



Standards and Accreditation Agency Ltd

Decision to accredit Glendale Aged Care Hostel

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

The Agency has decided that the period of accreditation of Glendale Aged Care Hostel is three years until 29 November 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Glendale Aged Care Hostel				
RACS ID:	3130				
Number of beds:	135	Number of high care residents:	48		
Special needs group catered for:	Nil				
Street/PO Box:	1 Glendale Court				
City:	WERRIBEE	State:	VIC	Postcode:	3030
Phone:	0397480788		Facsimile:	03 9749 6402	
Email address:	Margaret.Grasso@llprimelife.com				

Approved provider

Approved provider:	Glendale RV Syndication Pty Ltd
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Assessment team

Team leader:	Rhonda Whitehead
Team member/s:	Jill Packham
	Val Dudok
Date/s of audit:	8 September 2009 to 9 September 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
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Does comply

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
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Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Glendale Aged Care Hostel
RACS ID	3130

Executive summary

This is the report of a site audit of Glendale Aged Care Hostel 3130 1 Glendale Court WERRIBEE VIC from 8 September 2009 to 9 September 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Glendale Aged Care 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 8 September 2009 to 9 September 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 assessors.

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

Assessment team

Team leader:	Rhonda Whitehead
Team member/s:	Jill Packham
	Val Dudok

Approved provider details

Approved provider:	Glendale RV Syndication Pty Ltd
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Details of home

Name of home:	Glendale Aged Care Hostel
RACS ID:	3130

Total number of allocated places:	135
Number of residents during site audit:	128
Number of high care residents during site audit:	48
Special needs catered for:	N/A

Street/PO Box:	1 Glendale Court	State:	Victoria
City/Town:	WERRIBEE	Postcode:	3030
Phone number:	0397480788	Facsimile:	03 9749 6402
E-mail address:	Margaret.Grasso@lprimelife.com		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents	13
Registered nurses division one	2	Representatives	3
Registered nurses division two	2	Pastoral career	1
Care coordinators	2	Lifestyle coordinator	1
Care staff	6	Lifestyle staff	1
General practitioner	1	Catering staff	4
Pharmacist	1	Hospitality services manager	1
Quality Coordinator	1	Cleaning staff	3
Staff development coordinator	1	Maintenance staff	2
Administration receptionist	1	Laundry staff	2
Volunteers	1	-	-

Sampled documents

	Number		Number
Residents' files	15	Medication charts	23
Summary/quick reference care plans – hard copy	15	Blood glucose monitoring charts	4
Summary/quick reference care plans – electronic	11	Weight charts	11
Wound charts	12	General practitioner and allied health – hard copy notes	11
Incident reports	10	Nutritional/dietary information plans	11
Residents administration files	6	Personal files	10

Other documents reviewed

The team also reviewed:

- Activities attendance records
- Aged care asset planning self assessment checklist
- Annual prudential compliance statement
- Audit schedule 2009
- Cleaning schedule
- Continuous improvement plan folder
- Council building registration
- Electronic work book – resident care
- Emergency response checklist
- Equipment operating instructions
- Equipment test and tag audit
- Essential safety measures maintenance log book
- Evaluation of education program
- External complaints scheme information
- External emergency phone list
- Facility training calendar
- Food hygiene standards employee declaration
- Food safety program
- Handover sheets
- Hazard register
- Housekeeping checklist
- Incident report folder and instructions
- Individual meal time schedules
- Infection surveillance folder and instructions
- Kitchen daily record book for, recording temperature, pest checks, sanitisers, hand basin checks
- Kitchen job list
- Lifestyle meeting minutes
- Maintenance request book
- Material safety data sheets
- Medication management meeting minutes
- Memorandum folder
- Minutes of meetings-staff, residents
- Nurses' certification register
- Occupational health and safety information
- Organisational chart
- Palliative care folder
- Pest management report
- Police check register
- Policy and procedures
- Preventative maintenance schedule
- Resident agreements
- Resident food register
- Resident information packs
- Resident key register
- Resident specific physiotherapy plans
- Residents daily needs white boards
- Residents sign in and out books
- Residents' information package and surveys
- Safe work procedure folder
- Satellite channel education program

- Schedule of meetings 2009
- Security of tenure and responsibilities audit May 2009
- Self directed learning packages
- Social and human needs assessments
- Staff annual performance reviews
- Staff competencies
- Staff information booklet
- Staff qualification/registrations notices and certificates
- Staff request for supplies form
- Staff rosters
- Staff survey 2008
- Staff workbook report
- Thermometer calibration record
- Training evaluations
- Training record of attendance
- Volunteer handbook
- Volunteer statement of confidentiality forms
- Washing machine temperature log

Observations

The team observed the following:

- Activities in progress
- Activities monthly calendar
- Activities physiotherapy weekly exercise calendar
- Archiving room
- Bird aviary
- Call bell system – fixed and ambulatory
- Centennial honour board
- Ceramic animals in corridors - used as direction prompts
- Charter of residents' rights posters
- Clean/dirty laundry procedures
- Cleaning in progress
- Cleaning products guide
- Colour coded mops
- Eating assistive devices
- Emergency procedure colour coded charts
- Evacuation plans
- Exercise equipment
- External complaints scheme information in several languages
- Food act certificate audit
- Food hygiene standards
- Fresh fruit being served
- Gastroenteritis kit
- General practitioners clinic
- Hairdressing salon
- Hand washing posters
- Hand washing stations and antiseptic hand wash
- Handrails in corridors
- Infectious waste bins
- Influenza posters
- Interactions between staff and residents
- Kitchen
- Kitchenette

- Living environment – internal and external
- Manual handling mentors list
- Manual handling posters
- Meal service
- Medication refrigerator temperature records
- Medication room
- Menus on display
- Newsletter
- Nurses stations
- Occupational health and safety notice board
- Outdoor smoking areas
- Overhead lifting equipment
- Pathology - cold storage
- Personal protective equipment
- Public phone
- Quality improvement forms and suggestion boxes
- Resident funding tracking board
- Resident laundries
- Resident life story template
- Resident of the day list
- Residents dressed appropriately
- Residents meals preferences kitchen system
- Residents' mail box in foyer
- Sharps containers
- Sign in/out books
- Spills kit
- Staffroom and noticeboards
- Stock rotation of inventory and groceries
- Storage areas for equipment and inventory
- Storage of medications
- Tea and coffee stations
- Vision statement on display
- Water coolers and cold drink vending machines
- Wireless network
- Wound supplies

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 home has an effective system to identify, action and evaluate continuous improvement across the four Standards. Information is collected using quality improvement forms, staff and resident meetings, annual surveys, audits, maintenance requests and clinical indicators. The facility manager and quality coordinator log items into a register and allocate actions to appropriate departments with timeframes and desired outcomes. Issues are prioritised and dealt with immediately when possible or added to the continuous improvement plan for further action. The quality committee monitors progress at regular meetings and evaluates and trends issues. Feedback is given to staff, residents and representatives at meetings, one on one as appropriate and through newsletters. Staff, residents and representatives confirmed they are encouraged to make suggestions through the continuous improvement system.

Recent examples of continuous improvement in relation to Standard One include:

- A new intranet system has been introduced organisation wide which has improved access to information and streamlined communication processes.
- Three employees are undertaking division two training which will improve skill levels and professional development for staff.
- A nurse educator has been employed organisation wide to improve education opportunities and add to the Aged Care Channel training. This will offer personalised training for identified site specific education needs.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system in place to identify relevant legislation, regulatory requirements, professional standards and guidelines to ensure compliance across all four Standards. Alerts are received at the corporate head office through membership to peak bodies, legislative update websites and government departments. These are then forwarded to the home. The facility manager monitors the central bulletin register and disseminates information to staff through memos and meetings. Residents and representatives are informed of any relevant changes through their meetings, newsletters and mail outs. Changes result in policy and procedure updates and feed into the training schedule. Monitoring of compliance is achieved through the quality management systems including audits, competencies and observations. Staff, residents and representatives confirmed they are updated with changes to regulations.

Example of regulatory compliance in relation to Standard One:

- The corporate head office monitors that all internal and external staff and volunteers possess current police check clearances and that the registrations of nursing staff are maintained.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes in place to ensure appropriately qualified staff are employed based on the position description and resident needs. The annual education plan is developed from staff education needs analysis, appraisal processes, audit results, new legislation, incident reporting, resident needs and observations. The home provides education through various channels including orientation, on-the-job training, contemporary practice changes, satellite channel, formal training sessions and staff meetings. Staff have access to approved study leave and are supported to participate in external education. Training attendance records are maintained and monitored and feedback on training sessions is evaluated for future planning. Staff said they are satisfied with the training and education provided by the home.

Recent education completed relevant to Standard One include:

- The home's computer software training
- Communication skills
- Accreditation and your role
- Advocacy for residents
- Team work.

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

Information regarding external and internal complaints mechanisms is provided on entry to the home, included in the resident information pack and discussed at resident/representative meetings. Complaint processes are on display in English and other languages. Quality improvement forms are available to all stakeholders to raise their concerns and a suggestion box is available to provide anonymity to lodged complaints. The home has an open door policy with all complaints documented, investigated and responded to appropriately. Residents said staff are approachable and feel comfortable raising any issues directly. Residents, their representatives and staff confirmed their knowledge and satisfaction of the complaints processes and with the response to issues raised.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's vision mission and values statement is documented and displayed consistently throughout the organisation. The vision, mission and values statement is also contained in the resident information packs and staff handbook. Staff are informed about planning and leadership including the home's continuous improvement and quality systems at orientation and on an ongoing basis. Staff said they are aware of the home's commitment to the vision, mission, values and philosophy of the home.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has processes in place for the recruitment and ongoing monitoring of staff performance to meet residents care needs and services. Staff recruitment occurs in response to identified needs of the home and residents. Structured recruitment procedures are in place to ensure that appropriate staff are employed for specific roles. Formal interviews, reference and police checks occur prior to staff commencing employment. Position descriptions and duty lists inform and guide staff in areas of resident care, professional development and the home's policy and procedures. Staff appraisals, audits, competencies and observations ensure staff practices and knowledge are current. Residents and their representative said they are satisfied with the responsiveness of staff and adequacy of care.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has processes to ensure that supplies of appropriate goods and equipment are available to provide quality service delivery. Maintenance processes are managed through external service providers and include scheduled preventative maintenance and daily corrective maintenance; records show that requests are handled promptly. Stock is stored and rotated as appropriate in clean and secure areas. The team observed adequate supplies of personal and clinical inventory, equipment, and linen, catering and laundry supplies. Staff, residents and their representatives said that the home supplies and maintains goods and equipment to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home's information systems demonstrate effective recording, reporting, analysis and storage of all information. The home provides a designated communication room for staff to access computers to record all resident clinical information. All computers are password protected with the security of systems maintained by the organisation. Information is audited and reviewed regularly to ensure currency and accuracy. Care plan documentation is current and handovers between shifts are used to keep staff informed of each resident's current needs. The home communicates through various channels including, policy and procedures, staff education, memorandums, notice boards, newsletters and at staff, residents' and representatives meetings. Personnel and resident files are securely stored, archived and destroyed as required. Staff confirmed awareness and knowledge of the homes communication processes and were able to identify the location of information available to them to perform their roles. Residents said they are satisfied with the information available to them to assist them make decisions about their care and lifestyle.

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 home has systems in place to ensure that externally sourced services are provided in a way that meets the home's quality goals and the care needs of residents. Contracts and service agreements are in place for external service providers included. The supplier is responsible for ensuring that service staff comply with relevant legislation and regulations and police checks. Feedback is sought on the delivery of service through resident and staff surveys, observations, comments and complaints systems and audits. Management discusses any performance issues and if necessary change service provider. Staff and residents reported that they are satisfied with the services provided by the home's external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has an effective system to identify, action and evaluate continuous improvement relating to health and personal care. Information is collected through regular clinical care audits, incident reports and resident care plan evaluations. Staff training techniques and resident management systems are regularly reviewed and analysed and feed into the continuous improvement plan. Staff confirmed they are encouraged to make suggestions relating to clinical processes and residents are satisfied with the way their health needs are managed.

Recent examples of continuous improvement in relation to Standard Two include:

- A new electronic system has been introduced for resident care to replace the paper based system. This has improved communication and accessibility of staff to residents' care needs.
- A new medication system has been introduced that has improved data collection on incidents and has reduced identified signatory gaps.
- A local hospital has introduced a community liaison nurse position that provides 24 hour telephone support to staff on clinical matters.
- A local general practitioner group has recently introduced a new service to residents and representatives to assist them settle into their new environment.

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 ensures compliance with regulations regarding the residents' health and personal care. The home's systems are outlined in Standard one, expected outcome 1.2 of this report. Staff confirmed that they are kept up to date with information and training in relation to legislative change in clinical care of residents.

Examples of regulatory compliance in relation to Standard Two include:

- Management and monitoring of medication by qualified staff
- Elder abuse and compulsory reporting policies are in place.

2.3 Education and staff development

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

Team’s recommendation

Does comply

The home has processes that enable staff to acquire the knowledge and skills to provide health and personal care to residents. Staff participate in on-the-job training and internal education sessions to improve their clinical skills and knowledge. External training is encouraged and supported for the continuing of professional development. Staff said they were satisfied with the opportunities provided to them to participate in on-going education and development.

Education recently completed in relation to health and personal care includes:

- Care coordinators education day
- Medication management
- Pain management
- Wound management
- Residents assessment method
- Behavioural management
- Medical emergencies
- Falls prevention
- Hydration and nutrition
- Sensory loss
- Clinical skills.

2.4 Clinical care

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

Team’s recommendation

Does comply

Resident health and personal care is systematically assessed using assessment tools from which care plans are developed and implemented. Care plans are reviewed and evaluated regularly depending on the level of assessed clinical care needs for each resident. Residents and or their representatives are consulted throughout the process. Education programs are in place to ensure that staff receive appropriate education to competently perform their tasks. Care is overseen by registered nurses division one and two and residents and their families confirmed they were pleased with the quality of clinical care received.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents’ specialised nursing care needs are assessed at the time of entry to the home or when a change in health occurs. Specific specialised nursing care plans are developed and regularly monitored, reviewed and evaluated by registered nurses division one. Staff have access to policies, procedures and other clinical information to assist in technical nursing care. Staff confirmed that education is provided to ensure they have the appropriate skills to complete and evaluate specific care needs. Specialist nurses, general practitioners and other

health professionals are available to support staff in the delivery of complex care. Residents' families confirmed that specialised nursing care is delivered appropriately by qualified staff.

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' of Glendale Aged Care Hostel have access to specialists and other health professionals in accordance with their needs and preferences. Residents are assessed by a physiotherapist at the time of entry to the home and reviewed as required. Staff refer residents to other services such as speech pathologist optometrist, dentist and wound specialists according to assessed need or following a request from the resident or their representative. Residents and their representatives confirmed they are assisted to attend external appointments and are pleased with the support they receive.

2.7 Medication management

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

Team's recommendation

Does comply

The home has in place systems to ensure staff are able to manage medications safely and correctly and in accordance with regulatory requirements. Register nurses division one are responsible for the management of medications. Residents' are assisted to take their medication by registered nurse divisions one and two and personal care staff. Medication charts are regularly audited by the pharmacy and through the quality system. Each resident's medications are reviewed on a regular basis by their general practitioner. Errors in medication administration are recorded through the incident reporting process and subjected to investigation. Residents self administer their medications from a packaged system and are monitored for both physical and cognitive changes to ensure that self care ability is not compromised. Residents' and their representatives stated they were pleased with the medication system and felt confident in the staffs' ability to assist them.

2.8 Pain management

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

Team's recommendation

Does comply

Residents undergo initial pain assessment on entry to the home or in the event of a change in condition. Staff have access to assessment tools to assess pain levels of residents who may be experiencing pain and evaluate the effectiveness of strategies implemented. Interventions include heat and cold, massage, exercise and analgesia. Staff are educated to observe residents who are unable to communicate verbally for changes which may indicate pain or discomfort. Residents and their representatives stated that staff deal with resident pain effectively and appropriately when needed.

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 home actively works with residents and their representatives to assist them make decisions about terminal care and palliative care wishes prior to entering the home. Staff are sensitive to issues surrounding each person’s spirituality and culture. Each resident has a care plan in place for trained staff to manage resident’s end of life wishes. Palliative care is conducted in an inclusive manner with the resident and their representatives when the need arises; this includes the support of a pastoral career if requested. Residents and their representatives confirmed that the subject is handled with empathy and great care by staff and management.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ of Glendale Aged Care Hostel are supported by a trained catering team who encourage feed back from residents regularly. The assessors observed large servings of well-balanced meals, which were attractive, warm and well received by residents. Snacks are available including fresh fruit. Residents’ nutrition and hydration needs are assessed on entry to the home and identified preferences and clinical needs are relayed to the kitchen. Residents are weighed each month and any patterns of loss or gain in weight are referred to the general practitioner, speech pathologist and dietician for review. Specialist meals including textured foods, meal supplements and additives and thickened fluids are available if required to comply with prescribed interventions. Residents and their representatives commented that meals are tasty and residents said they look forward to meal times.

2.11 Skin care

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

Team’s recommendation

Does comply

There are systems in place to assess, monitor and implement appropriate care to optimise residents’ skin integrity. Skin care plans are developed from the assessment information and referrals are made when appropriate. Wound management is documented and supervised and evaluated by registered nurses division one and two. Each incident of breakdown through injury or pressure is investigated through the incident reporting process. Contemporary wound management regimes are in place to optimise healing of injuries or lesions. Residents and their representatives were pleased with the skin care and wound management systems in place and the treatment received.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence management plans are compiled following a systematic assessment over three to seven day on entering the home. The collected information forms the basis for an individual toileting program for each resident if required. Individual times are included in care plans to ensure each carer is aware of residents needs. Continence is further supported and promoted by exercise, a balanced diet and adequate or additional fluids to each resident’s tolerance. Specialist continence products and bedding are available to further provide physical comfort and dignity for residents. Specialist intervention is available when needed. Residents and their representatives were pleased with the assistance given to them to maintain their independence and maximise existing function.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents undergo assessment for care needs in the presence of challenging behaviours on entering the home. Residents’ care is regularly monitored and evaluated. Assessments take into consideration the individuals’ right to maintain independence, personality traits, friendships and associations with their community. The team was able to observe that residents were treated with respect and their dignity maintained. Aggressive behaviour is recorded and residents are referred to external specialist psycho-geriatric services if needed. Management stated that the home is unsuitable for residents with wandering behaviour due to the layout of the home. Residents and their representatives are informed of this prior to entering the home and management confirmed they assist residents who develop the need for a secure environment to source alternative accommodation. Families confirmed that staff manage challenging behaviour in an empathetic manner.

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

Each resident is assessed for mobility and dexterity on entry to the home. Residents and their representatives are included in planning of interventions. A physiotherapist reviews care needs and develops a care plan and exercise program for each resident. The full mobility assessment and care plan includes the assessment of mobility aids, the use of protective equipment and the use of sensor mats to alert staff to unexpected movement from a resident at risk of falls at night. There are processes in place for the review and evaluation of care needs. Incident report analysis demonstrates that falls are minimised and fully investigated for cause and include interventions to mitigate the risk of another fall. Residents and their representatives are pleased with the support they receive to maintain or improve their mobility.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home has processes and systems in place to ensure that residents oral and dental care needs are met. Residents’ are encouraged and supported to maintain their independent ability to maintain oral hygiene. Each are assessed for their needs on entry to the home and what level of staff assistance is required to maximise oral health. Residents have access to their own dentist with assistance from staff and family. Family and residents stated and the general appearance of residents confirmed that oral and dental health is maintained to an optimum level.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Systems are in place to ensure that residents’ sensory losses are identified and managed effectively on entry to the home. Assessed needs are evaluated regularly. Residents are referred to and encouraged to visit other health care professionals such as optometrists and audiologists if needed. Care staff are familiar with residents’ sensory losses, communication needs and care requirements. Family and residents stated and the general demeanour of residents confirmed that sensory capacity is maintained to an optimum level. Residents and their families and documentation confirmed they receive assistance to optimise their communication needs.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are assessed for their sleep patterns and sleeping rituals on entry to the home. Care plans include individual rising and settling times, nightly rituals, pain control and other strategies to maximise comfort and natural sleep. Changes in sleep patterns are noted and evaluated. Each resident has their own bedroom and most have access to a bathroom directly off their bedroom providing an environment for natural sleep and rest during the day. Residents confirmed they are able to achieve a rested sleep on most nights and staff assist them overnight with company or a hot drink if needed.

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

The home has an effective system to identify, action and evaluate continuous improvement relating to residents’ lifestyle. Leisure and lifestyle staff monitor residents’ needs through surveys, activity attendance records, quality improvement forms, audits, observations and feedback from meetings. Suggestions to improve the residents’ lifestyle outcomes are added to the continuous improvement plan. Residents confirmed they are consulted on lifestyle activities and their suggestions are responded to by the home.

Recent examples of continuous improvement in relation to Standard Three include:

- The home has recently acquired a new eight seater bus which has increased the opportunities for residents’ outings and access to the community.
- Contact has recently been made with a local service club with the aim of increasing volunteer numbers to improve one on one time with residents.
- A new memorial board has been developed to celebrate past residents.
- A new centennial honour board is now on display for residents who turn 100 years old.
- An organ has been installed in the high care wing as a result of a request by a resident who is an avid player.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home ensures compliance with regulations regarding residents’ lifestyle. The home’s systems are outlined in Standard one expected outcome 1.2 of this report. Staff confirmed they are kept up to date with information and training in relation to resident lifestyle outcomes.

Examples of regulatory compliance in relation to Standard Three include:

- New requirements in relation to absconding residents are followed
- Compliance with regulations in relation to privacy and confidentiality
- Trust account guidelines are in place.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home enables and encourages staff to participate in learning and development opportunities to improve their lifestyle skills and knowledge. The home provides staff with education and development opportunities that enable them to develop and improve the skills and knowledge needed to perform their roles effectively. Staff confirmed they are satisfied with the home's commitment to staff education and learning

Education completed to enhance resident lifestyle includes:

- Leisure and lifestyle training
- Dementia management training
- Cultural diversity
- Personalised lifestyle
- Men in aged care
- 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

Systems are in place to ensure that residents and representatives are emotionally supported in adjusting to life at the home and on an ongoing basis. Prior to entry residents are given a social profile to complete and are encouraged to bring personal items to decorate their room. The lifestyle coordinator meets with new resident during the first week and compiles a life history and discusses their interests and preferences. Care plans are developed including information on any emotional triggers. These are relayed to staff in care plans, handovers and reviews. Pastoral carer visits can be arranged and an on site chaplain is also available for support. Families, volunteers and groups are encouraged to be involved in the resident's life in the home; this includes individual time with the residents. Staff were observed interacting with residents in a friendly and caring manner and residents confirmed they are well supported.

3.5 Independence

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

Team's recommendation

Does comply

Residents are encouraged to maintain their independence and retain community contacts. The home's physiotherapy and lifestyle assessments identify and monitor the resident's independence levels and preferences for social interactions and community participation. Aids are used if necessary to assist with mobility, grooming and at meal times and the lifestyle program includes exercises and sensory stimulating activities. Residents, family and friends can choose to join in organised activities or to pursue individual interests within or outside the home. Power of attorney information is documented on entry to the home.

Residents and representatives confirmed they are assisted when necessary to maintain their independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home recognises and respects each resident's right to privacy, dignity and confidentiality. Information about residents' privacy rights is contained in the residential agreement, the handbook, the vision statement and policy and procedures. Staff are required to sign a confidentiality statement, information on residents' privacy and dignity is included in the staff handbook and audits monitor their compliance. Residents' consent is sought for the publication of photos and names and if they wish their birthdays to be celebrated. Cultural and religious beliefs are respected and end of life wishes are documented. Most residents are accommodated in single rooms and the majority have a separate living area and bathroom. There are various alcoves throughout the facility to meet with visitors and rooms can be booked for private celebrations. Residents' information is stored in locked cabinets and computers are password protected with various levels of security access. Residents confirmed that staff knock on their door before entering and call them by their preferred name.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents are supported and encouraged to participate in a wide range of activities of interest to them either in groups or individually. Residents complete a life story profile prior to entry and meet with lifestyle staff during the first week to discuss their social, emotional, cultural and spiritual needs. A monthly activities calendar is offered as well as a weekly exercise program developed by the physiotherapist. Residents are encouraged to attend community activities, pursue individual interests and to make suggestions for future planning. Sensory disabilities are catered for with talking books, pet therapy, musical events and large print books, newsletters and bingo. The program is evaluated through feedback from meetings, attendance records and surveys. Residents confirmed they are satisfied with the activities program offered to them at the home.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home demonstrates it fosters and values residents' cultural backgrounds and spiritual preferences. Residents are assessed on entry to capture information regarding their individual beliefs, religious practices, significant days and palliative care wishes. Church services are held weekly by a variety of denominations and further supported with individual communion and pastoral visits. Residents are also assisted to attend community church services. Special events are acknowledged and various days of significance are celebrated such as Anzac Day, Christmas and Easter. Staff have access to cultural care kits and interpreters are available if required. The home monitors the effectiveness of the program

through feedback from surveys and meetings. Residents confirmed their cultural and spiritual life is respected and supported by the home.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home is committed to promoting and respecting residents' rights, choices and decisions where it does not impinge on the rights of others. An initial assessment is done to identify the residents' cognitive abilities and preferences on such things as lifestyle, sleep patterns, diet, grooming routines and independence. These assessments are repeated annually or more frequently if required. The residents' handbook contains information on residents' rights, the internal and external complaints systems, advocacy services and the home's policies relating to residents' care. Audits, surveys and feedback from meetings monitor residents' satisfaction with their lifestyle control and they are also invited to make suggestions and comments through the quality improvement forms and the home's open door policy. Staff receive education on the Charter of Residents' Rights and Responsibilities and annual audits monitor compliance. Residents stated they are free to make choices and decisions regarding their lifestyle at the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home ensures that new residents and their representatives understand their security of tenure and rights and responsibilities. Prior to entry residents and their representatives are given an enquiry pack which includes information on the financial schedule, services provided and rules of occupancy. They meet with the facility manager to discuss the residents' agreement and are encouraged to seek independent external financial and legal advice. The residents' handbook contains comprehensive information on all aspects of life in their new home, including the external complaints and advocacy services available. Management stated they have an open door policy to ensure issues are raised and resolved in a timely manner. Residents' administration files are stored securely. Residents and representatives said they feel secure in their tenure and confirmed they were well informed during the admission process.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has an effective system to identify, action and evaluate continuous improvement relating to the physical environment and safe systems. Areas for improvement are identified through environmental audits, maintenance requests and reports, quality improvement forms, surveys and meetings. Issues are attended to in a timely manner and are added to the continuous improvement plan as appropriate. Staff and residents are satisfied with the home’s safety precautions and the overall living environment.

Recent examples of continuous improvement in relation to Standard Four include:

- The lounge area has recently been renovated with new carpets, curtains and painting.
- A new ambulance bay has been installed.
- A gardener now comes every three weeks to maintain the garden and courtyard areas.
- A manual handling mentor group has been established to assist other staff improve their safety and skills.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home ensures compliance with regulations regarding the physical environment and safe systems. The home’s systems are outlined in Standard one, expected outcome 1.2 of this report. Staff confirm they are kept up to date with information and training in relation safety procedures.

Example of regulatory compliance in relation to Standard four:

- Occupational health and safety policies are in place
- Staff attend mandatory fire and evacuation training
- The home has a food safety plan

4.3 Education and staff development

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

Team’s recommendation

Does comply

The home identifies training requirements through legislation in regards to occupational health and safety. All staff completes compulsory manual handling, fire and evacuation training and infection control as part of the annual mandatory training program of the home. Staff education and training records are maintained and evaluation of training occurs after each session. Staff confirm they regularly participate in mandatory training and contribute to maintaining a safe and comfortable environment for staff, residents and representatives.

Recent education completed by staff in regards to the physical environment and safe systems include:

- Occupational health and safety annual refresher training
- Fire and safety
- Chemical handling training
- Manual handling
- Food handling course
- Infection control.

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 is actively working towards providing a safe and comfortable environment for residents. The home currently provides accommodation on one level with residents residing in single rooms with many rooms being of double size. Residents are encouraged to personalise their rooms which are configured to create a separate bedroom, sitting room, kitchenette and ensuite. Residents stated they are able to entertain other residents, family and friends in their rooms without having to sit in their bedrooms giving them privacy and promoting their dignity. Residents in the high care wing have purpose built rooms with ensuites or shared bathrooms. There are large comfortable communal areas as well as private areas and secure courtyards. Security systems are in place and doors and gates are locked at night. The home is maintained through the home's planned and reactive maintenance programs and residents and staff confirmed that maintenance issues are addressed promptly. Residents and their representatives said they feel safe and are generally satisfied with the living environment provided at the home.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation

Does comply

The home has an occupational health and safety system to enable a safe working environment for all stakeholders and which meets regulatory requirements. The system includes occupational health and safety policies and procedures with document work practices, completed incident forms, hazard reports and appropriate ongoing staff education. Safety is supported by manual handling training, risk assessments, preventative and corrective maintenance programs and environmental audits. The home has an occupational health and safety committee which meets regularly. Staff confirmed they receive training in manual handling, chemical handling and infection control and are aware of hazard reporting processes at the home. Staff said they are satisfied management is working towards providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems in place for detecting and acting upon fire, security and other emergency risks. The home is equipped with fire fighting equipment including alarms, automatic sprinklers, fire doors, hoses and extinguishers. Fire plans and emergency procedures are displayed throughout the building. An evacuation list is maintained and updated regularly. Mandatory fire safety training for staff occurs regularly. External contractors test and maintain fire and security detection systems. Emergency exits are clearly illuminated. There are security systems located throughout the home and these are maintained and checked regularly. Staff are aware of the home's fire and emergency procedures and expressed confidence with the home's emergency systems and processes.

4.7 Infection control

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

Team's recommendation

Does comply

The home has infection control guidelines, policies and procedures in place to minimise risk of infections. Infection control training is mandatory for all staff working at the home. Data on infections is collected and trend analysis is conducted and discussed at relevant meetings. An immunisation program is offered to residents and staff. Cleaning, catering and laundry infection controls are implemented including, colour coded mops, pest control checks and personal protective equipment and food and refrigerator temperature records are maintained. External food safety audits are complete, and contaminated waste is appropriately handled. The team observed that infectious outbreak kits and blood spills kits are accessible to staff. Staff demonstrated an awareness and knowledge of infection control procedures and confirmed hand washing competencies are carried out.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home provides hospitality services consistent with residents' individual needs and preferences. A food safety plan is in place and the home has recently had an external food safety audit conducted with satisfactory results. Resident dietary information including likes and dislikes is recorded on entry to the home. Residents provide input into the four week seasonal menu which is regularly reviewed by the organisations dietician. Residents' personal clothing items are laundered in the home's own laundry with all other items handled by an external service provider. Cleaning and laundry processes are guided by the housekeeping schedules and protective equipment was observed to be available. Residents/representatives said they were satisfied with all of the hospitality services in place.