



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Indo-Chinese Elderly Hostel

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

The Agency has decided that the period of accreditation of Indo-Chinese Elderly Hostel is three years until 15 September 2013.

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:	Indo-Chinese Elderly Hostel				
RACS ID:	0581				
Number of beds:	30	Number of high care residents:	15		
Special needs group catered for:	<ul style="list-style-type: none"> Residents of Indo Chinese background and heritage 				
Street/PO Box:	680A Cabramatta Road				
City:	BONNYRIGG	State:	NSW	Postcode:	2177
Phone:	02 8786 1888		Facsimile:	02 8786 0399	
Email address:	indochinesehostel@ihug.com.au				

Approved provider

Approved provider:	Indo-Chinese Elderly Hostel Project Inc
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Assessment team

Team leader:	Jose Rigor
Team member/s:	Dianne Gibson
Date/s of audit:	29 June 2010 to 30 June 2010

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

Accreditation decision

Agency findings
Does comply
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Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Indo-Chinese Elderly Hostel
RACS ID	0581

Executive summary

This is the report of a site audit of Indo-Chinese Elderly Hostel 0581 680A Cabramatta Road BONNYRIGG NSW from 29 June 2010 to 30 June 2010 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 Indo-Chinese Elderly 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 29 June 2010 to 30 June 2010

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

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

Assessment team

Team leader:	Jose Rigor
Team member/s:	Dianne Gibson

Approved provider details

Approved provider:	Indo-Chinese Elderly Hostel Project Inc
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Details of home

Name of home:	Indo-Chinese Elderly Hostel
RACS ID:	0581

Total number of allocated places:	30
Number of residents during site audit:	30
Number of high care residents during site audit:	15
Special needs catered for:	Residents of Indo Chinese background and heritage

Street/PO Box:	680A Cabramatta Road	State:	NSW
City/Town:	BONNYRIGG	Postcode:	2177
Phone number:	02 8786 1888	Facsimile:	02 8786 0399
E-mail address:	indochinesehostel@ihug.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Indo-Chinese Elderly 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:

Interviews

	Number		Number
Care manager	1	Residents/representatives	13
President	1	Volunteers	1
Registered nurses	2	Consultant	1
Care staff	3	Cleaning staff	1
Recreational activities officer	1	Maintenance staff	1
Catering staff	2	Physiotherapist	1

Sampled documents

	Number		Number
Residents' files (care plans, assessments, progress notes and medical notes)	6	Medication charts	14
Assessments and charts (bowels, blood glucose levels and vital signs)	11	Personnel files	5
Individual training records	5	Resident agreements	5
Handover sheets (number of days)	16	Wound charts	7
Physiotherapist's care plans and assessments	6	Self medicating assessment	1
Accident and incident forms	17	Social and human needs care plans	2

Other documents reviewed

The team also reviewed:

- (External) Service providers (agreements and details)

- Activities – therapy checklist, risk assessment evaluation, electoral enrolment, physiotherapy weekly exercise program
- Audits (external) – clinical and personal care, leisure and lifestyle
- Communications books in nurses stations including staff daily diary, doctors, physiotherapy, pharmacy
- Complaints documentation including Complaints investigation scheme pamphlets, 'Some tips on making a complaint' booklet, (NSW Ombudsman), log, register, flow chart and policy
- Continuous improvement including; plan, audits,
- Diabetic urine and glucometer testing record
- Disaster management plan
- Diversional therapy orientation schedule, individual program plan, my favourite activities register
- Education documentation including; Business administration certificate IV, Compulsory training, Attendance records, Aged care certificate III and IV, Education and learning and development proposal, Management training, Certificate IV in Asset maintenance (cleaning and operations), Food safety certificates, individual staff training folders, new staff orientation,
- Family conference checklist
- Festival celebrations 2010, culture celebrations Chinese and resident religions listing, monthly group activities, ancestor memory day
- Governing body manual
- Human resource documentation including; recruitment policies, job descriptions, duty lists, rosters, staff timesheets, collective agreement, staff handbook, staff satisfaction surveys, staff meeting minutes, RN meetings, management meetings
- Inventory records 2002 – 2010
- Job descriptions
- Kitchen documentation including; temperature recording records for fridges, freezers, cool room, dishwasher, food delivered, cooked food being served to residents; calibration records, Diet sheets, notices on wall listing resident preferences and exclusions, soft serve sheet, residents' food allergies, diabetics. Food safety program, main cook responsibility chart, cleaning schedules,
- Library facility form (mobile library from Fairfield Council)
- Maintenance documentation including; records, schedule, check book, daily request book, hot water thermometer monthly checks,
- MSDS at various points around the home where chemicals are used
- NSW Food Authority preliminary audit report
- Occupational health and safety documents including meetings and audits
- Pest control schedule and agreement
- Podiatry visits checklist, nail cut checklist, hair cut roster
- Police certificate guidelines for AC providers (includes register of staff)
- Policies and procedures manual
- Pre-admission interview file
- Recruitment policies and procedures
- Resident data: Vision, oral and hearing related (January 2010)
- Resident medication reviews
- Residents' handbook, information package, surveys, agreement, meeting minutes
- Residents' information handbook
- Residents' information package and surveys
- Staff handbook
- Strategic Plan 2009 - 2011 Storage of medications

Observations

The team observed the following:

- Activities in progress
- Chinese food served
- Chinese icons and decorations throughout the home
- Chinese language newspapers, books, magazines and television channels
- Chinese language predominantly in written documentation, notices, displays, information to staff and residents throughout the home with English translations,
- Chinese language spoken by all residents and staff
- Chinese leisure activities and daily customs taking place
- Closed circuit television security system
- Communication – picture cards, Laotian and Cambodian communication kit
- Equipment and supply storage areas
- Falls risk management and minimisation kit
- Fish and fountain pond and walkways all securely fenced
- Individual resident photo albums in residents' rooms
- Interactions between staff and residents
- Internal and external living environment
- Kitchen including various notices on resident preferences etc, hand washing basin with appropriate chemicals and notices, colour coded chopping boards, colour coded cleaning clothes, food storage, separate food storeroom in another part of building, resident fridge and two freezers in dining room next door to kitchen.
- Letter from dietitian who reviewed the current 2010 menu (the Chinese four-week cycle menu)
- Mail boxes/pigeon homes for all residents
- Outing kit (resident ID), diagnosis list
- Pain management by physiotherapist – inferential machine, ultrasound and heat packs, massage table
- Palliative care guidelines kit
- Photos of the residents and the board members engaged in activities displayed in main corridor
- Plans for a new building on the next door property displayed throughout the home
- Quiet room with Buddhist, Kuanyin and Christian icons and Chinese heroes
- Storage, administration and documentation of medications
- Volunteers providing activities for residents
- Whiteboard displaying residents' clinical requirements and observations

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 organisation actively pursues continuous improvement through its continuous improvement plan, scheduled audits of care and services, suggestions box, resident meetings, a quarterly quality meeting, a log of improvements to be made and a register of completed improvements. It also has systems for comments and complaints, hazards, accidents and incidents reporting, and contingencies in place like a disaster plan and an outbreak kit. Staff could identify suggestions for improvement that they have made which have been implemented and residents stated that they make suggestions at meetings or direct to the manager and these are implemented as well.

Recent improvements relating to Standard One include:

- As a result of not being able to document staff strengths in the appraisal process, the home developed two new formats for the appraisal process which was discussed with staff and a suitable format chosen and implemented.
- The staff handbook has been reviewed and new policies added for a smoke free site, to update infection control policies and to produce it in Chinese languages and English.
- As a result of their demographic research and their long waiting list, the Board has been working with their consultant to apply for approval for sixty additional places in two stages and a decision will be notified in September 2010. They are also working with an architect to prepare plans for building the new wing on the property they have purchased next door. As the current building does not contain a kitchen and laundry of commercial standards, these will be included in the new wing. It will also include a staffroom and a secure dementia unit of fifteen beds.

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 organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. This includes membership of a peak body and being linked to several bodies which send them information including the Department of Health and Ageing, The Aged Care Standards and Accreditation Agency, NSW Health, NSW Food Authority, their local council and the Nursing Association. The home subscribes to a legislation provider who sends them manual updates as they are gazetted and it is the director of nursing’s responsibility to add all new legislation to policy and to procedures. Some examples of implementing recent new legislation include:

- The implementation of mandatory reporting of elder abuse
- The home has a system for documenting police checks of staff, board and external contractors

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 systems in place to ensure management and staff have appropriate knowledge and skills to perform their roles. Staff are supported in attending internal and external education programmes which cover all areas of the four Accreditation Standards. Assessment of staff competencies are monitored regularly. Training needs are determined through an annual training needs analysis survey, staff requests, audits, staff appraisals, and special residents' needs. Training attendance records are kept and personnel files hold records of qualifications. Residents interviewed stated that staff provide appropriate care for their needs. Recent examples of management education include:-

- Management risk solutions
- Certificate IV in Health administration

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 home has systems to ensure that each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. These include a register for compliments and complaints, information about the systems in the resident handbook, pamphlets and forms in the main foyer about the external system, resident meetings for raising issues and access to the DON and board members on a regular basis. There was one documented complaint in 2009 and there have been none in 2010. Residents interviewed stated that they had no complaints and that they would rather discuss issues with management and have been satisfied with management action in the past. Comments and complaints are audited regularly.

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 organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service in Chinese languages and English. It also appears in the staff and resident handbooks. The 31 board members provide leadership at governance level and the DON and two senior RN's provide leadership at an operational level. The home has a three-year strategic plan, which includes all these standards and the expansion of sixty additional places. Residents/representatives support the vision 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

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. This is achieved by recruiting staff with certificate III in aged care and the ability to speak at least one of the residents' languages in addition to English. As a low care home there are two RN's (registered nurses) employed and the DON is an RN as well. The RN's are rostered to be on duty during the morning shift every day, the DON is on site until 6pm five days a week, and there is an on call roster to ensure staff have clinical back up. The home has a ratio of one staff member to seven residents in the morning, one to fifteen in the afternoon and one to thirty at night. All staff are part time and replacement for sick and annual leave is from the existing part time staff. An annual performance appraisal and various competency tests are done annually. A collective agreement was put in place last year, and all staff have a free meal on duty. A staff satisfaction survey is done regularly and staff are satisfied with their work conditions and employer.

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 are systems in place for ensuring adequate supplies of inventory and equipment are available for quality service delivery. The home has some agreements in place with providers of the main categories of products and the home has individual agreements with the other suppliers. A stock ordering system is in operation through each section of the home for example kitchen, cleaning, clinical, administration and maintenance, and an inventory management system is kept at the desired level of quality and fitness for use. There is a capital budgeting system to allocate expenditure for replacements and an asset register is maintained. All equipment is trialled prior to purchase. Staff state that appropriate goods and equipment are available for them to perform their roles effectively. Residents/representatives did not report any issues with appropriateness or availability of goods and equipment.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information management systems in place including creation, storage, archive and disposal of documentation and information to help staff perform their roles in relation to management systems, health and personal care, resident lifestyle and the maintenance of a safe environment. Residents/representatives have access to information appropriate to their needs to assist them to make decisions about care and lifestyle. The home has a regular newsletter, many noticeboards for daily activities and other information and pamphlets on display. Residents/representatives stated that the home keeps them informed on a regular basis through phone calls and when visiting, when an incident occurs, or if there is a change in the care needs of residents. Information is stored appropriately for its purpose. Management information is systematic and easily retrievable and care

information is also suitable for its use. Communication diaries, appointment books, and policy manuals ensure staff are fully informed with the appropriate information. Staff sign a privacy statement to ensure the confidentiality of resident information and confidential material is stored securely. All written information is in Mandarin and English for staff and residents. Many staff document their work in Chinese characters in progress notes or temperature recording. All staff are bilingual as a minimum. Residents/representatives are satisfied with the amount, frequency and language used for giving information.

1.9 External services

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

Team's recommendation

Does comply

All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. Management and residents expressed their satisfaction with the products and services currently supplied to the home from external sources. The Board has developed a preferred provider list and the home has service agreements in place with many external service providers that clearly outline their expectations in relation to the products and services they receive. All external contractors are required to sign in and out of the premises and they are required to have identification when on site. Podiatrists, physiotherapists and other contractors who are alone with residents are required to have police checks. The home reviews external service suppliers and their asset register to ensure they continue to meet the residential care service's needs and service quality goals.

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

Refer to expected outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement. Improvements relating to Accreditation Standard Two include:

- Audit result indicated that only 20% of residents received assessments of their risk of malnutrition so the home consulted a dietitian who provided a mini risk assessment tool which staff can use on entry to the home to ensure that all residents receive this assessment. Now all residents have an assessment and a nutrition care plan, and residents who need them are receiving supplements.
- As a means of improving communication with doctors, the home has implemented working referral sheets to ensure proper medical letters are written for residents' referrals to specialists.
- As a result of a staff suggestion, the home has purchased two standing lifters to make transfers easier for residents.
- As a result of residents' suggestions the home has purchased and installed small bed rails which they can use to pull themselves up in bed and hold for support as they get into bed.

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's ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards, including Accreditation Standard Two Health and personal care.

An example of regulatory compliance related to this Standard include:

- The home monitors registrations of all registered nurses at the home and are about to implement a register as they anticipate the employment of more than the current three registered nurses.

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

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programmes have been attended in relation to health and personal care. Some examples include:

- Certificate III in Aged care
- Oral health
- Standing lifter
- Stoma management

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents and representatives indicated that they receive the appropriate clinical care and are comfortable and aware that the procedures performed are delivered with the necessary proficiency expected. Management demonstrated that decisions for residents about the type of clinical care they receive involve direct input from medical practitioners, allied-health practitioners, registered nurses as well as management and care staff. A registered nurse is on duty during the day shift to provide clinical and case management for both high and low care residents seven days a week. The delivery of clinical care as evidenced by the resident care plan is evaluated every three and six months or when required by registered nurses who compile and process current, verbal, documentary and observed information from doctors, external specialists, allied-health personnel, clinical staff, management as well as care staff. Staff interviews and a review of relevant documentation indicated that the home employs a structured approach in documenting changes in residents’ acuity, behaviour as well as changes in treatment regimens. The home has documented care policies in place to ensure continuity of care is provided for all residents. Regular audits and reviews of the home’s clinical care processes occur

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 home has systems in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified nursing and care staff. Residents receive specialised nursing care from registered nurses, enrolled nurses as well as appropriately qualified care staff and this includes assessment, care plan development, evaluation and direct provision of care. Medical officers are involved where appropriate and other medical specialists are accessed to assist in meeting identified residents’ specialised medical and nursing care needs. Care of residents with a colostomy, ileostomy, continence aids and chronic respiratory illnesses are managed by registered nurses and appropriately qualified clinical staff with specific expertise supported by competencies and specialised equipment. The registered nurses report that they have access to external and internal specialist

resources as well as additional education when required. Residents are satisfied with the specialised nursing care being provided to them and state that supplies are adequate and that equipment required for the delivery of specialised care is well maintained and of good quality. A benchmarking program through an external provider is used to monitor and maintain the home's quality management system.

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

A system is in place to ensure that residents are referred to appropriate health specialists in accordance with their needs and preferences. The need for a referral is made in consultation with each resident and/or representative and their medical practitioner. Identification of incidences where an outside referral is required is facilitated by the home's clinical staff and the home's multi-disciplinary team supported by the home's clinical assessment tools. Transport to and from appointments are arranged as appropriate with many appointments being conducted in-house as an added convenience. There is evidence of residents having been seen as required and in accordance with their wishes by a dentist/dental technician, optometrist, ophthalmologist, audiologist, physiotherapist, podiatrist and mental health specialist through the organisation's preferred allied-health, medical and mental health specialists as well as the local area health service's resources. The home also provides a variety of complementary therapies such as heat pack pain therapy and massage provided by the physiotherapist as an adjunct to the medical interventions. There is a documented system for referral and follow-up after appointments for health and related services. Residents and representatives confirmed that residents are referred to and attend appointments in a timely manner with health specialists within and outside of the home.

2.7 Medication management

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

Team's recommendation

Does comply

A system is in place to ensure residents' medication is managed and stored safely and correctly. Packed medications are managed by a pharmacist and residents' doctors, and administered by registered nurses and medication administration credentialed care staff who have had specialised competency training. Education and competencies support the safe administration practices by staff in addition to documented policies and procedures for medication administration. Current observed practices indicate that staff are able to administer and access medication and resident information quickly, accurately and efficiently in line with the home's policies and procedures. Individual residents' medications, drug interactions and possible side effects are reviewed by a consultant pharmacist who communicates this information to clinical and allied-health staff and the medical practitioner for clinical consideration. Medications are securely stored in temperature controlled environments to maintain efficacy. A medication incident reporting and auditing system is in use and the findings are regularly reviewed by clinical care management staff and disseminated to the supplying pharmacist and doctor when required. Residents and representatives are satisfied with the way their medications are being 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 home has systems in place to identify, manage and evaluate pain management strategies that ensure residents are as free as possible from pain. These include initial and ongoing pain assessments using observation, discussion and the use of pain assessment tools. Medical, allied health, clinical and care staff administer a range of pain relieving regimens which include massage, use of an ultrasound and inferential machine, heat packs, repositioning and exercise, analgesia and diversionary strategies. Referrals to other specialist health professionals are organised as required when residents’ pain relief requirements fall outside the normal scope of practice for the home.

Residents/representatives interviewed by the team confirmed that pain management in the home adequately meets their immediate and ongoing needs and that pain relief is timely when requested. The home has recently introduced an updated pain management organisational policy to include pain assessment tools. Care staff are able to describe their role in pain management, including the identification and reporting of pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home has systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. The home has access to specialist area palliative care services who provide specialised care planning to ensure resident comfort. The palliative care team’s recommended care plan interventions are implemented by the home in addition to the home’s palliation protocols. Management demonstrated that family conferencing is a vital tool in ensuring that care is timely, sensitive, appropriate and consistent with residents’ preferences. Residents are supported to remain at the home where possible in the event of requiring palliation. Staff interviewed by the team feel adequately supported in issues of grief and loss and advise that they receive education relating to palliative care.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

There are systems in place to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents’ dietary preferences and requirements and the communication of this information to the kitchen and care staff. A rotating menu, dietitian reviewed Chinese cuisine specific menu is provided with special and texture modified diets (cut up) available as required. Weighing is undertaken monthly or more frequently if indicated to monitor residents’ nutritional status. Additional nourishing fluids and dietary supplements are provided when a need is identified. Specialists, such as a dietitian is involved in individual care as required. Residents/representatives interviewed by the team confirmed they are able to have input into menus via resident meetings, surveys, comments and complaints mechanisms and by directly approaching management. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning, afternoon tea and supper. In hot weather additional fluids are supplied.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems for maintaining residents’ skin integrity including initial and ongoing assessments as required, care planning and regular evaluation. The home monitors accidents/incidents including wounds and skin tears and acts appropriately on trends identified. A podiatrist and hairdresser attend the home regularly. Care staff interviewed by the team are able to describe the systems in place for reporting changes in skin integrity. A range of dressing products and aids to maintaining or promoting skin integrity is available for use as required, including the provision of special mattresses for high care residents and moisturising and emollient creams. Education is provided to staff relating to the maintenance and promotion of skin integrity and manual handling competencies are carried out for staff.

2.12 Contenance management

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents’ continence is managed effectively. Assessment occurs on entry to the home and ongoing needs are recorded and monitored. Individual toileting programs for residents are noted on each care plan and evaluated when change is noted. The home has processes in place to ensure that diet, lifestyle, activities as well as aperient medications are designed and utilised to ensure and promote residents’ continence effectively. A range of continence and mobility aids are available to residents to assist in managing their continence. The continence management policy, program and education are consistent staff practices and residents interviewed are satisfied with the continence care provided.

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 home has systems in place to effectively manage the current needs of residents with challenging behaviours. Assessment and intervention strategies occur in consultation with residents and/or representatives, medical practitioners and/or other health professionals as required. Staff practices observed at the time of report are consistent with the home’s behaviour management strategies. Incidents are recorded and addressed in a timely manner. The team reviewed documents that indicate that the home has clinical assessment tools in place for difficult and challenging behaviours to be used when required. Medications to manage behaviour are prescribed by residents’ doctors and reviewed and advised on by a consulting pharmacist. Residents and/or representatives are satisfied that behaviours of concern are addressed appropriately. Management state and have demonstrated that they are able to access mental health professionals when required.

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

The management can demonstrate that each resident’s level of mobility and dexterity is optimised. Regular and ongoing assessments occur in consultation with residents and/or representatives and other health professionals as required. A physiotherapist is consulted and visits the home on a regular basis to review individual mobility, dexterity needs and preferences. Mobility aids and independent living aids are available to all residents and are consistent with individual care plans and identified resident need. Residents are encouraged to walk around the facility as well as participating in outings and bus tours within the local community. The physical environment has various outside areas conducive to use by residents. The freedom to wander and move around the home and to participate in everyday life is part of the home’s behaviour management strategy as well as care philosophy. Residents and/or representatives are satisfied with the home’s approach to mobility and dexterity. The team reviewed documentary evidence that the home’s physiotherapist reviews and evaluates residents’ individual mobility and dexterity status over time to quantify areas of improvement or aspects of mobility requiring further development.

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 policies and procedures to maintain residents’ oral and dental health. Assessment and intervention occurs on an ongoing and as required basis. Residents with their own teeth are encouraged and supported to maintain their independence in terms of oral hygiene and brushing. The team noted that the home has documented the dental status of all its residents. The resultant register has listed which residents have dentures, partial dentures and their own teeth. The care plans are individualised and reflect the current oral care required as well as preferred by residents. Staff confirm that they receive education in oral health for the elderly. Residents and/or representatives state that residents have access to the dentist of their choice within the local area and are assisted to attend appointments as required.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The home has systems in place to identify and address sensory loss of individual residents. Residents are consistently referred to hearing specialists as well as regular eye checks. Management demonstrated that a number of residents have been referred to an ophthalmologist for consultation and surgery. Hearing aids and glasses are managed effectively and residents are prompted and assisted to wear them as necessary. Care and recreational staff actively facilitate residents’ participation in activities within the home. Activities such as cooking, current affairs reading and discussion, access to the community library facilities as well as regular bus outings effectively facilitate resident involvement to a high degree. Residents state that they are satisfied with the home’s approach to sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

All residents and their representatives interviewed stated that residents are able to achieve sufficient sleep. Staff interviewed stated that they assist residents at night who have difficulty sleeping by offering a range of interventions to facilitate and encourage normal circadian rhythms. The home’s culture and environment is conducive to achieving restful sleep for all residents. Residents who have sleep deficits and disorders are identified in a sleep care plan and have individualised interventions to address their particular requirements. Residents who require medications to assist them to sleep are charted by their doctor, administered by registered nurses and reviewed by a consulting pharmacist. A review of the care plans indicated that residents are assessed, and documentation reviewed confirmed that the home has a system in place to assess sleep patterns on entry to the home in consultation with the resident and their representative and that the corresponding care plans are appropriate and current for each resident reviewed.

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

Refer to expected outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement. Improvements relating to Accreditation Standard Three include:

- As a result of residents’ low mobility, the home applied on behalf of twenty eight residents to enrol them for postal voting. This occurred and they all cast their votes at the home and these were posted by the home.
- As a result of residents’ keeping food in their rooms staff now do a daily visit to every room to check that food items are either consumed or disposed and at the same time have a personal conversation with each resident,
- A wheelchair was donated to allow residents to use this as they need it to maintain their independence.

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

Refer to expected outcome 1.2 Regulatory compliance information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle. An example of regulatory compliance related to Standard Three includes:

- Residents/representatives all sign an agreement in line with Government requirements.
- Residents/representatives have a copy of their rights and responsibilities under the Aged Care Act 1997.

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

Refer to expected outcome 1.3 Education and staff development for information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Education provided specific to Accreditation Standard Three included:

- The Workplace education for language and literacy (WELL) was running for one year to assist staff to improve their use of English language

- Culturally appropriate activities
- Cambodian cultural briefing

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

The home has a system in place to support residents adjusting to life in the new environment and on an ongoing basis, and evaluates the outcomes of these strategies appropriately. Residents' records show that social, cultural and spiritual history details are recorded along with their support needs on entry to the home. This information is used to formulate and individualise a care plan that is regularly reviewed and evaluated. Residents and representatives confirm that they are provided with adequate and appropriate ongoing emotional support, including regular contact with management and direct carers as well as regularly scheduled residents' and relatives' meetings. Representatives added that the measures undertaken by the home significantly help facilitate new residents' transition when adjusting to their new life within the home.

3.5 Independence

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

Team's recommendation

Does comply

The home has a system in place to ensure that residents are assisted to achieve and maintain maximum independence and friendships for as long as possible and to participate in community life within and outside the home. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use, a leisure activity program which actively seeks the involvement of residents and representatives, and a comprehensive mobility program. Residents are encouraged and assisted to attend external appointments. Documentation confirms residents individual care needs are identified, assessed and strategies are implemented to maintain maximum independence. Residents/representative feedback indicates satisfaction with access to individual community affiliations, and family involvement in the home.

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 has a comprehensive system that ensures that each resident's right to privacy, dignity and confidentiality is recognised and respected. The home provides detailed information about resident rights to privacy, dignity and confidentiality in the resident handbook, policy documents and in staff education. Interviews with and observations of staff practices indicate that staff treat residents respectfully and with dignity. Observations show that resident files and personal information are stored securely. Written consent and permission has been sought from residents and their representatives for the use of their personal information as well as for photographs. Residents have their own rooms and bathrooms and the internal and external living environment provides privacy appropriate to

residents' needs. Residents and/or representatives speak highly of the skill and conduct of staff, and confirm that staff treat them politely and their privacy is respected at all times.

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

Management and staff at the home demonstrate that residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Assessment of residents' specific needs, interests and preferences is performed on entry to the home and on an ongoing basis. Information obtained from resident and representative meetings, surveys/questionnaires, informal/formal group and one-on-one discussions is also used to plan suitable group and individual activities. Regular evaluation of group and individual activities by participation level is conducted to ensure that the activities are highly reflective of residents' likes and preferences. Individualised activity care plans are formulated and are evaluated regularly showing changed preferences or needs in the evaluations. Residents and/or representatives are informed of recreational activities available through the notice board, activity calendars, in addition to verbal prompts about the activities of the day. Residents report that the activities program include cultural and spiritual needs is varied and encompasses their needs and preferences and that they are satisfied with the range of activities on offer. They are consulted for their ideas, are involved in decision making regarding the activities program and can choose to participate or not.

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 needs at the home are fostered through the identification and communication of residents' individual interests, customs, religions and ethnic backgrounds during the assessment processes. The home demonstrated that residents' individual needs are documented in a social profile and in the cultural/spiritual and leisure activity files, with specific dietary or religious needs recorded and catered for through specific examples. Provision is made for the celebration of religious and culturally significant days, and the staff are aware of any upcoming events which may be of interest to an individual or a group of residents. The home has designated an area for residents and representatives to practice their religion. Residents and/or representatives acknowledge that their individual interests including their cultural and spiritual requests are respected and encouraged. A recent survey of residents' views on how the home manages, values and fosters their spiritual life indicates that there is a high level of satisfaction.

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 reported a high level of satisfaction with the choices available to them at the home. Care routines are arranged during staff discussions with residents or representatives. Management state that the option of an alternative meal when required is always available.

Residents' choice of medical practitioners and allied health services is respected and offered. Participation in group activities is the choice of the resident and they are asked to choose how they wish to spend individual time with activity staff and care staff. Residents have personalised their rooms with memorabilia and items of their choosing including small pieces of furniture. The home have a number of mechanisms in place for residents to participate in decisions about the services residents receive including discussions with staff, resident meetings, surveys, voting in the electorate, case conferences and through the comments and complaints process. Feedback about matters raised is provided at residents' meetings and verbally on a one-on-one basis. Residents express satisfaction with the actions taken by management on matters raised and their responsiveness to requests.

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

A pack of information is given to new and prospective residents/representatives with details on the home and the care and services provided. The pack contains a copy of the resident handbook with information including the comments and complaints process, security of tenure and residents' rights and responsibilities. The information is explained at interview to ensure all details of funding and tenure are understood. The opportunity is given for independent advice to be obtained before signing the agreement. Residents/representatives interviewed were satisfied with the information given on security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

Refer to expected outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement. Improvements relating to Accreditation Standard Four include, but may not be limited to:

- As a result of the falls risks presented by the uneven ground in the garden around the fish and fountain pond the home fenced the garden and the walkway around the pond at considerable expense. Residents were observed on both days of the site audit walking around the pond and discussing the fish and plants on several occasions. They told the team that they love looking at the water feature and some enjoy the walk.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about the physical environment and safe systems. Improvements relating to Accreditation Standard Four include:

- The home has two trained fire officers
- The NSW Food Authority preliminary audit report shows an ‘A’ pass

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

Refer to expected outcome 1.3 Education and staff development for information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Education that has been provided to staff relating to Accreditation Standard Four includes:

- Certificate IV in Asset maintenance (cleaning and operation) for four staff
- Chemical handling, infection control, hand washing, manual handling
- Fire safety, first aid, food safety

4.4 Living environment

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

Team's recommendation

Does comply

The home is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is located within walking distance of the Chinese temple in a quiet suburban area. Residents are accommodated in single bed/sitting rooms with an en suite in a circular building which surrounds a central garden and water feature in Chinese style with glass doors opening into the garden. There is a comfortable central dining, lounge and activity area which opens onto paved areas, and there are other sitting areas overlooking the garden. There are open sided walkways with sitting areas in sunny positions. Residents/ representatives commented favourably on the outdoor environment. There are regular environmental inspections, planned preventative maintenance schedules and corrective actions, and daily and periodic cleaning schedules. Many volunteers from the Chinese community participate in the life and activities within the home which adds to the community atmosphere. Residents and relatives confirmed that they are happy with the homelike 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 home can demonstrate that it has systems and processes that actively support the provision of a safe working environment that meets regulatory requirements. There is an Occupational Health and Safety (OH&S) committee with multidisciplinary representation which considers and makes recommendations on the results of audits, incident/hazard reports and infection control issues. Hazards and risks are analysed regularly and reported to the committee. Chemical storage is in secure areas and material safety data sheets are available at point of use. The staff orientation program includes manual handling, fire safety and infection control and there are mandatory yearly updates. Resource kits for OH&S are available to all staff and cover safe working practice, and equipment operating procedures. OH&S is monitored through audits, staff surveys and resident feedback.

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 can demonstrate that management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. A secure environment is maintained through security fencing and key pad access to part of the home. There is a fire safety and emergency procedure manual and emergency flip charts are located at each telephone. Fire evacuation plans and exit signs are located throughout the home. Fire safety orientation is provided at commencement of service, with annual mandatory attendance at training and evacuation procedures. Monitoring and maintenance of all fire equipment including, for example, fire panel and extinguishers, and regulatory inspections for certification, is undertaken by an external contractor and regular reports provided. Fire equipment is located throughout the home and there is evidence that this is

regularly serviced and tested. Staff confirm that they attend the annual training and are aware of their responsibilities in maintaining the safety and security of the home.

4.7 Infection control

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

Team's recommendation

Does comply

The home has systems and processes that enable it to demonstrate that there is an effective infection control program in place. The home has compulsory infection control education, training and competency assessments annually. The DON oversees policies, procedures, practice guidelines; waste management, pest control, linen handling procedures and staff and resident vaccination. There is a food safety program and regular monitoring of food and equipment temperatures. Education on infection control is included in the orientation program with a mandatory yearly update for staff and regular hand washing competency assessments. Staff report, and training records confirm, there is a strong emphasis on infection control education. All staff demonstrate a good understanding of infection control practices. Data on infections are collected and analysed monthly, trend analysis and benchmarking activities are undertaken and actions to address deficiencies implemented.

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

Catering, cleaning and laundry are all done on site by multi-skilled care service employees (CSE).

Catering

The home prepares all meals on site according to a four week rotating menu which has been developed in consultation with residents and is reviewed by a dietician regularly. Catering staff have implemented hazard analysis critical control point (HACCP) principles in the kitchen in line with their food safety plan. Catering staff are advised of the specific dietary requirements of residents and the system to regularly update this information is through the DON's authority. Food storage, refrigeration and preparation areas are well organised in the small kitchen with foods generally correctly stored, labelled and dated. Food delivery, storage and reheating temperatures are monitored and recorded, and there are systems to order, quality check, store, rotate and identify food in accordance with the home's policies.

Cleaning

Residents interviewed expressed satisfaction with the cleaning services provided by care service employees. The team observed the home to be clean and free of odour. All cleaning is done according to cleaning schedules and protocols. The team observed that all cleaning equipment was appropriately stored in designated and secure cleaning storerooms, and staff were noted to use cleaning equipment according to infection control principles.

Laundry

The laundry is located in a separate building, services the three homes on site, and is the responsibility of the DON of this home. It has separate clean and dirty areas, a good work flow and plenty of space for sorting and folding. There is a drive through area so that wheeled laundry bins can hooked onto a motorized cart for delivery to the laundry or the

homes. Personal clothing and linen are laundered on site, ironed and returned to homes by laundry staff. There is a clothes labelling system in place to reduce loss of personal clothing. The home uses an ozone system which is very effective for infection control and reduces the need for chemicals and heating water.

All residents/representatives interviewed by the team stated that they are very satisfied with the catering, cleaning and laundry services provided and that staff respond promptly to comments and suggestions.