent and are able to participate in the community as they wish.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's privacy, dignity and confidentiality. All residents reside in single rooms with ensuite bathrooms. Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs, and residents understand their consent is required before treatments are carried out. An awareness of privacy and dignity issues is evident in daily practices, such as calling residents by their preferred name and knocking prior to entering rooms. New staff sign confidentiality agreements and confidential resident records and belongings are stored securely. There are lounge areas within the home where residents can be with their friends and relatives in private. Residents' representatives commented staff speak to residents in a respectful manner and they are satisfied with the way residents' privacy, dignity and confidentiality is maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to encourage and support residents to participate in a wide range of activities of interest to them. Social and activities profiles are completed on entry to the home and the care plans which capture this information are developed and evaluated by the registered nurse. The activities program offers a wide range of activities conducted in large and small groups, and one-to-one sessions. The program caters to the needs of residents with challenging behaviours, dementia, sensory loss and/or limited mobility. Activities take place

five days a week and include bus outings, a men's group, music, concerts, entertainers, videos, craft, cooking, and celebration of cultural days. Residents are informed of activities via individual programs, noticeboards and verbal prompts. Participation in activities is monitored and residents are encouraged to provide suggestions and feedback at the residents' meetings, through one-to-one discussions and via audits. Residents expressed satisfaction with the range of activities on offer, are asked for their ideas and can choose whether or not to participate.

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

Residents receive cultural and spiritual care appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents' cultural and spiritual needs. Residents said their individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Regular religious services are held within the home by ministers from different denominations. Provision is made for the celebration of special national, cultural and religious days, for example, ANZAC Day, Remembrance Day, birthdays, Christmas, Easter and Mothers and Fathers Days. Other cultures are respected when identified and the needs of these residents are met where appropriate. Residents said they are satisfied with the way staff actively encourage them to maintain their cultural and spiritual links ensuring their backgrounds are valued and fostered.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Personal preferences, needs and choices are identified on entry to the home using a comprehensive range of assessments, and consultation with health care providers and residents and/or their representatives. Residents are encouraged to participate in decisions about their care and the services provided by using processes such as surveys, meetings, the comments and complaints process, and directly to staff and management. Information on residents' rights and responsibilities is included in the resident handbook and displayed in the home. Resident/relative meetings are held bi-monthly and residents are encouraged to exercise choice and control regarding all aspects of their care. Voting facilities are available at election times. Residents and representatives said they are provided with sufficient up to date information to assist with the choice and decision regarding resident care and lifestyle at 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 findings

The home meets this expected outcome

All residents/representatives are provided with an admission pack prior to coming to the home which outlines the rights and responsibilities of the resident. These matters are also discussed with management before they take up residency. Residents are also given a resident handbook which gives detailed information about all aspects of life at the home. The home's mission statement and the Charter of residents' rights and responsibilities are included in the admission pack and resident handbook and are displayed in the home. A resident agreement is offered to all residents and fully details all services provided, resident fees and charges, rules of occupancy and information about security of tenure and other rights of residents. Residents and representatives interviewed say they understand the residents' 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples of this are listed below.

- In response to resident feedback the menu has been reviewed. Residents were surveyed as to their suggestions. A draft menu was prepared and submitted to a dietician for review. The recommendations from the dieticians report have been incorporated and the new menu is about to be implemented.
- At the request of staff a new sanitizing machine has been accessed and trialled. Staff say the new sanitizer is much quicker and more efficient. It also provides improved infection control.
- Due to increased resident care needs new equipment has been purchased. An extra lifter was acquired in March 2014 and there is an ongoing acquisition program for electric beds. This has improved the safety for residents and staff.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- Fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations, staff have fulfilled the mandatory fire awareness and evacuation training and the annual fire safety statement is on display in the home.
- The home has a disaster management plan in accordance with the NSW Healthplan as required for all hospitals and health care facilities.
- Thermostatic valves and electrical equipment is being inspected, tested and maintained in accordance with work health and safety regulations.
- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and the home has a food safety program.
- Safety data sheets (SDS) are displayed adjacent to the chemicals to which they refer.

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 to expected outcome 1.3 Education and Staff Development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard Four include:

- The orientation and in-service programs which includes training in; fire safety, work health and safety, manual handling, infection control and outbreak management.
- Mandatory training for all staff in fire safety awareness and evacuation and in manual handling.
- Training in chemical handling provided by an external supplier.
- Food safety training for catering staff.
- External course for fire safety officers.
- Certificate III in Hospitality for two catering staff.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. All residents are accommodated in individual rooms with ensuite bathrooms and residents have personalised their own rooms. There are a number of communal areas and lounge rooms as well as a courtyard and gardens. The living environment is clean, well furnished and well lit. It is free of clutter and is maintained at a comfortable temperature. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident/representative feedback, incident/accident reports, audits and observation by staff. Residents and representatives interviewed say they are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. Work health and safety responsibilities are clearly set out in all position descriptions and work health and safety is discussed at all staff meetings. All staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. There is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by the management and staff. The staff show they have a knowledge and understanding of safe work practices and were observed carrying them out.

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

There is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. Trained fire safety officers oversee fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate firefighting equipment and warning systems and inspection of the external contractor records and equipment tagging confirms the firefighting equipment is regularly maintained. There is an emergency and disaster plan for the site and emergency flipcharts and evacuation plans are displayed throughout the home. Emergency call alarms are fitted to residents' rooms, bathrooms and internal common areas and security is maintained with a lock-up procedure at night. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff indicate they know what to do in the event of an emergency and residents say they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Policies and procedures for infection control, including outbreak management guidelines are available to all staff. Cleaning and maintenance schedules, adherence to food safety procedures and guidelines, temperature monitoring, use of spills kits and safe disposal of general and infectious waste enhance the program. Personal protective equipment and clothing, hand washing facilities and hand sanitiser dispensers are readily available across the

home. The home's infection control program is monitored by key staff. Audits and monitoring indicate the program is constantly reviewed and improvements implemented. The team observed good infection control practices being undertaken by all staff in their day to day interactions with residents.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. There is a rotating menu that provides choice and variety of meals and all meals are cooked fresh on site. The menu has been assessed by a dietician and caters for special diets and for the individual needs and preferences of residents. All residents' rooms and communal areas are cleaned regularly according to a schedule and this includes regular spring cleaning. We observed cleaning in progress and the home to be clean. The laundry operates five days each week and residents' personal clothing is laundered on a regular basis according to a schedule and as needed. All linen is laundered off site by a contractor with deliveries six days a week. The laundry is able to provide washing for woollens and delicate clothing and also provides an ironing service. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents and representatives say they are satisfied with the hospitality services provided.