



Australian Government

Australian Aged Care Quality Agency

Indo-Chinese Elderly Hostel

RACS ID 0581
680A Cabramatta Road
Bonnyrigg NSW 2177

Approved provider: The Indo-Chinese Elderly Hostel Project Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 15 September 2019.

We made our decision on 10 August 2016.

The audit was conducted on 28 June 2016 to 30 June 2016. 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.

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:

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.

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: 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 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 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.

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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Australian Aged Care Quality Agency

Audit Report

Indo-Chinese Elderly Hostel 0581

Approved provider: The Indo-Chinese Elderly Hostel Project Inc

Introduction

This is the report of a re-accreditation audit from 28 June 2016 to 30 June 2016 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.

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 28 June 2016 to 30 June 2016.

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.

Assessment team

Team leader:	Veronica Hunter
Team member:	Margaret Dawson

Approved provider details

Approved provider:	The Indo-Chinese Elderly Hostel Project Inc
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Details of home

Name of home:	Indo-Chinese Elderly Hostel
RACS ID:	0581

Total number of allocated places:	88
Number of care recipients during audit:	88
Number of care recipients receiving high care during audit:	83
Special needs catered for:	No care recipients speak English. Dementia specific unit

Street/PO Box:	680A Cabramatta Road
City/Town:	Bonnyrigg
State:	NSW
Postcode:	2177
Phone number:	02 8786 1888
Facsimile:	02 8786 0399
E-mail address:	info@indochinesehostel.org.au

Audit trail

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

Interviews

Category	Number
General manager	1
Care manager	1
Clinical nurse consultant	1
Administration manager	1
HACCP consultant	1
Registered nurses	4
Infection control nurse	1
Care staff	12
Work health and safety coordinator/registered nurse	1
Physiotherapist	1
Care recipients/representatives	23
Administration assistant	1
Head cook	1
Volunteers	2
Laundry staff	2
Quality manager cleaning services	1
Cleaning staff	3
Maintenance staff	1
Recreational activities staff	3
Pastoral carer	1

Sampled documents

Category	Number
Care recipients' files	10
Interim care plans	10
Medication charts	10
Personnel files	6

Other documents reviewed

The team also reviewed:

- Annual fire safety statement, fire safety inspection and fire maintenance records
- Audits and audit schedule, survey information
- Care recipient falls risk assessments, manual handling directions, hazard reports, incident and accident reports
- Care recipients lifestyle individual activity assessments, monthly activity calendars, residents social/lifestyle profiles, reviews and evaluation and volunteer handbook, consent for photographs, videos and associated documentation
- Cleaning schedule, duties list and records
- Resident information and admission pack
- Clinical and care assessment documentation (including initial and ongoing assessment for care recipients care needs and preferences such as dietary and menu choices, weights, continence, behaviours, hygiene/grooming, sleep, skin integrity, pain, mobility, toileting, oral health specialised nursing care, bowel charts, physiotherapy; wound assessments, wound charts and risk management assessments)
- Clinical care tools including specialist and allied health referral and review documents, assessment guidelines, comprehensive medical assessments and evaluations
- Clinical indicator statistics
- Comments and complaints register
- Consolidated register of reportable incidents
- Continuous improvement log
- Education policy, program, attendance records and resources, mandatory education records, skills competency assessments
- Emergency response and management plan
- Food safety plan, records and training resources, care recipients dietary information
- Governing body manual
- Handbooks – Resident, staff and volunteer
- Human resource information including employment applications, job descriptions, duty lists, performance appraisals, orientation and induction records
- Infection control information including manual, trend data, outbreak management program, care recipients/staff vaccination records, infection incidence and antibiotic utilisation chart, pest control records
- Inventory asset register

- Information processes including electronic communication systems communication books for medical officers and care staff
- Maintenance logs and preventative maintenance schedule, external contractors folder
- Medication management reviews, medication incidents, medication management system,
- Meeting schedule and minutes
- Memorandums
- Menu – four weekly rotating
- NSW Food Authority licence and audit reports
- Police certificate reports and checking system
- Policies and procedures
- Record of professional registrations
- Resident and accommodation agreement
- Schedule eight drug registers
- Staff roster
- Work health and safety records, audits and information

Observations

The team observed the following:

- Activity program on display in all areas, activities in progress, care recipients' leisure and lifestyle calendar and resources
- Care recipients utilising pressure relieving mattresses, bed rail protectors, suitable footwear
- CCTV throughout home, external lighting, secure fencing in areas, electronic lockup, sign in/sign out books
- Charter of Care Recipients' Rights and Responsibilities displayed in English, Chinese and Vietnamese
- Cleaning trolleys and supplies
- Daily menu displayed on notice boards in Chinese and English
- Emergency response bag and evacuation folders
- Equipment and supply storage rooms

- Infection control resources including infection control flip charts, hand washing facilities and hand sanitisers, personal protective and colour coded equipment, spills kits, sharps containers, contaminated waste disposal, outbreak management kits
- Information noticeboards and brochures displayed including internal and external complaints mechanisms and locked suggestion boxes
- Interactions between staff, care recipients, representatives
- Kitchen and serveries
- Laundry and clothing delivery to care recipients rooms
- Living environment internal and external
- Medication round in progress, medication/pathology refrigerator temperature readings, schedule eight medication secure storage
- Noticeboards with information brochures in Chinese and English languages on display for care recipients', visitors and staff
- Notice of Reaccreditation audit on display throughout the home
- Small group observation the Waratah dining room
- Staff work areas including clinic/treatment/staff room, reception and offices
- The dining environments during midday meal service, morning and afternoon tea, including care recipient seating, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals in their rooms

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 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

The home has a management structure and quality framework for the pursuit of continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: feedback forms, regular meetings, a program of audits and surveys, and analysis of monitoring data. All opportunities for improvement that are identified are recorded on a continuous improvement log that enables the planning, implementation and evaluation of the improvements. Continuous improvement is discussed at all staff meetings and the process is coordinated by management. Care recipients/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement. They say management is responsive to suggestions and they are consulted and kept informed about improvements at the home.

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

- An ongoing review of staffing ratios has been current since the home expanded from thirty to eighty eight care recipients in 2014. The increasing acuity of the care recipients has been carefully monitored and staffing increased accordingly over the period to date:
- All staff in the home are multilingual and speak a combination of English, several Chinese dialects and Vietnamese. This is a requirement of employment as almost all of the care recipients do not speak English.
- A care manager, clinical nurse consultant and administrative manager have been appointed.
- An external hazard and critical control points (HACCP) food service consultant was employed to provide training in safe food delivery and monitor the catering services.
- A nurse educator was appointed to oversee clinical training needs, deliver education and monitor staff competency.
- A review of care recipients mobility needs and physiotherapist feedback identified the need for additional physiotherapy aides to assist the physiotherapist. Please see continuous improvement Accreditation Standard Two in this report.
- Extra recreational activities staff have been employed after feedback from care recipients, representatives and staff. Please see continuous improvement Accreditation Standard Three in this report.
- Extra part time positions in the area of administration have been created. Due to request and feedback from representatives and staff, a weekend receptionist position has been created in 2016.
- A consultant has been contracted to work with management to improve the computer services of the home, rectify problems and perform monthly onsite maintenance in 2016.

- A financial consultant was contracted in June 2016 to facilitate the financial management, provide staff training and monitor the budget and expenses of the home.
- The home uses a system of external auditing. To ensure accurate and specific auditing of specialist areas, a system of internal auditing has been created and various staff are enlisted to carry out these audits. This has provided valuable information for improved service delivery in the home.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation 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 management and staff at the home through updated policies and procedures, regular meetings, memos and ongoing training. Relevant information is disseminated to care recipients/representatives through care recipients/representatives meetings, newsletters, notices on display in the home and personal correspondence.

Adherence to these requirements is monitored through the home’s continuous quality improvement system, which includes audits conducted internally and through an external company. Staff practices are monitored regularly 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.

- Police certificates are obtained for all staff and a system to ensure currency.
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards, and include police certificates for contractors visiting the home.
- Care recipients/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 orientation program for all new staff and a buddy system is used to support the new staff during their first days of employment.

There is an education program, including topics covering the four Accreditation Standards, which is developed with reference to training needs analysis, performance appraisals, regulatory requirements, staff input and management assessments. The program includes in-service training by senior staff, training by visiting trainers and suppliers, on the job training, self-directed learning, and access to external training and courses. Records of attendance at training are maintained, the training is evaluated 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. Care recipients/representatives interviewed say staff have the skills and knowledge to perform their roles effectively.

Education and training relating to Accreditation Standard One included such topics as: Better practice for aged care; Creating a better workplace and attendance at external conferences and training sessions.

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

Care recipients/representatives are informed of internal and external complaint mechanisms through the resident handbook, discussion during orientation to the home, notices and at care recipients' meetings. Forms for comments and complaints are available in the home and brochures regarding external complaint mechanisms in Chinese, Vietnamese and English are also available. Management maintains a log of all comments and complaints and we noted issues raised are addressed in a timely manner, regardless of how minor, to the satisfaction of complainants. Care recipients/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Interpreters are available if required. Care recipients/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, philosophy, vision and values are well documented and on display in the home. They are also available to all care recipients/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 care recipients and the home's vision, values and philosophy.

Feedback from care recipients/representatives and staff and observations of staff interaction with residents demonstrated the vision and values of the home underpin the care provided to the residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the care recipients. 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. Staff are required to be bilingual to allow communication with mainly Chinese and some Vietnamese care recipients most of whom speak no English. There are job descriptions for all positions and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to care recipients' needs, a range of clinical monitoring data and feedback from staff and care recipients/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 care recipients' needs. Care recipients/representatives are very satisfied 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 demonstrated it has a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. The home uses approved suppliers and

enters into service agreements to guarantee the availability of appropriate goods and equipment. 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. Responsibility for ordering goods is delegated to key personnel and is overseen by management. 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 care recipients' lifestyle choices and for all hospitality services. Staff say they have sufficient stocks of appropriate goods and equipment to care for care recipients 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 care recipients/representatives well informed. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Care recipients/representatives receive information when they come to the home and through meetings, notices and case conferencing.

Mechanisms for communication between and amongst management and staff include meetings, memos, communication books, handover sheets, feedback and reporting forms, newsletters and noticeboards. Electronic records are password protected and regularly backed up. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and care recipients/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. Contracts with external suppliers are negotiated and managed by the administration manager in consultation with senior managers. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, registration, insurance and comply with relevant legislation and regulatory requirements. The services provided are monitored through regular evaluations, audits and the feedback mechanisms of the home and there is a system for managing non-conformance of service providers. Care recipients/representatives, staff and management interviewed say they are satisfied with the external services provided.

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

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:

- To address the issue of medication errors, an external educator delivered a medication administration course. Ten staff successfully completed the course with a significant decrease in medication errors. Currently all new registered nurses and certificate IV staff undertake this course.
- After discussion with and feedback from the medication advisory committee, pharmacist and various general practitioners it was decided to introduce an electronic medication management system and sachet packing for medications in the home. Education was provided for all medication competent staff. A smooth transition from the old system has been achieved. Noticeable improvement has occurred in medication errors, electronic communication with the pharmacy, size of the medication trolleys and increased storage space. A significant improvement has been noted in staff time management.
- After discussion with the general practitioners and physiotherapist, management made the decision to enhance the physiotherapy and exercise program in the home. This was to target mobility and dexterity levels and pain management in care recipients. Physiotherapy hours have been increased and further physiotherapy assistants employed and educated to allow expansion of the program. The physiotherapy aides work with individual care recipients at the direction of the physiotherapist. The results have been an improvement in mobility and dexterity in care recipients, a decrease in the number of falls and improved non-medical pain management allowing better socialisation and participation in the recreational activities offered at the home.

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 and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- The home has a policy and procedures for the notification of unexplained absences of care recipients 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.

Education and training relating to Accreditation Standard Two included such topics as: core training – clinical and non-clinical, skin disorders in the elderly, guide to diabetes management, providing personal care, oral care, respiratory diseases in the elderly.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Indo-Chinese Elderly Hostel has systems and policies to ensure care recipients’ receive clinical care appropriate to their needs. The initial assessment information forms the basis of the care needs of the care recipients. Care plans are developed and regularly reviewed by registered nurses, with input from the health care team. The home has a registered nurse on site twenty four hours per day seven days a week. Regular ongoing monitoring of the care

recipients' changing clinical needs is documented in the care plan by staff as required. Case conferences are conducted involving the care recipient and their family. Staff interviews demonstrate they are knowledgeable about the care requirements of individual care recipients and procedures related to clinical care. Care recipients/representatives said they are satisfied with the clinical care.

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

The home has effective systems to ensure the specialised nursing care needs of care recipients are identified and met by appropriately qualified staff. The specialised nursing care needs of care recipients are regularly assessed and documented by nursing staff. Staff have access to resources and education from service providers. Specialist medical and allied health professionals are accessed to review care recipient's individual needs as required.

Care recipients/representatives are satisfied with the assessment and management of specialised nursing care needs.

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 an effective system to refer care recipients to a range of health services including their choice of doctor, allied health services and other relevant clinical specialist providers to meet the care recipients' needs and preferences. Care recipient documentation indicates they are referred to health professionals of their choice when necessary. A review of documentation shows care recipients have accessed specialists' services including audiology, optometry, dental, mental health and dietician. Care recipients/representatives are satisfied that referrals to appropriate health specialists are in accordance with the care recipient's needs and preferences.

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 systems to ensure care recipients' medication is managed safely and correctly. Medications are stored in lockable cupboards and trolleys and an observation of a medication round revealed safe work practices. Medications are administered by staff with appropriate training and medication competency testing. Administration of medications is checked against and documented on medication charts. The pharmacy supplies medications on a regular basis

and is available after hours if required. A review of medication incidents shows the management of each incident is consistent with care recipients' safety. Care recipients/representatives informed us they are satisfied with medication management in the home.

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 systems to ensure all care recipients are as free as possible from pain. An assessment of pain is completed on entry to the home. Following assessment a care plan to manage the pain is developed. A review of documents showed pain assessments both verbal and non-verbal are in use. Medical and non-medical methods of pain relief are used at the home and care recipients' said their pain is monitored and reviewed regularly by staff.

Individual methods are considered to ensure the most appropriate method of pain relief is used for each care recipient. Care recipients/representatives said their pain is well controlled and staff are thoughtful and considerate.

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 systems and processes to ensure the dignity and comfort of terminally ill care recipients is maintained in consultation with care recipients and their representatives.

Palliative care planning incorporates a multidisciplinary approach with access to palliative care specialists if required. The staff ensure care recipients are provided with pastoral and spiritual care as required and requested. Emotional support is provided on an ongoing basis to care recipients and their families and care recipients are offered medical and non-medical interventions to ensure they are comfortable. Staff receive education in palliative care and are monitored by management. Care recipients/representatives are encouraged to participate in case conferences and discussions relating to end of life decisions.

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 has systems to ensure care recipients receive adequate nourishment and hydration. Initial and ongoing assessment of care recipients' dietary needs and preferences are completed and the information is communicated to catering staff. Care recipients' special dietary needs are catered for including special diets, pureed meals, thickened fluids and

nutritional supplements. A review of documents confirmed appropriate external health professionals are accessed when needed. We observed care recipients using assistive aids to support their independence in eating their meals. Care recipients/representatives said they are satisfied with nutrition and hydration in the home.

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

The home has systems to manage skin care effectively. An assessment of skin integrity is completed on entry to the home and on an ongoing basis as required. The home has equipment to assist with the maintenance of skin integrity such as pressure relieving mattresses, cushions and other assistive devices. A review of documents shows access to relevant specialists for assessment and treatment of skin conditions. Staff undertake education on maintaining skin integrity. Care recipients are satisfied with the attention to their skin care provided by the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage care recipients’ continence needs. An assessment of continence requirements is undertaken on entry to the home. Following the assessment an individual continence management program is documented and implemented. A registered nurse ensures care recipients receive the correct aids to meet their individual continence management needs. A review of documentation confirms there are programs tailored to the needs of care recipients. Staff attend regular education and training on continence management. Care recipients were satisfied with continence management in the home.

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 systems and processes to identify and effectively manage care recipients with challenging behaviours. Staff perform initial and ongoing assessments to develop a care plan which includes identifying triggers and strategies to manage care recipients’ challenging behaviour. Staff monitor and review the care plans regularly to assess effectiveness and make changes if indicated. Referrals are made to specialist medical, mental health and behavioural management consultants as necessary. Interviews with care staff and observations of staff interactions with care recipients demonstrate appropriate management of behaviours. Recreational activities staff also conduct activities that distract care recipients and assist with

behaviour management. Care recipients/representatives said that the needs of care recipients with challenging behaviours are managed effectively.

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

The home has systems to ensure care recipients receive assistance with mobility and dexterity. A mobility assessment is completed on entry to the home. The physiotherapist visits the home four days a week and is assisted by a therapy assistant to implement the customised mobility, pain relief, therapeutic massage and exercise programs. Care recipients were observed accessing all living areas of the home safely with appropriate mobility aids and assisted by staff when required. Care recipients/representatives said they are satisfied with how the home manages mobility and dexterity issues.

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

The home has systems to ensure care recipients’ oral and dental health is maintained. An assessment of care recipients’ oral and dental needs is completed on entry to the home. Staff monitor oral health during daily care and encourage and remind care recipients’ to maintain satisfactory oral health. This includes external arrangements for access to dental treatments which is organised in conjunction with the care recipient/representative. The home provides oral care products for care recipients’ that are replaced regularly. Care recipients/representatives said they are satisfied with the oral and dental care provided by the home.

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

The home has systems to ensure care recipients’ sensory losses are identified and managed effectively. An assessment of care recipients’ sensory loss is completed on entry to the home. The home has access to a number of visiting allied health professionals such as dietician, speech pathologists and others to assist with effective management of sensory loss. Staff assist in the maintenance of visual and auditory aids. Recreation activities staff provide regular sensory stimulation activities to ensure sensory loss is reduced where possible. Care recipients were satisfied with the way the home manages sensory loss.

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 ensures care recipients are able to achieve natural sleep patterns. An assessment of care recipients’ normal sleep routines is undertaken on entry to the home. From the assessment an individual sleep management plan, including the number of pillows, blankets, preferred settling time and other items are included. Interviews with staff confirm care recipients individual needs are assessed and met. Interviews with care recipients indicated they were happy with provisions made to achieve natural sleep patterns.

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

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:

- Feedback from care recipients, representatives and staff identified the need for further recreational activities in the home. Extra recreational staff were employed to provide a lifestyle program each day in each wing of the home from Monday to Saturday and a reduced program on Sunday. A team leader position was created in 2016 to oversee all activities and coordinate the large group of volunteers. Care recipients/ representatives are very satisfied with the activities program in the home.
- Care recipients requested an improved area for their spiritual activities. A specific room has been allocated and decorated by community religious groups. A Buddhist shrine has been erected on one side of the room and a Christian altar on the other side. The areas are partitioned by a moveable screen. The room is large enough for a table and chairs to allow groups to participate in religious discussion. Care recipients say the room is tastefully organised and well used by those who participate in services and discussion.

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

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.

Education and training relating to Accreditation Standard Three included such topics as: dementia education for registered nurses, dementia care essentials, onsite training for physiotherapy assistants, compulsory training on elder abuse and mandatory reporting.

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

Care recipients/representatives are satisfied with the ways in which staff assist care recipients to adjust to life within the home and for their ongoing emotional support. There are systems to ensure each care recipient receives initial and ongoing emotional support through the entry and care review processes. These include multi lingual staff, the provision of a handbook, assessment of cultural and spiritual needs, care planning, case conferences and evaluation of the care provided. Families and friends are encouraged to visit and are made to feel welcome in the home. Care recipients are encouraged to personalise their room to help create a homelike atmosphere. Staff provide care recipients with emotional support, including one-to-one interaction with bilingual recreation activities officers and the visiting Chinese speaking pastoral carer. Staff at the home currently speak several Chinese dialects and maintain effective communication with the care recipients.

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

Care recipients are actively assisted by management and staff to achieve maximum independence. Their preferences and abilities in relation to a range of activities of daily living and lifestyle are identified and documented in care plans and are included in the activity program. The activities program is designed to promote independence and community participation as well as encouraging friendships between care recipients. The activities timetable uses pictures and large print in English and Chinese to maintain effective communication with care recipients. Bus trips are regularly scheduled and care recipients are encouraged to participate in life outside the home. Exercise and walking programs are encouraged to assist with maintaining mobility and independence. Care recipients said they are very satisfied with the opportunities to maintain their independence.

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

Staff recognise and respect each care recipient's right to privacy, dignity and confidentiality. Our observations of staff work practices includes seeing staff addressing care recipients by their preferred names and knocking prior to entering their rooms. Confidential records of staff and care recipients are securely stored and the homes electronic record keeping system is password protected with automatic back up. There are areas of the home where care

recipients can visit with their friends and relatives in private. Staff gain consent from care recipients for all interactions and procedures including disclosure of certain information within the home and to other relevant authorities. Staff employed at the home are bilingual to allow communication with care recipients and provide support with privacy and dignity. Care recipients/representatives said they are satisfied that privacy, dignity and confidentiality is recognised and respected.

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

The Indo Chinese Elderly Hostel has systems to encourage and support care recipients to participate in a range of activities of interest to them. Recreational activities officers develop an individualised care plan in keeping with care recipients' cognitive abilities and special needs to address their preferred lifestyle, cultural and spiritual preferences. The care plan is regularly reviewed and care recipient feedback is sought to address changing needs and preferences. The home's activities timetable is based on care recipients' interests and is provided in English and Chinese. Care recipients are invited to choose the activities they wish to participate in. All recreational activities staff are bilingual. The activities timetable includes physical exercise, mental stimulation, general social interaction and cultural, spiritual and special events. Individual visits for care recipients who do not wish to participate in group sessions are also undertaken. Care recipients/representatives said they are satisfied with the level and type of activities provided at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home celebrates many culturally significant days. Specific cultural and spiritual celebrations are celebrated that are relevant to individual care recipients. A review of lifestyle documentation and interviews with staff confirm individual beliefs are fostered. Multi-denominational church services, bible studies and group temple visits are available for care recipients who choose to attend. The current pastoral carer speaks Chinese and interpreter services are available. Care recipients have access to resources to support the celebration of individual cultural values. Care recipients said they are satisfied with how the home meets their cultural and spiritual needs.

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

Care recipients are encouraged to participate in decisions about their care and the services provided by using processes such as case conferences, surveys, meetings and other feedback mechanisms. Information on care recipient's rights and responsibilities is included in the handbook and residential care agreement and is displayed in the home. Care recipients are provided with choice in respect of meals, leisure interests, activities of daily living and outings either individually or with family or representatives. Interviews with staff, care recipients/representatives confirm a process is in place to have comments or complaints managed at the appropriate level. Bilingual staff are able to communicate well with care recipients. Care recipients/representatives said they are very satisfied that each care recipient participates in decisions about the services he or she receives and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people.

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

All care recipients/representatives are provided with an information pack in the appropriate language prior to coming to the home which outlines the rights and responsibilities of the care recipient. This includes a resident handbook which gives detailed information about various aspects of life at the home. These matters are discussed with the care recipient/representative prior to moving into the home. The home's mission statement and the charter of care recipients' rights and responsibilities in Chinese, English and Vietnamese are also clearly displayed in the home. All care recipients/representatives are offered an agreement on entry to the home. The residential agreement includes information for care recipients about their rights and responsibilities, complaints handling, fees and charges, care and services provided, their security of tenure and the process for the termination of the agreement. Care recipients/representatives are aware of care recipients' rights and are satisfied they are being upheld.

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 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:

- All staff are required to undergo mandatory training for fire safety each year. However it has been recognised that registered nurses require more training as they are in charge of the shift so are responsible for the management of emergencies if management are not on site. An external consultant has been contracted to organise emergency coordinator training every six months for all registered nurses.
- A review of staff levels, observations of staff practices and feedback from stakeholders identified a need for additional support for the catering team. A catering consultant was contracted in January 2015 to facilitate the hazard and critical control points food safety program, provide training in safe food delivery for staff and monitoring the catering service. Numerous changes and upgrades have occurred to the kitchen and food services over the past eighteen months. A new menu has been developed in consultation with care recipients/representatives, the head cook and the dietician. The kitchen has gained an A rating from the New South Wales food authority audit. Those care recipients and representatives interviewed are very satisfied with the food services in the home.

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.
- The home has a disaster management plan as required for all hospitals and health care facilities.
- 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.

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.

Education and training relating to Accreditation Standard Four included such topics as: mandatory training in fire safety and evacuation, infection control and hand hygiene, manual handling, safe chemical handling, workplace health and safety, food 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

The home is actively working to provide a safe and comfortable environment consistent with care recipients’ needs. All care recipients are accommodated in individual rooms with ensuite

bathrooms and are invited to personalise their own rooms. The living environment is clean, well furnished, well lit, free of clutter and has a heating/cooling system to maintain a comfortable temperature. Care recipients are able to maintain their own room at their desired 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 care recipient/representative feedback, incident/accident reports, inspections, audits and observation by staff. The care recipients/representatives interviewed say they are very happy with 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. The home has a very active work health and safety coordinator and committee, led by senior management, who ensure a safe workplace. Work health and safety is discussed at all 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 support safe work practice, minimise risks and assist with manual handling. There is a maintenance program to ensure the working environment and all equipment is safe. The committee 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. Staff demonstrated they have a knowledge and understanding of safe work practices.

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. A trained fire safety officer oversees 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 fire fighting equipment and warning systems, external contractor records and equipment tagging confirms the fire safety systems are regularly inspected and maintained. There is a disaster management plan for the site. There are emergency evacuation bags, emergency flipcharts and evacuation plans that are located throughout the home. There is an electronic locking system and CCTV camera through the public internal and external areas of the home. There is an internal security guard at night time for the site and external lighting around the home. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff indicated 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

The home has an effective infection control program. This includes education for staff, provision of equipment, routine monitoring of infections as well as the availability of policies and practice information to guide staff work practices. Infection data is collected and analysed externally and within the organisation. Relevant infection control issues are discussed and reviewed at staff meetings. Infection control procedures such as the use of colour coded cleaning equipment, personal protective equipment and monitoring of temperatures were observed. Audits are undertaken, there are processes for the removal of contaminated waste, infectious outbreak and spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work such as regular hand washing or disinfecting. Staff confirmed they had undertaken education in this area. There is a care recipient vaccination program in operation and staff are encouraged to be vaccinated for influenza. A pest control program is undertaken regularly at the home.

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 hospitality services provided are meeting the needs of the Chinese and Vietnamese care recipients and are enhancing their quality of life. There is a rotating menu that has been assessed by a dietician, caters for special diets and provides choices for care recipients. All meals are cooked fresh on site and the head cook is very responsive to suggestions regarding the meals and to the changing dietary needs of care recipients. A HACCP consultant is employed by the home. The cleaning is carried out according to a schedule and we observed the home to be very clean. Personal clothing is washed daily and linen is regularly changed and laundered according to a schedule. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Care recipients/representatives say they are very satisfied with the hospitality services provided.