Decision to accredit
Carinya Lodge Hostel

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

The Agency has decided that the period of accreditation of Carinya Lodge Hostel is three years until 21 September 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

<table>
<thead>
<tr>
<th>Details</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home’s name:</td>
<td>Carinya Lodge Hostel</td>
</tr>
<tr>
<td>RACS ID:</td>
<td>3019</td>
</tr>
<tr>
<td>Number of beds:</td>
<td>42</td>
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<tr>
<td>Number of high care residents:</td>
<td>4</td>
</tr>
<tr>
<td>Special needs group catered for:</td>
<td>Nil</td>
</tr>
<tr>
<td>Street/PO Box:</td>
<td>Carinya Crescent</td>
</tr>
<tr>
<td>City:</td>
<td>KORUMBURRA</td>
</tr>
<tr>
<td>State:</td>
<td>VIC</td>
</tr>
<tr>
<td>Postcode:</td>
<td>3950</td>
</tr>
<tr>
<td>Phone:</td>
<td>03 5655 2125</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>03 5658 1624</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:psclh@bigpond.net.au">psclh@bigpond.net.au</a></td>
</tr>
</tbody>
</table>

### Approved provider

- Approved provider: Carinya Lodge Homes Inc

### Assessment team

- **Team leader:** Carlene Tyler
- **Team members:**
  - Marguerite Hoiby
  - Mary Norman
- **Dates of audit:** 23 June 2009 to 24 June 2009
## Executive summary of assessment team’s report

### Standard 1: Management systems, staffing and organisational development

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

### Standard 2: Health and personal care

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Assessment team recommendations</th>
<th>Agency findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.4 Clinical care</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Does comply</td>
<td>Does comply</td>
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<tr>
<td>2.9 Palliative care</td>
<td>Does comply</td>
<td>Does comply</td>
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<tr>
<td>2.10 Nutrition and hydration</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Does comply</td>
<td>Does comply</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Does comply</td>
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</table>
### Executive summary of assessment team’s report

#### Standard 3: Resident lifestyle

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

#### Standard 4: Physical environment and safe systems

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

**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.
Executive summary
This is the report of a site audit of Carinya Lodge Hostel 3019, Carinya Crescent, KORUMBURRA VIC 3950 from 23 June 2009 to 24 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 30 June 2009.

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 Carinya Lodge 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 23 June 2009 to 24 June 2009.

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

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: Carlene Tyler
Team members: Marguerite Hoiby
Mary Norman

Approved provider details
Approved provider: Carinya Lodge Homes Inc

Details of home
Name of home: Carinya Lodge Hostel
RACS ID: 3019

| Total number of allocated places: | 42 |
| Number of residents during site audit: | 42 (including 3 respite) |
| Number of high care residents during site audit: | 4 |
| Special needs catered for: | N/A |

Street/PO Box: Carinya Crescent
City/Town: KORUMBURRA
Phone number: 03 5655 2125
E-mail address: psclh@bigpond.net.au
Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Carinya Lodge 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.

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:

<table>
<thead>
<tr>
<th>Interviews</th>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>1</td>
<td>Residents/representatives</td>
</tr>
<tr>
<td>Secretary/Manager</td>
<td>1</td>
<td>Catering staff</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>4</td>
<td>Activities staff</td>
</tr>
<tr>
<td>Care staff</td>
<td>3</td>
<td>Maintenance staff</td>
</tr>
<tr>
<td>Administration assistant</td>
<td>1</td>
<td>Cleaning staff</td>
</tr>
<tr>
<td>Infection control nurse</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sampled documents</th>
<th>Number</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents' files</td>
<td>6</td>
<td>Medication charts</td>
</tr>
<tr>
<td>Summary/quick reference care plans</td>
<td>4</td>
<td>Personnel files</td>
</tr>
<tr>
<td>Resident histories</td>
<td>5</td>
<td>-</td>
</tr>
</tbody>
</table>

Other documents reviewed
The team also reviewed:

- ACFI assessments
- Activities plan for year and each week
- Capital expenditure budget - 5 year plan
- Cleaning audits
- Committee of management –structure
- Continence supply cupboard
- Day spa room
- Dental appointment
- Diabetes Folder
- Dietary and hydration assessment
- Doctors communication folder
- Electronic care plans and progress notes
- Emergency systems service records
- Food safety plan
- Freezers
• Fridge temperature records, kitchen and medication fridge
• Hazard report
• Infection Control Resource Manual
• Internal audits
• Job descriptions
• Linen areas
• Linen audits
• List of Health Services – Gippsland Southern Health Services
• Locked drug cupboard
• Medication charts
• Medication fridge
• Menus
• Monthly environmental audit
• newsletter
• Operating instructions for spa bath
• Physiotherapy assessments
• Policy and procedure internal audit schedule
• Recruitment policies and procedures
• Resident file documentation audit schedule 2009
• Resident medication chart audit schedule
• Residents leave book
• Residents survey 2009
• Residents, families and friends meeting minutes 11 June 2009
• Residents’ information handbook
• Residents’ information package and surveys
• Service improvement report
• Staff handbook
• Standards – internal audit schedule
• Storage areas
• Suggestion box
• Swine flu notices
• Transfer forms
• Visitors book
• Weights chart
• Wound chart folder

Observations
The team observed the following:
• Activities in progress all day
• Administration of medications
• Archived files
• Cleaning in progress
• Clinical handover
• Equipment and supply storage areas
• Exit doors
• Fire and emergency equipment
• Hairdressing room
• Hand wash basins
• Interactions between staff and residents
• Internal and external living environment
• Kitchen and tea/coffee bar living areas
• Lifestyle noticeboard
• Living environments
• Meal service
• Medications being administered
• Notice board displays of newsletters, menus and activities
• Resident communication boards
• Residents in team colours getting ready to go to inter lodge sports day
• Residents’ care plan review schedules
• Self medication assessment forms
• Sharps bin
• Slide presentation of cultural activities for residents over past ye
• Staff area/room.
• Staff assisting residents with activities of daily living
• Storage of medications
• Storage of residents’ clinical information
• Suggestion box
• Veggie patch – Lions Club
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

The continuous improvement plan is developed from information sourced from all stakeholders through service improvement and hazard alert forms, resident suggestion forms, meetings, surveys and audit results. The hostel supervisor collects and reviews information, enters them on to an electronic register where they are actioned and evaluated and presents them at the Quality meeting held second monthly. Feedback is given to the initiator of the log and to staff and residents through meetings, memos and minutes. The new electronic system is being used to generate data which is easy to identify and evaluate. Staff and residents state they are encouraged to participate and management are responsive to their suggestions.

Recent improvements under this standard include:

- New staffing structure. A registered nurse division one is employed to work eight hours per week and is available on call. Registered nurses division two have been employed to work on the morning and afternoon shift.
- Online claiming with medicare has led to faster processing of claims
- Introduction of a new evaluation tool for inservice education
- Activity staff hours have been increased by eight hours per week to provide activities for residents at the hostel when other residents are on bus trips
- The hostel has purchased the updated version of their electronic program to improve collation of statistics
- Wireless laptop has been purchased for use in administration and activity staff.

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 hostel is a member of several industry peak bodies and receives information updates and notices of regulatory and legislative changes. Information is available to staff via meetings and memos and placed in a folder in the staff room for staff to read and sign. Policies and procedures are amended accordingly. Residents are notified at meetings and via the hostel newsletter Regulatory compliance is monitored through audits and any deficits are actioned through the continuous improvement system or staff education. A matrix of staff and volunteers police record checks is maintained and identifies when current checks are due to expire. Staff state they receive information about 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 recommendation**  
Does comply

The hostel ensures all staff have appropriate qualifications when commencing employment and registration details are gathered yearly. Mandatory competencies are documented in
information for new staff and discussed at annual appraisals. The education calendar is developed at the beginning of each year after discussion with staff, review of resident needs and changes in regulatory compliance. Staff are encouraged to attend education provided by the hostel, external providers and off site courses. Informal education occurs regularly at meetings. Management evaluates education sessions and keeps attendance records. Staff confirm they are encouraged to attend education sessions and have completed mandatory competencies over the last twelve months. Education delivered in Standard One includes information on team work, high care residents and funding tools.

1.4 Comments and complaints

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

Team's recommendation
Does comply

The hostel has a comprehensive system for the collection and response to comments and complaints. Internal and external complaints mechanisms are available in new resident information kits and displayed in the hostel. Residents/representatives have access to ‘suggestion and concerns’ forms and resident surveys for anonymous suggestions or can approach management to discuss their concerns. The hostel supervisor logs and collates all comments and complaints. Minor issues are dealt with promptly with larger issues linked to the continuous improvement plan. Residents and staff confirm there are regular residents meetings with active participation by residents. Minutes are distributed to residents and displayed on notice boards. Residents are consulted regularly about menu changes and activities and confirm that management respond to their concerns.

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 hostel’s vision, mission and philosophy are displayed throughout the home and documented in staff information packs and resident initial information kit, handbook and agreement. The hostel has a voluntary committee of management drawn from the local community and is committed to continuous improvement responding to concerns and suggestions in a timely manner. This is reflected in the auditing and reporting system and results are communicated to staff and residents. Comments, suggestions and complaints are encouraged, actioned and reported to all 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 recommendation
Does comply

The hostel has a system to ensure that staff have appropriate qualifications and skills to meet the care needs of residents. Review of resident needs has led to an increase in the number of registered nurses rostered each day. The roster now allocates staff to perform ‘in charge’, medication and treatment roles on each shift. There are position descriptions for all staff and staff receive annual appraisals. Mandatory competencies are assessed and recorded. New staff receive an orientation checklist and work with experienced staff to gain experience in the procedures, equipment, policies and documentation used in the hostel. Staff report they have
completed mandatory competencies, are encouraged to attend education sessions and have received an annual appraisal. Residents report that staff are able to respond to their needs.

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

There is a system in place to ensure there are adequate supplies of goods and equipment is in good working order. Maintenance staff have a preventative maintenance program, complete electrical tagging and respond to staff requests for day to day maintenance needs. The hostel has identified lists of suppliers and external contractors and uses a stock rotation system. Equipment requirements are discussed at staff meetings, added to the continuous improvement plan and staff receive education in their use and safety when using new equipment. Staff and residents report there are adequate supplies of goods and equipment to meet their needs and management are responsive to their requests.

1.8 Information systems

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

Team’s recommendation

Does comply

The hostel has a system of auditing that ensures policies and procedures are reviewed and updated regularly. Information is distributed to staff at meetings, memos and in written format stored in staff rooms. Computers are password protected and backed up each night. All confidential material is handled and stored securely in accordance with legislative requirements and access is restricted to authorised staff only. Archived material is stored securely. Residents and representatives confirmed they participate in resident meetings, receive minutes and newsletters and stated they were happy with the communication and feedback mechanisms of the home.

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

The hostel has processes to identify the external services required to meet the needs of the hostel and its residents. External contractors are sourced from the local community, have access to the hostel handbook which describes their responsibilities while in the facility. Contractors are required to sign in the ‘contractor’s book’ on entry and are supervised by maintenance staff. Contractors providing care for residents including the hairdresser and podiatrist are required to have a current police check. Staff have access to lists of emergency services and residents, relatives and staff confirm they are satisfied with the services provided by 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 recommendation

Does comply

Continuous improvement is discussed at all meetings. Clinical care is reviewed through medication meetings, incident reports, review of resident files and improvement logs. All care staff are encouraged to participate in the continuous improvement process. Refer to standard 1.1. Recent continuous improvement activities under this standard include:

- Documentation for resident transfers and evaluations is now updated via the electronic system
- Purchase of woollen under lays to reduce risk of pressure areas
- Documentation of family consultations has been updated and added to electronic system
- A new palliative care wishes document has been developed
- New bigger bins for the disposal of continence aids have been purchased for resident bathrooms
- Four electronic beds have been purchased
- Purchase of cleaning wipes for incontinent residents to improve skin integrity.

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 in place for identifying relevant legislation, regulations and guidelines, and for monitoring compliance in relation to Standard two. Nursing registrations are checked annually, mandatory competencies are discussed at appraisals and staff receive training related to changes that affect their roles. The newly employed registered nurse division one has reviewed medication policies ensuring medications are dispensed and stored according to legislative requirements. Schedule eight drugs are now counted and signed at the end of each shift. The team observed copies of professional registrations in personnel files. Staff confirm they are aware of their roles and responsibilities.

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 hostel encourages staff to participate in education to improve their knowledge and skills. Staff have attended off site education, education provided by the registered nurse division one, continence nurse, work books and informally at meetings and care planning. Attendance records are kept for each session and all education is evaluated. Residents and their representatives state that they are satisfied with the skills and knowledge of the staff. Education delivered in Standard Two includes medication management, diet, nursing observations, basic nursing procedures, continence and toileting, basics of dementia, dementia behaviour management, denture health care and wound care.
2.4 Clinical care

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

Team's recommendation

Does comply

The hostel can demonstrate that residents receive appropriate clinical care in accordance with their needs and preferences. Residents’ care needs are assessed upon entry to the home by appropriately skilled and qualified staff. An interim care plan (hard copy) is implemented while an extensive electronic care plan is developed over twenty eight days, which guide care staff with residents’ needs and preferences. Care plan interventions and any changes are communicated to care staff via electronic care plans, progress notes and at clinical handover at end of each shift. Staff review residents’ care needs on a three monthly basis, or more frequently if necessary, which include consultation with residents and representatives and those at risk of poor health are identified and managed appropriately in consultation with the resident, their representatives and the general practitioner. The home has a registered nurse division one consultant who attends to the high care residents’ care plans and evaluations. Each resident also has a Comprehensive Medical Assessment done by their GP on an annual basis. Staff were observed delivering care in accordance with residents’ needs and preferences. Residents and representatives are satisfied that residents’ clinical care needs are being met at the home.

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

The hostel has processes in place to ensure the complex care needs of residents are managed appropriately and at present these include diabetic management and stoma care. The care plans identify the specialised care required and documentation confirms that specialised nursing care needs are met and evaluated every three months. Staff have the appropriate skills and are provided with ongoing education to enable them to meet complex care requirements. Residents and representatives expressed confidence that staff are skilled to provide specialised nursing care as required.

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 needs are assessed on entry to the hostel and they are referred to specialists of their choice. The range of health specialists who attend to the needs of the residents in the hostel include district nursing service, stoma nurse, podiatrist, continence nurse, dietician, physiotherapist, occupational therapist and dietician. The hostel is also able to access visiting specialists at the nearby public hospital. Referral and access to specialised services was evident with any recommendations from specialists incorporated into the residents electronic care plans, verbal and documented handovers. Residents advise they are assisted to attend external appointments and are satisfied with the range of allied health services available to them.

2.7 Medication management

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

Team's recommendation

Does comply
The hostel has systems and processes in place to manage resident’s medications safely and correctly. Medications are managed by registered nurses division two who are medication endorsed and personal care attendants deemed competent to administer medications as required. Residents have current medication assessments and care plans which outline administering instructions and allergy information. Residents assessed as competent are able to self-administer their medications and the preferred method of taking medications and any assistance required is recorded on medication charts. These residents are assessed every three months by their general practitioner. The medications are administered from dose administration aids and are stored safely and securely. Schedule eight and eleven medications are stored, recorded and administered according to relevant legislation. Medication reviews are undertaken three monthly by the resident’s general practitioner, with a resident medication management review done annually by the pharmacist and general practitioner. Staff practices were observed to follow the home’s medication policy and procedures. Residents and relatives advise they are satisfied with the way their medications are managed.

2.8 Pain management

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

Team’s recommendation

Does comply

The hostel has systems and processes to ensure residents are as free as possible from pain. Each resident’s history of pain is identified on admission, charted over several days, pain plan developed, implemented and reviewed as their needs change. Residents were noted to have pain assessments and care plans in place with individualised interventions noted. Care plans reflect resident preferences for pain management including use of alternatives to pharmacological analgesia such as massage and heat packs. Registered nurses review the use of ‘as required’ analgesia and implement reassessment where appropriate, document in the progress notes and the effectiveness is evaluated. Pain is reassessed, if a new origin of pain is identified or if current pain relief measures are no longer effective; this is done in consultation with the family and general practitioner. Residents stated that their pain was being managed effectively.

2.9 Palliative care

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

Team’s recommendation

Does comply

The hostel has established processes in place to identify and meet the needs of residents in the terminal stages. Terminal care wishes are identified soon after entry with both the resident and their representatives in consultation with the general practitioner. A Palliative Care Plan is developed by the registered nurse division two, in consultation with the doctor, resident and family outlining the specific pain, physical, psychological, spiritual, and social needs. Expertise from external palliative care teams from the nearby public hospital, occupational therapist and district nurses are also accessed if necessary to provide additional advice or guidance. As residents care needs become more complex, they are assessed by the aged care assessment team and are transferred to a palliative care bed in the nearby hospital or moved to a high care facility. With the recruitment of more division two nurses the facility has been able to accommodate the palliative care needs of more residents. Staff are provided with education and support and are confident in their ability to care for residents and their families during the final stages of life.

2.10 Nutrition and hydration

This expected outcome requires that “residents receive adequate nourishment and hydration”.
Team’s recommendation
Does comply

On entry to the hostel all residents’ nutrition and hydration needs are assessed in consultation with residents and relatives. Individual dietary needs are noted on care plans and the assessment identifies residents nutritional and hydration needs, food likes and dislikes, special diets, allergies, portion size, consistency of fluid and any assistive aids needed. Nutritional needs are communicated to the kitchen and updated as changes to nutritional needs occur. All residents have monthly or as required weight checks. Residents with weight changes or decreased appetite are promptly referred to their general practitioner and appropriate specialists such as dietician. Care plans include recommendations from such specialists, communicated to the kitchen and implemented. Care staff and catering staff are aware of individual requirements of each resident with residents and their families being very satisfied with the quality and quantity of meals provided and with the six weekly rotating menus. Residents were observed being assisted with their meals in an appropriate manner.

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

Team’s recommendation
Does comply

On entry to the hostel residents skin integrity needs are assessed and care plans developed in consultation with the resident or their representative. Residents identified at risk have noted preventative strategies on the care plan including use barrier creams, emollients, continence aids, slides and nutritional supplements. A podiatrist visits the home every six weeks or more frequently if necessary. Registered nurses oversee wound care and completed wound care plans and progress notes to track wound healing. External expertise is available from district nurses, residents’ general practitioner with recommendations implemented and evaluated. Staff are provided with education on skin and wound care. Residents and representatives confirm satisfaction with skin care.

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

Team’s recommendation
Does comply

The hostel has effective systems and processes to ensure residents’ continence is optimised. Residents’ continence needs are assessed on entry to the hostel and an individualised toileting programme is developed and implemented. Reassessment of continence needs occur as resident’s conditions change and care plans are amended as appropriate. Residents’ continence needs are further supported with continence aids to assist residents maintain independence in toileting when possible. Care plan reviews identify any increase in incontinence and the resident’s continence plan is evaluated. Staff confirm their knowledge of residents individual toileting times and were observed to be toileting residents according to scheduled times. Residents are generally satisfied with continence management and assistance provided by the home.

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

Team’s recommendation
Does comply

The hostel has strategies and processes in place to assess, manage and review residents with challenging behaviours. Residents behaviour assessments are completed in conjunction...
with representatives after the resident has been in the hostel for a week. The assessment charts the time of day when behaviour is exhibited, trigger and possible contributing factors as well as successful interventions identified and documented over a one week period. An individualised behaviour care plan is developed, implemented and reviewed three monthly, or more frequently if changes to behaviour occur. Care plans identify behaviours displayed and note preventative and management strategies. External services such as mental health services are accessed for advice for residents with complex behaviour needs, and recommendations are incorporated into care plans. Staff were observed to be implementing individualised strategies for residents with challenging behaviours. Residents advise they are satisfied that behavioural issues are managed effectively within the home.

2.14 Mobility, dexterity and rehabilitation

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

**Team’s recommendation**

*Does comply*

All residents are assessed on entry to the hostel for mobility needs and safety. A physiotherapist conducts assessments to determine residents current mobility and dexterity levels. Individualised care plans and programmes are developed in consultation with the physiotherapist, resident or their representative which outlines specific transfer aids, levels of assistance needed and passive and active exercises and reviewed every three months. All residents in the home are provided with appropriate mobility aids. Residents at risk of falls are identified through a risk assessment and review and strategies are developed to decrease risk. All falls are documented, discussed at staff meetings, tracked and analysed for trends. Staff confirm attendance at manual handling education and state that they have access to appropriate mobility aids for all residents. Residents were observed mobilising with the use of aids and staff assistance. Residents confirmed satisfaction with their level of mobility and assistance provided by the home.

2.15 Oral and dental care

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

**Team’s recommendation**

*Does comply*

Residents oral and dental needs are assessed on entry to the hostel and care plans developed and reviewed in consultation with the resident or their representative. Residents have access to appropriate oral hygiene products and are assisted as necessary to maintain oral health. Dental needs are identified and documents demonstrate that appropriate referrals are made to their own dentists. Residents and representatives confirm satisfaction with the standard of dental hygiene provided by staff. The division one registered nurse consultant has provided education to oral and dental care staff.

2.16 Sensory loss

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

**Team’s recommendation**

*Does comply*

Residents sensory loss, speech and communication requirements are identified on entry through assessments and noted on care plans in consultation with the resident and representatives. Care plans include assistance required by residents and aids used by the resident, as well as suitable lifestyle activities. Residents with sensory loss requiring specialist assessment and treatment are referred to appropriate services such as optician and audiologist. The hostel’s living environment is conducive to residents with sensory deficits, and residents were observed to be encouraged to wear sensory aids. A group of residents
with visual impairments were observed playing cards with ‘vision impaired’ cards. Residents are satisfied their sensory needs are being met.

2.17 Sleep

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

**Team’s recommendation**

Does comply

Residents sleeping preferences, habit and patterns are recorded on entry to the hostel through assessments in consultation with the resident and representatives. This is reviewed at regular intervals to identify any disturbances to their normal sleep pattern. Information gathered considers environmental factors, pain management, alternatives to sedation and settling techniques. Residents settling routines are observed and respected and alternatives to sedation are offered to induce sleep such as warm drinks. Residents confirmed that they felt comfortable at night and the home assisted them to settle and achieve natural sleeping patterns.
Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team’s recommendation
Does comply

Resident involvement and input is actively sought through suggestions, resident/representative survey, meetings and discussion with staff. The activities staff run a busy activities program which is responsive to resident’s needs and suggestions. Refer to standard 1.1. Recent continuous improvement activities under this standard include:
- Christmas stamps purchased to aid residents with their Christmas mail
- “Brain gym” commenced
- New digital camera purchased
- Residents are able to purchase items from the local grocer by placing an order with the activities staff
- The hostel is currently developing an area to be used to provide one to one therapy such as hand massage and nail care and an internet café.

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

Current information about legislative and regulatory compliance relating to resident lifestyle is maintained and readily accessible for staff. Policies reflect recent changes to missing resident legislation and staff confirmed they have received information regarding these changes. The hostel includes volunteers in its matrix of police checks. Information on the internal and external complaints mechanisms are available to residents/representatives in their handbook and displayed in the facility. Residents confirmed they are aware of the complaints system.

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 hostel actively identifies staff educational opportunities related to resident lifestyle through staff discussion at the beginning of each year, staff appraisals, review of resident care needs and changes in legislation and regulatory compliance. Records of attendance and feedback are maintained and staff are notified of scheduled sessions through brochures in the mail, staff notice board and the yearly calendar. Staff confirmed they are encouraged to participate in education. Recent education relating to Standard Three includes: privacy and dignity, the person living with dementia and elder abuse.

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 confirmed they are satisfied with the support provided when they first come to live at the hostel and on an ongoing basis. All residents are assessed when they move into the hostel. Care plans provide resident background information and detail the resident’s social, religious, lifestyle and emotional needs. Lifestyle profiles compiled in consultation with residents’ families enable staff to support and monitor residents’ ongoing emotional needs. The hostel also uses a ‘buddy’ system for new residents, to provide them with additional assistance in settling into the hostel. Any identified emotional needs are factored into the care plan and evaluated every two to three months. Residents have access to regular visits from all religious services. Residents’ emotional needs are reviewed regularly by lifestyle staff and as needs change care plans are amended.

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

The hostel is effective in supporting residents to maintain family and community relationships. Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. These networks are maintained through the formal lifestyle program, through access to community services and events and through support of individual residents. The home identifies individual needs and preferences through the assessment and documentation process and residents are encouraged to personalise their rooms. Residents and representatives also reported they are satisfied with the assistance provided to maintain their level of independence and to attend chosen activities.

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’ rights to privacy, dignity and confidentiality are recognised and respected at the home. Staff knock on doors before entry and the home ensures the secure storage of residents’ information. There are quiet indoor and outdoor areas in the hostel that are available for residents to have privacy with family and visitors. Staff practices are monitored through observation, feedback from key personnel and audits and surveys. Residents right to privacy is discussed with residents and their representatives. Residents reported they were satisfied that their privacy, dignity and confidentiality is recognised and respected by staff.

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

Team’s recommendation  
Does comply

The hostel encourages and supports residents to participate in a wide range of activities of interest to them. Residents’ histories, including past and present leisure interests, are collated via a social profile and this information is used to formulate an activity plan within a month of entry to the home. The hostel’s program includes a range of activities including brain gym, shopping, music therapy, hand massage, top to toe spa, hairdresser, facial hair removal,
bingo, bullseye, scud, dice, happy hour every Friday, a sundowners program and regular bus trips. Residents' individual participation in daily activities are recorded on a flow chart/planner. This chart also identifies if a resident needs one on one time. The effectiveness of the activity program is evaluated by feedback via residents bi-monthly meetings, comments and suggestion box and via annual resident survey. Residents are very satisfied with the lifestyle program and said they are encouraged and supported to participate in a range of activities of interest 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 recommendation
Does comply

Residents cultural and spiritual life is valued and fostered by the hostel. The residents interests, language, cultural and religious profiles are identified when they first enter the home via a social profile. Regular religious services are held within the hostel, provided for all religious denominations, with some residents attending church. The audit team were shown a slide presentation of all cultural activities the hostel had in the past year, such as St Patricks Day, Christmas in July, Oktoberfest and Scottish Day. Residents reported they are happy with the hostel's response to their 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 recommendation
Does comply

Residents individual choices and decisions are encouraged and supported by management and staff. Resident and representatives are consulted through the assessment and care planning process to ensure that individual choice and preferences for all activities related to their medical, physical, lifestyle, emotional, religious and social needs are identified. Residents care needs are regularly reviewed in consultation with residents and representatives and changes are made in response to changed individual needs and preferences. Staff demonstrated a comprehensive understanding of residents individual preferences. The hostel has processes for residents’ choice and decision making with resident meetings, surveys and an internal comments and complaints system. Residents confirmed their ability to participate in decisions relative to their needs, and that staff respect their right to take part in activities as they choose.

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

Management of the hostel meet with all prospective residents to advise them of the rights and responsibilities, conditions of tenure and discuss the services of the hostel as a low care facility. Residents/representatives receive written information on the hostel, services provided and fee structures, residential contracts and any applicable bond requirements. Residents' rights and responsibilities are displayed on notice boards and discussed at resident meetings. Residents/representatives confirm they are aware of the rights and responsibilities and the hostel communicates regularly.
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 hostel undertakes continuous improvement activities relating to the physical environment and safe systems and monitors the outcomes of audits, independent inspections and feedback from stakeholders to ensure its standards of safety are maintained. Management is responsive to issues identified through its quality systems. Systems are in place to assist staff to report hazards and to maintain their own personal safety through the selection and correct use of equipment. Refer to standard 1.1. Recent continuous improvement activities under this standard include:

- Lounge chairs have been reupholstered
- Carpet in the dining room has been replaced
- Non slip mats have been placed in the kitchen
- First aid kit has been added to the emergency kit
- Storage containers for chemicals has changed from drums to pump packs

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 hostel has systems in place to ensure they are aware of and meet current regulatory compliance related to physical environment and safe systems. Key staff members have recently received training in infection control and occupational health and safety. Fire and emergency equipment is tested according to regulatory requirements and the hostel has a food safety plan. Staff confirm they have completed competencies and received training in standard four outcomes.

4.3 Education and staff development

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

Team’s recommendation

Does comply

The hostel has clearly identified compulsory education for staff with the supervisor monitoring staff attendance at fire and emergency training, manual handling, infection control and resuscitation. Staff unable to attend are required to complete a work book on each topic. Education is provided in formal sessions, meetings, resident care reviews and written information left in staff rooms. Compulsory education is discussed at staff appraisals. Staff are able to identify and confirm they have completed compulsory education. Education received includes: infection control, use of bleach on carpets, manual handling, first aid, resuscitation and mock evacuations.

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

Management and staff work actively to promote a safe and comfortable environment through planned routine and preventative maintenance programs and regular checking of the residents’ environment. The hostel has natural lighting, is well ventilated and has views of the garden and surrounding countryside. Residents reside in single rooms with ensuites, have access to a large communal lounge area and small lounges are utilised of an evening. Residents and their representatives confirm satisfaction with the living environment.

4.5 Occupational health and safety
This expected outcome requires that “management is actively working to provide a safe working environment that meets regulatory requirements”.

Team’s recommendation
Does comply

The hostel has an identified trained occupational health and safety representative who reports to the Quality meeting. There is a system of regular audits of residents’ rooms and living environment, fire and safety systems and a schedule for routine maintenance. Falls and incident data is collected and discussed at the Quality and staff meetings. New staff receive training and there are mandatory competencies for staff to complete each year. Staff confirmed they receive training in manual handling and chemical safety and there is a vaccination program for staff.

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 hostel has systems in place to detect and respond to fire and other emergencies. There are policies and procedures for fire and evacuation, bomb threats, power failure and earthquakes. New staff receive information on emergency procedures on orientation and residents have participated in a ‘false alarm’ evacuation followed by a review of procedures and a mock evacuation. All electrical equipment is tested and tagged and there are regular audits of exit passages. Staff and residents confirmed participation in fire and evacuations. The team observed all exit doors were free from clutter and exit signs were all illuminated.

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

Team’s recommendation
Does comply

The hostel has an effective infection control program that includes education, provision of personal protective equipment for staff and guidelines that inform staff of infection control procedures. The team observed stock levels and staff confirmed that they have enough stock to maintain infection control practices at the home. There is an infectious kit available and infectious waste and sharps disposal units are located in the hostel. The hostel is equipped for a gastroenteritis outbreak. Information is provided to staff during the orientation process through audit results, education sessions and staff meetings. Staff demonstrated a good knowledge of infection control principles related to their particular work area.

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”.

Name of home: Carinya Lodge Hostel RACS ID 3019
Dates of site audit: 23 June 2009 to 24 June 2009
Team's recommendation
Does comply

The hostel has effective systems in place to enable the provision of catering, cleaning and laundry services. Meals are prepared on site in the kitchen in line with the hostel’s food safety program. Internal and external audits ensure compliance with the food safety plan. The six weekly rotating menu is reviewed and updated every two months. Schedules are in place to ensure that cleaning tasks are completed and the hostel was observed to be clean during the visit. Regular monitoring and auditing processes are completed. General linen is sent off site for laundering and resident clothing is laundered by hostel staff. Staff advised that they are satisfied with hospitality services. Residents and representatives confirm they are satisfied with the cleaning and laundry services they receive and with the meals at the home. A recent resident survey confirms this view.