



Aged Care
Standards and Accreditation Agency Ltd

Amaroo Hostel

RACS ID 5124
28 Logan Street
GATTON QLD 4343

Approved provider: Churches of Christ in Queensland

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 31 August 2015.

We made our decision on 13 July 2012.

The audit was conducted on 13 June 2012 to 14 June 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

Expected outcome		Accreditation 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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Amaroo Hostel 5124

Approved provider: Churches of Christ in Queensland

Introduction

This is the report of a re-accreditation audit from 13 June 2012 to 14 June 2012 submitted to the Accreditation Agency.

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

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

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

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

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 13 June 2012 to 14 June 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Lynn Boundy
Team member:	Desma-Ann van Rosendal

Approved provider details

Approved provider:	Churches of Christ in Queensland
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Details of home

Name of home:	Amaroo Hostel
RACS ID:	5124

Total number of allocated places:	20
Number of residents during audit:	20
Number of high care residents during audit:	15
Special needs catered for:	Not applicable

Street/PO Box:	28 Logan Street	State:	QLD
City/Town:	GATTON	Postcode:	4343
Phone number:	07 5462 3311	Facsimile:	07 5462 3752
E-mail address:	jeanette.evans@cofcqld.com.au		

Audit trail

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

Interviews

	Number		Number
Care Manager	1	Residents/representatives	10
Area Service Support Officer	1	Administration Officer	1
Health and Safety Coordinator	1	Contract Maintenance Officer	1
Business Support Manager	1	Cook	1
Hospitality Manager	1	Catering staff	1
Lifestyle Coordinator	1	Cleaning/laundry staff	1
Care staff	2		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	10
Care plans	6	Personnel files	2

Other documents reviewed

The team also reviewed:

- Activity calendar and attendance records
- Annual licence certificate
- Asset register
- Audit monitoring schedule
- Audit tools and reports
- Cleaning check sheet
- Clinical indicator data and analysis reports
- Clinical observation forms
- Continuous improvement plan
- Controlled drug register
- Diabetes guidelines
- Doctors' book
- Emergency response procedures
- Evacuation plans
- Evacuation signage
- Feedback/improvement forms
- Fire drill/evacuation summary reports
- Fire education records

- Fire equipment maintenance records
- Fire evacuation lists
- Food Business Licence
- Food safety plan
- Food/equipment temperature records
- Handover sheets
- Hazard/risk register/notice
- Incident reports
- Lifestyle assistance plan
- Maintenance request forms
- Material safety data sheets
- Meeting minutes and memos
- Meeting schedule
- Mission and values statements
- Orientation checklist
- Police checks
- Policies and procedures
- Position descriptions
- Position outcome statements
- Preferred suppliers list
- Programmed maintenance schedule
- Recruitment package
- Reportable assaults register
- Residential services agreement
- Resident newsletter
- Residents 'information package and survey
- Staff communication book
- Staff education, training and attendance records
- Staff handbook
- Staff training needs survey and results
- Supplement list
- Wound assessment and treatment records

Observations

The team observed the following:

- Activities in progress
- Catering and cleaning operations
- Cleaners' and chemical room

- Complaints brochures on display
- Designated smoking areas
- Egress routes/assembly areas
- Equipment and supply storage areas
- File and information storage areas
- Fire detection equipment
- Fire fighting equipment
- Hand washing facilities and practice
- Information brochures and notices
- Interactions between staff and residents
- Internal and external environment
- Laundry despatch and receival rooms
- Medication administration practices
- Midday meal service
- Outbreak box and spill kits
- Personal protective equipment
- Resident and staff noticeboards
- Sharps and waste disposal
- Sign in/out book

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Amaroo Hostel (the home) has a continuous improvement system for identifying improvement opportunities, implementing solutions, and monitoring and evaluating outcomes. Residents and staff have input by making suggestions verbally, submitting feedback/improvement forms, raising issues of concern at meetings, completing satisfaction surveys or through the complaints mechanisms. Continuous improvement records are maintained and an auditing schedule is in place that regularly reviews the service areas within the home. Incidents, accidents and hazard reports are further sources of improvement opportunities. Outcomes of audits are analysed for potential trends, to identify further areas for improvement, and to monitor the outcomes of improvements made. Results of continuous improvement activities and progress of actions taken are communicated to residents and staff through meetings, notices, newsletters and one-on-one communication.

Improvement initiatives implemented recently by the home in relation to Standard 1, Management systems, staffing and organisational development include:

- In response to increased resident acuity a three hour morning shift as well as a ‘stand up’ night shift has been introduced to the roster. The Care Manager (CM) reported this has resulted in increased supervision of residents through the night and residents reported satisfaction with support and assistance provided.
- One relative has been invited to attend the general staff meeting held each month. Management reported this strategy provides the opportunity for the representative to raise issues/concerns on behalf of residents and to provide an open and transparent approach to communicating the activities of the home.
- A cordless phone has been purchased to replace the existing hands free phone that continued to ‘drop out’ at the end of each corridor. The CM reported the new phone is more reliable. Staff reported they are now able to answer the phone promptly and residents are able to receive in-coming calls without having to walk to an area that was ‘in range’.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There is a system to capture changes to relevant legislation, regulatory requirements, professional standards and guidelines and to ensure compliance. This system includes provider membership of organisations providing information on such changes, access to internet websites, attendance at seminars and education sessions, and subscriptions to professional journals. Changes are monitored by the organisation’s head office and these

changes are communicated to the Care Manager who monitors local implementation. Legislative changes and policy changes are a standing agenda item at all staff meetings and where relevant these changes are also communicated to residents and relatives. Staff criminal record checks are conducted, and residents and relatives are notified of accreditation audits and invited to participate. Compliance with legislation is monitored through the audit process, surveys, and observation of work practices and audit tools are changed by head office when legislative changes make it appropriate.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has a range of strategies to ensure that staff have appropriate knowledge and skills. The performance review process identifies general educational needs, supported by a survey of staff needs, as well as a review of incidents and accidents, and from this an education plan is developed. The home supplements the formal training plan with educational/skill development sessions as they are identified in response to changing care needs of residents. Competency assessments also form part of the audit of staff skills and are commenced at orientation for new staff and conducted on an ongoing basis. The home offers a range of training opportunities for staff, including specialists from head office, a range of self-directed learning packages, and from product and service suppliers. An electronic matrix alerts management to mandatory training deadlines. Staff have access to external education, and report that management is responsive to their learning needs. Examples of education provided includes (but not limited to) bullying and harassment, use of social media, code of conduct and customer service training.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home provides opportunities for residents/representatives to submit comments, compliments and complaints. Information regarding internal and external avenues of complaints is provided during the entry process, in resident and staff handbooks, at meetings, in newsletters, and brochures displayed throughout the home. Comments, compliments and complaints are documented, complaints are investigated and actioned and feedback is provided to complainants. All complaints are logged in a separate folder and kept locked in the Care Manager's office. Feedback/improvement forms and a locked box are located in the foyer of the home and accessible to residents/representative and other interested parties. Residents/representatives are aware of opportunities to make verbal or written complaints and are satisfied with the responsiveness of management in resolving issues.

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

Management has documented the vision, directions and values of the organisation and these are displayed in the residents' handbook, the staff and volunteers' handbook and on the walls of the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a system for recruiting appropriately qualified and skilled staff. Management identifies the need for additional staff based on residents' care needs and organisational requirements. Upon commencing employment staff are oriented to the organisation. Management generally ensures appropriate staff levels and skill mix through review of clinical indicator data, audit results and feedback from residents, staff and key personnel. Staff leave is covered by internal staff. Management monitor staff performance through the yearly performance review processes. Staff feedback generally indicates they are able to meet residents' needs in a timely manner. Residents and representatives are complimentary of the staff's ability to provide appropriate 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 findings

The home meets this expected outcome

There is a purchasing process for consumables and capital budget items that ensure sufficient and appropriate goods and equipment are consistently available to deliver the care and services required. Where possible, new equipment is trialled before purchase or opinions are sought from other homes. Key personnel are responsible for ordering and maintaining stock levels of specialised health and personal care products, catering items and other housekeeping and cleaning materials; stock is examined for fitness on receipt and rotated with remaining stock. There is a preferred supplier list to guide staff. Supply contracts are reviewed annually or when there are concerns and stakeholders are asked for their input. There is a programmed maintenance schedule in place to ensure ongoing reliability of equipment and infrastructure and a corrective maintenance program to attend to minor items needing attention. Residents/representatives and staff indicated that they were satisfied with the availability and appropriateness of the goods and equipment provided.

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 systems to enable staff and management access to sufficient and reliable information for appropriate decision making. This information is stored securely on computer files or in locked cabinets and offices, and can be accessed by those staff with the authority and need to do so. Process control plans as well as access to a variety of topics including clinical best practice are available on the organisation's intranet site, as well as some being made available in hard copy. Staff files and residents' financial files are stored in locked cabinets in the home's administration office or at head office, and residents' clinical files are securely stored in the care office. Sharing of information occurs through staff handovers, care plans, prominent displays of information booklets, noticeboards, staff education, memoranda and stakeholder meetings. Records are archived on site for a period, transferred to off-site professional storage and destroyed under contract when appropriate.

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

Externally sourced services are contracted in order to meet the home's care service needs and service quality goals. Allied health services sourced external to the home include physiotherapy, podiatry, and speech pathology and other services sourced externally include hairdressing, pest control, chemicals, waste management and fire equipment maintenance. External services are covered by the purchasing policies of the provider and service agreements are in place negotiated either at the corporate level or locally. There are standard service agreements in place covering items such as price, insurance cover and qualifications with specific additions where appropriate to individual contracts. Most contracts are for one year and performance is monitored by seeking feedback from users. Residents and staff indicated satisfaction with the services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 2, Health and personal care include:

- To assist residents/representatives to be more involved with decisions related to care the home now provides residents/representatives with a printed copy of the care plan prior to conducting a care conference. The CM reported verbal feedback from residents/representatives has been positive since the introduction of this initiative and that one resident has requested that a copy be sent to a family member who lives some distance away to ensure they are kept informed of the care that is being provided to them at the home.
- The home has purchased a 'dysphagia cup' for one resident who has difficulty with swallowing. The CM explained the cup is designed to ensure that fluids are channelled into the centre of the mouth which results in decreased 'pooling' of the fluids. Staff reported this resident has not experienced any further episodes of choking and has been able to remain on normal (thin) fluids instead of thickened fluids since using this cup.
- Following a review of continence management a number of residents are now given a glass of warm water each morning on waking. The CM reported since implementing this intervention on a daily basis, there has been a reduction in the use of aperients for these residents.
- The home has introduced a number of strategies to assist residents who are visually impaired. An individual (large print) card is placed on the breakfast table for one resident which outlines the activities of the day. In addition, staff have placed a light beside the dining table and use coloured crockery to assist another two residents who are visually impaired. Residents report satisfaction with the management of their sensory losses.

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 information about the home's regulatory compliance processes.

In relation to Standard 2 Health and personal care the home monitors the registration requirements of registered staff annually.

In relation to expected outcome 2.2, management maintain and monitor the systems to manage residents' care planning in accordance with the *Quality of Care Principles 1997*, protocols for medication management, and the reporting of unexplained absences as set out in *The Accountability Principles 1998*. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 2 expected outcomes.

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 information about the home's education and staff development processes.

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples of education provided includes (but not limited to): clinical documentation (use of the care management system), person centred care, medication management and wound care. Specialised nursing care education is provided by the Care Manager and external educators. Staff feedback demonstrated their clinical and care knowledge and responsibilities under Standard 2 expected outcomes.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Residents/representatives are satisfied with the support of staff and the provision of clinical care at the home. The Care Manager oversees the provision of clinical care with the support of care staff. Residents' care needs are identified through initial and ongoing assessment processes. Regular review is undertaken in consultation with the resident and/or their representative, medical officer and other health professionals as is required. Individual resident care plans generally guide the delivery of care and processes to inform relevant staff of the current needs of residents includes shift handover, progress note entries and individual discussion with staff. Staff are provided with training relevant to their role and staff are aware of the individual care needs of residents. Monitoring mechanisms include audits, surveys, observation of staff practices and the analysis and trending of clinical incident data.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Residents' specialised nursing care needs are identified and met by appropriately qualified staff. Care is monitored and reviewed regularly by the Care Manager. The home has policies and procedures and other resources available to guide care staff in the provision of specialised care to residents. Referral and consultation with health professionals and representatives occurs as needed. Residents with specialised care needs include those with

diabetes, oxygen therapy, wound and pain management. Education is provided to care staff in any areas of complex care specific to the residents' needs at the home. Staff said they have sufficient time and resources available to provide planned care and residents/representatives said they are satisfied with the specialised care received.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents are referred to specialists as required and as preferred. Medical practitioners and a podiatrist visit the home at regular intervals. The physiotherapist assesses residents when required, providing exercise and pain management programs. A dietician assesses residents when there has been any significant changes in weight or when a concern is raised. Speech pathology, optometry, auditory, dental services and external mental health services also review residents when referred by the home. Residents/representatives said referrals are made to specialists as needed and they are assisted in visiting outside specialists as required.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' medication is managed safely and effectively. Medication management is provided using a multi dose packaged system. The home has policies and procedures available to guide staff in the administration of medication and staff undergo annual medication administration competencies. The home has processes to ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Medications administered on an as needed basis are recorded; include a reason for administration and an evaluation of the medication intervention. Staff administering medications said they have a thorough understanding of the medication management system used at the home. Residents/representatives said they are satisfied with the medication management.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure residents are as free as possible from pain. Pain assessments and care plans are reviewed at regular intervals and/or if required, due to presentation of new pain, injury or clinical issues. Staff assess and monitor residents' verbal, nonverbal and behavioural indications of pain and implement appropriate strategies. Strategies used to assist residents include reassurance, medication and heat packs. Staff said they monitor residents' pain and provide interventions as needed. The use and effects of interventions and strategies are documented. Residents/representatives said staff respond appropriately whenever residents have pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home provides care to residents who are terminally ill and promotes their comfort and dignity needs. Residents’ terminal care wishes are established when residents enter the home. The home accesses medical care for residents as necessary and referrals are made to external services if required. An advanced care plan is used to ensure symptom management, routine comfort measures and psychosocial needs are met. Consultation with representatives occurs regarding the care environment and their role in the residents’ care. Medical care for residents is accessed as necessary and pastoral care offered. Staff said the comfort and dignity of terminally ill residents is maintained.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents’ receive adequate nourishment and hydration. Assessments and care plans are regularly reviewed. Residents are weighed monthly or as required and resident weight losses or gains are managed effectively. The dietician reviews residents to develop individual weight management programs when required. Meals are prepared in the kitchen daily and regular refreshments are provided. Nutritional supplements and personal assistance is provided when required and individual preferences are accommodated. Staff said they are aware of residents’ requirements for individual assistance. Residents said they enjoy the meals provided and feel their nutritional and hydration needs are met.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

There are systems, policies and procedures to promote residents’ skin integrity consistent with their overall health. A skin assessment identifies residents at risk of skin breakdown and care plans identify strategies to reduce this risk. Strategies to promote skin integrity include continence programs and the use of emollient creams. Staff assist residents with ambulation and mobility aids are provided when required. Skin tears and wounds are monitored and records of care are maintained. Staff said they are familiar with the skin care needs of each resident. Residents/representatives said they are satisfied with the home’s approach to maintaining residents’ skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The homes practices ensure residents continence and toileting requirements are managed effectively. Residents’ individual continence needs and the assistance required when attending the bathroom is assessed. Care plans outline strategies to promote continence levels and independence. Infections are monitored and appropriately managed. Staff are provided with education to assist residents with continence requirements and discreetly maintain residents’ dignity. Staff said they have access to sufficient continence aids for residents’ needs and state their knowledge of residents’ toileting requirements. Residents and representatives said residents’ continence needs are met.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home’s approach effectively provides care for residents with challenging behaviours. Residents’ behaviours are assessed on entry to the home and staff consult with residents’ families. Review is undertaken regularly and additional monitoring of resident behaviours occurs when required. Care plan interventions offer staff responses to challenging behavioural occurrences. The home accesses medical practitioners and advisory services for residents who require additional review and management of challenging behaviours. Staff receive education in managing challenging behaviours. Staff provide assistance to residents in a calm, respectful manner and said they are supported in managing resident’s behaviours. Residents/representatives said they are satisfied that behavioural issues are managed effectively within the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Staff provide care that promotes residents’ mobility and dexterity. Staff assess residents’ mobility capacity in consultation with the physiotherapist and exercises are devised to promote optimum mobility and dexterity. Residents undergo safety assessments and strategies are employed to prevent the occurrence of falling. Incidents where residents have fallen are managed according to the home’s policies and procedures. The physiotherapist reviews residents, exercise programs are provided and participation is encouraged. Appropriate mechanical transfer equipment is available if required and staff reported they are trained in manual handling and safe transfer techniques. Residents said their mobility and dexterity is encouraged

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ oral and dental health is maintained. A review of documentation shows residents receive dental assessments and referrals to dental specialists if required. Staff assess residents oral health including identifying any swallowing difficulties and refer residents to speech pathologists, if required. Staff interviewed stated they attend education in oral and dental care and assist residents to sustain daily dental and oral health. Residents/representatives confirmed the home provides appropriate diet, fluids and specialist equipment to ensure residents’ oral and dental health is maintained.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Information about each resident’s care needs of hearing, vision and communication is collected through the initial and ongoing processes. Assessments are conducted to identify environmental risks and control measures are implemented to maximise resident’s safety. Referrals to specialists are in consultation with the resident and representative and residents are assisted to attend appointments if required. Staff receive instruction in the correct use and care of sensory aids. Residents/representatives indicated they were satisfied with the support provided by staff.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents’ sleep patterns are identified through assessment processes. Staff conduct regular checks overnight to identify residents who are awake or uncomfortable. Night routines maintain an environment that is conducive to sleep and factors that may compromise sleep such as confusion, incontinence, pain, temperature variances and noise are addressed. Strategies to promote sleep include additional bedding, light adjustment, repositioning, toileting and a light snack if requested. Residents commented they sleep well and received sufficient rest.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 3, Resident lifestyle include:

- To assist with residents’ general well-being tai chi has been introduced to the lifestyle program. The CM reported one resident has become more mobile resulting in a reduction in the use of their wheelchair since participating in these classes.
- A suggestion from staff has resulted in the re-introduction of the monthly barbeque. This was introduced to provide a sensory experience and to encourage an interactive environment. Residents were observed and reported enjoying the barbeque on the first day of this re-accreditation audit.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance processes.

In relation to expected outcome 3.2, management maintain and monitor the mandatory reporting register, residents’ privacy, and ensure residents’ security of tenure in line with legislative requirements. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 3 expected outcomes.

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 information about the home’s education and staff development processes.

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents’

lifestyle requirements. Examples of education provided includes (but not limited to): residents' rights, residents' privacy, aged care advocacy, mandatory reporting and cross-cultural training. Staff feedback demonstrated their knowledge and responsibilities under Standard 3 expected outcomes.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each resident receives initial and ongoing emotional support in adjusting to life in the new environment. A review of residents' files includes information about emotional needs and preferences to aid in the entry processes, assessments and care planning provided. Staff interviewed described appropriate ways that they assist new residents and their families on an ongoing basis. Residents/representatives said they are pleased with the manner that staff make them feel welcome at the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Systems support and assist residents to achieve maximum independence. Residents' preferences are assessed on entry to the home and care plans are developed to guide staff practice. Alternative decision makers for residents are documented. Those with special needs to support independence are provided with equipment such as mobility aids and adaptive utensils. Residents are encouraged to participate in leisure activities including links with family, friends and the wider community. Staff respect residents' independence while providing personal care and services. Residents said they are satisfied and supported to maintain independence within their capabilities

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents/representatives are satisfied their right to privacy, dignity and confidentiality is recognised and respected by management and staff. Staff and volunteers are provided with information relating to confidentiality and respect for residents' privacy and dignity through orientation, meetings, education and handbooks. Staff described ways to promote residents' privacy and dignity such as knocking before entering rooms, addressing residents by their preferred names and ensuring doors are closed when delivering personal care. Files containing residents' personal information are stored in locked areas with access limited to authorised staff and visiting health professionals.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Individualised lifestyle care plans are developed in consultation with the resident to reflect the resident's physical, sensory and cognitive abilities. Staff encourage residents to participate in activities of their choice. A monthly activities calendar is communicated through newsletters, notice boards and daily contact with individual residents and representatives. Activities are evaluated through feedback, observation and surveys. Residents/representatives reported they are satisfied with the range of activities offered 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

Residents' specific cultural and spiritual needs are identified on entry to the home in consultation with the residents and representatives. Pastoral and volunteer services provide emotional and spiritual support. Religious services are held on site and attendance at external places of worship is encouraged. Birthdays, anniversaries and days of cultural and religious significance are celebrated in accordance with residents' preferences. Information is available from external organisations to assist staff in meeting residents' individual needs. Residents/representatives are satisfied that cultural and spiritual needs and preferences are respected.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Processes support the individual choices and decision-making rights of residents in the planning and provision of care. Methods to identify residents' choices are on an ongoing basis through comments and complaints and daily one on one interaction between staff and residents. Identification of alternative decision makers such as enduring power of attorney are detailed in residents' entry records and kept on file. Staff support resident choice in daily care routines, leisure interests and other services. Residents/representatives are satisfied with their involvement in decision-making processes.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Management can demonstrate that residents and representatives are provided with security of tenure and information regarding their rights and responsibilities. An Information package and residents' handbook are provided for all residents and the home's agreement contains fee calculation, terms of tenure and the schedule of specified services. Residents and representatives are informed via letter regarding changes to the provision of services, such as moving from a low to high level of care. Internal and external complaints mechanisms and resident rights and responsibilities are also on display in the home. Residents and representatives confirmed they understand their rights and responsibilities and are satisfied with the information the home provides.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems include:

- The garden has been upgraded and pathways built outside the dining room to encourage residents outside and enable them to mobilize safely. A plaque and memorial garden (to honour the contribution of a long term volunteer) has also been built and a large umbrella erected to provide residents with shelter in the memorial garden. Residents reported they enjoy sitting and socialising in this outdoor area.
- The home is in the process of renovating residents’ rooms. Staff reported to date, three rooms have been completed. The renovations for each room have included replacement of floor coverings, re-painting and installation of new fittings in the shower and vanity units in the ensuite. Residents reported satisfaction with the living environment at the home.
- In response to an internal audit the shelving in the pantry of the main kitchen has been replaced. The CM reported the previous shelving was made of chip board and difficult to clean. The CM stated installation of the new (larger) shelving has enhanced staffs ability to ensure safe food handling and infection control practices in relation to cleaning, storing and rotation of food items in the pantry.

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 information about the home’s regulatory compliance processes.

In relation to Standard 4, Physical environment and safe systems, food safety legislation changes, ongoing workplace health and safety changes and legislation regarding fire safety are monitored and accompanied by training programs where necessary.

In relation to expected outcome 4.2, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and safety, infection control best practice and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 expected outcomes.

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 information about the home's education and staff development processes.

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents have a safe and comfortable living environment that supports the quality of life and welfare of residents, staff and visitors. Examples of education provided includes (but not limited to): use of equipment, fire and emergency training, manual handling, infection control, food safety and occupational health and safety. Staff feedback demonstrated their knowledge and responsibilities under Standard 4 expected outcomes.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Residents/representatives are satisfied with the cleanliness of the home and that it provides a safe and comfortable environment. The home consists of single ensuited rooms in three lodges. The dining room and activities and lounge areas are appropriately furnished to the needs of the residents, and residents were observed to be able to move about the facility in comfort and safety. The environmental audit process ensures that any hazards are identified and eliminated, and the scheduled and corrective maintenance programs maintain the equipment and infrastructure in a safe and working condition. Fire and emergency programs are in place and a security firm patrols the facility randomly at night.

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

The home's management demonstrates a commitment to providing a safe working environment that meets regulatory requirements through its processes, monitoring systems and education program. Audits of the internal and external environment and the use of chemicals are carried out on a regular basis. Staff are introduced to safe working practices through the orientation process, one-on-one buddy shifts and annual mandatory training sessions. There is a preventative and reactive maintenance program to ensure equipment and the working environment is kept in a safe working condition. Staff are trained in the operation of new equipment and staff have access to work guidelines. Staff are generally given opportunities to provide input into the safety program through avenues such as verbally, meetings, and feedback/improvement forms.

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

Management is working to provide a safe working and living environment for staff and residents of the home. Procedures have been established and staff are trained and understand the processes to follow in the event of fire or other emergencies. Training sessions are conducted as required; records indicate that all staff have completed their annual statutory fire training requirement. Fire detection and fighting equipment are maintained on a regular basis; evacuation plans are displayed throughout the home, and the assembly areas are signed and easily accessible. A contract has been established with a security firm that visits a number of times a night. Residents/representatives are notified of the safety procedures to follow when they enter the home and through resident meetings and posters, and they indicated they are satisfied that they are safe and confident that staff are competent to handle any emergency that might arise.

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 processes in place to effectively manage infection control in the areas of clinical, catering, cleaning and laundry practices. Infection control process control plans guide staff practice and include guidelines on outbreak management. Staff have access to hand washing facilities and personal protective equipment and have had training in infection control practices relevant to their role responsibilities. There is a monitoring program that oversees the incidence of resident infections to identify trends that may occur and audits are undertaken to ensure appropriate staff practices are maintained. Staff demonstrate knowledge of infection control principles during resident care and service delivery.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering services are provided to meet residents' dietary needs and preferences that are identified on entry and an ongoing basis. Meals are prepared fresh on site and served in the main dining room. Residents have input into the menu via surveys, specific feedback forms, and the residents' meetings. The home's kitchen has monitoring systems to ensure that food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Cleaning schedules are used to ensure that resident rooms, common areas and service areas are cleaned on a daily basis, and laundry which is done on site is returned daily through the week. Staff are aware of the importance of infection control principles to their roles. The home monitors the effectiveness of hospitality services through resident/representative feedback and regular environmental and infection control audits and identified deficiencies are actioned in a timely manner. Surveys and other feedback indicate

that residents are satisfied with the catering, cleaning and laundry services provided by the home.