Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit
Amaroo Hostel

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

The Agency has decided that the period of accreditation of Amaroo Hostel is three years until 31 August 2012.

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

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

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

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

Home and approved provider details

Details of the home

Home's name:	Amaroo Hostel
RACS ID:	5124

Number of beds:	20	Number of high care residents:	Nil

Special needs group catered for:	Nil

Street/PO Box:	28 Logan Street

City:	GATTON	State:	QLD	Postcode:	4343

Phone:	07 5462 3311	Facsimile:	07 5462 3752

Email address:	valerie.mackenzie@cofcqld.com.au

Approved provider

Approved provider:	Churches of Christ Care

Assessment team

Team leader:	Jill Winny
Team member/s:	Lynette Reed
Date/s of audit:	2 June 2009 to 3 June 2009

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Executive summary of assessment team's report

Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

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

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

Name of home	Amaroo Hostel
RACS ID	5124

Executive summary

This is the report of a site audit of Amaroo Hostel 5124, 28 Logan Street Gatton 4343, QLD from 02 June 2009 to 03 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 02 June 2009 to 03 June 2009.

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

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

Assessment team

Team leader:	Jill Winny
Team member/s:	Lynette Reed

Approved provider details

Approved provider:	Churches of Christ Care in QLD

Details of home

Name of home:	Amaroo Hostel
RACS ID:	5124

Total number of allocated places:	20
Number of residents during site audit:	18
Number of high care residents during site audit:	8
Special needs catered for:	Not applicable

Street/PO Box:	28 Logan Street	State:	Qld
City/Town:	Gatton	Postcode:	4343
Phone number:	07 3327 1600	Facsimile:	07 3878 1268
E-mail address:	jeanette.evans@cofcqld.com.au		

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		**Number**
Regional care manager	1	Residents/representatives	10
Relieving Director of Nursing Aged Care	1	Lifestyle coordinator	1
Personal care workers	2	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Catering staff	1	Maintenance staff	1

Sampled documents

	Number		**Number**
Residents' files	7	Medication charts	17
Summary/quick reference care plans	13	Personnel files	8
Residential agreements	5		

Other documents reviewed

The team also reviewed:

- Activity calendar
- Activity profiles
- Activity weekly program and attendance record
- Administration requests
- After hours contact lists
- Allied health referral folder
- Aphasic guide
- Audits
- Bowel charts
- Care level tracking tool (electronic)
- Certificate of maintenance
- Certification instrument
- Charter of resident's rights and responsibilities

- Chemical register
- Communication books/diaries
- Complaints register
- Controlled drugs registers
- Dietary need assessment
- Doctors request folder
- Electricians maintenance book
- Emergency procedures flip chart
- Environmental audit
- Feedback/improvement form
- Fire and emergency planning
- Fire safety declaration
- Fire training records
- Food business licence
- Guidelines for a palliative approach (Australian Government)
- Guidelines for wound care
- Handover sheet
- Hearing aid maintenance guide sheet
- Improvement log register
- Incident/accident reports
- Incidents register
- Job descriptions
- Local work instructions – snakes
- Maintenance folder
- Maintenance requests
- Material safety data sheets
- Matrix to review resident care plans/medication and lifestyle reviews
- Medication management folder
- Medication self medication policy
- Medication/specimen fridge temperature log
- Medications not to be crushed guide
- Meeting minutes
- Memoranda
- Memos
- Menu
- Newsletter
- Pain assessment/monitoring tools
- Pain resource material
- Podiatry referral form
- Policies and procedures
- Privacy policy
- Product and delivery monitoring sheet
- Protective assistance policy, authorisation form
- Resident dinner request
- Resident handbook
- Resident weight charts
- Resident/representative satisfaction survey 2009
- Residential services care agreements
- Risk assessment register
- Roster
- Sign in/out book
- Special events calendar/birthday list
- Staff handbook
- Staff leave schedule
- Supplementary diet list in kitchen

- Surveys
- Training attendance record
- Vision, mission and objectives statements
- Wound care folder

Observations

The team observed the following:

- Activities in progress
- Advocacy brochures and posters
- Cleaning trolleys
- Emergency exits and pathways to safe areas
- Emergency procedures on display
- Equipment and supply storage areas
- Evacuation signage
- File storage area
- Fire board
- Fire equipment
- Fire safety equipment
- Hand sanitising products
- Hand washing facilities
- Information brochures/ notice boards
- Internal and external living environment
- Linen receptacles
- Linen supplies
- Living environment
- Meal service
- Medication administration round
- Menu on whiteboard
- Residents rights and responsibilities on display
- Sharps containers
- Staff accessing and wearing personal protective equipment
- Staff interactions with residents and family members
- Storage of medications
- Suggestion box

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

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

Team's recommendation
Does comply

Amaroo Hostel has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through feedback/improvement forms, audits, surveys, meetings and the homes open door policy. Improvements are monitored and evaluated through a continuous improvement action plan and raised as a standing agenda item at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, memos, noticeboards and verbally. Residents, representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.
Examples of continuous improvement activities in Standard one include:

- A new filing system has been developed at a regional level to standardise the management of information across all facilities. Management report that the filing system, which provides a coordinated approach on records management, ensures consistency across the region and make the archiving and retrieval of information easier.
- An information help desk has been introduced to assist staff access the organisations information systems in regards to information technology, payroll and finance. Management reports that the help desk has assisted with enquiries in a timely manner.
- In response to staff feedback, duty lists have been revised and updated to reflect resident preferences and operational needs. Staff report that the new duty lists have resulted in a shared understanding of duties required.
- Following resident's and relative's feedback on the lifestyle program, activity officer hours have been increased and reallocated to provide a wider range and frequency of activities. Residents report satisfaction with the new program.

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

Team's recommendation
Does comply

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards, through access to the organisational intranet and professional membership updates. Policies are reviewed organisationally and referenced to relevant legislation or professional guidelines. Recent changes in legislation regarding the compulsory reporting of missing and absconding residents has been incorporated into management systems, and staff throughout the facility have been informed. Compliance with legislation is monitored through staff practice. Staff are made aware of changes to legislation through meetings, memos, communication books and notice boards. Residents and their representatives were informed of the current accreditation audit through resident meetings and notice boards. The home has a system in place to ensure all relevant individuals have been screened through a current criminal record check.

1.3 Education and staff development:

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

Team's recommendation
Does comply

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. New staff undertake an orientation period that includes mandatory education and 'buddy' shifts. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated through staff feedback. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs. Training needs are identified through the appraisal process, observation of practice audits, surveys and the changing needs of residents.

1.4 Comments and complaints

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

Team's recommendation
Does comply

The home has a complaints mechanism that is accessible to residents and representatives and other interested parties. Information about the internal and external complaint process is displayed throughout the home and documented in information provided to residents and staff. Complaints can be raised through feedback forms with a suggestion box and envelopes for confidentiality, at resident meetings or directly to management or staff. Staff are aware of the internal and external complaints process and how to assist residents to utilise them. Residents and representatives said they are satisfied that they have access to the complaints processes and that concerns raised are addressed in a timely manner.

1.5 Planning and leadership

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

Team's recommendation
Does comply

Amaroo Hostel subscribes to the ' mission, vision and values' of Churches of Christ Care'. These are documented in the strategic plan, code of conduct, resident and staff handbooks and displayed within the facility.

1.6 Human resource management

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

Team's recommendation
Does comply

Human resource policies and recruitment processes are in place to ensure that employed staff have appropriate skills and qualifications. New employees are screened for suitability using position descriptions, interview questions and reference checks. A 'buddy' system is used to help orientate new employees to ensure staff are trained in their roles and competency assessments monitor staff knowledge and skills on an ongoing basis. The monitoring and review of resident mix, staff skills, qualifications and roster requirements

ensures adequate and appropriate staff are on site at all times. Staff are flexible with their hours to meet the home's needs in the event of planned or unplanned leave. Staff report they have a duties list to refer to have adequate time to complete their work. Residents and representatives indicate they are satisfied with the provision of care and services.

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

Team's recommendation
Does comply

The home has processes in place to ensure that there are sufficient stocks of goods and equipment for delivery of services. Service agreements with suppliers and contractors are used to guide purchases and maintain goods and equipment. Designated members of staff oversee stock levels throughout the facility and stock items are regularly rotated and checked for use by dates. Staff reported satisfaction with the availability, provision and maintenance of goods and equipment to perform their role. Residents and representatives were satisfied that appropriate goods and equipment are provided by the home and are available for the delivery of services to meet their needs. A preventative maintenance program is in place for plant and equipment to ensure resident and staff safety and the identification of equipment to be replaced.

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

Team's recommendation
Does comply

Residents, representatives and staff have access to current information on the processes and general activities and events of the home relevant to their needs through handbooks, newsletters, noticeboards, meetings, and the home's open door policy. An organisational-based information system ensures that management and staff have access to, and the use of accurate and appropriate information to help perform their roles. Locked rooms and cabinets are used to store private and confidential information, computers are password protected and staff are educated in document management to maintain confidentiality and privacy when handling resident information. Archiving and destruction of documentation is undertaken through an external service provider. Staff report they have access to, and timely communication of, relevant information to perform their roles and residents and representatives interviewed expressed satisfaction with the way information is communicated.

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

Team's recommendation
Does comply

External services are provided at a standard that meets the home's needs through established service agreements outlining the organisations requirements for services provided. Contracts to preferred suppliers are directed from an organisational level with local suppliers used where possible. Feedback on the performance of external services is monitored and action taken to ensure that standards and requirements are met. Management review the performance of external services to ensure quality service delivery is maintained and when requirements are not being met appropriate action is taken. Residents and representatives report satisfaction with the quality of services sourced externally.

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

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

Team's recommendation
Does comply

Amaroo Hostel has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through feedback/improvement forms, audits, surveys, meetings and the homes open door policy. Improvements are monitored and evaluated through a continuous improvement action plan and raised as a standing agenda item at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, memos, noticeboards and verbally. Residents, representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.
Examples of continuous improvement activities in Standard two include:

- A speech pathologist has conducted staff education on a new system of texture modified diets to reinforce staff knowledge. Staff report an improved understanding of reasons for texture modified food.
- The development of a wound dressing competency for personal care workers has improved staff knowledge of simple dressing techniques.
- The introduction of contemporary wound management techniques and dressing products has improved the healing of chronic wounds.
- In response to medication errors a 'warfarin only' folder has resulted in an improvement in medication incident rates.

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

Team's recommendation
Does comply

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards, through access to the organisational intranet and professional membership updates. Policies are reviewed organisationally and referenced to relevant legislation or professional guidelines. Compliance with legislation is monitored through staff practice. A system is in place to ensure staff have current registration appropriate to their position. Staff are made aware of changes to legislation through meetings, memos, communication books and notice boards.

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

Team's recommendation
Does comply

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. New staff

undertake an orientation period that includes mandatory education and 'buddy' shifts. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated through staff feedback. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs. Training needs are identified through the appraisal process, observation of practice audits, surveys and the changing needs of residents.

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

Team's recommendation
Does comply

The home has a system in place to assess residents' care needs on admission and through follow up review. The Relief Director of Nursing Aged Care Services (RDONAC) coordinates the initial assessment information then formulates the long term care plan and family case conferences are held annually or sooner as required. During this time, staff consultation with the resident/representative and allied health team occurs, the resident is observed and their needs are communicated to care staff. Care plans are monitored and reviewed three monthly by the RDONAC. Clinical care incidents are reported and analysed, regular medical officer reviews, specialist and allied health referrals occur. Staff document resident care needs in the progress notes and care staff inform the registered nurse immediately if changes in resident's wellbeing is identified. Residents report that they are satisfied with their clinical care and consultation regarding their needs and preferences.

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

Team's recommendation
Does comply

Residents' specialised nursing care needs are identified on admission through interviews with resident/representative, identification by medical officer, allied health team and as a result of assessment and/or change in resident care as identified by care staff. The RDONAC develops the care plan addressing residents' needs and the plan is reviewed regularly. Personal care staff refer to the care plan for specific instructions relating to resident's special care needs which include: mobility plans, dietary plans, wound care, diabetes management and pain management. The home also uses local hospital resources to assist in providing specialised care to residents if not provided by the home. Care staff have access to registered staff at all times. Residents/representatives expressed satisfaction with the cares provided by the home.

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

Team's recommendation
Does comply

The home has processes in place for input from allied health related specialists. The medical officer visits on a regular basis and reviews/monitors residents' health status. Identification for referral to health related specialists is coordinated by the DONAC in response to care staff, medical request, residents/representatives; referrals are communicated via communication books and direct telephone/electronic communication. Mechanisms for urgent referrals are in place and residents are assisted to access other health services in the community or other health facilities. Residents/representatives are satisfied with other health service referrals and support provided by the home to obtain their appointments of choice.

2.7 Medication management

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

Team's recommendation

Does comply

Medication management involves individually labelled prepacked medication, the RDONAC administer and personal care staff assist with medications as per the medical officers' orders and by the home's policy. Resident medication charts are identified by resident photographs, alerts/allergies are noted and instructions to administer following doctor's orders and special instructions are in place. The medical officer reviews medication charts regularly, stock is monitored by the RDONAC for stock supply, storage conditions, expiry dates and medication requiring destruction. Residents who self administer are authorised to do so by a medical officer and authorisations are reviewed regularly. Regular audits on medication management are in place and medication incidents are reported/reviewed, 'as required' medications are monitored by the RDONAC and discussed with staff at handover/regular meetings and with the medical officer for further review when required. Residents report they are satisfied with staff management of their medication.

2.8 Pain management

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

Team's recommendation

Does comply

Residents' pain history is obtained on entry to the home in consultation with the medical officer and resident/representative. The RDONAC coordinates pain assessment by using verbal and non verbal assessment tools which are evaluated and transferred to the residents' individual care plan to direct staff practice. Pain management care plans are reviewed regularly and residents who are experiencing pain or are in need of review of pain strategies are monitored by pain charts and discussed in a daily handover process and with the medical officer as required. Alternative therapies used by staff include; an exercise program involving passive exercises, specialised equipment (e.g. transcutaneous electrical nerve stimulation machine), diversional therapy, position changes, heat packs and use of pressure relieving devices. Pain relief in the form of analgesia is prescribed regularly or as an 'as required' medication and effectiveness is documented in the progress notes. Residents report they are satisfied with their pain management interventions and staff response to their requests for pain relief.

2.9 Palliative care

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

Team's recommendation

Does comply

Residents' advanced health directives are noted either on admission or at the appropriate time and requirements including cultural/religious values are identified in consultation with the resident/representative. Care staff are kept informed of palliating residents, provided with educational resources; pastoral care is provided by the home and other spiritual representatives are accessed to support the resident/ representatives with the residents changing health status. Staff access specialised palliative care advice/support as the individual resident's needs/requests indicate and the medical officer is regularly consulted. Residents/representatives reported they are satisfied with comfort cares provided by the staff.

2.10 Nutrition and hydration

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

Team's recommendation
Does comply

Each resident's nutritional and hydration needs, food/ cultural preferences and information relating to allergies and dietary needs and preferences are identified on admission and on an ongoing basis as residents' needs change. Communication processes are in place to keep catering staff informed of residents' individual needs and preferences. Care staff monitor residents' nutritional and hydration status and skin integrity daily by observation during the provision of care. Residents are weighed monthly and any variances in weight loss or gain are identified and interventions include weekly/fortnightly weighs, the introduction of food supplement products and referral to the dietician/speech pathologist and/or medical officer. Residents' report that they are satisfied with the quantity and quality of the meals and fluids they receive.

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

Team's recommendation
Does comply

Skin integrity assessments and falls risk assessment tools are completed on admission and during the initial observation period to identify the resident's needs and associated risk factors. Care plans document residents' needs, skin allergies, wound care and care plans are regularly evaluated by the RDONAC. The resident and their medical officer are consulted on skin treatments to maintain and improve skin integrity, other interventions to maintain residents' skin integrity include: frequent position changes, soap free cleansing products, application of moisturising creams and provision of adequate fluid intake**.** Daily monitoring of residents' skin integrity is undertaken by care staff, changes in residents' skin integrity is reported and residents with wounds or skin tears are monitored through a wound management treatment plan. The home provides aids to protect residents' skin integrity such as dressings, hip protectors, continence aids and pressure relieving mattresses. Podiatry and manicure services are provided to residents to reduce the risk of self inflicted skin tears and prevent nail bed infections. Residents expressed satisfaction related to their skin care management.

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

Team's recommendation
Does comply

The home has processes in place to manage the individual continence needs and preferences of residents. Strategies to optimise residents' continence include; medical officer referral for pharmacological and/or dietary intervention, daily monitoring, individual toileting schedules and regular fluids. Residents changing continence needs and appropriateness of continence aids required are documented and monitored through progress notes, continence records and handover processes. Residents' report they are satisfied with the services offered by the home.

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

Team's recommendation
Does comply

Residents with challenging behaviours are assessed on admission and the care plan is

developed in consultation with the medical officer and the resident/representative. Challenging behaviours and triggers are identified and individual interventions/strategies are implemented. Management of these behaviours is monitored and evaluated by regular care plan review, documentation in the progress notes, and staff discussion during handover sessions, family case conferences and referrals to the community mental health team occur. Residents when unsettled are supported by staff to maintain abilities to carry out a meaningful day by providing a low stimulus environment, distraction techniques and one on one support. Residents/representatives reported that resident behaviour is managed by staff.

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

Team's recommendation
Does comply

The home has a system in place to ensure that optimum levels of residents' mobility and dexterity needs are achieved. Residents' mobility and use of aids is assessed on initial admission and formulated in the care plan. Review of residents' changing mobility and dexterity needs occurs regularly and the physiotherapist/occupational therapist visits on request and as identified by the medical officer, clinical staff and residents/relatives. Fall incidents are presented at regular meetings to identify trends and staff receives education sessions in manual handling. Residents report they are satisfied with the assistance provided to optimise their mobility, dexterity and rehabilitation.

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

Team's recommendation
Does comply

Residents' are consulted and assessed to identify their oral and dental care needs and preferences via the initial admission assessment process. Review of care interventions and resident preferences in relation to oral and dental care is undertaken regularly. Staff facilitate access to other health providers such as hospital dental clinic and speech pathologists on a needs basis. Staff assist residents with oral hygiene as indicated in their care planning and/or at residents' request, ensures residents' diets are well balanced and assist residents with regular fluid intake. Residents report they are satisfied with staff assistance in their care and that they have access to appropriate health professionals when required.

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

Team's recommendation
Does comply

Sensory loss/impairment history including vision and hearing losses are identified on the residents' initial admission assessment. Documentation on the care plan identifies strategies to ensure resident safety in the environment. Optometrist and audiologist referral processes are in place for staff to request reviews of residents, equipment and/or repairs as required. Equipment repairs and specialist reviews/outcomes are discussed with the resident/representative, recorded in the progress notes and communication diary for staff information. Care staff have education and resource information for assistive device care and maintenance. The activity coordinator provides residents with sensory loss/impairment one on one activities and residents are supported to join activities of choice. Residents report that staff assist them with their aides as required.

2.17 Sleep

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

Team's recommendation

Does comply

Residents' sleep routines are identified on the residents' initial admission assessment. Resident preferences in relation to settling are documented and communicated to the appropriate staff to ensure undisturbed sleep is promoted. The three monthly assessment/review identifies a sleeping pattern reflected on the care plan for staff to follow. Medication is used when prescribed and/or 'as required' such as pain management intervention and sedation; this is documented in the progress notes and evaluated for effectiveness. Alternative therapies of warm drinks are offered, continence care and one on one support by staff promote residents' natural sleep pattern. Residents report they are satisfied with staff assistance to promote natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team's recommendation
Does comply

Amaroo Hostel has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through feedback/improvement forms, audits, surveys, meetings and the homes open door policy. Improvements are monitored and evaluated through a continuous improvement action plan and raised as a standing agenda item at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, memos, noticeboards and verbally. Residents, representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.

Examples of continuous improvement activities in Standard three include:

- As a result of feedback through a resident survey, movie afternoons have been introduced. Residents report that they enjoy the movies and the opportunity to socialise.
- The purchase of modified spoons has enabled one resident to maintain the ability to feed themselves thus maintaining independence and dignity.
- Pet therapy has been introduced for residents who are seeking companionship. Management report that resident interaction with the facility bird and cat has improved resident's "happiness".

3.2 Regulatory compliance

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

Team's recommendation
Does comply

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards, through access to the organisational intranet and professional membership updates. Policies are reviewed organisationally and are referenced to relevant legislation or professional guidelines. A system is in place to ensure staff and residents are aware of mandatory reporting guidelines. Compliance with legislation is monitored through staff practice. Staff are made aware of changes to legislation through meetings, memos, communication books and notice boards.

3.3 Education and staff development

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

Team's recommendation
Does comply

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. New staff undertake an orientation period that includes mandatory education and 'buddy' shifts. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated through staff feedback. The education

program reflects identified training needs and staff have the opportunity to undertake internal and external training programs. Training needs are identified through the appraisal process, observation of practice audits, surveys and the changing needs of residents.

3.4 Emotional support

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

Team's recommendation
Does comply

Residents/representatives are provided with information about the home on admission. Lifestyle/social history and preferences/support needs are identified on entry with the resident/representative and is documented in the care plan for staff guidance to support residents in their new environment. The RDONAC and the lifestyle coordinator monitor care plans regularly. Further emotional support is provided with staff ensuring residents become familiar with the physical layout of the home, supporting the residents to develop new friendships, encouraging participation with activities and assisting as required, the home's chaplain and other pastoral care workers visit frequently and volunteer staff provide ongoing emotional one on one support. Residents/representatives are encouraged to individualise rooms with personal items, symbols, are invited to special events in the home and report they are satisfied with the emotional support staff provided on entry to the home and on an ongoing basis.

3.5 Independence

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

Team's recommendation
Does comply

Residents' leisure/lifestyle preferences/support needs and physical abilities are identified on entry to the home and individual care plans are developed that reflect interventions to promote residents' independence. Specific aids for continence and dignity, mobility, transfer equipment, dietary aides, required by the resident are provided to enhance residents' independence. Staff ensure that residents maintain community links and friendships by assisting attendance to events and local rural celebrations, meetings and concerts of choice that they enjoy. Residents report that they are satisfied with the support staff provides to promote and support their independence.

3.6 Privacy and dignity

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

Team's recommendation
Does comply

The home's privacy, dignity and confidentiality processes ensure residents' interests and preferences including cultural, religious and spiritual needs, are identified at the initial entry to the home and documented. Staff knock on residents' doors before entering, close doors while attending to cares and address residents by their preferred title. Staff sign confidentiality agreements regarding residents' personal information on employment. Residents' information such as financial records are stored at regional office and clinical records is stored securely in locked areas to ensure confidentiality. Confidential documents for disposal are safely archived until destruction. Residents/representatives are satisfied with the way staff respect their privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's recommendation
Does comply

The home's process on admission involves the lifestyle coordinator completing a leisure/lifestyle profile in consultation with the resident/representative; this is then documented on individual care plans to guide staff practice and is reviewed six monthly. The programme for the home includes a range of activities, celebration of individual birthdays and theme days, concerts, regular church services and community visits. Staff and volunteers assist residents with activities, provide one on one support which include wheel chair walks, conversation, manicures, assistance with games and activity attendance sheets are completed. Residents have input into the activity program and are able to give feedback on activities by verbal/written form, via meetings, surveys, complaints process and on an individual basis. Representatives are informed of the home's events by written or verbal information and residents/representatives report that they are satisfied with the activity programme offered by the home.

3.8 Cultural and spiritual life

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

Team's recommendation
Does comply

Residents' cultural preferences and spiritual needs are identified on admission and documented in individual care plans. Care plans are reviewed regularly to ensure that residents' needs are met. The home provides regular church services with cultural and spiritual contacts able to be accessed as required. Community groups visit regularly and the home provides individual residents with spiritual support and pastoral care. The home is able to support residents with specific cultural dietary needs if required. Residents indicated satisfaction with the cultural and spiritual support provided by the home.

3.9 Choice and decision-making

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

Team's recommendation
Does comply

The home's process identifies residents' individual choices on admission in consultation with the resident/representative. Preferences are communicated to appropriate staff, documented in care planning and reviewed on a regular basis. Legal representation is documented on specific forms filed in the resident's chart. Residents participate in the home's functioning via; attendance at regular meetings, reading informational material on noticeboards and newsletters, receiving informed choice from staff and allied health professionals regarding their treatments and special care, input into meal preferences and verbalising complaints to staff/management or using the home complaints box system. Staff receive education in supporting residents' decision making rights and management monitor compliance through observation, satisfaction surveys and audits. Residents report they are satisfied that they are supported to exercise choice and their involvement in decisions regarding their care.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation
Does comply

Residents/representatives are provided with information on security of tenure, their rights and responsibilities and have the opportunity to seek independent advice regarding the contents of the agreement. Information on admission with security of tenure, fees, their rights and responsibilities, is outlined in the residential agreement and in the resident handbook including a copy of the charter of residents' rights and responsibilities which is also on poster display. Appropriateness of a resident's room is assessed on an on going basis, an alternative is offered when available/requested and residents/representatives are consulted if any change to security of tenure is considered. Residents/representatives indicated satisfaction with the security provided by the home and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's recommendation
Does comply

Amaroo Hostel has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through feedback/improvement forms, audits, surveys, meetings and the homes open door policy. Improvements are monitored and evaluated through a continuous improvement action plan and raised as a standing agenda item at meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated regularly through meetings, memos, noticeboards and verbally. Residents, representatives and staff report they are aware of ways to raise improvement requests and contribute to the home's continuous improvement.
Examples of continuous improvement activities in Standard four include:
- In response to resident feedback, monthly barbeques have been introduced to facilitate resident socialisation. Residents report that they look forward to the monthly barbeques.
- In consultation with residents, lounge chairs and dining tables have been purchased to improve comfort and aesthetics of the home. Residents and visitors report satisfaction with the comfort and design of the new furniture.
- An outbreak management kit has been developed which will enable staff to take resources directly to an infected area in the event of an outbreak thus reducing the risk of cross contamination to other areas whilst accessing supplies.

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

Team's recommendation
Does comply

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards, through access to the organisational intranet and professional membership updates. Policies are reviewed organisationally and are referenced to relevant legislation or professional guidelines. Recent changes to food safety legislation have been incorporated into management systems. Compliance with legislation is monitored through staff practice. Staff are made aware of changes to legislation through meetings, memos, communication books and notice boards.

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

Team's recommendation
Does comply

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. New staff undertake an orientation period that includes mandatory education and 'buddy' shifts. Staff are required to maintain mandatory and specific role related responsibilities and attendance

at education sessions is monitored and evaluated through staff feedback. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs. Training needs are identified through the appraisal process, observation of practice audits, surveys and the changing needs of residents.

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

Team's recommendation
Does comply

The home's environment reflects the safety and comfort needs of residents. Residents occupy single rooms with ensuites, walkways are free of trip hazards, designated storage areas for equipment and mobility aids are provided and gardens are maintained to ensure safety. Residents are encouraged to personalise their own rooms and utilise the lounges, communal areas and shaded outdoor areas throughout the home. Preventative maintenance is conducted in accordance with established agreements through external service providers and the home has a preventative and reactive maintenance program that is responsive to requests in a timely manner. The home has an established pest control management program in place which includes the on going monitoring of a local bat colony and a risk assessment approach to any risk of a snake and mouse infestation. The living environment is monitored through risk assessments, hazard reports, accident and incident reporting, audits, surveys and feedback from meetings. Residents and representatives interviewed are satisfied 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 recommendation
Does comply

The home has an occupational health and safety system to assist in the identification, actioning and review of safety issues. Workplace health and safety processes include regular environmental and safety audits, hazard and incident reporting and risk assessments. The regional Workplace Health and Safety Officer oversees workplace health and safety processes and is responsible for monitoring and ensuring compliance with relevant safety legislation. Health and safety issues are raised as an agenda item at staff meetings. Equipment is maintained through the maintenance program and chemicals storage areas are secured. Education in relation to safety is provided at orientation, through mandatory training and as needs arise. Staff are aware of workplace health and safety requirements relevant to their work and demonstrated knowledge of the safety and reporting systems in place.

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

Team's recommendation
Does comply

The home has documented policies and procedures to manage fire safety, evacuations and other emergencies. Mandatory fire safety training and education is provided for staff at orientation and annually thereafter. Regular fire drills are conducted and staff demonstrated knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation. Evacuation plans are located across the site, exits are clear of obstruction and the building meets certification requirements. External providers maintain fire

systems, equipment and signage. The home has a sign in/out register for staff, contractors and visitors and procedures are in place for maintaining the security of the building after business hours and at the weekends.

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

Team's recommendation
Does comply

The home has an infection control program in place to identify and contain potential and actual sources of infection including a plan in the event of an outbreak. Processes are established for the identification of resident infections and incidents are collated for analysis and trending. Staff demonstrated an understanding of infection control practices relating to their area of work and are informed of infection incidence and trends at meetings, through memos, at handover and verbally. Hand washing facilities are located throughout the home and personal protective equipment is available and used appropriately by staff. Laundry items are handled in a way aimed at reducing the risk of cross infection, safe food practices are followed in the kitchen and cleaning schedules are in place for all areas of the home. The home has an established pest control management program in place. Residents are satisfied with the care provided by the staff in the management of infections and with the cleanliness of the home.

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

Team's recommendation
Does comply

The home provides hospitality services in a way that enhances residents' quality of life and the working environment for staff. Residents' dietary requirements and preferences are assessed on admission and reviewed in accordance with their changing needs and preferences. Residents have regular input into the seasonally adjusted menu through resident meetings, resident surveys and direct contact with the cook. Cleaning of residents' rooms and communal areas is done in accordance with the cleaning duty lists and all staff are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. The onsite laundry has equipment and processes to ensure safe infection control practices and staff are aware of best practice when handling laundry items. Residents' clothing is labeled at the laundry to minimise loss of individual items. The effectiveness of hospitality services is monitored through meetings audits and surveys. Residents interviewed expressed satisfaction with the catering, cleaning and laundry services provided to them.