



Aged Care
Standards and Accreditation Agency Ltd

Tandara Lodge Hostel

RACS ID 8028

10 Nightingale Avenue

SHEFFIELD TAS 7306

Approved provider: Tandara Lodge Community Care Inc

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 27 October 2015.

We made our decision on 17 September 2012.

The audit was conducted on 14 August 2012 to 15 August 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

Tandara Lodge Hostel 8028

Approved provider: Tandara Lodge Community Care Inc

Introduction

This is the report of a re-accreditation audit from 14 August 2012 to 15 August 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 14 August 2012 to 15 August 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:	Darren Bain
Team member:	Margaretha (Margaret) Byrne

Approved provider details

Approved provider:	Tandara Lodge Community Care Inc
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Details of home

Name of home:	Tandara Lodge Hostel
RACS ID:	8028

Total number of allocated places:	12
Number of residents during audit:	9
Number of high care residents during audit:	6
Special needs catered for:	N/A

Street:	10 Nightingale Avenue	State:	TAS
City:	Sheffield	Postcode:	7306
Phone number:	03 6491 1277	Facsimile:	03 6491 2527
E-mail address:	tanlodge@bigpond.com		

Audit trail

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

Interviews

	Number		Number
Management/administration	3	Residents	2
Clinical staff	2	Catering staff	2
Care/lifestyle staff	3	Ancillary	4

Sampled documents

	Number		Number
Residents' files	5	Medication charts	3
Nursing/lifestyle care plans	5	Personnel files	4
Plan for continuous improvement	1	Resident agreements	2

Other documents reviewed

The team also reviewed:

- Approved supplier list
- Archive register
- Assessment list
- Audit results
- Care charts
- Certificate of occupancy
- Cleaning records
- Clinical assessments
- Clinical indicator records and analysis
- Communication books
- Continuous improvement plan
- Dietary analysis forms
- Education information and records
- Essential service information
- External contractor contracts
- Food safety plan and records
- Form 46
- Form 56
- Immunisation and specialist records
- Improvement logs
- Infection control surveillance forms

- Infection control yearly statistics
- Mandatory reporting register
- Material safety data sheets
- Medical practitioner communication book
- Medication incident reports
- Medication refrigerator temperature records
- Meeting minutes
- Monthly routine checklist
- Narcotic substances register
- Observation folder
- Occupancy certificate
- Pest control service reports
- Podiatry book
- Police checks and statutory declarations
- Policies and procedures
- Professional registrations
- Relative's survey results
- Report of gastro enteritis outbreak of November 2011
- Restraint consent and review forms
- Specialised diet and drinks list
- Staff medication competency tests
- Strategic plan 2012 – 2017
- Third party kitchen audit
- Wound management charts

Observations

The team observed the following:

- Accreditation notices on display
- Activities in progress
- Archive storage
- Assistance with meals
- Chemical storage
- Equipment and supply storage areas
- Equipment steriliser
- Hand washing stations
- Interactions between staff and residents
- Kitchen
- Laundry

- Living environment
- Lunch service
- Medication round
- Menu of the day on display
- Notice boards for residents and staff
- Nurses' station
- Resident exercise room
- Shift handover
- Spill kit
- Staff room
- 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 home actively pursues continuous improvement against all Accreditation Standards. A three tiered system consisting of input from improvement logs, an executive continuous improvement plan and the Board driven strategic plan all contribute to the ongoing continuous improvement system. Improvement logs of suggestions, improvements and problems completed by stakeholders, along with audit and survey results, clinical data, comments and complaints and other reporting systems all identify issues from which improvements can be made. Entries made on the plan detail the issue, actions, expected outcomes, progress, review and evaluation of implemented actions. Continuous improvement is an agenda item for all meetings. Staff demonstrated an understanding of continuous improvement.

Improvement initiatives implemented by the home prior to and over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Purchase of new slow release medication deliverance devices in response to recognition that existing equipment was not meeting expected outcomes. The new equipment more efficiently delivers medications with favourable staff feedback.
- Following identification by management that the phone system was ageing and no longer meeting the home's needs, implementation of a new phone system occurred. Staff report an improvement in the communication system throughout the home.
- Management recognised that the system of maintaining resident agreements needed an upgrade and introduced a new electronic resident agreement. The current agreement is now legally up to date and is working well with positive feedback from stakeholders.
- Following identification that the home's information booklet needed reformatting, a modernised format has produced a better presentation of this information. The home has received positive comments in regard to the improved presentation of the booklet.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems in place for identifying relevant legislation, regulations and guidelines relating to management systems. Information and updates of relevant legislation, regulatory

requirements, professional standards and guidelines are obtained through management's corporate office, membership with peak body organisations as well as legislative update services obtained electronically. Staff are able to access legislation and regulations and other resource material on site. Management inform staff of relevant legislative changes through quality meetings and through memoranda circulated to staff. Records generally confirm staff, volunteers and select contractors have current criminal record checks and Commonwealth statutory declarations.

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 in place to ensure management and staff have the ongoing knowledge and skills to perform their roles effectively. The home has an education program which is responsive to requests from staff and the needs of residents. Training needs are identified through a variety of sources including performance appraisals, changing resident needs, training needs analyses and staff requests. Staff are notified of education opportunities through an education program portfolio which is available on the staff room noticeboard and via verbal and written reminders. Education sessions are generally recorded and monitored. The home also encourages staff to attend outside training which is deemed of benefit to the home. Staff expressed their satisfaction with the education available to them. Residents and representatives are satisfied staff have appropriate knowledge and skills.

Examples of education and training provided in relation to Standard one include:

- documentation management
- equipment training
- professional development.

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 displays and provides access to internal and external complaints mechanisms and resident/representatives are informed of the home's complaints and improvements procedures upon entry to the home. Information relating to external complaints resolution processes is included in resident handbooks and through the provision of brochures. Residents are encouraged to make suggestions or suggest improvements through meetings or through completion of the home's feedback and improvement forms. Residents and relatives state that they feel comfortable approaching management in relation to issues and concerns. Residents/representatives state management generally responds to complaints in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home is supported by governance of the Tandara Lodge Community Care board and a management committee who meet regularly to review and promote the home's strategic plan and the broader commitment to quality. The home's quality plan demonstrates the commitment to a clearly identified philosophy, vision and values which is communicated through general information packs and is present in staff and resident handbooks. Information to stakeholders representing the vision and values of the home are on display upon entry to 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 appropriately skilled and qualified staff to ensure care needs and services are provided to residents. There are formal processes for selecting new employees and monitoring staff performance. All new employees attend an orientation program and compulsory education topics are scheduled annually along with performance appraisals. The home maintains records of qualifications, police record checks, and professional registrations, where required. Staff confirm they have sufficient time to perform their roles and are satisfied with staffing levels. Residents and representatives generally express satisfaction with the level and quality of care provided.

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 demonstrated the availability of goods and equipment suitable to ensure delivery of services across all areas. The maintenance officer is responsible for the preventative and corrective maintenance program and monitors these programs through a documented system. Approved external providers supply required specialised maintenance. Designated staff are responsible for the ordering, monitoring, storing and rotating of residents' care and service supplies. A maintenance request and/or hazard identification program identifies items requiring repairs. Trials and training in safe use of new equipment occurs and staff confirmed ready access and supplies of appropriate equipment and supplies.

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

Management supports the operation of the home with a combination of paper and computer based records which are regularly maintained to ensure information is easily identified and accessible to relevant stakeholders. Management and staff ensure information is kept confidential and is stored appropriately, with appropriate archiving and document management systems in place. Staff members confirm the communication processes are effective; these include memoranda, minutes of meetings, and handover sheets. Residents have access to notice boards which generally reflects information relating to events and activities and daily menus. Staff, residents/representatives generally state that they are satisfied with the level of communication in the home and confirm they feel supported to understand issues which relate to their work and lifestyle needs.

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

Management negotiate the home's externally sourced services from their local rural community and from further afield. External contracts, reviewed annually, reflect notification about the home and expectations regarding quality of service and compliance with legislation. An approved supplier list details services used. There is a sign in and out book where contractors register on site and collect a contractor's badge. Supervision occurs on site for the majority of external contractors. Management stated they are satisfied with externally sourced services provided. Staff confirmed visiting contractors are polite when visiting 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 audits and specific indicators allow for routine collection and discussion regarding resident incident data. This includes resident falls, skin tears, medications, behaviours and infections. Staff confirmed they received information regarding continuous improvement items through meetings, notices, education and verbal communication.

Improvement initiatives related to health and personal care implemented by the home prior to and over the last 12 months include:

- Suggestions from staff regarding the need to more easily check the health status of residents led to the purchase of a mobile monitoring apparatus which measures residents' vital signs. Staff feedback is positive about the usefulness of the new equipment.
- The home's staff including the physiotherapist and physiotherapy assistants, identified the need to provide equipment that would enhance the strength and mobility of residents. Equipment purchased for the gymnasium and the use thereof, has improved outcomes for residents in regard to mobility and strength.
- A dietician, following a suggestion from Accreditation assessors at an assessment contact visit, has conducted a review of the home's menu. A standard recipe book is now also in use and new menus in place.
- The home purchased two motorised heavy capacity hoists to be able to more safely transfer larger residents following input from staff and the occupational health and safety committee. Both staff and residents have given positive feedback.

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 a system for reviewing and identifying regulatory compliance matters relating to resident's clinical and personal care.

Some examples include:

- ANF updates relating to industry and clinical practice

- Department of Health and Aging guidelines
- Nursing/professional registrations

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

The home ensures that its systems and process adequately monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. Management assists staff with external training and also conducts in-house training to educate staff in clinical topics. Staff stated they feel supported by management to attend external training sessions relating to personal and professional development. Refer to Expected outcome 1.3 Education and staff development for further details on the home’s education system and processes.

Examples of education and training provided in relation to Standard two include:

- dysphasia
- medication competency
- palliative care
- skin care
- syringe drive
- wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management demonstrated residents receive care appropriate to their needs and preferences. The home follows an admission checklist ensuring assessments of all clinical areas using validated tools and charting. Registered nurses use the information gained from assessments to formulate a nursing care plan which is individualised to meet residents’ specific needs and preferences. Plans of care include directives from medical practitioners and other health professionals as appropriate. Staff review care plans on a three monthly basis or prior, with reassessments completed as needs change. A care plan summary is located in each resident’s room providing accessible information for care staff. Registered nurses provide care across all shifts and monitor clinical care outcomes through handover, care plan reviews and consultation with the resident or their representative. Residents and representatives stated they are satisfied with the home’s approach to providing clinical care.

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

Pre-entry information as identified from hospital discharge records or medical practitioner notes, often highlight the resident’s need for specialised nursing care. Registered nurses manage this care completing assessments, care plans and evaluating care. Medical and nurse directives give guidance to aspects of specialised care such as management of diabetes, wounds, pain, urinary drainage devices and oxygen therapy. The home has a referral system to other health professionals such as dietitians, speech pathologists, physiotherapists, podiatrists and behaviour management specialists. Health professionals document outcomes of the referral in the residents’ progress notes and this information is included with the care plan and evaluated for effect. Staff receive education relevant to residents’ care needs. Residents and representatives stated they were confident staff had the necessary skills to manage the care and that they were satisfied with the care the home provided.

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

Clinical staff demonstrated, and documentation verified, that referral to other health and related services occurs as needed. In consultation with the resident or their representative, and in accordance to their preferences, referrals to visiting or onsite services occur. This includes physiotherapy, podiatry, speech pathology, geriatrician services, social workers, dentists and optometry. Clinical staff liaise with the resident and/or their representative to ensure visits to external specialists are facilitated. Comprehensive assessments and prescribed treatments, contribute to revised care plans which then reflect any changes to needs. Residents expressed satisfaction with their ability to access other health professionals.

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

The home demonstrated the medication administration system is safe, delivered in accordance to relevant legislation, regulatory requirements, professional standards and guidelines. The initial assessment, completed when the resident enters the home, identifies medication requirements and preferences, allergies and any assistance needed. Medication charts are accurate, current, include clear medication orders, up to date photographic identification and detail residents’ needs for taking medication. Medications are stored securely in the home’s designated medication area. Registered and medication endorsed enrolled nurses administer medications from a single dose packaged medication system. Systems are effective for residents who self-medicate ensuring safe practice. An auditing and error identification system contributes to monitoring of safe practice. An accredited pharmacist conducts annual medication reviews of residents’ medications and staff complete

annual medication competencies. Residents confirm staff administer their medications in a safe and timely manner.

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

The home implements processes and actions to assist residents to be as free from pain as possible. Validated pain assessment tools are used to assist clinical staff in assessing residents pain, capturing both residents who can and cannot give verbal feedback. Assessments for the presence of pain identify present and past pain history and effective management strategies. Registered nurses initiate re assessment and charting for continuing or new pain and include this information in the plan of care. Strategies to assist with pain management include medical review, medication and/or alternative therapies according to resident choice including massage, heat packs, paraffin wax baths, therapeutic ultrasound and exercise programs. Evaluation of pain management strategies occurs as part of the care plan review process. Residents stated they are satisfied with the home’s management of their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to maintain the dignity and comfort of terminally ill residents. Each resident is encouraged to provide information in regard to their terminal care wishes on entry to the home. This includes their preferences for treatment, location for palliative care and any specific cultural and spiritual needs. The registered nurses generally reassess the resident’s needs when the resident has progressed to the palliative phase of care in collaboration with representatives and the attending general practitioner. Consultation to palliative care specialists occurs as required. The home has access to specialised equipment for the constant and consistent administration of analgesia and other specific medications to minimise anxiety and nausea; in addition to provision of specialised equipment designed to minimise pain and discomfort.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home demonstrated residents receive adequate nutrition and hydration. The admission process includes assessment of dietary preferences, notation of allergies, special dietary needs, likes and dislikes, with care plans reflecting residents’ individual needs. Food cooked fresh on site enhances the residents’ meal experience. Nursing staff communicate assessment information and any subsequent changes to the kitchen and include this information in the care plan. The speech therapist and dietitian provide advice and review residents’ care as required, with a range of texture modified meals, thickened fluids and

adaptive cutlery and crockery available for all meals. Residents are weighed monthly or as required; unplanned weight loss is monitored and reviewed by registered nurses and the medical practitioner with implementation of nutritional supplements if required. Residents stated they are happy with the choices, quantity and quality of meals provided to them.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has protocols to ensure residents’ skin care is appropriate and consistent with their general health. The initial skin assessment, incorporating foot and nail care, identifies residents at risk and the registered nurse develops care strategies from this information to minimise and manage identified risk. Pressure relieving measures used to prevent and/or alleviate compromises to skin integrity include sheepskin rugs, specialised chairs, air cushions, air mattresses and repositioning. Strategies to promote skin integrity include limb protectors, continence programs and the use of barrier oils. The incident reporting system monitors skin tears and pressure injuries. Staff observations, resident and representative consultation and care plan reviews monitor the effectiveness of care. Staff stated they have access to education on contemporary practices in wound management and have sufficient and appropriate wound care products. A podiatrist and a hairdresser enhance skin care practices. Residents and representatives confirmed they are satisfied with the care provided to manage 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 receive continence care that effectively manages their continence needs. Assessment and charting completed following entry to the home establishes voiding patterns, dietary and medication strategies and use of appropriate aids to manage continence. Reassessment and charting occurs if care needs change. The home has access to a nurse consultant through their product supplier and education in continence management ensures staff deliver appropriate care. The use of invasive bowel preparations is minimised by the implementation of early intervention strategies such as increased hydration and a nutritious, high fibre diet to maximise normal bowel health. Monitoring of urinary tract infections occurs as part of the infection surveillance process. Behaviour management includes continence care and/or potential urinary infection as a trigger for episodes of agitation and disruptive behaviour; with continence requirements also considered if there are disturbed sleeping patterns. Residents and representatives confirmed that staff assist with residents’ continence needs in a timely and discreet manner.

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

Management demonstrated effective behaviour management strategies with referral to specialist services as required. Charting and progress note entries determine the presentation of challenging behaviour. Registered nurses develop a management plan using information identified through staff and representative feedback and charting to identify the number of times the behaviour occurs. Security measures such as wanderer’s bracelets activating door closures, bedroom door alarms and bed sensor mats enhance the safety of residents who tend to wander. Staff receive input and guidance from external specialists to assist with the management of adverse behaviours. Staff utilise individual measures to address adverse behaviours including validation and reminiscing therapies, as well as sensory and music therapy. The home affords access to a range of living spaces, both internal and external for relaxation and change of environment to moderate challenging behaviours. Staff interviewed confirmed their understanding of mandatory reporting guidelines. Residents reported no disturbances by other residents and stated the environment was conducive to their needs.

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

The home demonstrated each resident’s mobility, dexterity and flexibility is optimised. A physiotherapist assesses all residents post entry to gain baseline information on current mobility, dexterity and rehabilitation needs. Staff conduct initial falls risk assessments, then repeat as needed. Environmental audits of rooms also identify any risks in relation to mobility. Physiotherapy assistant staff implement exercise regimes as per set programs. Residents have the opportunity to participate in a wide range of activities such as a walking group, specific gymnasium programs, and activities such as dancing, games and drums and shakers in music therapy. Consultation occurs with residents and representatives when evaluating effectiveness of the program. Suitable mechanical transfer equipment and mobile chairs are available and staff reported they have received education in manual handling and safe transfer techniques. All falls are reported, monitored, analysed, trends identified and if necessary actioned. Residents stated staff support their mobility and dexterity needs. Residents and their representatives said they are satisfied with the care and opportunities provided to optimise residents’ mobility and safety.

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

The home has systems to maintain residents’ oral and dental health. The oral and health assessment tool used includes details of residents’ teeth or dentures, identification of any problems with mouth, gums and lips and if staff need to assist with dental care. Residents are encouraged to maintain independence with their oral care. A plan of care includes details

of the residents' oral and dental health routines. Residents can access a local dentist. We observed adequate supplies of mouth care products including toothbrushes, toothpaste and denture containers. Mouth care products made available enhance the condition of mouths of residents in a compromised health status. Residents and representatives stated they are satisfied with the dental care opportunities available to residents.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has processes to address the identification and management of residents' sensory losses. The assessment process identifies sensory deficits including cognitive ability, communication, vision and hearing. The initial assessment completed on entry to the home includes smell, taste and touch. Care plans guide staff practice in caring for the sensory systems and assisting the resident in maintenance and storage of any sensory aids. Staff assess residents' ability to define heat and cold prior to implementing heat pack therapy. Staff assist with referral to specialists including audiologists and optometrists. The kitchen opens onto the dining area maximising choice, meal appreciation and taste sensations. Residents stated they are happy with the care in relation to sensory needs.

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

The home has policies and procedures in place regarding sleep management. Sleep and retiring assessments contribute to care plan information identifying residents' natural sleep patterns and preferences for day and night rest. Plans include consideration of concerns that may affect sleep such as pain and continence issues. Therapies to enhance sleep include heat packs, toileting, noise reduction, snacks and drinks and sedation. The home monitors resident satisfaction through care plan reviews, residents' surveys and meetings. Residents stated the home is quiet at night and staff assist by darkening the rooms, quiet activity and offering comfort measures to assist them to sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues continuous improvement related to Standard 3. Information from resident meetings, audits and surveys results provides input into the continuous improvement plan. The home initiates feedback via circulation of notices, meeting attendance or direct communication. Residents confirmed they received support to maintain their independence, choice and decision making, and timely response to suggestions made about the lifestyle program occurs.

Examples of recent improvements undertaken in relation to Standard 3, Resident lifestyle include:

- Purchase of a recumbent exercise bicycle following suggestions from residents. Monitoring of use of the equipment has demonstrated good usage and favourable resident outcomes.
- The music therapist identified the need for updated musical equipment and the home sourced and purchased an electric piano for resident use. Residents have stated that they enjoy using and listening to the new piano.
- Management and staff identified that the activities program did not adequately cater for the male population of the home. Staff redesigned and updated the activity program to include a men’s zone with men’s shed type activities. The home has received favourable feedback from residents and staff.

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 a system for reviewing and identifying regulatory compliance matters relating to resident’s lifestyle personal care.

Some examples include:

- Policies relating to the Department health and aging guidelines.
- Mandatory reporting register.

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 further details on the home's education system and processes relating to resident lifestyle.

Examples of education and training provided in relation to Standard three include:

- external certificate level courses in aged care
- mandatory reporting – 'protecting older people'.

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

Residents on entry into the home generally receive formal orientation to the home, introduced to key staff and are assisted to settle in through a documented orientation process. Staff confirm they are very aware of the adjustment to changed circumstances for new residents and report they spend extra time with these residents to assist them adjust to changes in their life. Lifestyle staff meet with all new residents and their representatives to identify their social, religious and emotional needs and emotional support continues on an ongoing basis. Residents are encouraged to personalise their rooms with favourite items; residents/representatives generally confirm satisfaction with the initial and ongoing emotional support provided and report that staff are friendly and caring.

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

Residents are supported to maximise their independence and maintain their friendships through open visiting hours, scheduled outings, links to the wider community and access to broader social, shopping and health facilities. Residents' social and physical independence needs are identified initially, reviewed and strategies put in place to enhance their independence. Residents participate in exercise activities and staff confirm they encourage and assist residents to socialise. Sensory support, mobility aids and escorts are arranged when needed to further support resident independence. Community links have been established with volunteers and churches and arrangements are made to ensure residents can exercise their civic rights at election times as desired. Residents generally confirm that they are encouraged and supported to maintain their independence.

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

Residents' right to privacy, dignity and confidentiality is recognised and respected. Practices in the home to ensure residents' privacy and dignity include the use of the residents' preferred name, personalisation of the residents' room and announcing their presence outside resident's rooms before entering. Resident's personal information is stored securely, handovers are conducted in the nurse's room and residents can seek privacy in the comfort of their rooms. Staff explain activities of daily living to the residents; information is available on notice boards and made available individually to each resident. Residents confirm their privacy and dignity is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home encourages and supports residents to participate in a wide range of activities of interest to them. Social, cultural, religious profiles and lifestyle assessments are completed in consultation with each resident and their representative when they move into the home after a settling in period. We noted individualised 'activity plans' are created and reviewed regularly. Lifestyle staff arrange, deliver and/or assist in providing activities that include special events, celebratory and cultural occasions, one on one and group activities. Activities include pet therapy, men's shed, book reading, music, bus outings, entertainers, computer use, movies and special theme days. Residents generally express satisfaction with the lifestyle program and the various activities on offer.

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 preferences are generally valued at the home. Assessment processes include the identification of residents' individual needs and preferences related to their cultural and spiritual life. Care plans contain information which is generally reflective of individual preferences including consideration of days of special significance, or customs which may affect treatments. The home has access to culturally specific services and resources to assist in providing individual cultural needs if required. Residents and representatives said staff provided support and assistance for them to participate in their activities of choice.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home encourages residents to participate in decisions about the services they receive, and recognises residents' right to exercise choice in their lifestyle. Residents' individual preferences are identified and care plans reflect residents' wishes in relation to areas of daily living and leisure activities. Staff confirm authorised representatives are identified, recorded, and consulted if residents are unable to make decisions. Staff interviewed gave examples of how they assist residents to exercise choice and to make their own decisions during daily routines. Residents and representatives stated the home supports residents' involvement in making personal choices and decisions.

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

Residents have security of tenure and residents and representatives understand their rights and responsibilities. Each resident receives a resident handbook, which includes organisational information such as the internal and external complaints mechanisms and day-to-day information such as the activities provided. Most residents or their power of attorney have a signed occupancy agreement, which includes information regarding specialised care and services, resident rights and responsibilities, complaints mechanisms and communication processes. Residents and representatives feel they have secure 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

The home’s systems, procedures and guidelines support continuous improvement relevant to Standard 4. Staff incident and hazard information, environmental audits, maintenance requests and the occupational health and safety representative contributes towards the continuous improvement plan. Staff reported they received information regarding health, well being programs and safety matters. Residents stated they observed staff using safe practices and they felt safe in their living environment.

Examples of improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 include:

- Staff identified the need for greater security to the external access of the staff room. Management organised a key pad entry for the door with positive staff feedback in regard to the more secure entry.
- An external food safe audit suggested that the home implement a better system to cool/freeze food rapidly. The implementation of a blast chiller, improving food safety, has resulted in positive feedback from the staff.
- The occupational health and safety committee identified the need to improve the safety of residents who smoke. Donated welders leather aprons have improved the safety of residents, with positive feedback received from staff.

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 a system for reviewing and identifying regulatory compliance matters relating to the home’s physical environment and safe systems.

Examples include:

- essential services form 46 and 56 report.
- food safety program
- food safety compliance records
- occupational health and safety committee.

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

Staff are educated and informed about appropriate practices relating to the physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for a description of the home's educational systems. Educational topics arise from resident and staff needs, incidents, audits and other feedback processes.

Some recent educational sessions and educational opportunities in relation to Standard four include:

- fire and emergency procedures
- infection control
- manual handling
- occupational health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's management actively work towards providing a living environment that is clean, well maintained and safe for both residents and staff. There are spacious areas throughout the home and private sitting areas. The external environment provides opportunities for enjoying the outdoors with unobstructed courtyards and pathways. Maintenance requests and hazard identification occurs through reporting and regular environmental checks. Monitoring of ventilation and temperature promotes residents' comfort. Residents' rooms reflect individual preferences and respect privacy. Access to call bells, a security coded system and an evening lock down procedure ensures a safe home environment. Residents stated they had access to comfortable furniture and expressed satisfaction with the home's internal and external living environments.

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

Occupational health and safety is actively promoted by management and supported by staff representing a cross section of departments. Scheduled bi-monthly meetings are held and occupational health and safety is regularly discussed at staff meetings. Minutes from meetings are available for key staff to review and training schedules reflect management's commitment to keeping staff informed on safety issues. Regular audits, routine checks and policies and procedures are in place to ensure hazards are identified and reported to service managers who forward issues on to management for action. Chemicals are appropriately

stored with up-to-date material safety data sheets available in the relevant storage areas and in the administration office. Staff report they have knowledge of their occupational health and safety responsibilities and are encouraged to report and document hazards when necessary. Staff confirm the home has suitable equipment available for their use in keeping with the home's occupational health safety policies and procedures.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has a system to minimise and manage fire, security and emergency risks. The maintenance of fire detection and fighting equipment is conducted by external contractors. Emergency procedures and evacuation plans are displayed throughout the home and emergency exit lights are checked and maintained on a regular basis. Management ensure staff undertake training and maintain audits relating to emergency procedures. Supporting reference material and emergency plans are situated in key areas throughout the home. Emergency fire and evacuation drills are conducted at the home. Staff confirm awareness of emergency and evacuation procedures. Residents and representatives said that they are aware of the procedures at the home and confident in staff abilities.

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 demonstrates an effective system for monitoring, recording and containing infection. Policies and procedures guide staff practice in routine surveillance of infections as well as dealing with an outbreak situation. A surveillance system is used to track and note infections with this data forwarded to an external audit company for benchmarking. Staff have access to hand washing facilities in each wing as well as alcohol based sanitisers and have adequate provisions for personal protection. Staff in all areas follow designated cleaning programs and staff are offered a vaccination program. The home has currency in food safe certification and has a monitored pest control regime. Staff demonstrated knowledge of procedures to follow in relation to infection control and prevention.

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 manner which is consistent with policies in providing a friendly and caring environment for residents. The home is supported by experienced service staff that provide the catering and laundry service within the home. The kitchen is supported by a food safety plan and meals are generally approved by the dietitian and clinical care coordinator. Cleaning services are provided by internal staff and are monitored through regular observational audits, with cleaning staff following general and extra duties schedules. Residents state their rooms are kept clean and laundry services are

managed well. Residents further state they receive a range of choices at meal times and feel that staff have a good understanding as to their needs and preferences.