



Aged Care
Standards and Accreditation Agency Ltd

Benetas @ Broughton Hall Hostel

RACS ID 3029

2 Berwick Street

CAMBERWELL VIC 3124

Approved provider: Anglican Aged Care Services Group

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 11 May 2015.

We made our decision on 14 March 2012.

The audit was conducted on 13 February 2012 to 14 February 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

Site Audit Report

Benetas @ Broughton Hall Hostel 3029

Approved provider: Anglican Aged Care Services Group

Introduction

This is the report of a site audit from 13 February 2012 to 14 February 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 a site 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 13 February 2012 to 14 February 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Deanne Maskiell
Team members:	Beverley Ballantyne
	Dawn de Lorenzo

Approved provider details

Approved provider:	Anglican Aged Care Services Group
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Details of home

Name of home:	Benetas @ Broughton Hall Hostel
RACS ID:	3029

Total number of allocated places:	50
Number of residents during site audit:	48
Number of high care residents during site audit:	45
Special needs catered for:	Dementia specific unit

Street:	2 Berwick Street	State:	Victoria
City:	Camberwell	Postcode:	3124
Phone number:	03 9882 3645	Facsimile:	03 9882 3235
E-mail address:	info@benetas.com.au		

Audit trail

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

Interviews

	Number		Number
Management	6	Residents/representatives	7
Clinical care and lifestyle	10	Allied health and visiting practitioners/services	1
Hospitality, environmental and safety staff	7		

Sampled documents

	Number		Number
Residents' files	13	Medication charts	6
Summary/quick reference care plans	9	Resident service agreements	4

Other documents reviewed

The team also reviewed:

- action plans
- audits and audit schedule
- audits and reports
- catering records
- cleaning records
- clinical assessments, progress notes and care documentation
- clinical flow charts and schedules of assessment
- communication books
- complex clinical care records
- concerns and complaints
- duty lists and position descriptions
- education records
- essential services documentation
- external contractors agreements
- external contractors handbook
- handover sheets
- home's self assessment documentation
- improvement logs
- incident reports and summaries
- infection control documentation
- laundry records
- leisure and lifestyle documentation
- maintenance documentation
- material safety data sheets
- medication management records
- meetings, schedules and minutes
- memoranda folder
- occupational health and safety documentation
- pastoral care documentation
- plan for continuous improvement
- police check register

- policies and procedures
- regulatory compliance folder
- resident and staff handbooks
- resident observations, reportable limits
- resident survey
- rosters
- schedule 8 medication check records
- self assessment documentation
- specialist referrals and reports
- staff registrations.

Observations

The team observed the following:

- activities in progress
- chapel
- charter of rights and responsibilities on display
- chemical storage
- clinical equipment and stocks
- decorations for St Valentine's day
- doll therapy
- equipment and supply storage areas
- evacuation kits
- external contractors sign in book
- file storage
- fire and safety equipment
- first aid kits
- furnishings
- gastroenteritis kit
- hairdresser working
- hand washing sinks/alcohol foam
- handover
- interactions between staff and residents
- internal and external living environment
- living environment
- material safety data sheets
- meal service
- mobility aids and equipment in use
- notice boards
- pampering session by a local beauty chain to celebrate St Valentine's day
- personal protective equipment in use
- residents participating in activities of daily living
- security systems
- spill kit
- staff updating care records on computers
- storage and administration of medications
- suggestion box
- white boards and communication boards.

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

The hostel has processes and systems in place to actively pursue continuous improvement. Improvements are derived from a variety of sources including improvement logs, audits, complaints and concerns, incidents, hazards, surveys and meetings. Some issues are addressed immediately, others may be placed on the improvement log register, and, the more complex issues may have an action plan and/or be transferred to the plan for continuous improvement. Continuous improvement is a standing agenda item at all meetings. Residents, representatives and staff could identify a range of continuous improvements which have occurred recently.

Examples of improvements in Standard one include:

- Management identified that there was not an adequate system in place for reviewing staff numbers and skill mix in regard to the needs of the residents. A system has now been introduced where the needs are identified on a daily basis to ensure staff numbers and skill mix are sufficient to meet resident needs. Within the hostel it was identified that an additional four hour shift for a personal carer on the afternoon shift was required. This was introduced, initially as a casual shift and following evaluation has become a permanent shift. A registered nurse position has been created across the hostel and nursing home from Monday to Friday.
- During the completion of the self assessment for this accreditation, the facility manager considered the structure and purpose of all meetings. As a result, a revised meeting schedule has been developed together with revised agendas to ensure all relevant items are addressed in a timely way. Plans are currently underway to merge the quality improvement and occupational health and safety meetings and make them mandatory for all staff. This planning has resulted in meetings being more organised and effective.
- Maintenance identified a concern when archiving in the storage area. The archive area was cluttered and boxes required sorting and information needed to be filed correctly and shredded. Archiving has been undertaken and the storage area is now free of clutter.
- During the absence of permanent administration staff, the facility manager identified confusion in the use of the information technology drives resulting in difficulty locating documents and multiple versions. Consequently the drives have been tidied up and new staff are in the process of ensuring all documents are located appropriately and one drive is in use.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The hostel has systems in place to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to a legislative update service and is a member of a number of peak bodies. All policies and procedures, are developed, reviewed and updated according to legislation, regulations, standards and codes of practices. Regulatory compliance is a standing agenda item at staff and resident and representative meetings and information regarding regulatory compliance is also distributed through memoranda, newsletters and education. Police check registers are in place for staff, volunteers and external contractors and are monitored on an ongoing basis. Education relating to regulatory compliance includes elder abuse, mandatory reporting manual handling and fire and safety and staff interviewed confirmed that they were kept informed of all regulatory changes.

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

Education needs for management and staff at the hostel are identified through a variety of means including observation, changes in legislation, surveys, staff requests, data analysis and review of resident needs. Education calendars that cover facilitated, internal and external learning opportunities are developed and include compulsory training sessions. Management amends the education calendar throughout the year to include additional education opportunities as necessary. Management and staff state they are satisfied with the education provided. Residents and representatives confirm satisfaction with staff knowledge and skills.

Recent education relating to Standard one includes:

- accreditation
- dispute resolution
- managing workplace relationships
- risk management.

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 hostel has systems in place that allows all residents, representatives and staff to access internal and external complaints mechanisms. Complaints and concerns brochures are available throughout the hostel for use by residents and representatives and there is a locked suggestion box which can be used if required. Most written complaints, concerns and comments are raised by letter and email rather than using the relevant form. Each issue is

logged, the manager acknowledges the issue via letter and issues are managed promptly. Information regarding internal and external complaints systems is documented in key organisational documentation and brochures are available throughout the hostel. Residents and representatives said they are aware of the processes for raising an issue and will document their issues; however, they stated management and staff were accessible and they felt comfortable raising issues directly with them.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has a documented vision and mission statement which is displayed within the home. Information packs provided to stakeholders, include the statement and reflect the hostel's commitment to quality outcomes for their residents and other stakeholders.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management demonstrates there are sufficient numbers of appropriately skilled staff to ensure provision of care and services for residents. The hostel has documented policies and procedures relating to human resource management. All staff undergo pre-employment checks and are provided with orientation and ongoing education applicable to their roles. The home maintains a register which records current registrations, performance appraisals, police checks and qualifications of staff. Residents and representatives confirm satisfaction with the skills and availability of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

A preventative maintenance program is in place as well as a system for reporting and identifying required repairs. A maintenance officer works three days a week across the hostel and collocated nursing home and is responsible for general maintenance repairs. Additional support is provided by the organisational wide structure and external contractors are accessed as necessary. There are adequate supplies and storage for clinical, cleaning, food and general requirements. Staff, residents and representatives are satisfied with the quantity and quality of equipment and supplies.

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

Communication processes for disseminating information include meetings, memoranda, notices, newsletters, handovers, communication books, policies and procedures and computers. There is a fully computerised system for routinely collecting and recording information that identifies residents' care needs to ensure appropriate delivery of care. A meeting schedule is in place, terms of reference have been updated and the merging of some meetings is still being planned. There is an organisational wide document control system in place. Resident and staff files are stored in a manner that maintains privacy, dignity and confidentiality. Staff stated that communication systems are good and residents and representatives stated that they had easy access to staff and management.

1.9 External services

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

Team's findings

The home meets this expected outcome

There is an established list of approved suppliers and providers. Currently the support office of the organisation is reviewing and updating all external contractor agreements. There is a system in place for ensuring all contractors have current police checks. All external contractors must use the sign in book when they enter and leave the site. They are provided with an external contractors' manual. Staff, residents and representatives are satisfied with the service provision from external contractors.

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

The home conducts continuous improvement activities for all aspects of residents' health and personal care. Residents and representatives are very satisfied with the care provided by the staff. Refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard two include:

- To improve resident documentation, all residents now have electronic assessments and care plans. This has resulted in a streamlined system which is accessible for all nursing, care and allied health staff.
- In addition to the introduction of electronic assessments and care plans for residents, electronic medication management has also been introduced which has resulted in accurate and safer medication administration processes and practices.
- The clinical services manager identified a gap with wound management. There was not a clear regime and process in place and chronic wounds had not been reviewed by a wound consultant. Consequently wound regimes and processes have been developed, appropriate referral systems for the wound consultant are in place and nursing staff review wounds at least weekly. Data indicates a marked improvement in the management and reduction of wounds.
- Following the review of resident progress notes, the clinical services manager identified the inconsistent management with residents with additional nutritional risks such as diabetes and swallowing difficulties. This resulted in the review of all relevant residents by a dietician and speech pathologist. These allied health specialists now attend on a regular basis.

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

The hostel has effective regulatory compliance systems in place to support resident health and personal care. Staff have relevant qualifications and current registrations. Personal care and practice guidelines, including medication management have been developed in accordance with legislative requirements. Staff training is provided with appropriate staff and competencies undertaken. Residents and representatives confirmed their high satisfaction with the care provided by the service. Refer to expected outcome 1.2 Regulatory compliance.

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

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively. Management and staff confirm satisfaction with the education provided. Residents and representatives are satisfied staff have appropriate knowledge and skills. For details regarding the home’s systems and processes, refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard two includes:

- behaviour management and dementia care
- clinical documentation
- medication administration, documentation and system
- pain management
- sensory loss
- wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The hostel has policies and procedures in place to guide staff in assessing resident care needs and preferences and in the development of care plans. Care plans are developed and reviewed by a registered nurse in consultation with the resident and/or their representative and the care team. Care is provided by personal care staff, enrolled nurses and where appropriate by registered nurses. Referrals to allied health, general practitioners and visiting or consulting specialists occur. Reassessments occur in response to changes in resident needs. Residents and representatives confirm satisfaction with how clinical care is provided and the availability of qualified staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents are assessed for their needs and preferences relating to specialised nursing care. Appropriately skilled registered nurses and enrolled nurses are available at all times to attend to specialised nursing care needs. Referrals to specialists occur as necessary with recommendations documented on care plans and communicated to appropriate staff. Registered nurses confirm their involvement in managing and providing care to residents with specialised nursing care needs. Residents and their representatives confirm qualified staff provide or manage special nursing care needs when required and are satisfied with how this care is provided.

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

Residents and representatives receive information regarding the allied health professionals available. Each resident is assessed for their needs and preferences. A variety of specialist services visit the hostel, where appropriate referrals to external specialist services are arranged and residents are assisted to attend. Staff confirm specialist recommendations are documented and communicated appropriately. Residents and representatives state residents are supported to attend specialists or to see visiting specialists and allied health practitioners when necessary.

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 hostel has effective medication management systems in place to ensure safe and correct administration of medications occurs. All staff responsible for medication administration complete competencies and attend education sessions on medications. All medications are stored appropriately with access restricted. Residents wishing to self medicate are assessed and supported to do so. Residents and representatives confirm medication administration occurs in a timely manner.

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

Policies and procedures are in place to ensure each resident is assessed for a history of pain and pain relief preferences. Care plans include non-analgesic treatments such as hot packs, position changes and physiotherapy. Use of ‘as required’ analgesics are monitored to ensure effectiveness of treatment. Review of each resident’s pain management needs occur in response to identification of pain or changes in their health status. Residents and representatives state they are satisfied with the response of staff when a resident experiences discomfort.

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 hostel encourages each resident to document their individual terminal care wishes and staff are provided with education to ensure each resident’s wishes are respected and appropriate care is provided. Pastoral care workers are on site at the hostel to assist residents and their representatives during times of need. The home’s management and staff

confirm access to appropriate equipment, specialists and support is available. Residents and representatives confirm resident wishes are respected and appropriate care and support is provided.

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 hostel has a system to ensure that residents receive adequate nutrition and hydration. The dietary needs of each resident are assessed on entry and this is reviewed regularly. The home consults other professionals such as dietitians to assist in planning meals and speech pathologists for residents who may have swallowing difficulties to assist in the planning process. Texture and consistency of foods and fluids, likes and dislikes and personal preferences are taken into account. Residents and their representatives state they are satisfied the residents receive adequate nutrition and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The hostel has a system to maintain residents’ skin integrity. Residents prone to developing impairment of skin integrity, such as those prone to pressure areas, are identified and care plans are made. These care plans have specific directions to maintain skin integrity such as the use of emollients and protective clothing, and residents are regularly reviewed. Staff practices are monitored and improved as required in relation to skin and wound care. Residents and their representatives stated they are satisfied with residents’ skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Initial and ongoing assessment of residents’ continence needs occur. Staff confirm appropriate aids and equipment including rails, commodes and over toilet chairs are available and provided according to the assessed needs of residents to maintain dignity, manage incontinence and promote independence. Residents and representatives confirm appropriate aids and equipment are provided and staff assist residents in a timely manner.

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

Residents with challenging behaviours are identified and care plans developed in consultation with the resident or their representative and the care team. Interventions are documented and communicated to all appropriate staff. Residents with complex behaviours are referred to aged person mental health teams, specialists and allied health practitioners as appropriate. Staff confirm attendance at relevant education sessions. Residents and their representatives state they are not disturbed by co-residents’ behaviours.

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

The hostel’s physiotherapist, in consultation with the care team, assesses residents for their individual needs relating to mobility, dexterity and rehabilitation. Residents requiring assistive aids are provided with or assisted to obtain appropriate aids. Staff confirm residents are referred promptly for reviews and that they monitor resident rooms and equipment to ensure environmental risks are minimised. Residents and representatives expressed satisfaction with physiotherapy services and staff assistance regarding resident mobility.

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 hostel has a system to ensure the maintenance of residents’ oral and dental health. Regular assessments are conducted and needs communicated through the care plan. Care plans include details about daily care of teeth and dentures. Residents may use their own dentist or be referred to one. There is also a process for residents to see such professionals as dental technicians or speech pathologists on site. Residents and their representatives state they are satisfied with the management of residents’ oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The hostel has a system to identify and manage residents’ sensory losses. There is an initial assessment of each resident’s five senses as part of the care plan and this receives regular reviews. Residents’ other medical conditions are also taken into account during the planning process. There is regular consultation with optometry and audiology services as required with the opportunity for regular review. Management state that the activities program has

activities to stimulate all five senses. Residents and their representatives said they are satisfied with the management of residents' sensory losses.

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 and settling patterns are assessed and care plans are developed to communicate to staff each resident's preferred routines and level or type of assistance required. Sedative use is monitored by registered nurses and general practitioners. Staff confirm they are aware of the settling requirements of residents. Residents confirm staff assist them as needed and are responsive to any requests for assistance throughout the night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home conducts continuous improvement activities in relation to residents’ lifestyle. Residents and representatives are very satisfied with the communication processes and feedback they receive from staff. Refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard 3 include:

- Following the resignation of all lifestyle staff in September 2011, management recommended the full review of the lifestyle program. A resident survey was undertaken at that time and a new lifestyle coordinator commenced in November 2011. The employment of new staff, the review of the hours and the development of new programs have commenced.
- The organisation has appointed a full-time dementia consultant to provide a dementia model of care. As part of the overall review of the lifestyle program, the consultant is working with the lifestyle coordinator to develop a specific service within the dementia support unit.
- Following the requests from residents to have a gymnasium to maximise their physical wellbeing, a gymnasium has been setup within the physiotherapy area and a resident program has commenced.
- The clinical services manager identified that black garbage bags were being provided to families for use with collecting deceased residents’ belongings. New more appropriate bags have been purchased and have improved the respect and dignity required at this time.

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

The hostel is compliant with regulatory requirements related to resident lifestyle. Residents and representatives state they are very satisfied with the consistent care and communication provided at the hostel. All residents are offered signed occupancy agreements. Elder abuse and mandatory reporting training are included in mandatory education for all staff. Refer to expected outcome 1.2 Regulatory compliance.

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

The hostel has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively. Management and staff confirm satisfaction with the type, frequency and availability of education provided. Residents and representatives are satisfied staff have appropriate knowledge and skills. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard three includes:

- elder abuse reporting requirements
- grief and loss
- privacy and dignity
- respect for older people
- spirituality and aging.

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

Potential new residents and their representatives are offered a tour of the hostel and central admissions at support office are responsible for the provision of information and admission processes. Residents and their representatives are encouraged to bring in familiar and favourite belongings to decorate their room. Pastoral care practitioners form part of the multidisciplinary team and are available on entry and whenever a resident or their family require additional support. Each resident has an initial entry assessment and care plan developed to meet individual needs and preferences and the care plan is evaluated through the resident of the day system and in response to changing health status. Residents and representatives said they are satisfied with the initial and ongoing support they receive from staff and management. Staff confirm their awareness of the needs of each of the residents and their families and this was demonstrated during staff and resident interactions.

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

Staff encourage residents to maximise and maintain independence in all aspects of their lives as much as possible. Throughout the assessment process and on an ongoing basis, a resident's individual needs and goals are documented by care staff, allied health staff, pastoral care practitioners and lifestyle staff. Therapeutic assistance devices are available to residents with an assessed need in order to promote and maintain independence with mobility, eating, drinking, dressing and showering. Bus outings have commenced on a

regular basis, volunteers provide additional visits for residents who do not have many visitors and school students are also actively involved through the lifestyle 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 findings

The home meets this expected outcome

Residents are treated respectfully and individually and their rights to privacy, dignity and confidentiality are supported by staff. Residents' files are stored securely. Residents have their own private room and access to a variety of private sitting areas both inside and outside. Observations and staff interviews showed staff are aware of residents' privacy and dignity and ensure residents are treated with respect and dignity. Privacy and dignity are included in the staff education program. Residents and representatives are satisfied with the way staff provide privacy and respect residents' individual needs.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The new lifestyle coordinator commenced in the role in November 2011 and is currently in the process of redeveloping the program and employing a lifestyle team. Consequently, residents will be further encouraged and supported to participate in a variety of individual and group activities and interests suited to their interests and abilities. All residents have a life history and life skills and ability assessment and an individualised care plan, which are currently being transferred to the computerised system. Activities offered include outdoor walks, pampering sessions, outings, newspaper and book reading, movies, craft, happy hour and one on one sessions. Residents are satisfied with the range of interests and activities provided to them.

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

Resident's individual cultural and spiritual needs are identified on entry and adhered to on an ongoing basis. Pastoral care practitioners provide additional spiritual support to residents, and their representatives from pre admission and throughout their stay. Staff can refer residents to pastoral care when they identify a specific need and residents and their families can contact them directly. Church services are conducted weekly in the chapel and there is access to external clergy and pastoral workers for residents wanting additional spiritual support and communion. Relevant theme days are held for celebrations such as Christmas, Easter, Melbourne cup and all national days such as Australia Day and Chinese New Year. Residents and representatives are satisfied with the support and respect given for residents' cultural and spiritual needs.

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

Residents and their representatives are consulted regarding choice and preferences for all activities relating to their medical, physical, emotional, spiritual, cultural, lifestyle and social needs. Throughout the day residents have the opportunity to choose if they want to participate in the activity program or remain in their room or sit elsewhere in the home. Residents and their representatives have access to meetings, complaints and concerns forms and surveys to voice any issues formally. Staff are aware, and this is confirmed by documentation, that residents are offered choices throughout all aspects of their care and life in general. Residents and representatives confirmed they are satisfied with the communication, choices and decision making options available to them.

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

Residents have security of tenure and residents and representatives understand their rights and responsibilities. Each resident receives a resident handbook which includes organisational information such as the internal and external complaints mechanisms and day to day information such as the activities provided. All residents have a signed occupancy agreement which includes information regarding specialised care and services, resident rights and responsibilities, complaints mechanisms and communication processes, Residents and representatives state residents have secure tenure.

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

The home conducts continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are satisfied with the living environment, laundry, cleaning and catering services. Refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard four include:

- To enhance the living environment within the dementia specific unit the kitchen has been upgraded and is now open plan. This project is near completion as it required some additional work including swing doors to ensure safety for residents.
- In June 2011 complaints were received verbally and through the improvement log system regarding laundry services, and, in particular that there were not the clothes available for residents when they needed them. This resulted in an external review of the laundry and some new laundry trolleys and changes in the systems. By December 2011 the number of complaints had reduced and feedback was positive. This continues to be the case.
- Management and the occupational health and safety committee decided that there needed to be a stronger focus on the physical environment and occupational health and safety issues. Focus months have been introduced to improve staff education and awareness and knowledge of issues in the workplace. Focus months to date have included manual handling, falls prevention awareness and infection control.
- A new external contractor’s manual provides clear guidelines relating to occupational health and safety requirements and fire and security systems within the hostel.

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

Processes and systems are in place to identify and ensure that the hostel is compliant in relation to the physical environment and safe systems regulations. The hostel complies with the building code of Australia and all its associated standards. There is an audited and approved food safety plan in place. Essential services are maintained through scheduled maintenance. Refer to 1.1 Regulatory compliance.

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

The hostel has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively. Management and staff confirm satisfaction with the type, frequency and availability of education provided. Residents and representatives are satisfied staff have appropriate knowledge and skills. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard four includes:

- chemical handling
- fire and emergency
- food safety
- hand washing
- infection control
- manual handling/occupational health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The hostel provides a comfortable and pleasant environment for residents and their visitors. Each resident has their own room and adjoining en-suites. There are a number of well furnished dining, living and sitting rooms throughout and access to well maintained external gardens and courtyards. The dementia specific unit is safe and secure and has its own secure courtyard. The environment is well lit with extensive windows and is temperature controlled for resident comfort. There is a comprehensive range of security and safety systems. Residents and representatives are satisfied with the living environment and said residents are safe and secure.

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 hostel has recently appointed new occupational health and safety representatives who are due to attend the five day recognised training. Occupational health and safety committee meetings are held regularly and are supported by an organisational wide reporting system. Mandatory staff training includes manual handling, elder abuse and fire and safety. Chemicals are stored safely and material safety data sheets are stored in maintenance, laundry, kitchen and cleaners' rooms and are updated as required. The audit schedule includes regularly workplace inspections and resident rooms are reviewed through the

resident of the day system. Staff have a good understanding of occupational health and safety issues.

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

Fire and evacuation plans are located around the hostel and fire and emergency procedures are included in staff orientation and form part of the compulsory education program. Routine inspections and maintenance is conducted on fire equipment by external contractors and appropriate documentation is completed. Evacuation kits are held at the fire panel and nursing stations and include a current resident list which administration update when changes occur. All external doors are accessed by keypad and there is a system in place for lockdown at night with entrance being via one door only. There is also a camera security system. Residents and representatives confirmed that the environment is safe and secure and staff demonstrated an understanding of fire and security procedures and systems.

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 hostel has an infection control program which is effective in identifying and containing infection including outbreak procedures. Staff practice including the use of personal protective equipment and hand hygiene is consistent with Australian Government infection control guidelines. Identification of infection control issues is through regular audits and assessments of residents' individual needs. Management implement improved practices through regular and ad hoc training for staff. There is an influenza vaccination program offered to both residents and staff. There is a food safety program which is audited on a regular basis. Residents and representatives confirm that when a resident develops an infection they are referred to their general practitioner.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The hostel provides hospitality services in a manner which is generous towards residents and others. Meals are prepared on site with resident preferences and input into menu selection taken into account. An external contractor provides for daily cleaning of the home and cleaning staff complete this according to a set schedule. Personal and incidental laundry is done on site with remaining items going off site to an external laundry contractor. Management arrange for regular audits of hospitality services with regular education provided for staff in infection control. Residents, their representatives and staff said they are satisfied with the hostel's catering, cleaning and laundry services.