ATTACHMENTS

ORDINARY MEETING AGENDA

THURSDAY 23 JULY 2015

~ REFERENCE TO ATTACHMENTS ~

COBAR
SHIRE COUNCIL

PESTICIDE USE NOTIFICATION PLAN

FILE: P5-58

Table of Contents

WHAT IS A PESTICIDE USE NOTIFICATION PLAN?

NSW Councils are required to prepare a Pesticide Use Notification Plan; this plan has been prepared in accordance with the requirements of the Pesticide Regulation 2009. This pesticide use notification plan explains how Cobar Shire Council intends to notify members of the community about the use of pesticides in public places that it owns or controls.

In accordance with the new amendment to the regulation, pesticides can not be used in these areas unless the Council has finalized this notification plan.

This plan explains:

1. The categories of <u>Outdoor Public Places</u> owned or controlled by the Cobar Shire Council where pesticides are used.
2. Who regularly uses these public places and an estimate of the level of use. (For example: high, medium or low)
3. How and when the Council will provide those people with information about proposed pesticides use in these public places. (This means what notification arrangements will be used.)
4. The special steps the Council will take when pesticides are used in outdoor public places that are adjacent to sensitive places, such as Child Care Centres, Schools, Nursing Homes, etc.
5. What information will be provided (Name of the pesticide, why it is being used, dates used, place used, Council offer contact details for further information, act.)
6. How the Council will be informed of this notification plan.
7. How the future reviews of this notification plan will be conducted.
8. Contact details for anyone wishing to discuss the notification plan with the Council.

WHERE WE USE PESTICIDES.

Cobar Shire Council may use pesticides in the public places that it owns or controls. The Council does not use pesticides on any private land unless it is agreed with the owner of such land that it is necessary to do so for public interest.

The Cobar Shire Council may from time to time use pesticides in the following areas. Please note that intended level of use given below may vary in accordance with the intensity of the problem.

AREA	REGULAR USERS	LEVEL OF USE
Public Gardens	General Public	High
Picnic Area	General Public	Medium/High
Play Grounds	Children/Parents	Low/Medium
Tennis Courts	General Public	Medium/High
Public Toilets	General Public	Medium/High
Parks	General Public	High
Road verge	General Public	High
Drains/Drain easement	No person	Low
Sports Field Ovals	General Public	High
Lane Ways	General Public	High
Path Ways	General Public	High
Council Vehicles	Council Staff	Low
Rest Areas	Tourists	Medium
Railway Lines	General Public	Medium/High
Airport & Air Strip	General Public	Medium
Council Owned Residence	Residents	Low
Library	General Public	Low
Council Admin Building	Staff/General Public	High
Council Depots	Council Staff	Low/Medium
Hospitals/Land	General Public	Low/Medium
Schools/Land	General Public	Medium /High
Nursing Homes/Land	General Public	Low/Medium

NOTE:

Cobar Shire Council may use any pesticide as the need arises. These include, (but not limited to) Herbicides, Insecticides, Fungicides, Bactericides, Baits, Genetically Modified Organisms (GMOs), Lures, Rodenticides, Repellents and/or Natural Pesticide Agents.

NOTIFICATION ARRANGEMENTS

Cobar Shire Council uses small quantities of some pesticides that are widely available in retail outlets and are ordinarily used for domestic purposes (including home gardening). Council does not intend to provide notice for such pesticide applications other by way of this description in this plan.

Cobar Shire Council is committed to informing the public before the application of any emergency pesticide to deal with biting or dangerous pests such as wasps, bees, rodents, venomous spiders, fleas and bird mites. Cobar Shire Council will where possible erect notices at the time of the application. In these situations however Council will make any possible attempts to inform the members of the public who are immediately affected by the situation. Information about application of any pesticide is available at the front counter at Cobar Shire Council office at 36 Linsley Street Cobar NSW 2835. Council may use one or more of the following methods to inform the public of their actions:

1. Signs
2. Newspaper advertisements
3. Cobar Shire Council Website
4. Cobar Shire Council Facebook page
5. Letterbox Drops
6. Individual notification
7. Telephone/fax
8. Mail-outs
9. Community meeting
10. Council information fact sheets
11. Front counter display notice.

Where appropriate, signs will remain in place for up to 48 hours after application. Before any application, at least 48 hours notice will be given to the following agencies:

* Schools or Pre-schools
* Kindergarten
* Child Care Centre's
* Hospitals.

* Community Health Centre
* Cafes
* Nursing Homes

WHAT INFORMATION WILL BE PROVIDED?

Where possible Council will provide the following information to the affected members of the public.

- Name of the pesticide.
- The purpose of the pesticide use.
- Date or dates of use.
- The place of application.
- Any necessary information about when the area is safe enough to be re-entered.
- Any warning issued by APVMA (Australian Pesticides & Veterinary Medicines Authority) with regards to the particular pesticide.

HOW THE COMMUNITY WILL BE INFORMED OF THIS PLAN.

This draft/plan is available for public, free of charge during normal office hours at the front desk of Cobar Shire Council 36 Linsley Street Cobar NSW 2835 and on the Cobar Shire Council Website. A notice of this plan will also be placed in the NSW Government Gazette and in the Cobar Weekly soon after this plan is adapted by the Council.

FUTURE REVIEW OF THE PLAN.

This plan will be subject to continued amendments, whenever such a need arises. Members of the community are encouraged to comment on the plan and provide any input if they think necessary. Any significant change for this plan will be made only after careful consultation with members of the public.

CONTACT DETAILS:

For further details of the plan you may contact Councils Planning and Environment department on:

Ph 02-6836 5888
Fax 02-6836 5889
Council's website – www.cobar.nsw.gov.au

Attached Appendix 1 provides general information about pesticides.

APPENDIX 1.

WHAT IS PESTICIDE?

Plants, insects, bacteria, fungi and other organisms are a natural part of the environment. Some can benefit people in many ways. Some can also be pests that you may need or want to control. You can choose from many different methods to control a pest. One method is to use a pesticide.

A pesticide is any substance or mixture of substances used to destroy, suppress or alter the life cycle of any pest. A pesticide can be a naturally derived or synthetically produced substance. A pesticide can also be an organism.

Pesticides include herbicides, fungicides, insecticides, fumigants, bactericides, rodenticides, baits, lures, repellents and pesticides used on animals to control external parasites.

There are currently about 5126 pesticide products registered for use in NSW by the Australian Pesticides and Veterinary Medicines Authority (APVMA) as of the 14th February 2007. These products are used extensively in both commercial and domestic circumstances and in urban and rural environments.

What are some of the different types of pesticides?

Some families or groups of chemical products which are considered pesticides under current NSW legislation are:

Bactericides - These destroy, suppress or prevent the spread of bacteria. Examples are swimming pool chemicals containing chlorine, and products used to control black spot (bacterial blight) on garden plants or in orchards. Disinfectants for household and industrial use are excluded and are not considered pesticides.

Baits - These are ready-prepared products or products which need to be mixed with a food to control a pest. This category includes baits prepared for the control of large animals, such as foxes and rabbits, and baits for insects, such as cockroaches and ants.

Fungicides - These control, destroy, render ineffective or regulate the effect of a fungus; for example, fungicides are used to treat grey mould on grape vines and fruit trees.

Genetically Modified Organisms (GMOs) - Agricultural crops can be genetically modified to incorporate resistance to pests and diseases, herbicide tolerance, or to slow the ripening of fruit or alter the timing and duration of flower production. For example, a gene from the bacterium *Bacillus thuringiensis* can be incorporated into cotton to provide protection against the larval stages of the cotton bollworm and native bollworm.

GMOs are regulated by the Commonwealth Government through the Office of the Gene Technology Regulator (OGTR) under the provisions of the *Gene Technology Act 2000*. Where a genetically modified product is determined to be a pesticide, it is subject to an assessment and registration process in accordance with APVMA requirements.

Herbicides - These destroy, suppress or prevent the spread of a weed or other unwanted vegetation; for example, the herbicide glyphosate is used to control a range of weeds in home gardens, bushland and agricultural situations.

Insecticides - These destroy, suppress, stupefy, inhibit the feeding of, or prevent infestations or attacks by, an insect. Insecticides are used to control a wide variety of insect pests, including thrips, aphids, moths, fruit flies and locusts. In NSW, pesticides include products such as flea powders and liquids used externally on animals. Injections or other medicines administered internally to treat animals are veterinary medicines and are excluded.

Lures - These are chemicals that attract a pest to a pesticide for the purpose of its destruction. Solely food-based lures, for example cheese in a mousetrap, are excluded and are not considered pesticides.

Rodenticides - These are pesticides used specifically for controlling rodents such as mice and rats.

Repellents - These repel rather than destroy a pest. Included in this category are personal insect repellents used to repel biting insects.

A number of living organisms that can control pests have also been registered as pesticides. Calicivirus, for example, has been used to control rabbit numbers; and bacilli that act as biological insecticides have been used to control various insect larvae, such as moths and mosquitos.

Definitions

Under the NSW *Pesticides Act 1999*, a pesticide is an 'agricultural chemical product' as defined in the *Agricultural and Veterinary Chemicals Code Act 1994* (Cwlth), namely:

'a substance or mixture of substances that is represented, imported, manufactured, supplied or used as a means of directly or indirectly:

    a. destroying, stupefying, repelling, inhibiting the feeding of, or preventing infestation by or attacks of, any pest in relation to a plant, a place or a thing; or

    b. destroying a plant; or

    c. modifying the physiology of a plant or pest so as to alter its natural development, productivity, quality or reproductive capacity; or

    d. modifying an effect of another agricultural chemical product; or

    e. attracting a pest for the purpose of destroying it.'

'Natural' pesticides

Many natural substances can be used as pesticides, such as extracts of pyrethrum, garlic, tea-tree oil and eucalyptus oil. When these natural chemicals are used as pesticides they become subject to the same controls as pesticides produced synthetically.

Are there controls on pesticides?

Because of the associated risks, pesticide use and pesticide users are subject to a range of NSW and Commonwealth controls. The APVMA assesses and registers pesticides before they are permitted to be used in NSW. The registration of existing pesticides is reviewed by the APVMA to ensure the pesticides meet current environmental, health and trade standards.

The role of the Department of Environment and Conservation (NSW) is to regulate the proper use of a pesticide through the provisions of the *Pesticides Act 1999*, when this is the chosen option for the control of pests.

Common misconceptions

The term *pesticide* covers a wide range of substances for the control of all types of pests.

A common misunderstanding is that the *Pesticides Act 1999*, which controls the use of pesticides in NSW, does not apply to the use of herbicides. This misunderstanding arises because the term pesticide is sometimes wrongly used to describe insecticides only. The legal definition of a pesticide under the Pesticides Act (see box) does, in fact, cover herbicides, insecticides, fungicides, rodenticides and many other types of substances.

Another common misconception is that pesticides made from natural substances or 'home brews' are intrinsically safer in all respects than synthetically produced or commercial pesticides. All substances whether they are synthetic or naturally derived involve some degree of risk when they are used to control pests. A highly toxic substance known as 1080 or sodium fluoroacetate, which is used to kill pest animals such as rabbits and foxes, occurs naturally in a number of Australian plants.

Using pesticides

It is important that pesticides are used only where they are absolutely justified. It is essential that you carefully identify the pest you wish to control and then fully consider all the control options. If you choose to use a pesticide, then it is your legal responsibility to ensure that it is used correctly by following all the instructions on the pesticide product label or APVMA permit.

About the Pesticides Act 1999

The Pesticides Act 1999 (replacing the Pesticides Act 1978) became fully operational on 1 July 2000. The focus of this legislation is to protect health, the environment, property and trade while safeguarding responsible pesticide use.

New law for training in the use of pesticides

From 1 September 2003 there are new rules under the Pesticides Act that make training compulsory for commercial users of pesticides.

Pesticides can be dangerous if incorrectly applied or managed, especially to those people who work with pesticides or are regularly exposed to them. Training in their correct use will minimise mistakes being made when using pesticides. It is one of the most effective ways of protecting workers who use pesticides regularly, their families, the community, trade and the environment. If you apply pesticides as part of your job or business, or use other people to apply pesticides, then you need to follow these rules.

Pesticides Implementation Committee

The Pesticides Implementation Committee was established under section 67 (1) of the Pesticides Act 1999 to provide cross-sectoral input and advice on implementation of the Act. The Committee (now concluded) has representation from industry, environment and community groups, local government and State agencies.

The Implementation of the Pesticides Act 1999: Report to the Minister for the Environment by the Pesticides Implementation Committee records the work of the Committee during the 4 years to 1 July 2004. It provides recommendations for future government and industry action to reduce the risks associated with pesticide use.

Regulation for keeping records of pesticide use

Under the Pesticide Regulation 2009 Part 4 Section 14

Information to be contained in record

(1) A record required to be made under this Part must contain the following information:

(a) the full product name of the pesticide applied,

(b) a description of the crop in respect of which the pesticide was applied or other situation in which it was used,

(c) the rate of application of the pesticide and the quantity applied,

(d) a description of the equipment used to apply the pesticide,

(e) the address of the property and the delineation of the area in which the pesticide was released and, in the case of a record under clause 13 (1) (g)-(j), the order in which areas (such as paddocks or sheds) were treated,

(f) the date and time of the application of the pesticide (including the start and finish time),

(g) the name, address and contact details of the person who applied the pesticide or, if the pesticide was applied by a person employed to apply the pesticide, the name of the employee and the name, address and contact details of the employer,

(h) the name, address and contact details of the owner or occupier of the land in respect of which the pesticide was applied (if the information is not the same as the information required by paragraph (g)),

(i) if, because of clause 13 (3), the record is required to be made by a supervisor-the name of each person who used the pesticide under the supervision or direction of the supervisor,

(j) if the pesticide is applied outdoors by means of any spray equipment: (i) the estimated wind speed and direction at the start of the application and whenever there is any significant change during the application, and

(ii) if other weather conditions (such as temperature, humidity or rainfall conditions) are specified on the pesticide label as being relevant for the proper use of the pesticide-a description of those conditions at the start of the application and whenever there is any significant change during the application.

(2) The record must:

(a) be made as soon as practicable after the use of the pesticide concerned and, in any event, no later than 24 hours after the pesticide is used, and

(b) be written legibly in the English language.

Copper chrome arsenate (CCA)

The Australian Pesticides and Veterinary Medicines Authority (APVMA) has released the final review report on the findings and regulatory outcomes of Arsenic Timber Treatments (copper chrome arsenate (CCA) and arsenic trioxide). The APVMA recommendations include:

- CCA timber treatment products will be prohibited for future use on timber intended for use in children's play equipment, picnic tables, decking and handrails.

- supply of CCA timber treatment products will be restricted to appropriately trained users.

- timber treatment facilities must be designed and operated to meet Australian Standards for timber treatment.

- CCA product labels will provide more detailed instructions for timber treatment operations, waste management and disposal and protection of the environment.

A copy of the report and frequently asked questions and answers about CCA are available on the APVMA website.

Health information about CCA and treated timber is also available from NSW Health.

The Department of Environment and Conservation (DEC) will have a role in enforcing any new requirements under the *Pesticides Act 1999*.

The DEC licenses facilities in the wood preservation industry under the *Protection of Environment Operations Act 1997*. During 2003 the DEC audited these facilities and has encouraged the industry to make further environmental improvements by implementing best environmental management practices.

More information

For more information on which pesticides are registered and which substances fall under the legal definition of a pesticide, contact:

Australian Pesticides and Veterinary Medicines Authority (APVMA)
www.apvma.gov.au
(02) 6272 5158

For information on the proper use of pesticides contact:

Department of Environment and Conservation (DEC)
Pollution Line (local call cost) 131 555
DEC Pesticides Unit (02) 9995 5799
DEC pesticide officers are located at the following DEC offices:
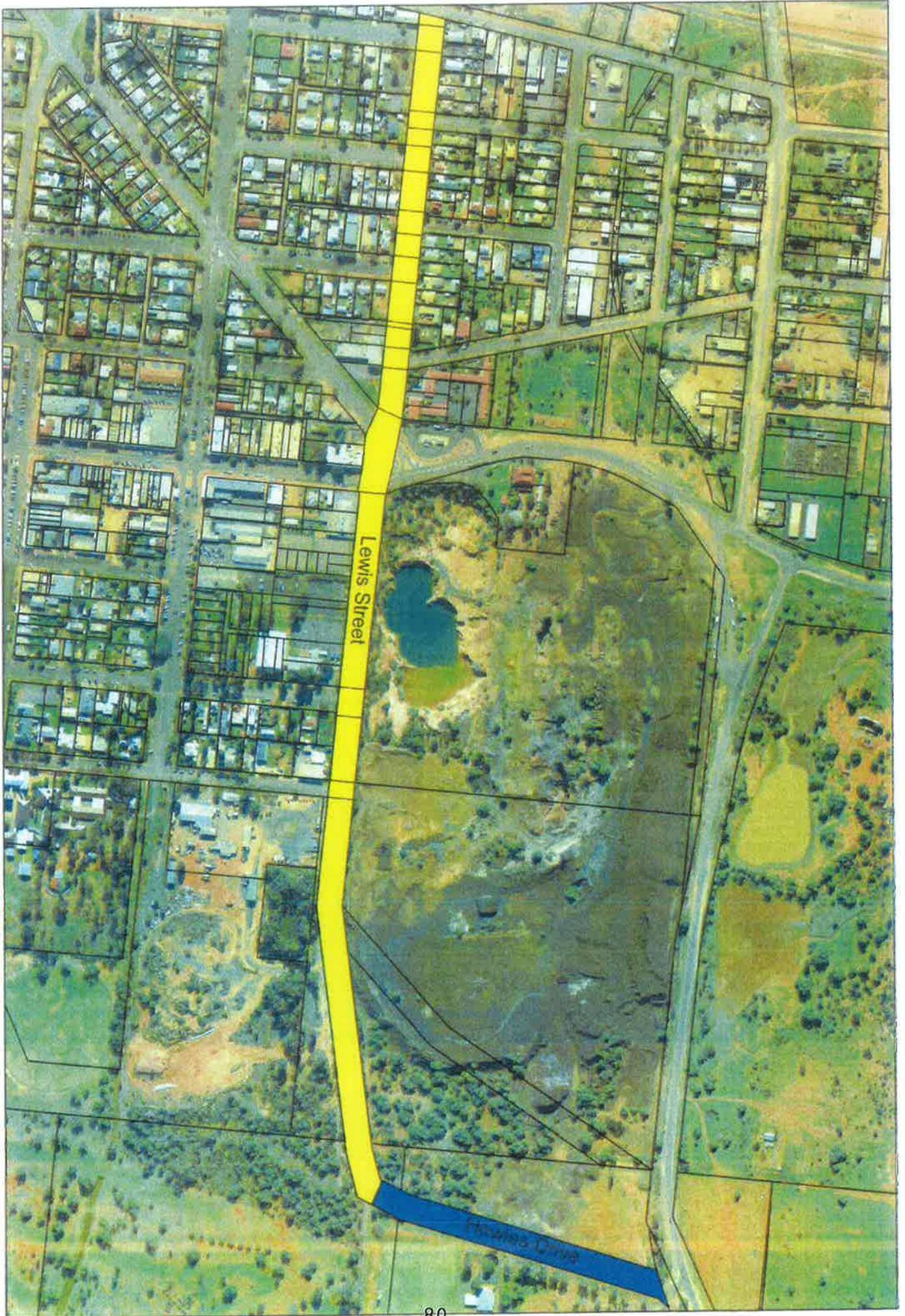Sydney (02) 9995 5799
Dubbo (02) 6841 9802
Grafton (02) 6640 2500
Griffith (02) 6969 0700
Newcastle (02) 4908 6804
Queanbeyan (02) 6122 3101
Tamworth (02) 6767 2700

Lewis Street

Rhodes Drive

Australian Government

Australian Aged Care Quality Agency

Audit Report

Lilliane Brady Village Hostel 0366

Approved provider: Cobar Shire Council

Introduction

This is the report of a re-accreditation audit from 02 June 2015 to 04 June 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 June 2015 to 04 June 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

Team leader:	Rosemary Chaplin
Team member/s:	Rodney Offner

Approved provider details

Approved provider:	Cobar Shire Council

Details of home

Name of home:	Lilliane Brady Village Hostel
RACS ID:	0366

Total number of allocated places:	15
Number of care recipients during audit:	15
Number of care recipients receiving high care during audit:	9
Special needs catered for:	N/A

Street/PO Box:	2 Nullamutt Street	State:	NSW
City/Town:	COBAR	Postcode:	2835
Phone number:	02 6836 3059	Facsimile:	02 6836 3498
E-mail address:	Nil		

Audit trail

The assessment team spent one and half days on site and gathered information from the following:

Interviews

	Number		Number
Director of Nursing	1	Residents/representatives	9
Registered nurse	1	Cleaning and laundry staff	2
Care staff	5	Cook	1
Recreational activity officer/work health and safety representative	1	Catering staff	3
Maintenance officer	1	Recreational activity officer	1
Administration officers	2	Volunteers	2

Sampled documents

	Number		Number
Care recipients' files including assessments, care plans, progress notes, allied health and medical documentation, referrals and transfer documentation	3	Medication charts including identification sheets, medication plans and nurse initiated medication lists	8
Continuous improvement logs	6	Confidential improvement complaint logs	8
Consolidated improvement complaint logs	7	Personnel files	5
External service agreements	6	Staff incident reports	8

Other documents reviewed

The team also reviewed:

- Care plan evaluation schedule

- Cleaning duty guides and sign off sheets

- Clinical monitoring records including bowel, blood glucose levels, blood pressure, pulse, temperature, neurological observations, wound, pain, behaviour and urinalysis

- Communication systems – diaries, doctors books, newsletters, notices, memoranda and meeting minutes

- Education documentation: education calendars, education training attendance records, skills assessments and employee orientation program

- External supplier agreement documentation, service reports folder and contact list

- Fire safety and emergencies documentation: inspection records, annual fire safety statement, emergency procedures manual, evacuation details of residents, emergency evacuation signage

- Food safety program, food safety monitoring records

- Human resource management documentation: employment documentation, new employee checklist, staff handbook, staff training needs analysis, staff appraisal status register, volunteer/work experience handbook, orientation resources information and work duty guides

- Infection control documentation: resource material, infection surveillance data, immunisation records, audit reports, legionella species reports and pest control reports

- Lifestyle: social profile assessments and care plans, activity program, daily activity participation logs, recreational activity plans, 'brainstorming with residents' sheets, bus outing plans, photographic records of activities, St John's school visits program and recreational activity officers' 1:1 program

- Maintenance documentation: preventative maintenance schedules, preferred supplier list, maintenance request logs and warm water temperature check records

- Medications: medication adverse event reports, drugs of addiction registers and medication refrigerator temperature records, amended medication management policy, amended medication audit and audit schedule, memorandum to staff and new flowchart relating to management of medication

- Nutrition and hydration: resident dietary preference sheets, menu, residents special food requirements list, resident likes and dislikes list and weight monitoring records,

- Policies and procedures

- Quality management system: vision and mission, organisational chart, policies and procedures, continuous improvement documentation, audit schedule, audit results and reports, clinical indicator information including adverse event records and summaries and survey results

- Regulatory compliance documentation: compulsory reporting incident documentation, staff police check register, NSW Food Authority Licence, resident agreement, professional registration records and consent forms for the collection and handling of private information

- Resident admission/enquiry pack, resident admission procedure and checklist

- Self-assessment report for re-accreditation

- Work health and safety system documentation: incident reports, staff return to work plan, electrical tagging records and safety data sheets

Observations
The team observed the following:

- Activity program on display; residents participating in activities and activity resources

- Appointments white board at nurses' station

- Charter of care recipient's rights and responsibilities, vision and mission displayed

- Complaints information including internal and external mechanisms on display and provision of confidential complaints mechanism

- Dining room during lunch and beverage services with staff assistance

- Electronic aged care management system

- Equipment and supply storage areas

- Equipment in use including mobility, transfer, protective, pressure relieving, falls prevention and monitoring

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015
84
RPT-ACC-0016 v15.1
SENSITIVE
Page 4 of 24

- Infection control equipment: hand wash stations, hand sanitiser dispensers, colour coded cleaning equipment, sharps containers, spills kits, outbreak management resource kit, personal protective equipment, pathology specimen storage container and waste management systems
- Interactions between staff and residents/representatives
- Living environment – internal and external
- Lunch time, morning and afternoon tea meal service
- Medications: packed and non-packed medication storage, secure cupboards and trolley, refrigerator, medication round
- Menu displayed in dining area
- Noticeboards for residents and staff
- Notices of re-accreditation audit on display
- Nurse call system in operation
- Policies, procedures and current clinical guidelines available to staff
- Secure storage of resident and staff information, privacy signage on care recipients' doors
- Short group observation in quiet room
- Staff handover
- Staff practices, work areas and staff room
- Visitor, resident and contractor sign in/out book

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015
85

RPT-ACC-0016 v15.1
SENSITIVE
Page 5 of 24

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 care recipients, 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 utilises a continuous improvement system which includes a quality management system and performance review mechanisms. Improvements are identified through a number of avenues including resident and representative meetings, staff meetings, audits, benchmarking and review of clinical data. Also the home utilises comments, complaints and suggestions, incidents and staff performance appraisals. Part of this system also includes ensuring compliance with the Accreditation Standards through the audit program. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Residents/representatives and staff reported they have opportunities and are encouraged to participate in the home's continuous improvement activities.

Examples of recent improvements in relation to Accreditation Standard One include:

- Management identified following consideration of the document "Better Practice to Complaint Handling in Aged Care Services" a number of improvements could be made to the way in which the home handled complaints. As such complaint handling processes and procedures were improved according to the better practice guide and management report the new procedures are more effective in handling complaints.

- The organisation identified there needed to be a more efficient and effective recruitment process for persons expressing an interest in working at the home on a casual basis. Consequently a process was established whereby 'walk in persons' are able to be efficiently and effectively assessed for possible employment for up to six months. This new process assist to ensure there are appropriate skilled and qualified staff sufficient to ensure appropriate care services are delivered according to the Accreditation Standards.

- Management and staff identified the need for a more efficient and effective care documentation system. Consequently a new electronic care documentation system was purchased and is continuing to be implemented. Management report the new system is more efficient and effective than the previous paper based system and assists to ensure the home has an effective information management system in place.

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015
86

RPT-ACC-0016 v15.1
SENSITIVE
Page 6 of 24

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 meets this expected outcome

The home has systems that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home accesses relevant information through the organisation's subscription to legislative update services and membership with a peak body. Also the home receives information from government departments and accesses the internet and other sources. Management communicate changes to staff by documentation, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through audits, skills assessments, staff appraisals and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conducts reviews of all policies and procedure on a regular basis to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.

- Procedures for monitoring police certificates for staff are in place. Interviews and documentation confirmed that these have been completed.

- The home has a system whereby external contractors' registrations and insurances are checked to ensure they are current.

- Information brochures on the Aged Care Complaints Scheme are available throughout the home.

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 meets this expected outcome

The home has systems that ensure staff have appropriate knowledge and skills to perform their roles. A calendar of education is developed which includes mandatory training sessions and education of interest or importance to various staff members. Learning packages are provided and some are skills based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Management and staff are supported to attend internal and external courses. Participation records are maintained and reviewed by management when planning future education programs. Staff interviews indicated they are provided with training as part of the home's orientation process and have access to on-going education.

Examples of education and staff development relating to Accreditation Standard One include:

- The home regularly undertakes induction and orientation sessions for new staff.

- There is a calendar of education sessions which has been developed through a consultative needs analysis between managers and staff.

- Staff receive training on a wide range of topic areas relating to the Accreditation Standards.

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015
87

RPT-ACC-0016 v15.1
SENSITIVE
Page 7 of 24

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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

Information about internal and external complaint feedback mechanisms is provided to residents and representatives on the resident's entry to the home. This information is contained in the resident information enquiry/admission pack. Information is also communicated on a regular basis through resident and representative meetings and information is available within the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Brochures about external complaint mechanisms are also on display. Staff demonstrated they have knowledge and understanding of the complaint handling process and of their role in assisting residents to raise issues if necessary. Review of comments and complaints as well as other relevant documents indicate that issues raised are generally responded to in an effective and timely manner.

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 vision and mission are on display and is presented in handbooks for residents and staff. The home's vision and mission form a part of the staff induction program and are discussed with staff.

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 a system that aims to ensure there are enough staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. The organisation together with the home's management team review staffing requirements to ensure sufficiency of human resources. Recruitment procedures ensure the best possible match between candidates and roles are achieved. Staff are provided with position descriptions and there are systems in place for staff orientation, education and performance management. Performance appraisals are conducted and results are fed into the home's human resource management system. Observations, documentation and resident interviews showed there is generally sufficient staff with the appropriate knowledge and skills to perform their roles effectively.

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015
88

RPT-ACC-0016 v15.1
SENSITIVE
Page 8 of 24

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 stocks of goods and equipment that support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance request reports are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

1.8   Information systems

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

Team's findings
The home meets this expected outcome

The home has an information management system that provides relevant information to stakeholders. The home's communication system includes meetings, handbooks for residents and staff, policies and procedures, noticeboards, staff handovers and a clinical documentation system. The home utilises these communication channels along with management's 'open door' policy to disseminate information and to collect feedback. The information management system governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has policies covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised staff. Observations demonstrated that resident and staff files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively. Residents said they are informed regarding residents' needs and other matters appropriate to them.

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

The home's externally sourced services are arranged primarily by way of specified agreements. There is a designated process whereby specific criteria must be met in relation to services to be supplied and insurance and licence checks are carried out when appropriate. All major agreements are reviewed regularly through feedback by the home. Agreement non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor/supplier, lists are maintained at the home and updated as required. Staff are informed of appropriate matters relating to the provision of externally sourced services.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 meets this expected outcome

Refer to expected outcome 1.1 Continuous improvements for information about the home's continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

- Management identified the need to improve staff skills relating to the provision of palliative care services. Consequently additional training and education was provided to all care staff relating to palliative care and end of life directives using the palliative care approach toolkit. Staff reported this education has assisted them to have appropriate knowledge and skills to perform palliative care services.

- Management and staff identified the need to ensure residents receive adequate nourishment and hydration and as such a dietitian was engaged to assess residents' nutrition and hydration requirements. Following these assessments changes to the provision of supplements occurred and the menu was amended.

- Management identified through a review of clinical documentation and feedback from staff there needed to be improvements in the way in which care staff ensure residents' skin integrity is maintained and is consistent with their general health. Consequently two staff members successfully completed the champions for skin integrity workshop which is comprehensive education program aimed at ensuring staff have the required competencies to ensure residents' skin integrity is maintained appropriately.

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 meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors registered nurses' registrations to ensure they are current.

- The home monitors the registrations of visiting health professional to ensure they are current.

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

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relating to Accreditation Standard Two include:

- administration of medications
- clinical skills: use of respiratory aids
- managing urinary catheters
- palliative approach toolkit workshop
- simple wound dressing, and
- understanding dementia and responding to behavioural and psychological symptoms of dementia.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care. A comprehensive program of assessment is undertaken when residents move into the home and care plans are developed in consultation with residents and/or their representatives by the care staff and the registered nurse employed at the co-located nursing home who is available twenty four hours a day. Documentation review confirms allied health professionals and medical officers are involved in the planning and delivery of residents' clinical care. Registered nurses and care staff review care plans on a regular basis and when residents' identified needs and preferences change. Medical officers review residents regularly and as requested. Residents are referred to specialist medical and allied health services as required. A range of care based audits, clinical indicators and resident surveys are used to monitor the quality of care. Care staff are provided with information regarding residents' current clinical care needs through handovers, communication diaries and progress notes. Staff report they have appropriate equipment, resources, education and supervision to ensure residents receive appropriate clinical care. Staff are knowledgeable about the care requirements and preferences of individual residents. Residents/representatives are satisfied with the clinical care residents receive.

2.5   Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings
The home meets this expected outcome

The home has systems to ensure residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care needs are assessed and documented on care plans when residents move into the home. Changes are documented in the progress notes, clinical charts, specialist forms and charts and in the care plans. Care plans are regularly reviewed and evaluated in consultation with residents and/or their representatives. Registered nurses attend residents' specialised care and equipment is supplied as necessary to meet identified needs. Specialist nursing services are accessed through local and nearby area health services including wound care and palliative care. Staff informed us they have appropriate training, resources, equipment and support to provide specialised nursing care for residents. Residents/representatives are satisfied with the specialised nursing care provided for residents.

2.6   Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings
The home meets this expected outcome

The home has systems to assist staff to identify, assess and refer residents to appropriate health specialists in accordance with residents' needs and preferences. Review of documentation including residents' files demonstrates that residents are referred to medical specialists and other allied health professionals such as a dietician, speech pathologist, podiatrist, behaviour management specialists, physiotherapist, audiologist and optometrist as required. External providers of specialist services visit residents in the home or residents are assisted to attend appointments outside the home. Residents/representatives informed us they are satisfied with the referral process and are consulted when referral to health specialists is required.

2.7   Medication management

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

Team's findings
The home meets this expected outcome

The home has systems to ensure residents medication is managed safely and correctly. Medication needs and preferences are assessed on entry to the home and as residents' needs and preferences change. Competency assessed care staff administer medication which is prescribed by medical officers and dispensed by a pharmacist using a blister package system. Restricted drugs and PRN (as required medication) are administered by the registered nurse. Residents' medications are regularly reviewed by medical officers and a pharmacist. Review of medication charts confirms residents' identifying information is documented clearly including photographs, name, date of birth and allergies. Medication is stored safely in locked areas and dispensed in accordance with the home's policy. Review of documentation confirmed that medication adverse events are recorded and addressed

appropriately. Residents who wish to manage their own medications are able to if assessed as safe to do so. Residents informed us they are satisfied with their medication management.

2.8 Pain management
This expected outcome requires that "all care recipients are as free as possible from pain".

Team's findings
The home meets this expected outcome

The home has systems to ensure all residents are as free as possible from pain. A range of pain assessment including assessments used for residents living with dementia is undertaken by nursing staff to identify residents' pain. Care plans are developed for each resident including individualised interventions. Interventions used to assist residents to manage their pain include application of heat packs, gentle exercise, aromatherapy, massage, medication and music therapy. Pain management measures are evaluated for effectiveness and residents are referred to their medical officers or pain management specialists if required. Residents/representatives informed us they are happy with the way residents' pain is managed.

2.9 Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill care recipients is maintained".

Team's findings
The home meets this expected outcome

Residents who are terminally ill are regularly assessed in consultation with their representatives and medical officer to ensure their comfort and dignity is maintained. On entry to the home residents are offered an opportunity to provide information regarding end of life wishes and advanced care directives if they wish. Staff are aware of maintaining the respect and dignity of residents who are terminally ill, and of supporting their families. The home liaises with the local hospital if extra support is needed for residents receiving palliative care. If the home is unable to cater to residents' palliative needs residents are able to be transferred to the co-located nursing home. Residents' emotional and spiritual needs and preferences are included in the care planning for terminally ill residents. Residents/representatives informed us they are satisfied with care provided and the options available to those receiving palliative care.

2.10 Nutrition and hydration
This expected outcome requires that "care recipients receive adequate nourishment and hydration".

Team's findings
The home meets this expected outcome

The home has systems to ensure residents receive adequate nourishment and hydration including initial and ongoing assessments of residents' needs and preferences. Care plans are developed and reviewed regularly and as required. The registered nurse identifies residents at risk of weight loss and malnutrition by monitoring monthly weight records. A dietitian and speech pathologist are available when required. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents' preferences and special requirements such as any modified textured meals via resident likes and dislikes sheets, drinks and diet lists and the residents'

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015
93

RPT-ACC-0016 v15.1
SENSITIVE
Page 13 of 24

care plans. Information is available to catering staff. Residents have input into menu planning through residents' meetings, comments and complaints mechanisms and informal discussions with staff. The menu is displayed for residents in the dining room. Residents/representatives informed us they are satisfied with the catering services provided.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

The home has systems to ensure that each resident's skin integrity is consistent with their general health. Residents' skin integrity is assessed when they move into the home through the initial assessment process. Ongoing assessment occurs regularly and as residents' needs and preferences change. Care staff confirm they monitor residents' skin integrity as part of daily care and report any changes to the registered nurse for review and referral as appropriate. Wound management is attended by trained staff in consultation with the registered nurse. Wounds are assessed regularly using comprehensive wound assessment charts. Skin tears and infections are recorded and data is analysed by management and discussed with staff. A range of skin protective devices are available, if needed, including pressure relieving mattresses, hip protectors, skin emollients and limb protectors. These are available to all residents and are consistent with individual care plans and identified resident needs. Residents/representatives informed us they are satisfied with the provision of residents' skin care.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' continence is managed effectively. Clinical documentation review and interviews with staff confirms continence management strategies are developed for each resident, if required, following initial and ongoing assessment. Staff said they assist residents with their toileting regime as required, monitor skin integrity and receive training and supervision in the management of continence and the use of continence aids. The home has sufficient stock of continence aids in appropriate sizes to meet residents' needs. Residents/representatives are satisfied with residents' continence management. Staff were observed being considerate of residents' privacy and dignity at all times.

2.13 Behavioural management

This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

The home has systems to effectively manage residents with challenging behaviours. In consultation with residents and their representatives, assessment and monitoring is undertaken on entry to the home and on an ongoing basis as residents' needs and preferences change. Challenging behaviours, triggers that lead to challenging behaviours and successful interventions are identified and documented on residents' care plans. Care

plans are regularly reviewed and evaluated for effectiveness. Residents are referred to their medical officer and behaviour management specialists for clinical review and assessment when necessary. Staff receive ongoing training and we observed their interactions with residents who exhibit challenging behaviours to be consistent with interventions documented in the residents' care plans. The home employs a minimal restraint policy. Residents/representatives are satisfied with the management of residents with challenging behaviours and informed us they are not disturbed by these residents.

2.14 Mobility, dexterity and rehabilitation
This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all care recipients".

Team's findings
The home meets this expected outcome

The home has systems to ensure that optimum levels of mobility and dexterity are achieved for all residents. Residents' mobility and dexterity needs and preferences are assessed on entry to the home, on a regular basis and as needs change. Assessment includes residents' falls risk, transfer needs and pain management. Trained volunteers and the recreational activity staff provide regular gentle exercise classes and walking is incorporated into individual activity choices for residents to maintain and strengthen mobility. Staff are trained in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Assistive devices such as mobile frames, mechanical lifters and wheelchairs are available if required. All falls' incidents are documented and the data is analysed. Monitoring equipment such as out of bed sensors are utilised to assist with falls' prevention.
Residents/representatives informed us they are satisfied with the way the residents' mobility and dexterity needs are managed.

2.15 Oral and dental care
This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings
The home meets this expected outcome

The home has systems to ensure residents' oral and dental health is maintained. A review of documentation shows that residents' oral and dental health is assessed when they move to the home and individual care plans are regularly reviewed and evaluated to meet changing needs. Diet and fluids are provided in line with the resident's oral and dental health needs and preferences and specialist advice for residents with swallowing problems is sought if needed. Dental appointments and transport are arranged in accordance with residents' needs and preferences, if required. Staff receive training in oral and dental care. Residents/representatives informed us staff provide assistance with residents' oral and dental care as required or as requested.

2.16 Sensory loss
This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings
The home meets this expected outcome

Initial assessment identifies residents' sensory loss when they move into the home. Management strategies are implemented, regularly reviewed and evaluated in consultation with residents and referral to specialist services is arranged as needed. External optometry and hearing services are accessed as needed. The team observed the environment to have good lighting, including natural light, and that rooms and corridors are spacious and uncluttered to ensure that they facilitate resident safety. Staff said they use a variety of strategies to manage sensory loss, including appropriate equipment and support to promote independence. Residents and their representatives informed us staff are attentive to their individual needs, including the care of glasses, hearing devices and if needed assistance to move around the home.

2.17 Sleep
This expected outcome requires that "care recipients are able to achieve natural sleep patterns".

Team's findings
The home meets this expected outcome

Residents' sleep patterns and known strategies to assist sleep are assessed when they move into the home and their sleep care plans are regularly reviewed and evaluated by appropriately qualified staff. Residents' preferences for rising and retiring are respected and accommodated by staff. A review of documentation and discussions with staff show residents are offered comforts such as soft music, heat packs, aromatherapy, snacks, warm milk and any other support to assist them achieve natural sleep patterns. Disturbances in sleep patterns are monitored and referred to the medical officer as needed. Lighting and noise levels are subdued at night. Residents informed us they are satisfied with the management of their sleep and the night time environment.

Standard 3 – Care recipient lifestyle

Principle: Care recipients 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

Refer to expected outcome 1.1 Continuous improvement for the details of the home's continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

- Staff identified through feedback from residents that they would like more music available within their leisure and lifestyle program. Consequently more music DVD's were purchased and staff are continuing to source musicians who can perform within the home.

- Staff identified the need for male residents to have the opportunity to get together on a regular basis to discuss matters which are of interest or important to them. Consequently a men's group has recently been established which is facilitated by a male volunteer. Feedback from residents attending this group has been very positive and this activity is now part of the home's recreational calendar of events.

- Staff identified that there was an interest by male residents in getting together on a regular basis to do exercises. As such it is planned in the near future to have regular male exercise classes as part of the home's recreational calendar of events.

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 care recipient lifestyle".

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Three include:

- The Charter of Care Recipient's Rights and Responsibilities is on display.

- The residency agreement outlines security of tenure and is based on applicable legislation.

- The home has a system for compulsory reporting according to the requirements of current legislation.

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

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation demonstrate that staff have knowledge and skills relating to resident lifestyle.

Examples of education related to Accreditation Standard Three include:

- caring for the forgotten
- leisure and lifestyle networking, and
- residents' rights.

3.4 Emotional support

This expected outcome requires that "each care recipient 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 ensure each resident is supported adjusting to life when they enter the home and on an ongoing basis. Care staff, recreational activities staff and volunteers spend one to one time with residents during their settling in period and thereafter according to the resident's needs. The entry process includes gathering information from residents and/or their representatives to identify residents existing care and lifestyle preferences. Religious clergy and visitors provide services and individual support as needed. Feedback about residents' levels of satisfaction with the provision of emotional support is gained through meetings, audits and resident surveys. Residents/representatives expressed satisfaction with the level of emotional support and the assistance provided to them on entry to the home and on an ongoing basis.

3.5 Independence

This expected outcome requires that "care recipients 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

Residents are encouraged to entertain at the home and visitors are made to feel welcome when they visit. Private areas are available to facilitate small group gatherings. Staff facilitate resident participation in the local community, for example, through the arrangement of regular bus trips and participation in the local show. Many community groups visit the home including entertainers, special interest groups and school children. Regular exercise programs assist residents to maintain their mobility levels and independence. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so. A team of volunteers from the local community visit the home regularly providing individual support and activities for residents. Observations and

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015
98
RPT-ACC-0016 v15.1
SENSITIVE
Page 18 of 24

interviews confirm staff promote residents' independence when assisting with activities of daily living. Residents stated they are satisfied with the opportunities available to them to participate in the life of the community within and outside the home.

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

Team's findings
The home meets this expected outcome

The home has systems to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents' care plans and progress notes provide evidence of consultation regarding their preferences for the manner in which care is provided. Residents' individual preferences are documented and known by staff. Resident records are securely stored and each member of staff has a unique log in password to access the computerised care management program. Observations confirm staff address residents in a respectful manner by their preferred names. Staff were observed to knock on residents' room doors before entering. Residents/representatives informed us they are satisfied with the way in which the residents' privacy and dignity needs are met.

3.7 Leisure interests and activities
This expected outcome requires that "care recipients 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 has systems to ensure residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle, leisure and social history assessments are undertaken when residents move into the home. Care plans are developed and evaluated regularly. Recreational activity staff plan monthly activity calendars which include a variety of events and activities in consultation with residents. One on one activity is included in the calendar to cater for those who prefer not to attend group activities. The recreational activity staff document resident participation in activities to assist with the evaluation of the effectiveness of the program. Residents' feedback is sought through resident meetings, surveys and discussion with staff regarding the activity program. This information is evaluated to make improvements to the program on an individual and group basis. Residents informed us they enjoyed the activities and particularly enjoyed the men's group, bus trips, bingo and the visiting entertainers.

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

Residents are assessed on entry to the home for their individual customs, beliefs and cultural and ethnic backgrounds. Spiritual services from a variety of denominations are provided regularly for residents to attend if they wish to do so. Specific cultural days such as ANZAC day, Australia day, Mother's day, Christmas and Easter are commemorated with appropriate festivities. Each resident's birthday is celebrated with a cake provided by the kitchen.

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015
99
RPT-ACC-0016 v15.1
SENSITIVE
Page 19 of 24

Recreational activity staff and care staff have knowledge of and respect for the residents' individual backgrounds and beliefs. Residents/representatives informed us they are satisfied with the cultural and spiritual life offered at the home.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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 has systems to ensure residents participate in decisions about the services they receive and are able to exercise choice and control. Mechanisms providing this include consultation when planning provision of care and services, residents' meetings, surveys and through the comments and complaints processes. Residents informed us they are involved in decisions about their care routines and their participation in the activity program. Residents' choice of medical officer and allied health services is respected. Residents have personalised their rooms with memorabilia and items of their choosing, including small pieces of furniture. Residents/representatives informed us they are happy with the level of choice and decision making offered to residents.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients 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 residents have secure tenure within the home and understand their rights and responsibilities. Information on security of tenure and residents' rights and responsibilities is provided and discussed with prospective residents and their representatives prior to and on entering the home. The resident agreement accompanied by an information handbook outline care and services, residents' rights and feedback mechanisms. Any changes in room and/or location within the home are carried out in consultation with residents and/or their representatives. Ongoing communication with residents and representatives is through meetings and correspondence. Residents interviewed said they feel secure in their residency at the home and are aware of their rights and responsibilities.

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015

100

RPT-ACC-0016 v15.1
SENSITIVE
Page 20 of 24

Standard 4 – Physical environment and safe systems
Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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

Refer to expected outcome 1.1 Continuous improvement for further information relating to the home's continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Four include:

- Following a review of the results of a resident meal satisfaction survey changes to the menu have been made. These changes include providing adequate meal choices for residents who are required to have a meat free menu. All residents/representatives interviewed expressed a high level of satisfaction with food services provided.

- Staff identified there needed to be an improved process whereby they could readily identify residents' food preference likes and dislikes. Consequently individual resident laminated food preference charts were developed providing relevant information. Staff interviewed stated the new charts were very effective in assisting to ensure residents received meals which they preferred.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.

- The home has a current annual fire safety statement on display.

- The home provides safety data sheets with stored chemicals.

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015

RPT-ACC-0016 v15.1
SENSITIVE
Page 21 of 24

101

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

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relevant to Accreditation Standard Four include:

- fire safety
- infection control
- manual handling
- safe food handling, and
- work health and safety.

4.4 Living environment

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

Team's findings
The home meets this expected outcome

The home can demonstrate that it is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is a single story building comprised of single rooms with access to ensuite bathrooms. It is light and bright with furnished lounge and communal areas and there is a pleasant courtyard area. The home has controlled air conditioning throughout. There is a preventative and reactive maintenance program in place, including recording warm water temperatures and regular inspection audits covering the environment are undertaken.

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

Systems and processes enable the home to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. The home undertakes regular workplace inspection audits and there are processes for the identification and addressing of hazards and incidents. There is manual handling education for all staff. Chemicals are appropriately stored and safety data sheets and personal protective equipment is available at point of use. Staff demonstrated knowledge and understanding of workplace safety issues and responsibilities, and we observed safe practices in operation.

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015
102

RPT-ACC-0016 v15.1
SENSITIVE
Page 22 of 24

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

The home has established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire evacuation plans, emergency procedure documentation and exit signs are located throughout the home. Monitoring and maintenance of all fire and alarm equipment is undertaken and reports provided. Fire equipment is located throughout the home. Appropriate response to emergencies is included in the orientation program and there are mandatory annual updates. Staff are aware of procedures to be followed in the event of an emergency. There is an emergency resident register containing residents' care needs and relevant contact information. Staff stated they are aware of and understand their responsibilities in the case of fire and other emergencies.

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

The home has established policies and practices that support an effective infection control program. Staff receive training at orientation and on an ongoing basis. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures, pest management and disposal of waste. The home follows state and federal guidelines for the management of influenza and gastroenteritis outbreaks and a vaccination program is in place. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. Information on infections is collected, analysed and discussed with staff. Hand washing facilities are available throughout the home and staff have access to sufficient supplies of appropriately colour coded infection control equipment. We observed staff complying with infection control practices including the use of personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings
The home meets this expected outcome

Residents expressed high levels of satisfaction with the hospitality services provided at the home. Comments included "the food is very nice", "my room is kept very clean", "and my clothes are returned beautifully by the laundry girls".

Catering
Residents' dietary needs and choices are assessed and documented on entry to the home and details provided to catering staff. All food is cooked on site. There is a food safety program and the home has a current NSW Food Authority licence. The home has a seasonal menu with input from a dietitian. We observed food preparation and service and staff practices are according to the appropriate food safety guidelines, including infection control requirements. Care staff have undertaken training in relation to appropriate food handling and infection control.

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015
103
RPT-ACC-0016 v15.1
SENSITIVE
Page 23 of 24

Cleaning

The home presents as clean, fresh and well maintained. Cleaning staff perform their duties guided by documented schedules, work instructions and results of inspections. Cleaning equipment is colour coded and chemicals are securely stored. Staff are trained in the use of equipment, infection control, outbreak management procedures and work, health and safety. Staff demonstrated a good knowledge of infection control, manual handling requirements and safe handling of chemicals.

Laundry

Laundry services for personal clothing items are provided on site whilst dirty lined is laundered by an external laundry service. Dirty laundry is collected in appropriate coloured linen bags and transported to the laundry area. There are procedures and work instructions for the collection and handling of linen. Staff described the processes for the collection and transportation of dirty linen and distribution of clean linen and personal clothing items to residents. Staff confirmed they receive training in infection control and safe work practices.

Name of home: Lilliane Brady Village Hostel RACS ID 0366
Dates of re-accreditation audit: 02 June 2015 to 04 June 2015
104

RPT-ACC-0016 v15.1
SENSITIVE
Page 24 of 24

Australian Government

Australian Aged Care Quality Agency

Information Sheet – Decision to re-accredit

1. Matters for improvement
If there are any matters in respect of which improvements must be made to improve the home's performance against the Accreditation Standards, they will be outlined in the reasons for decision.

2. Reconsideration
Under the Quality Agency Principles 2013 (Principles), you have the right to apply for reconsideration of the period of accreditation.

2.1 When to apply for reconsideration
If you wish to seek reconsideration of the period, you must apply in writing within 14 calendar days of being told about the decision.

You should apply using the application for reconsideration form including a statement of the grounds on which reconsideration is sought. The application is available from our website (www.aacqa.gov.au) or by calling the Manager Accreditation Policy and Quality Assurance on 02 9633 1711.

2.2 Where to apply
Email: rfr@aacqa.gov.au

Mail: General Manager Accreditation
Australian Aged Care Quality Agency
'Urgent – Request for reconsideration'
PO Box 773
Parramatta NSW 2124

Fax: 02 9633 2422

3. Review by the Administrative Appeals Tribunal
Under the Principles an application may be made to the Administrative Appeals Tribunal (AAT) for review of a reconsidered decision resulting in a decision to accredit the home. The AAT is a review authority that is independent of the Quality Agency.

More information on the AAT and how to apply for a review can be found at www.aat.gov.au.

4. Further information
Further information on reconsideration and review is available on our website. You can also contact the Manager Accreditation Policy and Quality Assurance on 02 9633 1711.

5. Publication
All accreditation decisions and reports, review audit decisions and reports are placed on our website.

If the Department of Social Services imposes sanctions on a home, we will add a statement to the published information, with a hyperlink to the Department's sanction page. The hyperlink is removed once the sanctions are lifted.

6. Plan for continuous improvement (PCI)

Under the Principles, an approved provider for an accredited home must have a written plan for continuous improvement. The approved provider is required to have the plan available to the Quality Agency and assessment teams when requested.

6.1 Failure to meet the Accreditation Standards

Where we identify a failure by a home to meet the Accreditation Standards, we will inform you about:

(a) about the failure to meet the Accreditation Standards
(b) the timetable to make improvements
(c) direct you to revise your plan for continuous improvement to demonstrate how you will meet the Accreditation Standards.

If there is a failure to meet the Accreditation Standards as a result of the recent accreditation decision, expected outcomes found not being met are set out in the accreditation decision document.

The Principles require a revised plan for continuous improvement which must be sent to the Quality Agency within 14 days after receiving advice of failure to meet the Accreditation Standards.

If the home fails to meet the Accreditation Standards at the end of the timetable, we must inform the Secretary of the Department of Social Services.

Further information on a failure to the meet the Accreditation Standards and timetables for improvement can be found on our website.

7. Assessment contacts

We must continue to carry out assessment contacts with the home during the reconsideration and review periods.

Assessment contacts to your home will:
- assess the home's performance against the Accreditation Standards and/or
- provide assistance with the process of continuous improvement at the home and/or
- identify if there is a need for a review audit and/or
- provide information or education about accreditation.

The Australian Government requires us to ensure that all homes will receive at least one unannounced assessment contact every year.

Within 14 days of each assessment contact you will be told if the arrangements for the next assessment contact have been varied. At any time, the Quality Agency can decide to vary the form, frequency or purpose of the assessment contacts.

Further information on assessment contacts can be found on our website.

8. Review audits

A review audit may be conducted if:
- during an assessment contact a timetable for improvement expires and the home has failed to meet the Accreditation Standards
- during an assessment contact, less than 41 expected outcomes are being met
- a failure to meet the Accreditation Standards is suspected
- there is a change to the home which the approved provider must inform the Department of Social Services (DSS), for example, change in provider or key personnel
- there is a transfer of allocated places

- there is a change to the premises of the home
- DSS directs us to undertake a review audit.

A review audit may result in the following decisions:
- to vary the home's accreditation
- to revoke the home's accreditation
- not to revoke the home's accreditation
- not to change the home's accreditation.

Further information on review audits can be found on our website.

Minutes of the Cobar Shire Council Economic Taskforce Meeting No.6 held in the Council Chambers on Thursday 25 June 2015 commencing at 3:00pm

PRESENT

Councillor Peter Yench
Councillor Peter Abbott
Councillor Greg Martin (arrived at 3:13pm)
Councillor Jarrod Marsden (arrived at 3:45pm)
Gary Woodman (General Manager)
Angela Shepherd (Special Projects Officer)
Heather Christie (Community Representative)
Kym Miller (Director of Corporate & Community Services)

APOLOGIES

Councillor Robert Sinclair
Stephen Poulter (Acting Director of Planning & Environmental Services)
Owen Johns (Acting Director of Engineering Services)

Resolved: That the apologies of Councillor Bob Sinclair and Cobar Shire Council Directors Owen Johns and Stephen Poulter be noted and accepted.
(Heather Christie/ Peter Yench)   **CARRIED**

MINUTES OF PREVIOUS MEETING

Resolved: That the minutes of the previous Economic Taskforce Meeting held on 13 March 2015 be confirmed as a true and correct record of the proceedings of that meeting.
(Heather Christie/ Peter Yench)   **CARRIED**

MATTERS ARISING FROM PREVIOUS MINUTES

- Councillor Yench presented an article outlining a Pilot Training Initiative of a major airline and raised the idea of making Cobar a centre for Pilot Training. However, there are concerns that Cobar is too far out from the city to make a proposal worthwhile.
- Street Trees – Staff were asked to update members on the Street Tree Proposal presented to the Traffic Committee - Engineering will finalise their Report to the August Council Meeting (hopefully). Still awaiting outcome from RMS re distance from traffic. Report will come to Council. Distance may mean the trees are located on top of water main.
- Supermarkets – Another overseas company opening in Australia. Can we investigate this company to come to Cobar? Clr Yench to further investigate the company and provide further information to the Taskforce.

3. COMMUNITY MEMBERS

Advertised again. Some initial interest, but no applicants have eventuated. It was decided to not advertise for a while.

4. CARBON FARMING/ INDUSTRY

Carbon auction – 10 year forward selling contract – 20-40 Cobar properties were successful in the 1st round, under the Avoided Deforestation Methodology (PVP prior to 2010) to participate current round is focusing on regeneration (young trees) methodology – 20 people interested and nominations are due 30 June 2015.

Looking for a new methodology to suit the Cobar region. Clr Yench wants a group formed to push this. He is suggesting that Council to go to Canberra to push for the new methodologies. A strong Carbon Industry in Cobar could reduce the need for drought relief as farmers would be getting ongoing payments and extra money comes into towns. There is a Conference in Albury in early July. Clr Yench is going.

Resolved: That Council investigate the opportunities for Council and Landholders to participate in the ERF and if required an appropriate delegation to Canberra be supported, particularly in relation to appropriate methodologies of avoidance of deforestation and regeneration for Cobar Shire.
(Heather Christie/ Peter Yench)   **CARRIED**

5. AGED CARE IN COBAR

Discussion were held regarding the need and possible location of self-contained Aged Care Units in Cobar.

Resolved: That the Economic Taskforce hold discussions with the Bill Brennan Aged Care Centre on future directions into aged care opportunities in Cobar.
(Heather Christie/ Peter Yench)   **CARRIED**

Discussion to be held to determine if medical assistance is provided at BBACC and if it should be at any new facility and if this is provided. Have within the new Centre located close to the defines of Village so they can use the kitchen and facilities, etc for meals.

6. COBAR YOUTH AND FITNESS CENTRE

Councillor Yench clarified his position in terms of merging the Youth Centre and Cobar Memorial Swimming Pool. Clr Yench would like to further investigate the possibility of having one Manager for both Centres. With sporting groups utilising the Youthie and taking responsibility for their use of the Centre.

The Committee decided further discussions on the matter were required.

RECOMMENDATION: That a "Think Tank" be held at the next Economic Taskforce Meeting on the merger of the Pool and Youthie.
(Gary Woodman/ Peter Yench)   **CARRIED**

7. NEXT MEETING

Thursday, 24 September 2015 at 3:00pm.

THERE BEING NO FURTHER BUSINESS THE MEETING CLOSED AT 4:30PM

**THIS IS PAGE 3 OF THE MINUTES OF THE ECONOMIC TASKFORCE MEETING
HELD IN THE COUNCIL CHAMBERS ON THURSDAY 25 JUNE 2015**

110

Minutes of the Cobar Youth Council Committee held in the Council Chambers on 24 June 2015

Meeting opened: 4:08pm

Present: Narelle Kriz, Hannah Kriz, Zainab Khan, Thomas Jones, Sarah Dunne, Charlee Davis-Banks and Gary Woodman.

Apologies: Harley Toomey, Jarrod Marsden, Chyna Whittaker, Emily Carswell, Taylah Good, Eve Arnold, Jessica Nicholson, Sarah Barrett, Peter Yench, Rebekka Manns, Michaela Christie, Kaddi Negus and Ben Dunne.

MINUTES FROM THE PREVIOUS MEETING 13 MAY 2015

Resolved: That the Minutes of the Meeting held on 13 May 2015 be accepted as a true and correct record of that Meeting.
(Narelle Kriz/ Sarah Dunne)   **CARRIED**

BUSINESS ARISING FROM MINUTES:

Nil.

2015 NSW YOUTH COUNCIL CONFERENCE

Run by Eurobodalla Shire Council at South Durras on 11-13 September 2015

Resolved: That where possible the Cobar Youth Council President, Vice President, Secretary and Publicity Officer accompanied by the Cobar Shire Council Manager Youth and Fitness Centre attend the 2015 NSW Youth Council Conference at South Durras 11-13 September 2015 using the Cobar Youth Council Budget.
(Thomas Jones/ Gary Woodman)   **CARRIED**

FUN RUN

Consider the name to be "Peaks of Colour Run".

Consider having it on 10 October 2015.

Workshop was held on 27 May 2015 concerning the Colour Run, attended by 15 people, a very positive meeting with lots of interest.

Would have a twilight band playing.

Peak Gold Mine will consider sponsoring the event. However a submission will be required.

The 5km run route is being mapped by Chris Higgins from Peak Gold Mine.

Shirt prizes are being obtained by Narelle, probably $4.00 each.

Next Youth Council Meeting will determine if the run will be held.

STORMCO

Have asked for a list of people who would like to volunteer during their visit 3-8 July 2015.

- Thomas Jones, Zainab Khan, Charlee Davis –Banks.

Charlee or Zainab will announce it at School Assembly on 25 June 2015.

NEXT MEETING

The next meeting of the Cobar Youth Council will be held in the Council Chambers at 4:00pm on Wednesday 22 July 2015 and Fun Run Volunteers be invited.

Meeting closed: 4:55pm.