



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Tandara Lodge Community Care Inc**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Tandara Lodge Community Care Inc in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Tandara Lodge Community Care Inc is three years until 27 October 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

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

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

## Home and approved provider details

### Details of the home

Home's name:	Tandara Lodge Community Care Inc				
RACS ID:	8818				
Number of beds:	29	Number of high care residents:	25		
Special needs group catered for:	Nil				
Street/PO Box:	10 Nightingale Avenue				
City:	SHEFFIELD	State:	TAS	Postcode:	7306
Phone:	03 6491 1277		Facsimile:	03 6491 2527	
Email address:	paul@tandara.net.au				

### Approved provider

Approved provider:	Tandara Lodge Community Care Inc
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### Assessment team

Team leader:	Deanne Schofield
Team member/s:	Paul Stevens
Date/s of audit:	28 July 2009 to 29 July 2009

**Executive summary of assessment team's report**

**Standard 1: Management systems, staffing and organisational development**

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

**Standard 2: Health and personal care**

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

**Accreditation decision**

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

## Accreditation decision

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
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Does comply
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Does comply

<b>Agency findings</b>
Does comply
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Does comply

## **Assessment team's reasons for recommendations to the Agency**

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



**Aged Care**  
Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Tandara Lodge Community Care Inc
RACS ID	8818

### **Executive summary**

This is the report of a site audit of Tandara Lodge Community Care Inc 8818, 10 Nightingale Avenue, SHEFFIELD TAS 7306 from 28 July 2009 to 29 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 1 August 2009.

### **Assessment team's recommendation regarding compliance**

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

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Tandara Lodge Community Care Inc.

The assessment team recommends the period of accreditation be three years.

### **Assessment team's recommendations regarding support contacts**

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 28 July 2009 to 29 July 2009.

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

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

## Assessment team

Team leader:	Deanne Schofield
Team member:	Paul Stevens

## Approved provider details

Approved provider:	Tandara Lodge Community Care Inc
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## Details of home

Name of home:	Tandara Lodge Community Care Inc
RACS ID:	8818

Total number of allocated places:	29
Number of residents during site audit:	28
Number of high care residents during site audit:	25
Special need catered for:	Nil identified

Street/PO Box:	10 Nightingale Avenue	State:	TAS
City/Town:	SHEFFIELD	Postcode:	7306
Phone number:	03 6491 1277	Facsimile:	03 6491 2527
E-mail address:	paul@tandara.net.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Tandara Lodge Community Care Inc.

The assessment team recommends the period of accreditation be three years.

### Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

### Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

### Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

#### Interviews

	Number		Number
Director of nursing	1	Residents/representatives	6
Chief executive officer	1	Trainee carer	1
Chairman of the board	1	Board member	1
Registered nurses	2	Physiotherapy assistant	1
Enrolled nurses	2	Lifestyle staff	2
Care staff	4	Laundry staff	1
Administration assistant	1	Cleaning staff	2
Catering staff	2	Maintenance staff	1

#### Sampled documents

	Number		Number
Residents' files	9	Medication charts	6
Interim and long term care plans	9	Personnel files	8
Resident agreements	4		

#### Other documents reviewed

The team also reviewed:

- Admission data
- Appraisal records
- Assessment schedules
- Audit results
- Board meeting minutes
- Calibration logs
- Call bell response reports
- Cleaning schedules
- Continuous improvement logs

- Communication folders
- Complaints register
- Compliments register
- Compulsory reporting file
- Consultation records
- Contractors' permits register
- Correspondence regarding public vehicle licensing
- Correspondence to new board members regarding orientation
- Duty lists
- Education records, attendance and reports
- Employee of the month records
- Executive meeting minutes
- Fire evacuation report
- Fire panel compliance records
- Food safety plans/food safety records
- Incident data and reports
- Infection control data and reports
- Job descriptions
- Kitchen certification and third party audits
- Leisure and lifestyle activities program
- Manual handling in-service records
- Materials safety data sheets
- Meeting minutes, terms of reference and agendas
- Memoranda
- Menus, preferences, allergies
- Minor maintenance and test and tagging register
- Monthly activities calendar
- Music therapy program
- Observation charts and reportable limits
- Organisational structure chart
- Physiotherapy records
- Plan for continuous improvement
- Police record data base
- Policies and procedures
- Preventative maintenance records: plant and equipment
- Professional registration data base
- Progress notes
- Resident assessments
- Residents entry folder
- Residents leisure activities participation records
- Residents' information handbook
- Residents' information package and surveys
- Restraint authorities and reviews
- Risk assessments
- Rosters
- Sensory room evaluations
- Specialist referrals and reports
- Staff handbook

- Strategic plan 2009-2014
- Supplement and texture requirement lists
- Vision and mission statements
- Visitors information sheet
- Weight management data and reports

## **Observations**

The team observed the following:

- Activities in progress
- Cleaning in progress
- Communal dining areas
- Emergency equipment
- Equipment and supply storage areas
- Gymnasium
- Interactions between staff and residents
- Internal and external living environment
- Large and small sitting rooms
- Laundry operation
- Meal preparation and service
- Notices, signage and display around the Home
- Pets in the Home
- Physiotherapy sessions in progress
- Resident bed rooms and facilities
- Residents mobilising within the home
- Secure entry/exits
- Sensory room
- Staff assisting residents with activities of daily living
- Staff smoking area
- Staff using personal protective equipment
- Storage and administration of medications

## **Standard 1 – Management systems, staffing and organisational development**

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Tandara Lodge (the Home) is committed to continuous improvement and has developed effective systems and processes to ensure they meet this commitment. Audits, surveys, improvement logs, education and stakeholder feedback all play a role in furnishing material to be considered as opportunities for improvement. The monitoring and management process for tracking items in continuous improvement is well-developed and demonstrates all the features of a mature system. Staff said that they know how to contribute to improvement, and that management is responsive to their input.

Items identified as examples of improvements in this Standard include:

- Whole-of-staff training and involvement in the transition from the resident classification scale to the aged care funding instrument (ACFI).
- Board sponsorship of staff to upgrade their professional qualifications.
- Review and upgrading of the Home’s policies to integrate various changes from regulatory and professional development sources.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Senior managers receive regular updates from reliable sources which keeps them abreast of regulatory change. These sources include professional associations, peak bodies and government and semi-government authorities. After reviewing information received management then acts upon and distributes it as appropriate. If it affects policy or practice then the Home takes the necessary steps to make the amendments, and arranges training or conveys the information to staff and residents. Meeting and training records confirm this. Staff were able to describe key changes in recent policy which demonstrates their knowledge of how it affects their work.

### **1.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply

All staff are supported to attend a variety of internal and external educational opportunities. Internal education topics are identified through resident feedback, review of data and audits, staff appraisals, staff requests, changes in legislation or regulations

and management observations. Topics are scheduled and staff notified of up coming sessions, feedback and analysis of sessions are completed and attendance records maintained. Staff confirmed they are encouraged and supported to attend internal and external educational opportunities relevant to their roles.

Recent education topics attended by staff relevant to Standard One include:

- Aged care funding assessments
- Testing and tagging of electrical appliances
- Accounting program
- Payroll systems
- Confidentiality
- Accreditation
- Superannuation requirements.

#### **1.4 Comments and complaints**

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

##### **Team's recommendation**

Does comply

Management say that they are keen to encourage feedback from stakeholders, and particularly residents and families. Formal complaint mechanisms are in place and publicly advertised, but it is apparent that they are not used frequently. Rather, due to the close-knit community in which the Home is situated, residents say that they much prefer to use informal, verbal means for communicating any concerns. Residents also say that 'they have very little to complain about'. Clearly residents, staff and families have strong community links and the team observed the friendly and respectful manner in which they interact. Resident meetings are very well attended and minutes show that residents raise issues regularly, and that these are followed up.

#### **1.5 Planning and leadership**

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

##### **Team's recommendation**

Does comply

The Home is conducted by a community-based, not for profit association with elected voluntary Board members. A new strategic plan through until 2014 has been recently adopted, and the Home's vision and mission statements are on display and commit to quality care. The Board reviews financial, prudential and clinical issues at its monthly meetings and minutes confirm that deliberations are thorough. The Board has taken a proactive approach to up-skilling and retaining staff and allocate financial resources to encourage staff to increase qualifications. Senior management say that the Board is supportive and that a fruitful working relationship exists between them.

## 1.6 Human resource management

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

### Team's recommendation

Does comply

The Home monitors staff levels and skill mix on a daily basis to ensure appropriately skilled staff are available to meet the needs of the residents and the service. All staff are interviewed; undergo police record, reference and qualification checks prior to appointment. Formal orientation is provided to each new employee tailored to their role. Regular staff appraisals are conducted to ensure staff maintain their knowledge and skills. Registered nurses, enrolled nurses, care staff, lifestyle, hospitality and other staff are rostered to ensure appropriate care and services are provided at all times.

## 1.7 Inventory and equipment

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

### Team's recommendation

Does comply

Stores around the Home are well-stocked, conveniently located for access by staff, and staff say that there is ample supply of goods for their work. A system is in place to ensure that ordering and replacement of stock is effective through a process of stock lists which staff maintain. Major items of equipment are maintained as part of a preventative maintenance schedule, and records show that this is kept current. Unanticipated maintenance needs are entered into a communication book by staff, and these are signed off as resolved. Un-serviceable equipment is tagged out of service until repaired or retired. Staff said that their equipment is kept in safe and serviceable condition.

## 1.8 Information systems

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

### Team's recommendation

Does comply

A largely paper-based system is used for communication around the Home, including resident care records. Progress notes are maintained within the nurses' station, and their content is thorough and descriptive, and observations regarding resident care are followed through to resolution. Minutes of meetings are kept on file, and they also show a level of detail which allows those reading them to inform themselves of relevant issues. The nurse call bell system is effective, and records show that response times are predominantly less than one minute. All files are securely stored either in the administration area or in the nurses' station and only those with authority can access them. The Home has an archive system on site. Staff said that they are very pleased with communication at all levels.

## 1.9 External services

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

### **Team's recommendation**

Does comply

Contractors provide a range of services to the Home including medical, allied health and equipment maintenance. Selection is based primarily on reliability of service and quality of work. Due to the regional nature of the Home there is not a wide selection of contractors, so several have provided services over a long period. Nevertheless, the Home rigorously reviews work standards and unsatisfactory performance has led to termination. All contractors are required to sign in and out of the Home, and each is given a visitor information sheet which sets out the standards expected by the Home. Copies of licences, insurances and permits are kept on file, and checked for currency.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

#### **Team's recommendation**

Does comply

Nursing and care staff are actively involved in the continuous improvement process. The clinical audit system and the ongoing education program contribute principally to the continuous improvement initiatives in Standard Two. Staff were able to demonstrate a couple of notable instances where ongoing incidents involving residents had led to change in practice and identifiable benefits for residents as a result.

Some examples of improvements in the care standard include:

- A new approach to monitoring and charting progression in wounds
- Expanded medication management reviews
- Requisition of additional accessories for lifting devices
- An expansion of physiotherapy services.

### **2.2 Regulatory compliance**

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

#### **Team's recommendation**

Does comply

Nursing management demonstrated to the team that they receive regular and pertinent changes to codes of practice and associated professional standards. The Home has engaged in consultations in Tasmania about changes to the Poisons Act and the proposed effects upon nursing practice. Managers ensure that trained staff provide evidence of registration annually and maintain these on file. Staff meeting records confirmed that regulations which affect them are discussed at nurses' meetings. The continuous improvement plan also contains evidence of change resulting from legislative and regulatory developments. Both registered and enrolled nurses were able to clearly describe the parameters of their scopes of practice.

### **2.3 Education and staff development**

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

#### **Team's recommendation**

Does comply

All staff are supported to attend a variety of internal and external educational opportunities. Internal education topics are identified through resident feedback, review of data and audits, staff appraisals, staff requests, changes in legislation or regulations and management observations. Topics are scheduled and staff notified of up coming sessions, feedback and analysis of sessions are completed and attendance records

maintained. Staff confirmed that they are encouraged and supported to attend internal and external educational opportunities relevant to their roles.

Recent education topics attended by staff relevant to Standard Two include:

- Sensory loss awareness
- Clinical assessment
- Care planning
- Management of catheters
- Behaviour management
- Speech and swallowing awareness
- Diabetes management.

## **2.4 Clinical care**

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

### **Team’s recommendation**

Does comply

On entry to the Home residents have a baseline assessment and an interim care plan developed. Comprehensive assessments are undertaken and individualised care plans are then developed by the registered nurse, outlining care needs and preferences. Clinical care is comprehensively and regularly reviewed. Including documented consultation with the resident or their representative. Care is provided by enrolled nurses and extended care assistants under supervision of a registered nurse. Complex care is provided by registered nurses as necessary. Residents and their representatives are satisfied that the clinical care needs of residents are met.

## **2.5 Specialised nursing care needs**

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

### **Team’s recommendation**

Does comply

Registered nurses in consultation with enrolled nurses and the resident’s general practitioners identify all specialised nursing care needs and develop care plans appropriately. Registered nurses and enrolled nurses are on site at all times. Specialised nursing care needs that have been provided to residents include: management of supra-pubic and indwelling catheters, colostomies, insulin administration and oxygen administration. Care plans and progress notes entries confirm specialised care is provided by appropriately qualified registered nurses and referrals to consultants occur as needed. Residents and their representatives confirmed their satisfaction with the specialised care provided by the nursing staff.

## **2.6 Other health and related services**

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

### **Team’s recommendation**

Does comply

The Home uses the services of local allied health professionals and staff to provide residents with appropriate care. On entry to the Home, residents are assessed for individual needs and referred to appropriate allied health professionals. Services accessed locally include those provided by a dietician, speech pathologist, optometrist,

palliative care specialists, wound specialists, psychiatric services and physiotherapy. Referrals are initiated by the resident's general practitioner or registered nurse. Recommendations by specialists are transferred to resident's care plans and communicated to appropriate staff. Residents' progress notes and care plans confirmed appropriate referral and follow up occurs. Residents and their representatives confirmed satisfaction with the services available.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

The Home has effective medication management systems in place to ensure safe and correct administration and storage of medications occurs. Medications are administered by registered nurses or appropriately qualified enrolled nurses. Education sessions on medications occur regularly. Monitoring of medication management occurs through audits, incident reviews and observation by appropriate staff. Residents and their representatives confirmed that they are satisfied with the way medications are managed within the home.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

All residents on entry to the Home are assessed for a history of pain and medical conditions that may cause discomfort, individualised care plans are then developed to minimise episodes of discomfort. Residents who indicate a change in comfort levels or develop new pain are assessed through an appropriate tool and interventions are documented on care plans. Care plans include non analgesic treatments such as hot packs and position changes. Referrals to general practitioners occur in response to identification of pain and specialist referrals occur as needed. 'As required' analgesics are monitored and reviewed. Residents and their representatives confirmed that staff check residents for discomfort and offer them their preferred treatments.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Resident's final care wishes are identified and staff are provided with education to ensure residents' wishes are respected and appropriate care is provided. The home liaises with local community services including palliative care services and counselling services. Management and staff confirmed access to appropriate equipment and support is available. Document review confirmed that resident wishes are identified and where palliation is required care plans and progress notes reflect that care is provided according to resident wishes.

## 2.10 Nutrition and hydration

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

### **Team’s recommendation**

Does comply

Residents are assessed to identify their nutritional and hydration needs and preferences. Care plans are developed in consultation with the resident or their representatives. Individual dietary preferences and allergies are clearly identified and appropriate staff are informed through handovers, care plans, dietary preference lists and progress notes. Residents identified as having weight loss or swallowing difficulties are provided with additional nutritional supplements or texture modified diets and are referred to specialists as needed. Residents and their representative’s stated meals are of an acceptable standard and alternatives are available.

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

The skin integrity of residents is assessed on entry to the Home and on an ongoing basis. Care plans detail residents at risk and identify interventions and preventative measures to be implemented. Wound care is managed by the registered nurses in consultation with enrolled nurses and the resident’s general practitioner. Continence aids, pressure relieving equipment and nutritional supplements are provided to maintain and improve skin integrity. Skin tears and wound infections are monitored. The podiatrist reviews all residents on a regular basis. Manual handling education is provided to all staff and lifting equipment and wound care products are provided. Residents and their representatives confirmed that staff provide and assist residents with skin care and staff confirmed appropriate aids and equipment are readily available.

## 2.12 Contenance management

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

### **Team’s recommendation**

Does comply

Residents’ continence needs are identified, assessed and reviewed regularly. Reassessments occur as changes in resident health status and continence levels are identified. Appropriate aids are provided to maintain dignity and to assist residents to remain as independent as possible. Care plans indicated toileting times and regimes including bowel management. Residents and their representatives confirmed that resident continence needs are met and that staff assist residents as necessary.

## 2.13 Behavioural management

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

### **Team’s recommendation**

Does comply

Residents with challenging behaviours are identified and care plans developed in consultation with the resident or their representative. Interventions are clearly

documented and communicated to all appropriate staff through handover, progress notes and care plans. Residents with complex behaviours are referred to visiting aged person mental health teams as appropriate. Staff confirmed attendance at relevant education sessions. Residents and their representatives confirmed that referrals to specialist services occur and that staff manage complex behaviours promptly and respectfully.

#### **2.14 Mobility, dexterity and rehabilitation**

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

##### **Team’s recommendation**

Does comply

All residents on entry to the Home are assessed for their mobility, dexterity and rehabilitation needs. Residents are referred to the physiotherapist and physiotherapy assistant for initial assessment, individualised care plans are developed which include resident ability to participate in scheduled group exercises. A designated gymnasium and equipment is available on site and residents are assessed and assisted to use a range of active and passive machines to enhance their mobility. Residents are assessed for risk in mobilising and are provided with appropriate mobility aids. A regular check of the condition of equipment including mobility aids occurs to ensure they are in safe working order. Residents and their representative’s stated staff help residents maintain their mobility and encourage residents to participate in exercises to maintain movement and balance.

#### **2.15 Oral and dental care**

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

##### **Team’s recommendation**

Does comply

Residents are assessed for their oral and dental needs and preferences. Preferences for preferred providers of dental care are also identified on and residents are assisted to attend the practitioner of their choice. Care plans include personal preferences and care needs. Dental hygiene kits are provided to residents. Residents and their representatives confirmed residents are assisted to maintain their preferred dental care regimes and to attend the dentist of their choice.

#### **2.16 Sensory loss**

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

##### **Team’s recommendation**

Does comply

All residents are assessed for sensory loss on entry to the home including vision, hearing, touch, taste and smell. Care plans are developed and include the level of assistance residents require to maintain their independence. Referrals to specialists occur as needed. The home is well lit with wide corridors to allow residents with vision impairment to mobilise safely. Staff are aware of individual needs and assist residents who require help with fitting and cleaning of aids. Residents and their representatives confirmed that residents are assisted with cleaning and fitting their sensory aids and referrals to specialists occurs.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

Residents sleep and settling patterns are identified through assessment and care plans developed. Care plans detail individual preferences and needs including preferred settling and rising times and level and type of assistance required. Staff provide residents unable to settle with supper and warm drinks throughout the night. Residents confirmed they are not disturbed by noise overnight and they are supported to maintain their normal sleep regimes.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

The same process which monitors continuous improvement in the other standards is in practice in Standard Three. In this standard it is resident feedback and other input from staff and relatives which primarily contributed to improvements. Staff were able to describe a number of positive changes arising directly from requests and suggestions of residents. The involvement of other interested parties from outside the Home such as volunteers and service organisations has also been instrumental in promoting improvements.

Samples of improvements in this standard include:

- Increased staff hours for leisure activities with particular emphasis on support for dementia residents.
- Development of a dedicated gymnasium space with sophisticated physiotherapy equipment.
- Establishment of the multi-sensory room.
- Greater breadth in the activities program to incorporate music therapy, puppetry and greater diversity in outings.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

Staff confirmed that they are made aware of changes and obligations as they come through which affect their relationships with residents. Signage around the Home reminds residents of their rights and responsibilities, the avenues for complaint and their right to privacy. All staff sign a confidentiality undertaking at orientation. Financial and other prudential documentation relating to residents conform to accepted business principles. All resident information is stored securely with access restricted to authorised personnel.

#### **3.3 Education and staff development**

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

##### **Team’s recommendation**

Does comply

All staff are supported to attend a variety of internal and external educational opportunities. Internal education topics are identified through resident feedback, review of data and audits, staff appraisals, staff requests, changes in legislation or regulations

and management observations. Topics are scheduled and staff notified of up coming sessions, feedback and analysis of sessions are completed and attendance records maintained. Staff confirmed they are encouraged and supported to attend internal and external educational opportunities relevant to their roles.

Recent education topics attended by staff relevant to Standard Three include:

- Lifestyle resources and use
- Massage therapy
- Lifestyle skills update
- Compulsory reporting
- Certificate four in lifestyle.

### **3.4 Emotional support**

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

#### **Team's recommendation**

Does comply

It is a feature of the small community in which Tandara Lodge operates that there are close personal links between many of the people associated with the Home. Residents and staff say that this has greatly assisted in residents settling in to the Home, and in forming friendship bonds among them. Similarly members of the community play a vital role in visiting and supporting residents, and a number of visitors were observed in conversation with residents during the visit. Diversional therapy staff described the processes used to assist new residents, and how they remain alert to signs of withdrawal or self-isolation. Residents interviewed said that they did not often experience loneliness or boredom as there is always something happening for them to do.

### **3.5 Independence**

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

#### **Team's recommendation**

Does comply

Much of what occurs for residents at the Home is planned around maintaining and promoting independence. Residents who are able to mobilise sufficiently well regularly take the short stroll into the township proper for shopping or social purposes, sometimes accompanied by a volunteer or member of staff. Residents reported, and meeting minutes showed, that they request challenging ventures for the lifestyle staff, who do their best to meet them. They quote fishing expeditions and outings to the Launceston Casino as examples. The Home has access to a shared bus which they can use twice a week and residents said they enjoy these outings. Care staff encourage residents to move freely about the Home where they are able.

### **3.6 Privacy and dignity**

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

#### **Team's recommendation**

Does comply

The built infrastructure promotes privacy with the vast majority of residents having single rooms with ensuite bathrooms. In addition to this there are several small and large lounges where residents can meet together or with family and friends. The team observed that residents in the public areas of the Home are presented neatly, with obvious attention to their personal appearance. Staff were able to articulate their practices which promote residents' privacy, and particular emphasis is placed on this at orientation. Residents confirmed that they are treated with respect and discretion. The Home's documentation highlights the policy and practices which it observes in all interactions with residents.

### **3.7 Leisure interests and activities**

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

#### **Team's recommendation**

Does comply

Two qualified leisure and lifestyle staff plan, deliver and evaluate a program of activities for residents designed to meet their needs and preferences. Soon after admission a comprehensive activities care plan is prepared for each resident, largely drawing on that resident's past interests and involvement, and matching that to a program of activities. Staff explained the diversity of activities offered, and also the way in which these are adapted, and care plans adjusted, when the resident's circumstances change. Participation records are maintained to assist in the evaluation of an activity for a resident, and nursing notes are used to record significant features of a resident's involvement. The activities plan reflects change and development, with the sensory room, music therapy and variety of outings being recent additions. Residents confirmed their satisfaction with the staff and the program, saying that there is always something to be involved in.

### **3.8 Cultural and spiritual life**

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

#### **Team's recommendation**

Does comply

For many residents church worship has played a significant part in their lives. Accordingly three religious denominations visit the Home on a regular basis and continue to nurture the spiritual traditions of the residents. Residents interviewed who take part in these services said how much they value being able to attend. The demographic of the resident group is largely from the local area with very few from outside an English-speaking background. Nevertheless, as well as observing typically local festive occasions lifestyle staff say they also try to recognize key events from other cultures. Residents said that they are glad to be able to continue with celebrations and traditions which have been integral to their earlier lives.

### **3.9 Choice and decision-making**

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

#### **Team's recommendation**

Does comply

The number of residents who attend monthly resident meetings supports management's comments that residents enjoy 'having their say' in the affairs of the Home. At the same time it is evident that in the same forum management provides significant information to residents so that they can understand what is happening with building plans, accreditation, menu planning, staff changes and similar. In activities of daily living staff encourage residents to select clothing, organise their daily routines and socialise freely. Residents said lifestyle staff encourage participation in activities, but also allow them to decline if they wish. Management said that they want to promote a feeling of belonging and homeliness at Tandara, and therefore encourage staff as far as possible, to accede to residents' requests as if they were in their own homes.

### **3.10 Resident security of tenure and responsibilities**

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

#### **Team's recommendation**

Does comply

All residents are required to sign an agreement when they accept residency at Tandara Lodge. This agreement sets out the rights and responsibilities of both parties, meets prudential standards, and the samples examined were all correctly executed. Attached as schedules to the agreement are references to specified care and services, the charter of residents rights and responsibilities, and the Home's privacy policy. Residents say that they understand the provisions of their tenancy, which includes the right to permanent residency with limited exceptions. Permission is required from residents or representatives prior to moves within the Home, and with the recent expansion and refurbishment several residents accepted an alternative room when offered.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The regulatory framework makes a significant contribution to improvements in Standard Four. Building regulations, workplace safety standards, food safety policy and infection control practices have all stimulated beneficial changes in recent times. Staff education and training has also led to positive developments. The monitoring process for continuous improvement is effective in evaluating and identifying the results of these initiatives.

Improvements identified since last accreditation include:

- Major redevelopment of a section of the building to provide a higher level of quality in accommodation.
- Refurbishment of the laundry to assist in meeting national laundry standards.
- Adoption of a food safety plan and successful external accreditation.
- Expanded lounges and gathering spaces for residents and guests.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Regulations which govern building standards, safety in the workplace and standards of service to residents are received from a variety of statutory bodies and professional associations. Management is able to demonstrate their response in relation to recent changes. The annual maintenance certificate, a recent provision of Tasmanian law, is current and on display. A Food Safety plan has been developed and was successfully audited by an external party in February 2009. Employees who are representatives on the occupational health and safety committee received training in May 2009 in conformity with legislation. Relevant staff interviewed had a sound knowledge of the regulations which guide their practice.

### **4.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply

All staff are supported to attend a variety of internal and external educational opportunities. Internal education topics are identified through resident feedback, review of data and audits, staff appraisals, staff requests, changes in legislation or regulations

and management observations. Topics are scheduled and staff notified of up coming sessions, feedback and analysis of sessions are completed and attendance records maintained. Staff confirmed that they are encouraged and supported to attend internal and external educational opportunities relevant to their roles.

Recent education topics attended by staff relevant to Standard Four include:

- Manual handling
- Food safety
- Emergencies and fire
- Occupational health and safety
- Risk management
- Hand hygiene
- Infection control
- First aid.

#### **4.4 Living environment**

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

##### **Team's recommendation**

Does comply

The living and working environment at Tandara Lodge is safe, comfortable and well-maintained. Travel corridors are of good width for access, rooms are positioned to capture natural light and the entire facility is on a flat, level site. Furniture and furnishings are clean, functional and in good condition. Management and staff explained that the Home has a good reputation and is a source of pride for the local community therefore it is important always to maintain high standards both of care and facilities. Residents said that their rooms are kept clean and in good condition, and that they are very happy with their personal space. A recent replacement of several older rooms has raised the standard of accommodation even more.

#### **4.5 Occupational health and safety**

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

##### **Team's recommendation**

Does comply

An occupational health and safety committee consisting of 8 staff from various operational areas has been established and meets monthly. Minutes of these meetings are maintained and indicate good attendance and follow-up of issues raised. In May 2009 members of the committee received formal training for their roles. Worksite inspections and safety audits are conducted and reports reviewed by the committee. All chemical and other hazardous substances are stored safely with appropriate signage, and material safety data sheets are current and available wherever chemicals are kept. Throughout the Home there is signage to remind staff of safe work practices, and staff knowledge of their responsibilities to work safely is sound.

#### **4.6 Fire, security and other emergencies**

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

##### **Team's recommendation**

Does comply

The home has a sophisticated fire protection and suppression system which is maintained by a contractor according to industry standards. During May 2009, a mock fire evacuation was conducted with successful results, and interviews with staff confirmed sound knowledge of procedures. An internal and external video surveillance system is installed throughout the Home with fifteen monitoring points. All electrical items are checked by the maintenance staff, who have been trained for that purpose, and all items have a current tag. The annual essential services compliance certificate, required by state law, is complete and current. An emergency plan is in place and reviewed periodically.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The home has systems and processes in place to minimise risks of cross infection. Outbreak management protocols are in place and staff confirmed knowledge in how to manage a potential outbreak relevant to their roles. Staff have access to appropriate stocks of personal protective equipment and are aware of when to use equipment. Residents are monitored and infections identified and treated promptly. Data on infections is collated, analysed and reported on as part of the home's continuous improvement system. Residents and their representatives confirmed that the home identifies infections promptly.

#### **4.8 Catering, cleaning and laundry services**

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

##### **Team's recommendation**

Does comply

The home has effective systems in place to ensure that hospitality services are provided according to policy and in accordance with relevant legislative requirements. Management regularly conducts audits, observational rounds and meetings with residents to ensure satisfaction of services is maintained. Third party audits are undertaken and actions are taken when appropriate. Staff have attended appropriate education. Residents stated they are very satisfied with the services provided including catering, cleaning and laundry and they appreciate the respectful manner of domestic staff.