



Standards and Accreditation Agency Ltd

Decision to accredit Ardrossan Community Hostel

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

The Agency has decided that the period of accreditation of Ardrossan Community Hostel is three years until 21 October 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:	Ardrossan Community Hostel				
RACS ID:	6111				
Number of beds:	25	Number of high care residents:	19		
Special needs group catered for:	People with dementia or related disorders				
Street:	37 Fifth Street				
City:	ARDROSSAN	State:	SA	Postcode:	5571
Phone:	08 8837 3021		Facsimile:	08 8837 3677	
Email address:	ceo@ach.yorke.net.au				

Approved provider

Approved provider:	Ardrossan Community Hospital Incorporated
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Assessment team

Team leader:	Sandra Lloyd-Davies
Team member:	Jo Langham
Dates of audit:	11 August 2009 to 12 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
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Agency findings
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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.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Ardrossan Community Hostel
RACS ID	6111

Executive summary

This is the report of a site audit of Ardrossan Community Hostel 6111 37 Fifth Street ARDROSSAN SA from 11 August 2009 to 12 August 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 Ardrossan Community Hostel.

The assessment team recommends the period of accreditation be three 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 11 August 2009 to 12 August 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:	Sandra Lloyd-Davies
Team member:	Jo Langham

Approved provider details

Approved provider:	Ardrossan Community Hospital Incorporated
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Details of home

Name of home:	Ardrossan Community Hostel
RACS ID:	6111

Total number of allocated places:	25
Number of residents during site audit:	23
Number of high care residents during site audit:	19
Special needs catered for:	People with dementia or related disorders

Street:	37 Fifth Street	State:	SA
City/Town:	ARDROSSAN	Postcode:	5571
Phone number:	08 8837 3021	Facsimile:	08 8837 3677
E-mail address:	ceo@ach.yorke.net.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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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 two days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing	1	Residents	4
Executive director	1	Representatives	1
Aged Care Coordinator	1	Quality Assurance Officer	1
Registered nurse/infection control officer	1	Laundry staff	
Enrolled nurse	1	Catering/ancillary staff	1
Enrolled/continence nurse	1	Catering staff	1
Enrolled nurse/occupational health and safety representative	1	Maintenance staff	1
Care staff	1	Lifestyle coordinator	1
Administration officer	1		

Sampled documents

	Number		Number
Residents' files	3	Medication charts	5
Summary/quick reference care plans	3	Personnel files	3

Other documents reviewed

The team also reviewed:

- Job and position descriptions, staff orientation checklist, employee handbook and surveys
- Policies and procedures
- Comments, compliments and suggestions forms
- Residents' information handbook and surveys
- Various meeting minutes
- Continuous improvement review forms, corrective action reports

- Physiotherapy treatment charts, pictorial exercises, podiatry assessments, repositioning directives, wound management and skin integrity manual, licence to hold Schedule 4 and Schedule 8 medications, drug of dependency register, bowel management program, case conferencing folder, vital signs and weighs, restraint documentation
- Various policies and procedures
- Various audits and schedules
- General cleaning guidelines and laundry guidelines folder, check sheets, infection information, guidelines for cleaning vacant rooms, curtain dry cleaning, wash register
- New equipment assessments and training records, suppliers non conformance records, list of external suppliers, service agreements and assessments, external services calendar
- Preventative and corrective maintenance program, communication books, asbestos and electrical tagging register
- Hazard, staff and resident incident data, trending, analysis and graphical representations, risk assessments, material safety data sheets, manual handling manual and work procedures, work site inspections
- Infection control data and analysis, environmental swabbing and microbiological reports, pathology reports, pandemic plan, warm water log book and register, temperature monitoring records and calibration data
- Essential safety provisions log, fire triennial, independent assessment against the 1999 certification instrument (2002 revision)
- Food safety program and audit results, cleaning schedules, daily menu plan, recipe folders, recall action reports
- Various communication books, emails

Observations

The team observed the following:

- Activities in progress
- Vision statement and philosophy
- Locked suggestions box
- Residential care agreement and resident newsletter
- Secure storage for current and archived information
- Interactions between staff and residents
- Noticeboards and footy tipping scores, crafts made by residents
- Wound trolleys and dressing supplies, drug of dependency storage, medication trolleys, imprest supplies with colour coded stock control system, administration of medication, clinical equipment
- Equipment and supply storage areas, chemical storage, cleaners rooms, sluice rooms
- Personal protective equipment, sharps containers, hand gel and handwashing facilities, spills kit, sterilising equipment in co-located hospital
- Interactions between staff and residents
- Living environment including personalised resident rooms, 'do not disturb signs', lounge, dining and courtyard areas, hairdressing salon
- Kitchen, storage areas, recall system, white board, meal preparation
- Laundry, lost clothing return system, colour coded linen trolleys, trolleys for delivering resident clothing
- Fire suppression equipment, mimic board and evacuation plans, fire and emergency procedure manuals, external doors with keypad locks, call bell system, secure fencing, emergency evacuation resident details, location of chemicals folder, 'hold stickers' in use and wandering alert systems
- Nurses station with communication book, handover book and resources, handover in progress
- Cleaning in progress with colour coded equipment

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Ardrossan Community Hostel has a system in place to identify opportunities for improvement and monitor compliance with the Accreditation Standards. The home uses information gathered from comments, compliments and suggestion forms, resident, staff and environmental/risk management meetings, surveys, hazard reports and audits to identify opportunities for improvement. The quality assurance officer monitors the continuous improvement log and reports progress at various meetings. Improvements are evaluated through feedback from residents and staff meetings, audits, surveys and one-to-one discussions. Staff and residents are satisfied they have opportunities to suggest improvements and that these are listened to and actioned by management.

Improvements and achievements demonstrated by the home over the last 12 months in relation to management systems, staffing and organisational development include:

- As a result of an evaluation of the compulsory education sessions, the quality assurance officer and director of nursing identified a need to ensure all staff attended mandatory training. Staff are rostered to attend compulsory training and clinical staff are required to complete a medication competency evaluation. This improvement has improved staff attendance to mandatory training and feedback from staff has been positive.
- The home recognised a need to develop a way of easily identifying residents who wished to be resuscitated so that all staff were aware of resident wishes. A silver dot has been placed on progress notes and whiteboard to identify the residents who are for resuscitation. This improvement has enabled staff to easily identify residents who wish to be resuscitated and keep up to date with their wishes. Feedback from staff has been positive.
- As a result of a hospital audit, a memo system was developed to ensure staff read and understand communications from management. Staff are required to sign that they have read and understood the memo. A red sticker is placed in the communications book to alert staff to new memos. Memos are available for reading in the staff room with a list of staff required to sign and acknowledge having read the memo. This improvement has resulted in staff taking greater responsibility for keeping up to date with current information and has been well received.

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 processes for identifying and accessing relevant legislation, regulations and professional standards. Policies and procedures, work practices, documents and forms are updated by the home to comply with regulatory requirements. The home is informed of relevant legislation through its membership of peak bodies and correspondence with the department of health and ageing. Staff are informed about changes in legislation and regulations through the home's communication processes. The home monitors regulatory compliance through resident, staff and board meetings, hazard reports and staff feedback. Staff are generally aware of regulatory requirements relating to management systems and staff development.

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 processes to ensure staff have the required knowledge and skills to perform their roles effectively in relation to management systems. Training needs are identified through the appraisal process, requests from staff and work practices. Education is provided through in-house training sessions. The home records staff attendance at training sessions, and has processes for following up staff attendance at mandatory training. A comprehensive orientation program is provided for commencing staff. Recent training undertaken by management and staff includes quality assurance, internal processes, continuous improvement, internal auditing and the aged care funding instrument. Evaluation forms are completed at the conclusion of each training session. Management and staff are satisfied they have access to sufficient education and training to perform their roles effectively.

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

Residents and representatives are satisfied that concerns they raise are managed effectively and resolved. The home has processes to inform residents and representatives of internal and external complaints mechanisms including information in the residents' handbook and residential care agreement, residents' meetings and verbal feedback. The home has comments, compliments and suggestions form and a locked suggestion box for residents and their representatives to raise concerns or make suggestions. The director of nursing and quality assurance officer investigate

any concerns, implement appropriate action and provide feedback in writing and verbally to those individuals concerned.

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

The home has documented its vision statement and philosophy which is on display in the home's entry foyer. Staff are familiar with the home's philosophy of care, commitment to quality and services provided to residents.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has a system to monitor and maintain sufficient numbers of appropriately skilled staff for the provision of care to meet the Accreditation Standards and the home's philosophy and objectives. Review of staffing levels is undertaken by the director of nursing using information from staff meetings, comments, complaints and suggestion forms, annual performance appraisals and changes to resident care needs. Commencing staff undertake an orientation program supported by management and peers. Staff education needs are assessed on an ongoing basis and all staff attend an annual training day. Residents and representatives are satisfied with the responsiveness of staff and the level of care. Staff registrations and police clearance requirements are monitored to meet legislative requirements.

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 a system in place for identifying and monitoring the goods and equipment required for providing a quality service for residents and staff. New equipment is purchased in consideration of staff and resident feedback, and training is provided relevant to staff roles. Documented planned purchasing procedures guide the purchasing of goods by designated staff from various departmental areas. An expiry date dot system is used for ensuring the appropriate stock control of goods that are inspected on delivery. A program of preventative and scheduled maintenance, including electrical tagging, is used for maintaining the standard and safety of equipment. Staff, residents and their representatives are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes to provide management and staff with access to sufficient accurate and appropriate information to support them in meeting the requirements of their roles. There are systems to collate, analyse and use data from resident and staff meetings, staff appraisals and hazards. The home has procedures for securely storing and archiving confidential hardcopy and electronic records. Information is communicated to staff through the handover process, communication diary, care plans, progress notes, policies and procedures, newsletters, memos, surveys and staff and resident meetings. Resident information is recorded on entry to the home. Residents and their representatives have access to information to assist them to make decisions about their care and lifestyle on entry to the home and are satisfied with the home's management of confidential information.

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 used by the home are selected on their ability to meet contractual agreements. The written agreements kept on-site outline the required expectations and standards, including occupational, health and safety responsibilities, insurances and licenses. The managers of designated areas are responsible for monitoring, actioning and evaluating contractors appropriate to their area. Assessment of these services, approved by the director of nursing, occurs every year. The home has a system for identifying and addressing any deficiencies with the services provided from the conducted assessments and the ongoing monitoring of performance. Staff, residents and their representatives are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has a system in place to identify opportunities for improvement and monitor compliance with the Accreditation Standards in relation to health and personal care. The home uses clinical care audits, progress notes, resident and staff surveys, meetings, and care plan reviews to monitor outcomes for residents. Improvements are evaluated through feedback from residents and staff, audits, surveys and hazard data. Staff and residents are satisfied they have opportunities to suggest improvements and that these are listened to and actioned by management.

Improvements and achievements demonstrated by the home over the last 12 months in relation to health and personal care include:

- The home identified a need to improve clinical practice to ensure wounds are managed appropriately. All wound management is documented in the handover book and recorded in the communications book. Internal audits indicate that wounds are being managed appropriately. Feedback from staff has supported the effectiveness of the improvement.
- The director of nursing identified a need for enrolled nurses to be trained in the administering of suppositories. The aged care coordinator attended the Agency's Better Practice event in May 2009 and took overall responsibility to ensure enrolled nurses received the appropriate training for administering of suppositories. The home provided in-house training, attendance was recorded and staff knowledge was evaluated. This improvement is yet to be fully evaluated. Verbal feedback from staff has been positive.

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 monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. Nurses' registrations are obtained prior to commencing employment at the home and processes are in place to ensure these are updated annually. Staff are informed about changes in legislation and regulations through the home's communication processes and updates are posted in the nursing procedure manual. The home monitors regulatory compliance through Medical Advisory Committee meetings, resident, staff and board meetings, hazard reports and staff feedback. Staff are aware of regulatory requirements relating to residents' health and personal care.

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 processes to identify, plan and monitor staff education based on organisational goals, legislative requirements, staff requests and residents’ care needs. Training needs are identified through the appraisal process, requests from staff and work practices. Education is provided through in-house training sessions and external formal training programs. The home records staff attendance at training sessions, and has processes for following up staff attendance at mandatory training. There are processes for evaluating the effectiveness of staff training. A comprehensive orientation program is provided for commencing staff. Recent training undertaken by clinical and care staff includes; palliative care, continence management, wound management, dementia training, cardio-pulmonary resuscitation and diabetes management. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied that the clinical care provided by the home meets their identified needs and preferences. Initial assessment information is identified where possible prior to entry to the home. Care plans, reviewed every three months, reflect the information identified from assessments conducted by the home. The effectiveness of strategies implemented are monitored from information in progress note documentation, analysis of incident data, handover information and regular reviews. The home responds to an identified change in care needs by implementing the required assessments and/or making appropriate referrals in consultation with residents and their representatives. The results of scheduled audits, surveys and information from formal and informal feedback mechanisms, and meetings are used for monitoring satisfaction with the care provided.

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 and their representatives are satisfied with the specialised nursing care provided to residents. Designated, trained staff are responsible for providing specialised nursing care, and registered nurse support is available at all times. Enrolled nurses and personal carers receive appropriate training and competency checks relevant to their roles. They are aware of the care they can administer and their responsibility to report any changes in residents’ health or care needs to a registered nurse. The monitoring of residents’ specialised care needs is used for identifying additional training opportunities and staff have access to the required equipment and resources including those of the co-located hospital for providing care.

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

Residents and their representatives are satisfied that referrals to appropriate health specialists occur in accordance with resident needs and preferences. The entry process is used for identifying residents’ preferred specialists and where possible, residents are supported to receive care from these practitioners. If required, the home is able to provide information to residents relating to the allied health services available, including those who consult from or regularly visit the medical clinic located across the road. A general practitioner ‘on call’ and a registered triage nurse in the co-located hospital is available to respond to emergency situations. The home has a system for making referrals and coordinating external appointments, including providing trained volunteers to support residents if required. Information relating to the outcome of appointments is stored in resident files and is used for revising care plans and medication regimes.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with staff practices relating to medication administration. Pharmacy packed single-dose medications audited for accuracy, are administered by appropriately trained enrolled nurses in accordance with assessed resident care needs and preferences. Registered nurses are responsible for approving and monitoring the use of ‘as required’ medications aided by the use of yellow dot stickers in progress note documentation. Medication incidents are monitored and analysed to identify opportunities for improvement and monitor staff practices allowing for corrective actions, when required. A Medication Advisory Committee meets regularly to monitor the home’s medication practices including information from a range of audits, incident data and legislative changes. Residents able to self administer medications are assessed and monitored, with lockable drawers available for appropriate storage. Staff are provided with training relating to medication and administration practices, and resources are available for additional information.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the home's pain management techniques. The home has a system for identifying, assessing and managing residents' pain. The assessment considers non-verbal indicators of pain for those residents unable to communicate effectively. A comprehensive log developed by the home used by staff for the ongoing monitoring of resident pain provides detailed information for review. Registered nurses are responsible for assessing and managing the effectiveness of pain management strategies, including the administration of drugs of dependence. The home responds to identified changes to pain by repeating pain assessments and making referrals for specialist intervention. Preferred alternative therapies based on resident preference are implemented to assist in alleviating pain.

2.9 Palliative care

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

Team's recommendation

Does comply

Representatives are satisfied with the care and support provided to terminally ill residents. The home supports residents and representatives to make decisions relating to 'end of life wishes' when comfortable to do so. This information includes instructions for emergency care, cultural and spiritual requirements, and individual requests. Families and significant others are supported to remain overnight, and meals and refreshments are available, if required. Ongoing consultation allows the home to implement strategies to meet the expressed needs of the resident and provide support and comfort. This information is documented in progress notes and discussed during handover to guide staff practice. The home is able to access the services of a range of resources and palliative care specialists.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the quality and quantity of food and fluids provided by the home. The assessment process is used for identifying residents' nutritional and hydration preferences, swallowing capabilities and dietary requirements. Weighs conducted every three months and ongoing monitoring processes enable the home to identify changes in resident care needs resulting in appropriate referral and interventions. Residents are assisted to make menu selections on a day-to-day basis and independence is encouraged by providing assistive devices and the required staff supports. Snacks and fluids are available to residents with regular fluid rounds used for maintaining hydration levels. Resident input into the menu is encouraged through resident meeting forums, survey data and formal and informal feedback mechanisms.

2.11 Skin care

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the skin care provided by the home. The assessment process that includes a risk assessment tool is used for identifying strategies for maintaining and promoting skin integrity. A range of preventative strategies are implemented for residents identified at risk, such as the regular use of emollients, positioning techniques, and use of equipment and podiatry interventions. A wound management nurse is responsible for assessing and managing resident skin care requirements. A wound management manual is available to guide work practices and when required photographs and measurements are used for monitoring the healing rates of complex wounds. The information from the analysis of incident data is analysed for monitoring staff practices, environmental issues and individual resident care needs.

2.12 Contenance management

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the management of their continence needs. A designated continence nurse is responsible for monitoring and assessing resident continence care needs. Individual bowel management directives are used to identify the required strategies for maintaining regularity for each resident. This information is incorporated in the bowel management program. The program includes the use of natural aperients, including a prune, apple and bran mix, high fibre diets and maintaining adequate hydration levels in preference to pharmacological interventions. Infection data is monitored to identify residents at risk of urinary tract infections allowing for preventative interventions including, the use of cranberry tablets, long term antibiotic therapy, hygiene practices and maintaining hydration levels.

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 and their representatives are satisfied with the home's management of behaviours. The home implements the appropriate assessments for identifying resident behaviours and monitoring interventions, including strategies to reduce the use of restraint. In addition to established reporting processes a log is used for recording behaviours not outlined on care plan documentation, which are reviewed for identifying changes to resident care needs. Changes in behaviour result in a clinical, medication review and/or referral for external specialist intervention. Resident and staff incidents are analysed to identify changes to behaviour and the effectiveness of the strategies implemented. A secure unit is available for residents identified at risk of wandering. Alert systems are available for use and when possible the door is left open to enable residents to move freely and safely throughout the facility encouraging mobility and reducing behaviours. A range of lifestyle activities based on preference are provided to support and enhance quality of life for residents.

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

Residents and their representatives are satisfied with the assistance provided by the home to maintain and/or improve their mobility and dexterity. The assessment and review process uses a multidisciplinary approach for promoting and maintaining resident mobility and dexterity. Individualised exercise programs developed by the physiotherapist are implemented and a range of lifestyle activities are offered for providing additional opportunities for maintaining independence. Resident falls are documented and reviewed by the general practitioner and director of nursing. This data is analysed for monitoring resident care needs and identifying environmental concerns. Residents who are identified at risk of frequent falls without injury have this information recorded on a log to encourage staff to document all incidents to allow for ongoing monitoring. This information is also recorded in progress notes, highlighted using a blue dot to assist in regular reviews. The home provides a range of equipment and strategies to minimise the use of restraint and reduce the risk of injury to residents.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the oral and dental care provided by the home. Care plan documentation reflects the information identified from the home’s assessment process, including the presence of natural teeth, the use of specialised products and residents’ preference for maintaining oral hygiene. Residents are supported to attend appointments to their dentist of choice. Two dentists who consult from the local medical health care centre are easily accessible for resident appointments. Staff are provided with education relating to oral and dental care. The home monitors the oral intake of fluids, loss of appetite and indicators of pain for identifying the required strategies for maintaining oral hygiene and the need for referral.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the home’s management of their sensory needs. The home’s assessment process considers all five senses with referrals made in response to an identified change in care needs. Care plan documentation identifies the use and care of aids and communication strategies required for meeting individual resident needs. The environment is monitored to ensure it is safe for residents with sensory losses and the home provides aids for promoting independence. A range of programs implemented for providing sensory experiences for residents, includes massage, cooking, pet therapy and gardening.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with how the home supports them to achieve natural sleep. Individual resident preferences for maintaining natural sleep patterns, documented on care plans, include toileting routines, comfort measures, environmental considerations and rituals. Individual resident sleep patterns, waking and settling times are acknowledged and respected. The home considers the importance of offering stimulating lifestyle activities for promoting natural sleep. Residents who experience sleep disturbance are monitored and strategies implemented to assist these residents include pain and continence management, hot drinks and snacks, and/or relocation to alternative areas. Ongoing sleep disturbances are investigated with appropriate referrals made when indicated.

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

Ardrossan Community Hostel has processes for monitoring compliance with the Accreditation Standards and developing its continuous improvement system relating to resident lifestyle. The home uses information from comments, compliments and suggestion forms, improvement logs, audits, hazard data, resident and staff meetings and activity evaluations to identify opportunities for improvement. Residents, representatives and staff are kept informed about the activities in the home and the results of evaluation processes. Residents, representatives and staff are generally aware of the continuous improvement program and their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to resident lifestyle include:

- The home identified a need to ensure all staff are aware of the community visitor scheme and are able to recognise regular visitors to the home. Photographs of residents and their visitors have been placed in resident rooms to assist staff and cognitively impaired residents to recognise visitors. This improvement has resulted in improved awareness of regular visitors.
- The lifestyle coordinator identified a need to develop a gentle exercise program for residents to improve mobility, promote relaxation and provide an additional activity. The lifestyle coordinator attended training in yoga and tai chi and has implemented chair yoga for residents. Chair yoga is scheduled to be held once a month and has been well received by residents.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has processes for identifying and accessing relevant legislation, regulations, and professional standards relating to residents’ lifestyle. Policies and procedures, work practices, documents and forms are updated by the home to comply with regulatory requirements. Police clearance certificates are obtained for all staff prior to commencing employment at the home and processes are in place to ensure these are kept up to date. Staff are informed about changes in legislation and regulations through the home’s communication processes. The home monitors regulatory compliance through resident and staff meetings, hazard data, comments and complaints and staff feedback. Relevant staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy and maintaining confidentiality of resident information.

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 processes to ensure lifestyle and activity staff have the required knowledge and skills to perform their roles effectively in relation to residents' lifestyle needs. Training needs are identified through the appraisal process and requests from staff. Education is provided through in-house training sessions, and external formal training programs. The home records staff attendance at training sessions, and has processes for following up staff attendance at mandatory training. There are processes for evaluating the effectiveness of staff training. A comprehensive orientation program is provided for all new staff. Recent training undertaken by lifestyle and activity staff includes; yoga and tai chi for instructors, dementia training, and the diploma in community services. Lifestyle and activity staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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 indicate they are satisfied with the support received from staff and management on entry to the home and on a continuing basis to help them adjust to their changed lifestyle. Processes in place to assist new residents include, tour of the home, introduction to other residents, one-to-one visits from lifestyle/activity staff and information regarding care, services and daily routines. Residents are encouraged to bring personal belongings to personalise their room. Visits from family, friends and community groups are encouraged. Staff are aware of residents' support needs, including their special needs at times of loss and bereavement.

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 report satisfaction with the support provided to enable them to enjoy their preferred lifestyle and their optimal level of independence. Residents' lifestyle preferences, interests and abilities are identified during initial assessments. This process assists with the development of lifestyle/activity plans that maximise individual resident's independence. Residents' capacity for independence, health status, personal care and lifestyle needs are reassessed on an ongoing basis. Lifestyle/activity and care staff assist residents to participate in group and/or individual leisure activities, and to maintain links with family, friends and community groups. Staff report they respect residents' independence while ensuring that necessary care and services are provided and resident safety is maintained.

The home has processes to support residents to maintain their mobility and maximise their independence. Residents have access to physiotherapy, podiatry and other allied health services, and are encouraged to participate in the home's exercise and activities program.

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

Residents report that staff are courteous and respectful of their privacy. The home maintains policies and processes to protect residents' privacy and dignity. On entry residents are provided with information about their rights and responsibilities. Staff and contractors are required to sign a confidentiality agreement prior to commencing employment at the home. Staff indicate they are mindful of appropriate practices, such as knocking on residents' doors and maintaining dignity when delivering/assisting with personal care. Residents have access to privacy signage for their rooms if required. 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 recommendation

Does comply

Residents report they are satisfied with the activities program and with the variety of group and individual activities within and outside the home. Residents' interests are identified on entry to the home through interview and assessments. Lifestyle/activity plans are developed in consultation with the resident and/or representative, and reflect the resident's physical, sensory and cognitive abilities, cultural background and identified interests. The home aims to provide activities that engage individual residents and provide enjoyment and stimulation. A visitor program with the local school and kindergarten provides opportunities for residents to socialise with primary school students and kindergarten children. An activities program is displayed on noticeboards around the home and is included in the resident newsletter. Activities are evaluated by lifestyle/activity staff through evaluation forms, feedback at resident meetings, surveys and individual discussion. Group and individual sessions include activities suiting the needs and preferences of residents with limited mobility, sensory deficits and cognitive impairment.

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 and their representatives are satisfied with the way staff support their cultural and spiritual expectations. The home identifies the cultural background, spiritual beliefs, history and values of residents on entry to the home, and implements strategies to meet their needs on an ongoing basis. Residents are supported to engage in events and activities of spiritual significance to them. Pastoral services are provided on a fortnightly basis, catering for a variety of religious denominations. The home recognises and celebrates residents' birthdays and significant cultural days such as ANZAC day and Melbourne Cup. The home plans to commemorate residents who have passed away, in a memorial service at the end of 2009.

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

Residents and their representatives are satisfied with their level of participation in making decisions and choices about their care needs and other issues that affect their daily life. The home encourages and assists residents and their representatives to participate in decisions about their care, the services provided to them, and to make choices based on their individual preferences. Resident and their representatives have access to kitchen facilities and are encouraged to share experiences and participate in activities. The home has processes for obtaining feedback from residents including surveys, resident meetings and comments, compliments and suggestion forms. Residents and their representatives are informed about their rights and responsibilities, and are encouraged to participate in decisions about the services provided to them in relation to hospitality, health and personal care, the living environment, and lifestyle activities.

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

The home has processes to inform residents and their representatives of the arrangements for their security of tenure, rights and responsibilities on entry to the home. Resident's and representatives are interviewed and provided with a resident handbook, residential care agreement and information on the home's services including fees and payment options. The home informs and consults with residents and their representatives about changes in rooms, building programs and legislation. Residents and their representatives are satisfied their tenure is secure and that the home will support their individual needs.

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

The home has processes for monitoring compliance with the Accreditation Standards and developing its continuous improvement system relating to the physical environment and safe systems. The home uses information from continuous improvement forms, maintenance logs, resident and staff meetings and hazard data to identify improvement opportunities. Staff and residents are encouraged to participate in improvement processes. Residents, their representatives and staff are kept informed about the activities in the home and the results of the evaluation processes. Residents and staff are generally aware of the continuous improvement program and their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to the physical environment and safe systems include:

- As a result of a hospital audit and information obtained by the director of nursing, material safety data sheets and resident evacuation information have been placed next to the fire panel at the emergency entrance to the home. This has resulted in easy access to important information for country fire service personnel in the event of an emergency. Feedback from staff and the country fire service has been positive.
- The home identified a need to upgrade chairs in the dining room in the secure dementia unit to improve safety. The home initially considered replacing the chairs but was unable to find a suitable, safe alternative. Maintenance officers reinforced the base of existing chairs and installed slide discs to each chair. This improvement has resulted in staff being able to slide chairs and manoeuvre residents more easily.

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 monitor and respond to relevant legislation, regulatory requirements, and professional standards and guidelines in relation to the physical environment and safe systems. Compliance is monitored through internal and external audit processes. External audit processes, include triennial fire inspections, building certification inspections and food safety audits. Occupational health and safety policies and procedures are in line with professional standards and guidelines, and assist the home to provide a safe physical environment. Staff are informed of relevant changes through staff meetings, memos and policies.

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 processes for identifying, reviewing and planning staff education and training relating to the physical environment and safe systems. All staff undertake mandatory training upon commencement of employment. Additional training needs are identified through analysis of training evaluations, staff appraisals, resident and staff feedback, and hazard data. The home has processes for monitoring staff skills and knowledge, and following up attendance at mandatory training. In the last 12 months staff have participated in training relating to the physical environment and safe systems, including food safety practices, occupational health and safety, infection control, manual handling, fire and emergency, rehabilitation and return to work coordinator training, risk management and responsible officer training. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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

Residents and their representatives are satisfied with the level of comfort and security of the living environment. The home has procedures and systems in place for monitoring the safety and comfort of the living environment such as internal and external environmental audit results, incident and hazard data, and preventative and corrective maintenance systems. The range of facilities available to promote resident independence and provide opportunities for entertaining guests includes lounge, dining and courtyard areas. Residents are able to decorate their rooms to reflect their personal taste. The home is located on the seafront with unrestricted views of the ocean and safe access for residents able to use gophers. Strategies are implemented for reducing the use of restraint and if required there is a process of assessment, consultation and monitoring. The monitoring of survey, comments, compliments and suggestions data and information from resident/relative meeting forums provides the home with the opportunity for identifying satisfaction with the living environment provided.

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 environmental/risk management meetings held every three months, and when relevant staff and resident meeting forums are used for informing key stakeholders of the home's occupational health and safety program. A dedicated occupational health and safety representative is responsible for reviewing the safety of the home and monitoring incident and hazard data to identify trends and generate the appropriate reports. Work site inspections, and a range of internal and external audits are used for monitoring the safety of the environment and compliance with legislation. The ongoing monitoring of this information allows the home to make additional equipment purchases and implement corrective actions to reduce the risk of injury. Staff receive the appropriate training relevant to their roles and have access to information contained in the manual handling manual, and policies and procedures to guide work practices.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems to provide a safe environment and work systems to minimise fire, security and emergency risks. Emergency procedures and evacuation plans are on display throughout the home and this information is reinforced through staff and volunteer training and fire drills. Contracted external services and internal maintenance processes maintain the security, fire and emergency systems, including electrical equipment testing. The home meets the safety requirements of independent assessment against the 1999 certification instrument (2002 revision), and has a current fire triennial certificate. External doors are secured and a lock up procedure assists in maintaining the home's security. Staff are aware of their required response in the event of an emergency and residents are provided with information relating to fire procedures regularly at resident/relative meetings.

4.7 Infection control

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

Team's recommendation

Does comply

The infection control officer is responsible for monitoring the home's infection control program. The home has a system for collecting data on infections for analysis and implementing quality improvement activities. This information is discussed at relevant meeting forums including, the Medication Advisory Committee and the environmental/risk management meetings. Staff receive training relevant to their roles during orientation, annually and in response to an identified need. Alcohol gel and flyers on display are used for encouraging residents and visitors to wash their hands on entering the home. A range of preventative strategies implemented by the home includes an influenza immunisation program for residents and staff, environmental temperature monitoring, scheduled microbiological testing and a range of audits. Staff are satisfied with the quality and quantity of the equipment supplied by the home, and practice standard precautions using the protective equipment and hand-washing facilities available to them.

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

Residents and their representatives are satisfied with the catering, cleaning and laundry services provided and staff are satisfied with their work environment. Meals are prepared in the kitchen of the co-located hospital to meet residents' individual needs, special requirements and preferences. An audit of the home's food safety program conducted in March 2009 identified no issues of concern. Cleaning services are provided five days a week and schedules outline the required tasks for maintaining the cleanliness of the home. Residents' personal clothing is laundered on-site with an external contractor responsible for linen. A range of internal and external audits, inspections and resident feedback processes monitor the efficiency and satisfaction with hospitality services. The home is responsive to resident requests relating to catering, cleaning and laundry services by implementing the required strategies and resources to meet the identified needs.