



The **Aged Care**
Standards and Accreditation Agency Ltd

Decision to Accredite Corumbene Hostel

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

The Agency has also decided that the period of accreditation of Corumbene Hostel is 3 years, until 24 April 2010.

The Agency has found that 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 that the home will undertake continuous improvement measured against the Accreditation Standards.

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

Geoff Freeman
Authorised Decision Maker
Victoria and Tasmania

Information considered in making an accreditation decision

The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

Service and Approved Provider Details

Service Details

Service Name: Corumbene Hostel
RACS ID: 8024
Number of beds: 33 Number of High Care Residents: 26
Special Needs Group catered for:

Street: 13-21 Lower Road
City: New Norfolk State: Tasmania Postcode: 7140
Phone: 0362612744 Facsimile: 0362614530
Email address: corumbene@corumbene.org.au

Approved Provider

Approved Provider: Corumbene Nursing Home For The Aged Inc

Assessment Team

Team Leader: Gerard Velnaar
Team Member: Marlene Johnston

Dates of audit: 30/01/2007 to 31/01/2007

Executive summary of Assessment Team's Report	
Standard 1: Management Systems, Staffing and Organisational Development	
Expected Outcome	Assessment Team Recommendations
1.1 Continuous improvement	Compliant
1.2 Regulatory compliance	Compliant
1.3 Education and staff development	Compliant
1.4 Comments and complaints	Compliant
1.5 Planning and leadership	Compliant
1.6 Human resource management	Compliant
1.7 Inventory and equipment	Compliant
1.8 Information systems	Compliant
1.9 External services	Compliant
Standard 2: Health and Personal Care	
Expected Outcome	Assessment Team Recommendations
2.1 Continuous improvement	Compliant
2.2 Regulatory compliance	Compliant
2.3 Education and staff development	Compliant
2.4 Clinical care	Compliant
2.5 Specialised nursing care needs	Compliant
2.6 Other health and related services	Compliant
2.7 Medication management	Compliant
2.8 Pain management	Compliant
2.9 Palliative care	Compliant
2.10 Nutrition and hydration	Compliant
2.11 Skin care	Compliant
2.12 Continence management	Compliant
2.13 Behavioural management	Compliant
2.14 Mobility, dexterity and rehabilitation	Compliant
2.15 Oral and dental care	Compliant
2.16 Sensory loss	Compliant
2.17 Sleep	Compliant

Accreditation Decision

Agency Findings
Compliant
Compliant
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Agency Findings
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Executive summary of Assessment Team's Report

Accreditation Decision

Standard 3: Resident Lifestyle

Expected Outcome	Assessment Team Recommendations
3.1 Continuous improvement	Compliant
3.2 Regulatory compliance	Compliant
3.3 Education and staff development	Compliant
3.4 Emotional support	Compliant
3.5 Independence	Compliant
3.6 Privacy and dignity	Compliant
3.7 Leisure interests and activities	Compliant
3.8 Cultural and spiritual life	Compliant
3.9 Choice and decision-making	Compliant
3.10 Resident security of tenure and responsibilities	Compliant

Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

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Compliant

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Compliant

Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Executive summary

This is the report of a site audit of Corumbene Hostel RACS ID 8024, 13-21 Lower Road, NEW NORFOLK TAS 7140 from 30 January 2007 to 31 January 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 14 February 2007.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Corumbene Hostel.

The assessment team recommends that the period of accreditation be two years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within six months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Please note the Agency may have made findings different from these recommendations

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 30 January 2007 to 31 January 2007.

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:	Gerard Velnaar
Team Member:	Marlene Johnston

Approved provider details

Approved provider:	Corumbene Nursing Home for the Aged Inc.
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Details of home

Name of home:	Corumbene Hostel
RACS ID:	8024

Total number of allocated places:	33
Number of residents during site audit:	33
Number of high care residents during site audit:	26
Special needs catered for:	12 bed secure unit

Street/PO Box:	13-21 Lower Rd	State:	Tas
City/Town:	New Norfolk	Postcode:	7140

Phone number:	03 6261 2744	Facsimile:	03 6261 4530
E-mail address:	ceo@corumbene.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Corumbene Hostel.

The assessment team recommends that the period of accreditation be two years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within six months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Board chairperson	1
Director of care	1	Quality project nurse	1
Nurse manager	1	Residents	10
Registered nurses	2	Relatives	1
Enrolled nurses	1	Volunteers	2
Care staff	4	Catering staff	1
Administration manager	1	Cleaning staff	2
Administration officer	1	Maintenance staff	1
Support services coordinator	1		

Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Personnel files	4		

Other documents reviewed

The team also reviewed:

- Strategic plan
- Continuous improvement plan
- Legislation, journals, and associated correspondence
- Incident and infection data summaries
- Policies and procedures
- Audits
- Staff meeting minutes
- Resident meeting minutes
- Board meeting minutes
- Board reports
- Resident handbook
- Complaint folder
- Maintenance schedules
- Contractor induction checklists
- Contractor agreements
- Resident survey
- Activity calendar
- Activity attendance records
- Volunteer induction records
- Resident agreements
- Occupational health and safety meeting minutes
- Hazard, incident and accident forms and reports
- Risk assessments
- Evacuation plan
- Certification records
- Evacuation drill records
- Hazard register
- Chemical safety data sheets
- Fire safety systems maintenance and compliance records
- Report on infection control practices and recommendations
- Medication incident reports
- Resident handbook and orientation checklist
- Best practice resource folders
- Statement of duties
- Staff training including the orientation program
- Annual practising certificates for registered nurses
- Performance review reports
- Communication and diaries books
- Handover sheets
- Resident records and associated documentation
- Clinical pharmacological reviews of prescribed medications
- Special care register
- The restraint policy
- Bed rail safety checklist
- Menus
- Dietary information charts
- Temperature monitoring records
- Cleaning schedules

Observations

The team observed the following:

- The living, garden and working environment
- The sensory room
- Interactions between staff and residents
- Activities in progress
- Food serving areas and meals in progress
- Nursing goods, equipment storage and emergency equipment
- Laundry and kitchen areas
- Medication storage areas
- Notice boards and posters

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home is introducing a more structured continuous improvement program. A strategic plan has been developed with input from staff, residents and the local community. The board of management have allocated financial resources to achieve the objectives contained within the plan. A staff education program is commencing in line with the plan. The continuous improvement committee’s role and functions are being redefined. New policies, monitoring and evaluation measures are being introduced. Staff and residents provided positive feedback on the improvements made at the home, especially over the last six months.

Improvements and results in the last year include:

- Formal adoption of the organisation’s strategic plan.
- Reorganisation of the management structure in response to organisational needs.
- Employment of a support services coordinator, nurse manager and quality support officer.
- Improved access to and use of computers by registered nursing staff.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The board of management are aware of their legislative responsibilities and access advice and training from relevant professionals. The home has memberships with peak industry and employer organisations that provide information regarding legislation and regulatory compliance. The managers receive regular updates on legislative changes through sources including professional networks, and attendance at conferences and seminars. Staff said that they are made aware of regulatory changes.

1.3 Education and staff development

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

Team’s recommendation

Does comply

Records show that management has revised the selection criteria and competencies required to meet the home’s appointment criteria. The strategic plan has identified a

values based approach to staff development with this ethos being incorporated into position descriptions and the performance management system. An education program is planned to assist managers to implement this model. Records confirm that staff have identified subjects for inclusion in the annual education program and have attended an increased number of sessions including workplace legislation, women in the workforce, computer applications and guardianship. Management and board members continue to regularly attend conferences and workshops on industry-based changes. Personnel records include each staff member's record of performance appraisals with management stating that key performance indicators are being developed to progress human relations management.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home has systems that provide for residents and their representatives to make comments and concerns about the home known to management or external complaint organisations. Information on these systems is provided in the resident information book, the resident agreement and displayed around the home. Residents' meetings are held regularly, and residents commented favourably on the usefulness of these meetings to raise issues or concerns. A register contains records of written complaints and how they have been resolved. Residents said that they are comfortable to tell staff about any issues that they have concerns about.

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 its vision, mission, values, philosophy and commitment to quality. These statements are available to staff and residents and displayed in common areas. A new strategic plan, that includes key steps for improving the home, has been developed and is being progressively implemented. The plan includes a focus on improving resident care.

1.6 Human resource management

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

Team's recommendation

Does comply

The newly appointed director of care has completed a review of the nursing leadership structure, appointing a part time nurse to manage clinical care and a quality projects nurse to manage quality systems in nursing and research. The director of care is responsible to provide appropriately trained staff to meet resident care needs with staffing levels currently being reviewed to address the ratio of registered nurses to

residents. A proposal to reallocate staff internally is being considered to meet this objective. A registered nurse is in charge on every shift with the director of care working rostered shifts to maintain the integrity of the roster. Other staff provide care, administration, resident lifestyle, maintenance and hospitality services. A relief pool of staff and agency staff are used to replace regular staff when required; an information folder is maintained for agency staff. Staff confirmed that they have sufficient time to complete their duties with residents indicating that they do not have to wait long for assistance.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems that support the provision of goods and equipment for use by staff and residents. A part-time maintenance officer oversees the routine repairs, with the recently employed support services coordinator taking over responsibility for the overall maintenance program, including management of maintenance contractors. Resident care, hospitality and administration goods are ordered by designated staff and minimum stock levels are maintained. Residents and staff said that they have ample supplies of health and personal care items. Staff commented favourably on new equipment purchased over the last six months.

1.8 Information systems

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

Team's recommendation

Does comply

The board of management are informed about operations of the home through written and verbal reports provided by the chief executive officer and director of nursing. The reports including infection and resident incident rates, with a summary of this information provided; there is no analysis of the information contained within the written reports. The home has a policy review process, and is intending to check the adequacy of the current policy and procedure framework. A new care assessment process has been recently introduced with the aim of improving this aspect of care provision. Staff are kept informed about changes in resident care status through handover and a communication book. The home's audit and monitoring program is being reviewed in line with objectives within the strategic plan. The home provides secure storage of residents' care and financial 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

Management and staff use approved suppliers and contractors to provide a variety of services to the home. The contractors sign an agreement regarding a range of safety

and other issues before providing their services to the home. Contractors who provide specialised maintenance services work under a permit system. The performance of contractors is subject to on-going review. Management and staff reported satisfaction with the contractors presently servicing the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home is introducing a more structured continuous improvement program. A strategic plan has been developed with input from staff, residents and the local community. The recent employment of a nurse manager and quality project nurse is planned to improve the current resident care outcomes. The continuous improvement committee's role and functions are being redefined. New policies, monitoring and evaluation measures are being introduced. Staff and residents provided positive feedback on the improvements made at the home, especially over the last six months.

Improvements and results in the last year include:

- Purchase of new care equipment leading to positive outcomes for both staff and residents.
- Implementation of a new care assessment program.
- Review and improvements made to care documentation and staff practices regarding challenging behaviours.
- Additional staff allocated to the secure area within the home.
- Use of a fully equipped sensory room.

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 care managers receive regular updates on legislative changes through education, professional networks and peak industry and employer organisations. The home recently subscribed to a best practice care newsletter. Staff have access to current copies of some care related legislation and can also access this information from the internet. Care policies and procedures are changed in line with new legislative requirements. Staff said that they are informed about changes in legislation and professional guidelines.

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

Records show that staff education needs are identified through the performance appraisal process, areas identified by management, and industry based changes. The education program and records confirm that the home has provided a range of training sessions to assist staff to increase their knowledge and skills in managing resident’s clinical needs and personal care requirements. Educational sessions have addressed dementia care, continence, medication management and contemporary nursing care. There is a well-structured orientation program with new staff confirming that they felt well inducted to carry out their responsibilities. Several staff described how continued education has aided their professional development and the benefits of newly gained knowledge to resident care. Management is considering developing competencies to test compliance with best practice.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has introduced a new system for the assessment of residents’ care needs, maintaining a dual system until all residents have been reassessed. A review of care plans confirms that assessment findings are carried forward into care planning and reviewed three monthly. Progress notes include a comprehensive three monthly global assessment, together with relatives’ and residents’ input into care planning and review wherever possible. General practitioners visit residents soon after admission and as required by nursing staff. The home collects a small range of clinical indicators with reports showing that some results have been analysed and reported to staff meetings. Management is planning to strengthen the number of indicators collected and reported on. Residents and relatives said they are satisfied with the level of clinical care provided.

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

A registered nurse is responsible to assess resident’s specialised care needs and to set up a care plan and monitoring records. Progress notes confirm that staff follow the instructions by medical and other health professionals that are contained in nursing care plans and residents’ notes. These notes also show that specialised nursing care needs are appropriately addressed, monitored and evaluated by qualified nursing staff. Nursing staff have access to professional and best practice guidelines, policies and procedures to assist with technical care. Residents confirmed that staff manage their specialised nursing care needs in a professional manner.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents are encouraged to maintain visits to their general practitioner’s surgery and other health professionals, if well enough. Alternatively, the home assists residents to access these services or to make arrangements for the resident to be visited at the home; transport is arranged if required. Staff use a communication book to ensure that residents do not miss scheduled appointments. The residents’ handbook lists the range of visiting health professionals and information about travel arrangements. Staff indicated that there have been occasions when a breakdown in communication about prescribed treatments has occurred between acute hospitals or specialist services, the home and general practitioners; the new nursing team is working to remedy this issue. Residents said that they were satisfied with arrangements made to assist them to attend external medical appointments.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has policies and procedures in place to guide staff with the safe and correct administration of medications. Medication charts are audited with the recent audit finding that the most common omission is general practitioners not signing the medication review sheet regularly. Management is addressing this issue as well as increasing the criteria to be audited about regulatory requirements. Incident forms are completed for medication errors together with investigations. Medical records included medication review reports from the local pharmacist. Staff were observed to administer medications within a reasonable time frame with residents confirming that staff are generally on time with their medications.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents’ history of pain and successful treatments are recorded on admission. A specific chart is used to assess residents who are unable to communicate their pain. Records show that residents are reassessed when new pain occurs, or for unrelieved pain. Pain relief strategies include heat and cold packs, massage, and repositioning as well as analgesia. There was documentation to confirm that staff inform the general practitioner about unresolved pain and that medical interventions and diagnostic procedures have been ordered. Staff document pain management strategies used and the evaluation of those interventions in resident’s progress notes. Residents said that they were able to access relief from acute or chronic pain when required.

2.9 Palliative care

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

Team’s recommendation

Does comply

Ministers of religion, resources from a specialist palliative care unit and volunteers play an important role in assisting residents and family members through the stages of palliation. A special room is available to family members to allow them ease of access during this period. The home’s policies and procedures provide for a flexible and sensitive approach to the management of residents and their family members during palliation. Care plans and progress notes include the attention paid to resident’s personal care needs, pain, continence, nutrition and hydration and respiratory management. Medical progress notes confirm that medical visits have been responsive to the resident’s care needs especially in relation to pain management and restlessness. The home is in the process of obtaining resident’s terminal wishes where this information has not previously been obtained.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ dietary and hydration needs are assessed on admission and daily if resident preferences or their medical condition indicates. There is a reliable system to convey residents’ dietary needs and changes to the catering service. Care and catering staff explained how they assist residents to maintain adequate hydration especially in periods of excessive heat. Guidelines are available to assist staff to manage in the event of a resident choking. Medical records confirm that a speech pathologist will assess residents if an appropriate referral is made. Residents are weighed three monthly or more frequently for weight loss or gain. Residents said that the standard of meals is very good and that the meals are nutritious.

2.11 Skin care

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

Team’s recommendation

Does comply

Care plans include findings of the skin care assessment process and include a range of mechanisms to prevent skin break down including emollients, pressure relief mattresses, regular repositioning, use of hoists and adequate nutrition and hydration. Monitoring of skin tears confirms that the incident rate remains relatively low with care plans including strategies to assist in the prevention of skin breakdown. A special wound management chart records that dressings are undertaken as prescribed but does not always include a report of the progress being made; management said that a section on evaluation would be included on the wound management chart. Each resident completes a shower list that includes the resident’s shower/bath preferences, shaving requirements and hair care. Residents expressed their satisfaction with the extent of personal care given and the flexibility about shower and dressing routines.

2.12 Continence management

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

Team’s recommendation

Does comply

Resident continence needs are systematically assessed over a three day period on admission and where a need is identified by staff observation and monitoring. Care plans include individual toileting plans, required continence aids, and treatment of urinary tract infections, constipation and diarrhoea. Continence management is oversighted by an enthusiastic team of carers who monitor the use of continence aids, ensuring that adequate aids are supplied. Staff described their responsibility to ensure that residents’ have sufficient fluid intake and a well balanced diet for bowel management. The ambience of the home is largely odour free. Residents stated that their continence needs are dealt with in a sensitive manner.

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 a 12-bed special care secure unit and has established a fully equipped sensory room in recent times. Staff were observed to respond to triggers to resident behaviour patterns and individual management strategies documented in the care plan which is reviewed three monthly or more frequently if behaviours change. Typical behaviour management strategies include massage, soft music, gentle redirection and distraction. The home supports a low stimulus environment and prefers to allow residents to wander in a less restrictive environment around the home and in a secure garden. Management strategies are individualised and developed in consultation with relatives and general practitioners. Advice is sought from the Dementia Care Unit where required. The home has several doors leading to the outside which are alarmed to the nurse call system after 5 pm. The home has a policy of minimal restraint with all restraint in place authorised, monitored and regularly reviewed.

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

Records show that resident’s mobility and dexterity needs are initially assessed by a registered nurse and by a physiotherapist as required who prepares an exercise plan for care and activities staff to carry out. Care staff confirmed that these exercises are undertaken while the resident is being showered and dressed. Care staff are provided with detailed instructions concerning lifting, transferring and manual handling with care plans reviewed three monthly or more frequently if necessary. The home collects statistics and analyses causes of resident falls from resident incident reports noting the number and frequency of falls. Strategies to help minimise repeated falls are documented and aided by input from the Falls Prevention Team. There is an adequate range of mobility aids available for resident use including preventative devices such as hip protectors.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Resident’s oral and dental care needs include an assessment for the presence of any signs of infection, ill-fitting dentures or dental caries. Any eating or swallowing difficulties are also recorded in resident care plans. Residents have access to local dentists and a dental mechanic who will visit the home by appointment. Residents are encouraged to care for their dental care needs with care staff providing assistance as required. Care and catering staff described the importance of providing modified food and fluid textures to residents as appropriate. The team observed that at least one carer is present in the dining room during resident meals and that procedures are in place to guide staff in the event of a resident experiencing swallowing difficulty.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory, spatial and disability needs are assessed on admission, included in care plans and reviewed three monthly. Care plans include the type and use of aids. The team observed staff assisting residents to clean their glasses and to insert hearing aids. Resident records show that referrals are made to dentists, ophthalmologists and audiologists as necessary and that the home endeavours to use local services to avoid long trips to the city for these appointments. Instructions from these visits are recorded in residents’ records and acted on by staff. The home has improved natural lighting through installation of several skylights. Residents were observed to be thoroughly enjoying the visiting pet program and associated tactile touching.

2.17 Sleep

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

Team’s recommendation

Does comply

Resident’s usual sleep, rest and settling patterns are assessed on admission and during care plan reviews. A three-day assessment chart is used to identify triggers that contribute to sleeplessness and interventions to assist the resident to sleep. Care plans include normal settling times and any rituals such as closing, curtains or providing a warm drink. Progress notes refer to continence and pain management in assisting residents who are experiencing sleeplessness. Staff confirmed that residents are checked regularly throughout the night with residents confirming that they generally sleep well.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home is introducing a more structured continuous improvement program. A strategic plan has been developed with input from staff, residents and the local community. The continuous improvement committee’s role and functions are being redefined. New policies, monitoring and evaluation measures are being introduced. Feedback from residents and relatives has led to improvements in the lifestyle program. Staff and residents provided positive feedback on the improvements made at the home, especially over the last six months.

Improvements and results in the last year include:

- Implementation of an expanded lifestyle assessment program.
- Increased access to spiritual sessions for the residents.
- Resident satisfaction with the increased levels of choice regarding shower times.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The managers and staff receive regular updates on resident lifestyle legislative changes through education, professional networks and peak industry and employer organisations. The home recently subscribed to a best practice newsletter. The staff and volunteer orientation program covers a variety of issues including confidentiality, residents’ rights and responsibilities. Staff have a good knowledge of these issues. Residents and representatives are offered a resident agreement that details the services that they can expect to receive, financial arrangements and other rights and responsibilities.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has a significant number of volunteers who are required to submit to a police check. Volunteers attend an orientation program to assist them to understand their role and responsibilities as well as attending educational sessions of interest to them. The activities officer is skilled by experience and was able to demonstrate the ability to design flexible sessions that meet group and individual needs. The activities officer said the scope of responsibilities specified in her position description are accurate and that her performance review is current. Residents spoke in positive terms about the role that the activity officer plays in their daily activities, attributing this to the activity officer's experience and understanding of their needs.

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 processes that help residents blend into their new environment. Residents and residents are invited to come to the home prior to admission if possible, and on admission are provided with a tour and introduced to key staff. Volunteers and activity staff also make themselves known to the new residents. Residents are able to access on-going pastoral care and emotional support depending on their needs, which are documented in care plans.

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 maintains links with the community through the volunteer program, community group visits and periodic functions such as the annual fair. A number of residents maintain their previous involvement in the community with the assistance of staff or volunteers. Care plans reflect residents' levels of independence, and staff described the importance of listening and responding to residents' needs. The home provides a range of mobility and other care aids to assist residents in maintaining their independence. Residents said that they are very appreciative of the work of volunteers, and that they enjoy the regular bus trips. Some residents commented that their families often take them out on community visits.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents are accommodated in single rooms with ensuites at the home. Staff work in ways that support the maintenance of residents' privacy, dignity and confidentiality. Residents and relatives expressed satisfaction about the manner in which staff support their privacy and dignity needs. The team observed friendly and respectful interactions between staff and residents. Residents' files are stored in secure and safe manner.

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

Diversional therapy staff, care staff and volunteers provide the residents with a wide range of activities at Corumbene. The activities are based on residents' interests and needs, and are periodically reviewed to ensure that the activities remain relevant. The volunteer program is an integral part of the program, and residents praised the support they receive from the many volunteers. The home is currently implementing an afternoon program for residents in the secure area, in response to review of clinical indicators. The program has been developed after successful trial of one-to-one activities and use of the sensory room. Residents spoke very favourably about the activities program.

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

Systems are in place to help ensure residents' individual interests, customs and beliefs are valued and fostered. Care plans include information on residents' religious, spiritual and cultural preferences. Significant events and days are acknowledged and celebrated. Residents are encouraged and supported to attend the church of their preference and are also given the opportunity to attend a variety of ecumenical services within the home. In response to recent resident feedback, the opportunity to participate in religious events has been increased. Residents expressed satisfaction with the opportunities provided to support their religious needs.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents were involved in the formation of the home's strategic plan. Residents' preferences and choices regarding care and some other services are assessed, included on care plans and regularly reviewed. Residents are able to make comments about the home during regular meetings and management responds to any issues raised. Residents are able to make care and other choices on a day-to-day basis and staff respect these choices. The home provides residents with information on how to make internal and external complaints, and the Advocacy service has provided residents with information on their role. Residents said that they are able to make choices about care and other issues.

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

Residents and families are provided with information about the home, their rights and responsibilities, during the pre-admission and admission process. The administrative manager discusses financial issues, and fees and charges are documented in the residents' agreement where relevant. The charter of residents' rights and responsibilities is on display in the home. Residents are able to move rooms within the home, according to need and in consultation with the residents and their representatives and the care team.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's recommendation

Does comply

The home is introducing a more structured continuous improvement program. A strategic plan has been developed with input from staff, residents and the local community. The living environment has been substantially improved through the provision of more lighting and new lounge furniture; further refurbishments are planned. A new program of living environment audits has commenced. Senior management staff have been trained in risk assessment. Feedback from residents and relatives has led to improvements in the catering services. Staff and residents provided positive feedback on the improvements made at the home, especially over the last six months.

Improvements and results in the last year include:

- Purchase of new care equipment leading to a safer working environment for staff.
- Two lounge areas have had skylights installed, with both staff and residents commenting on the improved lighting.
- A new cleaning program has been developed and is being implemented.
- Regular fire safety and evacuation drills have been held, with evaluations showing staff compliance with their roles and responsibilities.

4.2 Regulatory compliance

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

Team's recommendation

Does comply

The managers and staff receive regular updates on safety and related legislative changes through education, professional networks and peak industry and employer organisations. Relevant policies and procedures are reviewed in line with legislative changes. Staff have been involved in training to assist them in meeting the home's legislative responsibilities. Members of the occupational health and safety committee plan to attend further training relating to their roles in the near future. Orientation and training systems ensure that staff are informed about their safety, infection control and other responsibilities.

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

Records show that staff have attended compulsory education and assessment for fire training and manual handling. Strong emphasis has been placed on assisting members of the occupational health and safety committee to undertake requisite education and assessment as well as training for fire wardens and the chief fire warden. Fire drills have been held regularly with staff describing their roles and responsibilities with confidence. Other educational sessions include infection control, food safety, cleaning procedures and nutrition and hydration. The majority of catering staff have completed food safety education with one new staff member preparing to undertake relevant training.

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's living environment has improved due to the on-going renovation program. Hazard reporting and audits are used to monitor the safety of the living environment. Actions are taken to address any identified issues. Resident incidents are monitored and actions are taken to help decrease the likelihood of repeat incidents. Residents were generally satisfied with the living environment created within the home and its

surroundings. Some residents were concerned with noise associated with the flooring in a corridor and lounge area; management is attempting to resolve this issue.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has processes that help ensure a safe working environment. Regular occupational health and safety meetings provide a forum for addressing hazards, and staff incidents and accidents. There has been a significant increase in senior management training regarding safety issues. Risk assessments are now completed when deemed necessary. Staff are trained in the use of new equipment. Staff provided many examples of management responding appropriately to safety issues.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has well established fire safety, evacuation and emergency procedures. Emergency drills are carried out regularly and include overnight scenarios when there are less staff present at the home; any identified deficiencies are addressed. Staff are aware of their roles and duties in the event of an emergency situation. Contractors regularly check that fire safety systems are operating correctly. Contractors also test the safety of electrical equipment. Nursing staff are currently reassessing the risks associated with residents who smoke.

4.7 Infection control

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

Team's recommendation

Does comply

Management collects data to monitor the effectiveness of its infection control program with results showing no significant increase in trends over the past year. Minutes confirm that results, once analysed, are sometimes discussed at staff meetings. The home has developed detailed policies and procedures to guide staff practice; these are being linked to national policies on pandemic infections. Staff had a good knowledge of universal precautions and waste management practices confirming recent attendance at staff training for infection control. There is clear segregation of soiled linen and waste with the external collection system complying with contractual arrangements. Management has devised an extensive audit program to measure compliance with cleaning standards that is to be introduced within a month.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The catering service prepares a fresh cook food service with the menu rotating four weekly. Residents are able to choose their meals selection daily with care staff providing assistance when required. There is a system in place for registered nurses to advise the catering staff of any changes to diets or resident preferences. Catering staff were observed to respond to a resident's request for a change of meal at short notice. Residents confirmed that they are contented with the standard of meals, the availability of fresh fruit, variety of fluids provided and the recent provision of a jug of fresh water daily. Service staff have a cleaning schedule with the home appearing to be clean, neat and tidy. The home launders resident's personal clothing with general items laundered externally under contract. Residents were generally satisfied with hospitality services provided at the home.