



Aged Care
Standards and Accreditation Agency Ltd

Teloca House Hostel

RACS ID 0207
120 Audley Street
NARRANDERA NSW 2700

Approved provider: The Council of the Shire of Narrandera

Following an audit we decided that this home met 37 of the 44 expected outcomes of the Accreditation Standards. We decided to vary this home's accreditation period. This home is now accredited until 15 July 2014.

We made our decision on 15 July 2013.

The period of accreditation provides an incentive for the home to ensure all expected outcomes are met in the shortest possible time, and will mean that the home is subject to another full audit within a relatively short period of time.

Following the audit, the home has undertaken a number of actions and we are satisfied that the home is committed to addressing the remaining problems.

The audit was conducted on 26 June 2013 to 02 July 2013. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

ACTIONS FOLLOWING DECISION

Since the Review Audit decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

Most recent decision concerning performance against the Accreditation Standards

Since the Review Audit decision we have conducted assessment contacts. Our latest decision on 28 October 2013 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development	
Expected outcome	Accreditation Agency's latest decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care	
Expected outcome	Accreditation Agency's latest decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle	
Expected outcome	Accreditation Agency's latest decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems	
Expected outcome	Accreditation Agency's latest decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Teloca House Hostel 0207

Approved provider: The Council of the Shire of Narrandera

Introduction

This is the report of a review audit from 26 June 2013 to 02 July 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

During a home's period of accreditation there may be a review audit where an assessment team visits the home to assess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to make any changes to its accreditation period.

Assessment Team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

33 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.2 Regulatory compliance
- 1.3 Education and staff development
- 1.8 Information systems
- 2.1 Continuous improvement
- 2.2 Regulatory compliance

- 2.4 Clinical care
- 2.5 Specialised nursing care needs
- 2.7 Medication management
- 2.8 Pain management
- 2.14 Mobility, dexterity and rehabilitation
- 3.2 Regulatory compliance

Audit report

Scope of audit

An assessment team appointed by Accreditation Agency conducted the review audit from 26 June 2013 to 02 July 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Trudy Van Dam
Team member/s:	Sue Kelly

Approved provider details

Approved provider:	The Council of the Shire of Narrandera
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Details of home

Name of home:	Teloca House Hostel
RACS ID:	0207

Total number of allocated places:	45
Number of residents during audit:	43
Number of high care residents during audit:	16
Special needs catered for:	

Street/PO Box:	120 Audley Street	State:	NSW
City/Town:	NARRANDERA	Postcode:	2700
Phone number:	02 6959 1049	Facsimile:	02 6959 2862
Email address:	Michael.Pieper@narrandera.nsw.gov.au		

Audit trail

The assessment team spent 3 days on-site and gathered information from the following:

Interviews

	Number		Number
Management committee/council management	5	Residents/representatives	11
Facility manager	1	Volunteers	1
Care coordinator (registered nurse)	1	Human resource officer (Narrandera Council)	1
Team leader	1	Cleaning staff	2
Quality officer	1	Catering supervisor	1
Care staff	8	Fire officer	1
Administration assistant	1	Work health and safety officer	1
Activities officers	2		

Sampled documents

	Number		Number
Residents' files electronic and hard copy	10	Medication charts	25
Summary/quick reference care plans	10	Personnel files	6
Resident agreements	5		

Other documents reviewed

The team also reviewed:

- Accident and incident forms, hazard alerts
- Activity programs; attendance sheets and residents' personal profiles; activity preferences; participation and evaluation records; activities work directives
- Advice of acceptance of consultancy proposal
- Advice to Department of Health and Ageing of key personnel change
- Archive register
- Audit folders
- Blood glucose level documentation including acceptable ranges of results for individual residents
- Cleaners' duty lists
- Clinical care records: handover forms; assessment charts; bowel charts; diet analysis forms; observation charts; behaviour charts; pain assessment sheets and weight charts
- Complaint register

- Committee meeting agendas and minutes: quality; residents; care staff; general staff
- Communication systems: diary; handover sheets; newsletters; notices; memoranda
- Contractor folder, contractor certificates of currency
- Doctors visit folder
- Education attendance records
- Employee induction and OHS induction
- Fire system maintenance records
- Fire and emergency folder
- Food safety licence and food safety program component documentation
- Handover sheet
- High care resident list
- Infection control manual
- Kitchen communication book,
- Maintenance request book, maintenance schedule
- Mandatory reporting register
- Material safety data sheets
- Medication storage
- Meeting minutes (Personal care staff, quality, residents)
- Memos
- Newsletter
- Outbreak management folder
- Physiotherapy assessments
- Policy and procedures manuals
- Police check system (electronic)
- Procurement manual
- Property maintenance schedule
- Resident bed list
- Resident handbook
- Resident participation in activities
- Resident and staff vaccination records
- Roster
- Safety handbook
- Temperature monitoring records
- Weight and vital signs lists
- Wound/dressing documentation

Observations

The team observed the following:

- Activities in progress, activities calendar on display, activity resources
- Annual fire statement
- Brochures and information (external complaint avenues, advocacy services)
- Charter of residents' rights and responsibilities on display
- Cleaning operations
- Clinical and continence supplies
- Complaint, comment and suggestion boxes
- Emergency evacuation box
- Equipment and supply storage areas
- Fire detection and fire fighting equipment
- High-low beds and specialised mattresses
- Infection control system equipment, notices and practices, outbreak box
- Information notice boards for residents/representatives and staff
- Interactions between staff, residents, representatives and visitors
- Interactions between staff and other healthcare professionals
- Living environment, internal and external
- Lunch meal service including meal presentation; staff assistance and supervision in all areas
- Medication administration round; medication storage and trolleys; medication refrigerator
- Menu on display
- Mission and values statements on display
- Mobility and lifting equipment
- Notices advising of Agency visit
- Pet birds in lounge room
- Photographs of residents participating in activities on display
- Resident mail boxes Resident and staff noticeboards
- Secure storage of resident files
- Storage of medications
- Sign in and out books
- Staff work practices and work areas; staff handover
- Water coolers

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has systems to identify, document, plan, implement and evaluate opportunities for continuous improvement. The continuous improvement system uses information from a range of sources including complaint, compliment and suggestion forms, scheduled audits, surveys, meetings, hazard and incident reporting and individual reports by residents, representatives and staff. The home is proactive in encouraging input into the continuous improvement system by residents, representatives and staff. The home has a quality committee that meets bimonthly. The continuous improvement system includes review and evaluation of continuous improvement activities. Residents, representatives and staff confirmed that they are able to make suggestions for improvements and considered that management is responsive to their suggestions.

Examples of improvements related to this Accreditation Standard include:

- The home has experienced a period of unsettled management since late last year and has experienced difficulty recruiting a manager. In response to the identified issues management has been restructured to include a full time facility manager and part time care coordinator. The care coordinator is currently working full time but will move to part time hours when the issues have been resolved. The care coordinator has been working with the home since February 2013 and the facility manager has been working in the home for one week. Residents, representatives and staff said they are impressed with the leadership of the facility manager.
- The facility manager identified that the roster format did not clearly indicate staff who were competent to administer medications and the identification of vacant shifts was difficult resulting in some shifts not being filled. The manager redesigned the roster, which is now much easier to read and medication competent staff are clearly identified.
- The facility manager identified that the wellbeing and happiness of staff is integral to the delivery of quality services and has scheduled individual meetings with all staff to hear their concerns and suggestions for continuous improvement. Celebration of staff birthdays has also been introduced. Staff who have attended the meetings said that their morale was boosted by being listened to.
- It was identified that the home's commode chairs did not meet the needs of larger residents. A number of larger chairs were trialled and four new chairs purchased which have been distributed to residents who require them.

1.2 Regulatory compliance

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

Team's findings

The home does not meet this expected outcome

The home does not have systems to remain informed about and comply with all relevant legislation, regulatory requirements, professional standards and guidelines. Management said they are not aware of any subscriptions or access to legislation alert bulletins, advice services, government bulletins, peak and professional body memberships that would enable them to be informed about regulatory compliance requirements. Management personnel had limited understanding of their obligations in meeting regulatory compliance requirements. Some of the components of the home's systems for monitoring regulatory compliance are not being used.

1.3 Education and staff development:

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

Team's findings

The home does not meet this expected outcome

The home does not have systems to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. There are no systems to identify staff education needs. An orientation program is not in place for new staff. There are no systems to ensure that staff undertake mandatory education.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has formal and informal systems to ensure that residents have access to, and are able to use, internal and external complaint mechanisms. Residents are informed of complaint mechanisms on entry to the home and are encouraged and supported to provide feedback. The resident handbook includes information for residents about how to make suggestions, and about the internal and external complaints resolution processes. Brochures about the external complaints mechanism are available at the home for residents and representatives to access. All residents and representatives report satisfaction with their access to the complaint processes and report that issues are managed by the home to their satisfaction.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's philosophy, vision and values are displayed is included in the residents' handbook and other documentation provided to residents, representatives and staff. The home has a quality system that translates the home's vision, philosophy and values in operational objectives.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has recruitment policies and procedures in place to facilitate the appointment of appropriately skilled and qualified staff. Staffing levels are linked to resident care needs and provide an appropriate skill mix and staffing levels. The home ensures staff have the appropriate skills and knowledge to provide care and services through job descriptions, duty lists and supervision. Care staff have the skills, knowledge and qualifications to perform their roles and were able to knowledgably and confidently discuss their roles and duties. We observed staff undertaking their duties with skill and care and residents and representatives were very complimentary about the competence of staff and their caring attitude.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has established procedures to facilitate the purchase, management, use and storage of goods and equipment. Staff, residents and representatives report that there is sufficient and appropriately maintained equipment and stocks of goods. The home has a process to ensure all residents requiring a high level of care receive the goods legislatively designated as specified services, such as continence aids and other toiletries and is responsive to residents' requests for specific goods and services. The home ensures the suitability of new equipment by trialling it and undertaking risk assessments when appropriate.

1.8 Information systems

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

Team's findings

The home does not meet this expected outcome

The home does not have effective clinical information systems to ensure that staff have necessary information to carry out their roles. Documented care information such as care plans is not reflective of residents care needs. Information is not available to enable staff to carry out care appropriately. The home does not have information systems to identify whether staff have completed necessary education.

1.9 External services

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

Team's findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the home's needs and quality goals. The home has a range of agreements in place with suppliers of goods, equipment and services. Contracts and service agreements include suppliers of services such as facilities management and ancillary services. Contractors are informed of the home's expectations through a contractor agreement. Contractor quality is monitored through agreed key performance indicators, regular reporting, audits and meetings. Agreements require contractors to instigate appropriate health and safety procedures, maintain appropriate insurances and conduct criminal record checks.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home does not meet this expected outcome:

Whilst the home has systems to identify, document, plan, implement and evaluate opportunities for continuous improvement these systems have not been effective in identifying and addressing extensive deficiencies related to Accreditation Standard 2 – Health and personal care.

2.2 Regulatory compliance

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

Team's findings

The home does not meet this expected outcome

Expected outcome 1.2 Regulatory compliance outlines deficiencies in the home's systems for managing regulatory compliance. In relation to Accreditation Standard 2 – Health and personal care the home has not ensured that regulatory compliance requirements for a registered nurse to oversight the care of high care residents and residents who have specialised nursing care needs are followed. The care needs of residents are not being regularly reviewed.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Expected outcome 1.3 Education and staff development outlines reasons why the home's overall system for education and staff development is not effective. Whilst the education system is not effective we noted that some education has been delivered in relation to Accreditation Standard 2: Health and personal care. This education consisted of care planning and case conferences, wound management, physiotherapy, understanding dementia, delirium and depression, diabetes.

2.4 Clinical care

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

Team’s findings

The home does not meet this expected outcome

The home does not have effective systems to ensure that residents receive appropriate clinical care in relation to their needs and preferences. The process of assessment, planning, actioning and evaluation of residents’ individual clinical care needs is not completed within appropriate timeframes. Individual care needs of residents are not always transferred to appropriate plans of care to guide staff with care delivery. The care of high care residents is not overseen and managed by a registered nurse.

2.5 Specialised nursing care needs

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

Team’s findings

The home does not meet this expected outcome

The home does not have a system to ensure the residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Staff do not consistently check the medication chart for instructions from the medical practitioners for medication orders relating to residents with insulin dependent diabetes mellitus. Clear instructions relating to the management of specialised nursing care needs and use of equipment required for specialised nursing care is not available.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Documentation and interviews with residents, their representatives and staff showed that residents have access to a range of allied health professionals and specialists and that referrals are instigated in a timely manner. Residents are referred to a number of allied health professionals including medical officers, hearing specialists, dentists, radiology and pathology services. A physiotherapist visits the home monthly. Residents and representatives said that residents have access to a range of allied health services and that nursing staff support timely referral when and as required.

2.7 Medication management

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

Team’s findings

The home does not meet this expected outcome

Residents’ medication is not being managed safely or correctly. Staff are not always following safe practices when administering residents’ medications. Accurate and complete records of medication administration are not always being documented and medications are not always being safely stored. Residents who administer their own medication are not

assessed as to their competence to manage this safely and effectively. The home's system for ensuring that staff are competent in administering medications is not being used.

2.8 Pain management

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

Team's findings

The home does not meet this expected outcome

The home does not have systems or processes for ensuring all residents are as free from pain as possible. Residents interviewed said they did not experience pain. However residents' pain is not assessed regularly, and documented care plans do not accurately reflect the pain management needs of the residents. The home does not have effective systems to assess and evaluate residents' pain management needs in order to meet each resident's need.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has policies and procedures available to provide staff with direction in the provision of palliative care. Systems are in place to identify and put into practice, end-of-life wishes and palliative care needs. Residents have individual accommodation, which ensures privacy for the resident and their family. Staff noted they would ensure the physical and emotional needs of residents requiring palliative care are maintained. We were informed that currently there are no residents who require palliative care accommodated at the home. The home has access to advice from palliative care health professionals and a palliative care team. Counselling services and support for the terminally ill residents and their representatives is provided by local clergy when this is required.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home provides residents with adequate nourishment and hydration. Residents' initial and ongoing dietary requirements are assessed by care staff who inform the kitchen staff about residents' initial and ongoing dietary needs and preferences. A speech pathologist is available as needed. Our observations and interviews with residents and representatives confirmed residents are encouraged to maintain hydration including at meal times, at morning and afternoon tea and throughout the day. Special diets, appropriate food textures and food supplements are provided as assessed by residents' individual health needs and preferences. Residents have access to health professionals, such as dietitians, dentists or speech therapists as required. Also refer to expected outcome 4.8 Catering, cleaning and laundry services. Residents and representatives said residents are served food at satisfactory temperatures and they are generally satisfied with the quantity, quality and choice of residents' meals.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure residents’ skin integrity is consistent with their general health status. This system includes assessments on entry to the home and as necessary in order to maintain skin integrity. Wound care is generally managed by the team leader who, with the care staff, documents any wound treatments. There are adequate stocks of skin care and dressing materials available to assist in improving or maintaining residents’ skin integrity. Residents and representatives are satisfied with the management of skin care.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed through the initial assessment of residents’ continence management needs, staff observations and ongoing resident and representative feedback. The home has a process in place for the distribution of residents’ continence aids. Care staff advised that they have access to adequate supplies of continence aids and can get additional aids if necessary. The home has strategies for residents’ bowel management including the completion of bowel charts each shift, providing fibre in residents’ diets and the use of aperients when necessary. Residents and representatives expressed satisfaction with residents’ continence management. Representatives reported that they have never observed the home to have a malodour.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to manage the needs of residents with challenging behaviours. Assessments include observations that are recorded by care staff using behaviour charts. Care plans are developed and include strategies and interventions for managing behaviours. Referrals to specialists are made when necessary, in consultation with residents and representatives. The home has a policy outlining procedures for restraint use. Residents and representatives interviewed indicate they are satisfied with the way in which behaviour is managed.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings

The home does not meet this expected outcome

The home does not ensure optimum levels of mobility and dexterity are achieved for all residents. Although residents are assessed at least annually by a physiotherapist instructions for specific exercises to achieve optimum mobility and dexterity are not being implemented.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Residents' oral and dental health is maintained. The home's approach to the maintenance of oral and dental health includes assessment and review of residents' oral and dental care needs. Referral to dentists or specialists of choice is arranged by the residents' doctors. Care staff were able to describe oral and dental care and how they may prompt or assist residents with their oral hygiene. Residents and representatives interviewed generally said staff assist and supervise residents and residents have access to the dentist of their choice in the local area.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

The home has a system to ensure that deficiencies in residents' hearing and vision are identified and managed. The resident's need for any assistance required due to an identified impairment in their hearing and sight is included in care plans. Medical and other related health personnel are involved as required. Residents and representatives interviewed generally said that staff assist residents in the cleaning and fitting of spectacles and hearing aids. Sensory loss assessment information is incorporated in the home's lifestyle and leisure program.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

There is a system to assess residents' sleep patterns on entry to the home. This is completed in consultation with the resident and their representative before the development of a care plan. Usual rising and retiring times for individual residents are documented in care plans and staff assist residents to settle for the night. A quiet environment and comfortable temperatures are conducive to restful nights. Residents stated they are generally able to achieve sufficient sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team noted improvements have been made in relation to Accreditation Standard 3: Resident Lifestyle. These include:

- After improving the appearance of the courtyard a BBQ was held to encourage residents to use the area more. Residents advised management that they really enjoyed the BBQ and it has been decided to now have monthly BBQs.
- Staff identified that the television and video recorder were out dated and unable to provide quality entertainment to residents. A digital television and DVD player were purchased and installed in the activity room. This is providing better viewing because of the larger and better quality screen and the ability to view a wider range of items.
- The facility manager identified that there are no welcoming rituals for new residents. Welcome cards have now been purchased and are given to new residents to assist in making them feel welcome.

3.2 Regulatory compliance

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

Team’s findings

The home does not meet this expected outcome

Deficiencies in the home’s systems for ensuring regulatory compliance are outlined in expected outcome 1.2 Regulatory compliance. In relation to Accreditation Standard 3 the home has not met mandatory reporting requirements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Expected outcome 1.3 Education and staff development outlines reasons why the home’s overall system for education and staff development is not effective. Whilst the education system is not effective we noted that in relation to Accreditation Standard 3: Resident lifestyle a limited amount of education occurred in the past twelve months. This involved two staff attending a diversional therapy conference. Although very little education was undertaken in the last 12 months staff were knowledgeable about their roles and duties in relation to Accreditation Standard 3.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

The home has systems to identify and address residents' emotional status and needs for adjusting to the home and on an ongoing basis. Care and activities staff welcome all new residents to the home and introduce them to other residents. The home's orientation identifies the emotional needs of individual residents as well as their personal preferences. The identification and management of residents' emotional status is monitored on an ongoing manner, through care planning and treatment provided by staff. Staff members ask the residents and representatives about the resident's past experiences and social background. This information is taken into consideration when providing individual support and care for residents in the home. Residents and representatives interviewed indicated satisfaction with the home's provision of initial and ongoing emotional support.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home encourages residents to maximise their independence. Residents said they participate in meetings and enjoy going out to events or visits in the local community. Community groups attend the home as part of the activity program. Resident meetings are conducted every two months where residents and representatives can express their views and have them acted upon. A volunteer chairs these meetings and management receive information about any issues raised at the meeting. Staff promote independence by encouraging residents to participate in their own activities of daily living whenever possible. Residents interviewed confirmed they are able to be as independent as they wish and are able to maintain contacts and participate in activities within and outside 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 findings

The home meets this expected outcome

The home was able to demonstrate that it actively works to uphold each resident's right to privacy and dignity. There are systems to ensure confidentiality of resident information is maintained. Residents confirmed, and we observed, that staff knock and identify themselves before entering rooms. Staff were observed addressing residents in a respectful manner. Resident files and electronic information is securely stored and verbal handovers were observed to be conducted away from public spaces. Staff sign a confidentiality agreement and permission is sought from residents for the display of photographs and disclosure of personal or clinical information. Residents and representatives said they are satisfied with how resident privacy and dignity is managed in the home.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home demonstrated that it has systems to encourage and support residents to participate in a range of interests and activities. A recreational profile is completed for each resident on entry, identifying their previous and current interests. Activities officers conduct group and one-to-one activities each day. The planned activities are communicated to residents through weekly notices located throughout the home on notice boards. Changes to the programs are made according to residents' feedback, participation levels and as residents' needs or preferences change. Residents' social needs and leisure interests are recorded and changes are monitored in the care plan. Residents and representatives interviewed said that the activities officers provide great support to the residents and encourage them to participate in activities of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home promotes residents' cultural and spiritual needs through the identification and communication of residents' individual interests. This includes residents' customs, dietary preferences and religions. The home recognises and celebrates culturally specific days consistent with the residents residing in the home, and links with cultural and community groups have been developed. Information obtained on entry to the home is documented and communicated to relevant staff. Church services conducted by a range of ministers or volunteers are held weekly. The home celebrates residents' birthdays and welcomes involvement from families. Residents interviewed by the team reported that their cultural and spiritual needs were being met.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home was able to demonstrate that it actively supports residents and their representatives to participate across all aspects of care and services. In particular by encouraging and supporting them to make choices and decisions and wherever practical to exercise control over their lives in the home. Staff practices support residents to actively participate in choices in all aspects of their care. Residents expressed their satisfaction with how the home supports them in choice and decision making. Residents and representatives said that where appropriate they are consulted on the ongoing care for their residents. Residents and representatives are satisfied with choices available to residents.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that residents and representatives are provided with information about security of tenure and information about their rights and responsibilities. A resident agreement is offered to each resident/representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. The Charter of Residents' Rights and Responsibilities is displayed in the home and documented in the resident handbook and agreement. Residents and representatives are satisfied with the information the home provides regarding security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

As a result of the home’s continuous improvement systems referred to in expected outcome 1.1 Continuous improvement, the team noted improvements have been made in relation to Accreditation Standard 4. These include:

- Staff identified that the amount of washing that staff need to do has increased because fewer residents do their own washing and the existing laundry skips were not large enough. New double bag laundry skips have been purchased which are better able to meet the increased amount of washing.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

For information about the overall manner in which the home manages regulatory compliance please refer to expected outcome 1.2 Regulatory compliance. An example of the impact of legislative requirements relevant to this Accreditation Standard is the home has a food safety program in place and has appropriately serviced fire detection and fighting equipment in place.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Expected outcome 1.3 Education and staff development outlines reasons why the home’s overall system for education and staff development is not effective. Whilst the education system is not effective we noted that in relation to Accreditation Standard 4: Physical environment and safe systems, a limited amount of education occurred in the past twelve months. This involved two staff attending a session on fire safety and infection control in August 2012. Although very little education was undertaken in the last 12 months staff were knowledgeable about their roles and duties in relation to Accreditation Standard 4.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home has a number of areas for residents and visitors to relax, undertake activities of interest to them and interact with others. Residents are provided with individual rooms with ensuite bathrooms. A reactive and preventative maintenance program is in place and is monitored through observations. Residents and representatives state that they enjoy the home's pleasant atmosphere

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home actively works to provide a safe working environment that meets regulatory requirements. The Council's work health and safety committee oversees the health and safety systems. There are systems to identify hazards and for reporting and responding to accidents and incidents. The home conducts regular tagging and maintenance of equipment, trials equipment purchases and conducts risk assessments when appropriate. Document review and interviews demonstrates that the home actively seeks solutions to identified hazards and reviews practices on a regular basis. Staff demonstrate a good understanding of safe work practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff of the home actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation plans are displayed throughout the home and regular maintenance of fire detection and fighting equipment is undertaken. Emergency flip charts are in place to guide staff actions in an emergency. Staff demonstrate awareness of emergency procedures and residents and staff are aware of what they should do in a fire emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Evidence was provided that the home has an effective infection control program. Policies, procedures are in place and we observed staff following appropriate infection control

practices. The home provides sanitising equipment and agents, colour-coded cleaning equipment, spill kits, needle stick injury kits, and ample staff hand washing facilities. The home's processes for identifying and minimising the risks of potential sources of infection include regular temperature testing of food, deliveries, refrigerators and freezers, use of colour coded and personal protective equipment. Staff receive induction and training on infection control procedures and staff interviewed demonstrated a sound understanding of infection control principles.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has systems to deliver and monitor the quality of catering, cleaning and laundry services that ensure hospitality services are provided in a way that enhances residents' quality of life.

Catering

The home has a well equipped kitchen and systems to ensure residents' preferences are identified and special dietary requirements met. Food delivery and storage areas are organised with simple easy to follow methods and we observed foods correctly stored, labelled and dated. Catering staff were observed to follow safe food handling practices and implement the home's food safety plan. Residents have a choice of meal options available to them and all residents and representatives commented very positively on the quality of meals.

Cleaning

The home has a cleaning program that ensures all public areas and resident rooms are cleaned according to a set schedule. Colour coded cleaning cloths, mops and buckets are used in all areas. We observed equipment for cleaning spills and staff demonstrate sound knowledge of their location and use. All areas of the home are clean and hygienic and residents and representatives confirm their satisfaction with the cleaning services.

Laundry

All residents' personal laundry services are undertaken on site in the well equipped laundry. Linen is laundered by an external provider. All residents' laundry is completed in individual loads and residents state that their clothes are laundered appropriately, are returned promptly and in good order. Staff are able to competently explain the laundry process and are able to clearly outline infection control procedures.