



Aged Care
Standards and Accreditation Agency Ltd

Abel Tasman Village

RACS ID 0356

222 Waldron Road

CHESTER HILL NSW 2162

Approved provider: The Abel Tasman Village Association Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 8 September 2015.

We made our decision on 30 July 2012.

The audit was conducted on 26 June 2012 to 27 June 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Abel Tasman Village 0356

Approved provider: The Abel Tasman Village Association Ltd

Introduction

This is the report of a re-accreditation audit from 26 June 2012 to 27 June 2012 submitted to the Accreditation Agency.

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

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

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

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 Accreditation 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 Accreditation Agency conducted the re-accreditation audit from 26 June 2012 to 27 June 2012.

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

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

Assessment team

Team leader:	Michelle Glenn
Team member/s:	Anthea Le Cornu

Approved provider details

Approved provider:	The Abel Tasman Village Association Ltd
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Details of home

Name of home:	Abel Tasman Village
RACS ID:	0356

Total number of allocated places:	62
Number of residents during audit:	55
Number of high care residents during audit:	34
Special needs catered for:	People with dementia and related disorders People from non english speaking backgrounds

Street/PO Box:	222 Waldron Road	State:	NSW
City/Town:	CHESTER HILL	Postcode:	2162
Phone number:	02 9645 3388	Facsimile:	02 9644 7002
E-mail address:	aabeltas@bigpond.net.au		

Audit trail

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

Interviews

	Number		Number
Manager	1	Residents/representatives	9
Assistant to the manager	1	Clinical and care staff	4
Quality assurance staff	1	Ancillary staff	5
Clinical care manager	1	Lifestyle staff	2
Allied health professionals	1		

Sampled documents

	Number		Number
Residents' files	7	Medication charts	5
Care plans	7	Personnel files	5
Lifestyle plans	5		

Other documents reviewed

The team also reviewed:

- Cleaning schedules
- Clinical assessments and documentation
- Comments and complaints documentation
- Continuous improvement documentation
- Contractor files
- Fire certificate and associated documentation
- Emergency procedures flip charts
- Home's self assessment
- Infection data and analysis
- Human resource documentation
- Maintenance schedule
- Material safety data sheets
- Recreational calendar
- Residents information handbook and entry information
- Various audits and surveys
- Various communication books
- Various meeting minutes
- Various procedures and forms

Observations

The team observed the following:

- Activities in progress
- Chemical storage
- Cleaning and laundry processes
- Equipment and supply storage areas
- Fire suppression equipment and security processes
- Interactions between staff and residents
- Internal and external living environment
- Main kitchen and meal service
- Medication delivery and storage
- Personal protective equipment in use
- Resident and staff noticeboards
- Storage of medications

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The Abel Tasman Village has a system to identify opportunities for improvement and monitor its performance against the Accreditation Standards. The home uses a variety of methods to identify improvements, including service feedback forms, incidents, meetings, audits and surveys. Continuous improvement activities are managed and monitored by the management team and the Continuous Improvement Committee. Improvement activities, actions and goals are documented on individual planning sheets. Feedback from stakeholders and the evaluation of activities is not consistently sought or documented. Staff and residents provide feedback in relation to improvement activities through meetings and the home's feedback processes. Residents, representatives and staff are aware of the home's quality system and are satisfied that the home actively pursues continuous improvement.

Examples of improvement activities implemented by the home include:

- As a result staff feedback and observations by management, the home provided certificate IV training in frontline management for key personnel. The home noted that there were divisions between departments and identified the opportunity to improve staff relations. Eleven key staff completed the training in November 2011. Observations and feedback indicate better communication between the departments and improved team work.
- As a result of staff feedback, the home has reviewed staff orientation processes. Staff identified that the shadow shift conducted on the morning shift was intense and the information they required was difficult to obtain. A checklist has been developed which includes key information required at orientation. Specific checklists have been developed for clinical, care and lifestyle staff. A site plan which includes room numbers and evacuation points has been added to the induction pack. Key staff including the assistant to the manager, registered nurses and maintenance staff are responsible for key areas of the induction process. A staff survey regarding orientation processes is still to be evaluated.

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 a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home is informed of

relevant legislative updates and changes through membership of peak industry bodies. Procedures and documentation are updated to comply with regulatory changes as required. There are processes to monitor and record staff, volunteer and contractor police clearances. Staff are notified of legislative changes through the home's electronic communication system and meetings with training provided as required. Management and staff are aware of regulatory requirements relating to management and staffing systems.

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 and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Education needs are identified through performance appraisals, staff feedback, resident care needs, surveys, audits and observations of work practices. A training calendar is developed annually with additional sessions added as required. Education sessions are delivered through formal group training and training DVD's. However, there is no formal process to consider the effectiveness of the sessions. External education courses are advertised and staff are encouraged to attend. The home provides opportunities for staff to up skill with a number of staff recently completing certificate IV in aged care and certificate IV in frontline management. The home monitors staff attendance at training sessions. An orientation program is provided for new employees to the home. Management and staff are satisfied they have access to sufficient education and training to perform their roles effectively.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes to inform residents and representatives of internal and external complaints mechanisms, including information in the residents' handbook and the resident agreement. The home monitors resident satisfaction through surveys, meetings and informal feedback. Complaints are logged and monitored by management. External advocacy services and internal and external complaints information is displayed in the home and are generally available in languages relevant to the home's resident population. Staff are aware of the comments and complaints system and feel supported in raising issues with management. Residents and representatives have access to suggestion boxes and can maintain confidentiality if they wish.

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 has documented their mission, vision and values and quality statements. These statements are included in the resident and staff handbooks and documented in relevant policies. The statements are also displayed throughout the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has processes for identifying and assessing the required staffing levels and skills to meet residents' needs on an ongoing basis. The assistant to the manager is responsible for recruitment processes including induction and police clearances in consultation with the manager. All staff and volunteers are required to provide a police clearance prior to commencing employment. Training needs are identified at performance appraisals, staff meetings and through observations of work practices. Vacant shifts are filled by the home's staff as required. The home monitors and evaluates residents' satisfaction with care and services through surveys, meetings and feedback processes. Staff are guided in their roles by job descriptions, a staff handbook and various procedures. Residents and representatives are satisfied staff have the appropriate skills to deliver the required care and services.

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 systems and processes to ensure stocks of appropriate goods and equipment for quality service delivery are available and maintained. Key staff are responsible for ordering of supplies and maintaining sufficient levels of goods for direct resident care and ancillary requirements. There are preventative and corrective maintenance processes to monitor and maintain equipment in safe working order. However, there are no documented processes for the maintenance of equipment such as wheelchairs, trolleys and fall out chairs documented on the maintenance schedule. A maintenance schedule is in place for the maintenance of equipment by external contracted service providers. The replacement of major equipment is at the manager's discretion with support of the Board. Cleaning of equipment such as wheelchairs and charging of lifter batteries are included in staff job descriptions. Staff are provided with training in the use of new equipment as required. Residents, representatives and staff are satisfied with the provision of goods and equipment provided by the home.

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 generally provides an effective information management system through its new staff orientation, handover process, staff and resident meetings, policies and procedures and education sessions. Resident information is entered into a computerised care system on entry to the home and care plans are developed from this information. Residents have access to current information through the resident newsletter, monthly recreational calendar, noticeboards, and resident meetings and through informal feedback. Monitoring systems include resident and staff meeting minutes, incident and hazard data, audits and surveys. The home has procedures for the effective storage, disposal and management of information. Resident files are kept electronically with access restricted to appropriate staff and allied health professionals. There are processes for the storage, management and archiving of confidential information. Computers are password protected. Staff have access to information required to enable them to perform their duties effectively. Residents are satisfied with the access to appropriate information to assist them to make decisions about their care and lifestyle preferences.

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 has systems and processes to ensure that all externally sourced services are provided in a way that meets residents' and the home's needs and service quality goals. The home has contracts with a number of externally sourced contractors and suppliers. The manager is responsible for managing and evaluating the services provided by external contracted services as well as the required registrations, licences and police clearances. Staff and resident feedback contribute to the monitoring process and evaluation of service provision. Service providers are changed if considered unsatisfactory. Contractors who visit the home are required to sign in and out and are supervised by the maintenance personal whilst on-site. Residents, representatives and staff are satisfied with externally sourced services used in the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, clinical information and trends, such as falls, medication incidents, staff feedback, resident assessments, infection rates and wounds are discussed and monitored. Internal auditing processes also contribute to the monitoring process. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities implemented by the home include:

- To maintain and improve staff clinical skills and knowledge of equipment, the home has introduced workshops. A training session was held where four workshops were conducted including; basic observations, oral hygiene, wound care and use of lifting and stand machines. The home has added the workshops to the education schedule on an annual basis and they will be compulsory for all clinical and care staff. Feedback from staff regarding the workshops has been positive and management has noted increased staff confidence in undertaking clinical components of care.
- Following a suggestion from staff, the home has introduced a new wound dressing. Staff noted an increase in wound healing times and increase use of wound dressings related to frequent dressing changes. A new wound dressing was trialled and a wound dressing trial chart implemented to track healing times. Feedback from staff has been positive and results indicate improved wound healing times and reduced costs.

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 information about the home's regulatory compliance systems and processes.

The home has systems and processes to monitor and respond to relevant legislation, regulatory requirements, professional standards, and guidelines in relation to health and personal care. Nurses' registrations are obtained prior to employment and are monitored annually by the assistant to the manager. There are processes to ensure the Secretary of the Department of Health and Ageing and the police are notified of unexplained absences of residents within prescribed timeframes. Staff are notified of legislative changes through the home's electronic communication system and meetings with training provided as required.

Staff are aware of the regulatory requirements in relation to health and personal care including notification of unexplained absences.

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 information about the home’s education and staff development systems and processes.

The home has processes to identify and monitor staff education based on legislative requirements, staff feedback and residents’ care needs. The home monitors staff attendance at training sessions and there are processes to follow-up non attendance. Training undertaken by staff in relation to resident health and personal care includes; palliative care, medication management, basic observations, nutrition and hydration and continence management. Staff are satisfied with the ongoing support provided by the home to develop their skills and knowledge. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. The home has a process for assessing, care planning and monitoring individual health and personal care needs and preferences, on admission and on an ongoing basis. While not all care strategies are individualised they are reviewed in consultation with residents, the general practitioner and other health professionals. Documented care information is not always consistent between assessments, care plans and duty lists (summarised care plans used by care staff). Care is generally monitored through audits and informal feedback from residents, their representatives and staff. Staff interviewed said they have access to care plans and progress notes that are stored securely in the electronic care system and hard copies in the nurses’ station. Staff practices were consistent with documented care strategies. Residents said they were satisfied with the level of consultation and with the health and personal care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents receive specialised nursing care that is appropriate to their individual needs and preferences. Specialised nursing care needs are assessed on entry to the home, during the regular review process, and informally through staff and resident feedback. Registered nurses provide support to credentialed staff, including twenty four hour phone support. All specialised care needs are documented in care plans and staff provide care consistent with

these documented requirements. Residents and representatives said they were satisfied with the level of consultation and with the specialised nursing care provided to residents.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents receive other health and related care that is appropriate to their individual needs and preferences. The home assesses all care needs on admission, during the regular review process and informally through staff and resident feedback. A range of health specialists visit the home to provide assistance with a variety of allied health care requirements including podiatry, physiotherapy and a Psycho-geriatrician who visits six weekly. All specialised care needs are documented in care plans and staff provide care consistent with these documented requirements. Residents and representatives said they were satisfied with the level of consultation and with the specialised nursing care provided.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents’ medications are managed safely and correctly. The home has a process for the assessment, management and monitoring of residents individual medication needs and these are documented and evaluated regularly. Medications are kept in secure storage with medication charts. Registered nurse’s monitor correct medication administration, conduct medication audits and oversee medication credentialed staff practice. A Psycho-geriatrician who visits six weekly reviews all psychotropic medications regularly. Review processes, including incident reporting and internal audits are used to monitor and maintain safe and correct administration, supply and storage of medications. Residents and representatives said they were satisfied with the level of consultation they receive about residents’ medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents receive pain management that is appropriate to their individual needs and preferences. The home has a process in place for assessing pain on admission. Various monitoring tools are used for the ongoing monitoring of pain and strategies are documented in care plans. The home uses a range of pain relieving strategies including, massage, heat rubs, pressure relieving devices and repositioning. Staff are trained in the non verbal signs of pain and generally provide formal and informal feedback about residents’ pain. Residents and representatives interviewed said they were satisfied with how residents’ pain was managed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate palliative care that maintains their comfort and dignity during the terminal stages. The home has a process in place to capture individual palliative care wishes on admission however not all residents choose to provide this information. Staff respect culturally sensitive and spiritual end of life wishes and discuss these with residents and their representatives at appropriate times. These requirements are then used to guide staff practice in the terminal stages. Relatives interviewed confirmed the home maintains terminally ill residents comfort and dignity and provide emotional support to families and friends.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive nutrition and hydration that is consistent with their needs and preferences. The home’s assessment process identifies individual nutritional requirements and level of independence or assistance required on entry. Each resident’s dietary needs are communicated to the cook in the central kitchen by the registered nurses and the cook meets with all new residents and their families over lunch on the first day of entry. Ongoing weight monitoring triggers review and further assessment by dietitians or speech pathologists where required. Recommendations from allied health services are communicated directly by the registered nurse to the cook who makes any relevant changes to documentation in the home’s kitchen. Residents and representatives said they were satisfied with the home’s approach to meeting residents’ nutrition, hydration and associated support needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents receive skin care that is appropriate to their needs and preferences. Individual resident’s needs are assessed on entry by the registered nurses who identify skin care issues, strategies and treatments. Ongoing monitoring of skin integrity is conducted monthly for all residents by the enrolled nurse, issues are reported to the registered nurse immediately. Strategies used by the home include food supplements, regular podiatry and protection for bony prominences and daily moisturising. Qualified staff manage the clinical assessment of wounds and wound care strategies. Monitoring processes include regular skin audits and observations. Referrals to external specialists are arranged as required. Residents and representatives interviewed said they were satisfied with the care provided in relation to residents’ skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents generally receive continence care that is appropriate to their individual needs and preferences. The home assesses resident’s continence history and individual needs on entry and strategies, including the aids required, are documented in care plans. Monitoring processes include the recording of daily bowel habits and the incidence of urinary tract infections are monitored regularly. Residents and representatives interviewed said they were satisfied that residents’ continence needs were being met.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents receive effective behaviour management that is appropriate to their needs. Assessments are conducted on entry and on an ongoing basis. Behaviour management strategies are documented in care plans and external mental health services are used extensively. Triggers, strategies and progress notes are generally monitored to minimise the incidence of identified behaviours. The home has a secure environment and perimeter security is in place to protect residents who wander. There is minimal “as required” medication used to manage behaviour. Staff have been trained in challenging behaviour management by an external behaviour management specialist. Residents and representatives said they were satisfied with the home’s approach to managing the causes that prompt challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents receive care that demonstrates each resident’s level of mobility and dexterity is optimised. The home has a process in place for the assessment of residents’ mobility and dexterity needs on entry. Admission information is documented in the care plan and strategies implemented pending a review by the visiting physiotherapist. Complementary strategies including exercise programs, cognitive stimulation a comprehensive activities program and frequent safety checks have contributed to reducing falls in the home. Suitable aids are provided to maintain residents’ independence and staff interviewed said they have enough equipment to transfer residents’ safely. Falls are monitored and trends reported monthly. Residents and representatives interviewed said they were satisfied with the homes approach to optimising residents’ mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Residents' oral and dental health is maintained. Oral health assessments are conducted on entry and on an ongoing basis to identify individual oral and dental care needs. Care plans provide individual resident oral and dental hygiene strategies that are regularly reviewed and evaluated. Residents are actively supported to access dental services and all allied health contacts are recorded in the progress notes. Oral care is monitored formally through care reviews and informally with feedback from residents and staff. Staff interviewed said they were aware of how to effectively assist residents with their oral and dental care needs. Residents and representatives interviewed said they were satisfied with the homes approach to managing residents' oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents' sensory losses are generally effectively managed in relation to all five senses. The home assesses all five senses on entry and individual strategies are recorded in the care plan. Strategies are identified to facilitate greater sensory enjoyment and include an extensive activities program, large font activities, cognitive stimulation and massage. A visiting optometrist monitors changes in sight and prescribes glasses where required. Care staff are aware of residents' sensory losses and the strategies required to address them. Residents and representatives interviewed said they were satisfied with the homes approach to managing residents' sensory losses in relation to all five senses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents natural sleep patterns are achieved. The home obtains a sleep history and settling preferences on entry and monitors residents sleeping patterns during the first few weeks after admission. Strategies are documented in the care plan and include individual settling times, hot milk drinks, special pillows and soothing massage. Ongoing monitoring identifies any sleep disturbance and strategies are reviewed to address them. All residents have their own unit with ensuite bathroom and safety checks help to minimise disturbances at night. Residents and representatives interviewed said they were satisfied that residents are able to achieve a natural sleep pattern.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Resident lifestyle, resident meetings, feedback forms, surveys and direct resident feedback is used to gather suggestions for changes in the home from residents and their representatives. Staff encourage and support residents to provide feedback and suggestions. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities implemented by the home include:

- As a result of feedback from lifestyle staff, a new welcome basket has been introduced for new residents to the home. Feedback indicates the welcome basket has been well received by new residents.
- As a result of feedback from lifestyle staff, the home has introduced corsages to be given to residents on mothers and fathers day to celebrate these special days. Feedback from residents and staff indicate the corsages have been well received.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

The home has systems and processes to monitor and respond to relevant legislation, regulatory requirements, professional standards, and guidelines in relation to resident lifestyle. There are processes to ensure the Secretary of the Department of Health and Ageing and the police are notified of reportable assaults within prescribed timeframes. An assault register is maintained by the home. Resident agreements contain information on security of tenure and residents rights and responsibilities. Staff are notified of legislative changes through the home’s electronic communication system and meetings with training provided as required. Staff are aware of the regulatory requirements in relation resident lifestyle including processes in relation to reportable assaults.

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 information about the home's education and staff development systems and processes.

The home has processes to identify and monitor staff education based on legislative requirements, staff feedback and residents' care needs. The home monitors staff attendance at training sessions and there are processes to follow-up non attendance. Training undertaken by staff in relation to resident lifestyle includes; aged care rights, dementia, and certificate IV in leisure and lifestyle. Staff are satisfied with the ongoing support provided by the home to develop their skills and knowledge. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Initial entry and ongoing support processes assist residents to adjust to their new living environment. Care and "key to me" assessments include emotional support need. Care plans and recreational programs include emotional support requirements and are regularly reviewed. Residents are assisted to settle in by orientation to the home and a visit from the recreational staff for one-to-one support. This additional support can be provided at any time when identified needs change. Residents are encouraged to bring personal items for their room and have phone access for contact with family and friends. Visiting clergy and community visitors are arranged according to resident choice and residents are assisted to attend funerals and culturally significant events. When a crisis occurs, for example a family bereavement, or significant deterioration in health status, a review of emotional support is completed and acted on. Resident satisfaction with the home's processes for providing emotional support is monitored through resident meetings and satisfaction survey, and recreational program reviews. Residents and representatives are complimentary about the level of emotional support provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Recreational program planning and care assessments identify residents' physical capacity and advocacy details are documented for residents with diminished capacity. Care plans generally indicate residents' support needs and required equipment, and identify particular activities both in and outside the home. These might include visiting the local hotel for a game of pool, managing financial affairs and visits to shopping centres. A Dutch community

group subsidises a seniors holiday and residents are invited to participate, these holidays are supported by volunteers and staff. Where families are not available volunteers are arranged to accompany residents to specialists' appointments and various outings. Plans are regularly reviewed and updated relevant to residents' changing capacity and interests. Processes to support resident independence are monitored through informal care and recreational program reviews, physiotherapy reviews, residents surveys, incident reporting and audit processes. Residents and representatives said the home respects residents' wish to remain independent and provides them with support to do so.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Entry assessment and ongoing care and lifestyle review and evaluation processes identify and manage resident choices for privacy and dignity. Personal hygiene and grooming choices are generally documented and preferences respected. Residents are informed of the home's privacy policy and staff instructed on their responsibilities for privacy, dignity and confidentiality. Resident personal information is securely stored. Private spaces are available for shared family time and secure storage available for personal belongings. Staff were observed to respect residents' private living environment. The home monitors resident privacy and dignity through resident surveys and informal care and recreational program reviews. Residents and representatives indicated that staff are respectful of residents' privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

There are individual and group programs provided to support resident participation in a range of activities to meet their needs. "Key to me" assessments are completed on entry to identify residents' past and current interests and this information is generally used to develop individualised care plans. There is a regular review and evaluation process which is summarised in the strategies section of the activities care plan. Recreational program plans indicate required equipment, and identify all aspects of the program required to ensure smooth facilitation of the activity regardless of who runs it. Residents are encouraged to provide feedback on activities offered and alternative activity suggestions on an ongoing basis. This information is used to drive the home's recreational calendar that is posted in the home's newsletter each month. Residents stated that they have access to a range of activities to meet their needs and were observed participating in both group and individual activities. The home monitors residents' leisure interests and activities through formal and informal social program reviews, resident consultation, resident meetings and surveys.

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' cultural and spiritual needs are identified and documented in activities care plans which are regularly reviewed. Resident interest in attending church services or preferences for individual spiritual support is respected and specific cultural practices encouraged. The home is supported by a range of staff from a variety of cultures including Dutch and Polish speaking staff. Cultural awareness information is gathered through links to community organisations and key cards used by staff to assist interpreting residents concerns and wishes. Significant days and cultural events are acknowledged and celebrated such as the Queens birthday, Polish day, Anzac and Valentines day and Christmas. Resident feedback is encouraged through resident meetings, surveys and the home monitors cultural and spiritual support processes through audits and informal care and recreational program reviews. Residents and representatives stated that residents' cultural and spiritual needs are met.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents and their representatives are provided with opportunities to participate in decisions about care and services. Care and lifestyle planning and review is conducted in consultation with the resident and representatives when available. Plans generally identify resident choices for activities of daily living, leisure activities and settling and rising preferences. Daily menu choices that include culturally specific choices are available and residents choose where to have their meals. Residents and staff are aware of advocacy services available and opportunity for participation in decision making and giving feedback is provided through resident meetings, comment and complaint processes, resident surveys and informal feedback. A volunteer takes the minutes at the residents meetings and encourages freedom of ideas. Internal audits and feedback assists the home to monitor the effectiveness of choice and decision making processes. Residents advise they are satisfied that the home consults with them and that they are able to exercise their choice.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to inform residents about their security of tenure and their rights and responsibilities at the time of entry to the home. Residents and representatives are provided with a handbook and information on independent sources of advice. The home informs and consults with residents and representatives about changes in rooms and legislation. Residents and representatives are kept informed of the arrangements for their security of tenure, rights and responsibilities on an ongoing basis. Residents and representatives are satisfied with how the home supports residents' security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, internal and external audits, surveys, and trending of data such as infections and incident and accidents are analysed for improvement. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities implemented by the home include:

- As a result of a fire and evacuation training session, the home reviewed their role call processes. The training identified the role call processes were ad hoc and did not allow for the identification of residents who had gone off-site for outings or appointments. A process has been developed whereby the lifestyle staff complete and maintain a list on a daily basis of residents who have gone off site. The list is kept at the main fire panel for easy access in the event of an emergency. The list was observed at the fire panel during the visit and staff indicate the list is working well.
- As a result of a water outage, the home identified that they were not prepared for the situation and have developed strategies for preparedness. The strategies take into consideration all departments and include provisions for infection control and resident and staff requirements during an outage. Two extra water tanks have been installed to enable laundry services to be continued when required and provisions have been purchased and stored. Evaluation of the improvement activity is still to be completed.

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 information about the home’s regulatory compliance systems and processes.

The home has systems and processes to monitor and respond to relevant legislation, regulatory requirements, professional standards, and guidelines in relation to physical environment and safe systems. Occupational health and safety procedures are in line with professional standards and guidelines and assist the home in providing a safe physical environment. Internal and external auditing processes assist the home to monitor compliance and include fire safety inspections and compliance with food safety standards. Management and staff are aware of the regulatory requirements in relation physical environment and safe systems.

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 information about the home's education and staff development systems and processes.

The home has processes to identify and monitor staff education based on legislative requirements, staff feedback and residents' care needs. The home monitors staff attendance at training sessions and there are processes to follow-up non attendance. Training undertaken by staff in relation to resident the physical environment and safe systems includes; manual handling, fire safety, safe food handling, infection control and work health and safety changes and consultation. Staff are satisfied with the ongoing support provided by the home to develop their skills and knowledge. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home actively works to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms. Residents are able to personalise their rooms within safety requirements. Secure outdoor areas and accessible, quiet internal areas are available for residents and their visitors. Internal maintenance processes ensure the environment and equipment is maintained. Residents have access to call bells and high/low beds and wander alarms are used to further enhance resident safety. Residents requiring chemical or physical restraint are generally assessed, monitored and reviewed. The home monitors the internal and external living environment through audits, surveys, incidents resident and staff feedback and observation. Residents and representatives are satisfied the home provides a safe and comfortable environment according to their needs and preferences.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe working environment that meets regulatory requirements. The assistant to the manager and the work health safety committee, composed of representatives from all departments, are responsible for monitoring the safety of the home. There are processes for reporting and the follow-up of hazards. Chemicals are stored safely with material safety data sheets available. All occupational health and safety issues are reported though relevant meetings. Staff have access to personal protective

equipment, procedures and training. The home monitors the safety of the home through audits, incident reporting, maintenance requests and observations. Staff confirm they are satisfied management is active in providing a safe work environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home has documented procedures including for the management of fire, evacuation, and electrical power failure which are accessible to staff. Evacuation plans are displayed throughout the home and information on fire alarm response is located in each resident's bedroom. Resident mobility lists are easily accessible to staff and there are processes to ensure lists are up-to-date. Fire safety training is mandatory for all staff on a biannual basis and includes evacuation processes and use of fire equipment such as extinguishers. Electrical testing and tagging is conducted internally, however, records do not indicate when further inspections are due. Residents who chose to smoke are assessed; however, there are no formal review processes to monitor residents' ongoing abilities. The home does not have a smoking policy. Contracted external services and internal maintenance processes monitor the fire, security and emergency systems. A contracted security provider conducts patrols of the building and grounds at night. Staff are aware of their responsibilities in the event of an emergency. Residents and representatives are generally aware of their responsibilities in the event of an emergency and state they feel safe and secure in the home.

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 systems to monitor infection rates and procedures are provided for staff to minimise the spread of infection. The home has a dedicated infection control nurse to support staff and residents. Infection rates are monitored and analysed by the clinical nurse manager and findings summarised and discussed at meetings where trends are analysed. Staff receive infection control training at induction and through regular updates. The home monitors the effectiveness of its infection control program through audits. Staff are aware of infection control practices and are aware of standard precautions to be used in the home. Residents said they were satisfied with the homes infection control processes.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services in a way that enhances residents' quality of life and the staff's working environment. Meals are prepared on-site in line with a four week rotating menu. Staff consult with residents to ensure that individual dietary needs and preferences

are catered for. Laundry services are provided on-site and attend to both personal and linen requirements. Cleaning schedules and job descriptions guide daily cleaning of resident rooms, the general living environment and staff areas. Hospitality services are provided in accordance with health and hygiene standards and infection control requirements. The home monitors the effectiveness of hospitality services through resident surveys, internal and external audits, meetings, internal feedback processes and observations. Staff receive ongoing training to maintain their knowledge and skills. Residents are satisfied with the quality, variety and quantity of food and with the cleaning and laundry services provided by the home.