



Aged Care
Standards and Accreditation Agency Ltd

Trinity Garden Aged Care Approved provider: Java Dale Pty Ltd

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 23 August 2014. We made the decision on 26 July 2011.

The audit was conducted on 23 June 2011 to 24 June 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Trinity Garden Aged Care				
RACS ID:	3598				
Number of beds:	100	Number of high care residents:	48		
Special needs group catered for:	Nil				
Street:	34-42 Brooklyn Road				
City:	Melton South	State:	Victoria	Postcode:	3338
Phone:	03 9747 5600		Facsimile:	03 9747 0099	
Email address:	paul@trinitygarden.com.au				

Approved provider

Approved provider:	Java Dale Pty Ltd
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Assessment team

Team leader:	Jill Packham
Team members:	Gerard Barry
	Amanda Zeldenryk
Dates of audit:	23 June 2011 to 24 June 2011

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

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

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

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

Site Audit Report

Trinity Garden Aged Care 3598

34-42 Brooklyn Road

MELTON SOUTH VIC

Approved provider: Java Dale Pty Ltd

Executive summary

This is the report of a site audit of Trinity Garden Aged Care 3598 from 23 June 2011 to 24 June 2011 submitted to the Accreditation Agency.

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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 23 June 2011 to 24 June 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Jill Packham
Team members:	Gerard Barry
	Amanda Zeldenryk

Approved provider details

Approved provider:	Java Dale Pty Ltd
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Details of home

Name of home:	Trinity Garden Aged Care
RACS ID:	3598

Total number of allocated places:	100
Number of residents during site audit:	75
Number of high care residents during site audit:	48
Special needs catered for:	Nil

Street:	34-42 Brooklyn Road	State:	Victoria
City:	Melton South	Postcode:	3338
Phone number:	03 9747 5600	Facsimile:	03 9747 0099
E-mail address:	paul@trinitygarden.com.au		

Audit trail

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

Interviews

	Number		Number
Management	4	Residents/representatives	22
Clinical care / lifestyle staff	17	Hospitality / environment staff	8
		Allied health / medical services	3

Sampled documents

	Number		Number
Residents' files, assessments, care plans and progress notes	14	Residents' administration files	6
Medication charts	14	Medication charts	14
Wound charts	5	Personnel files	4
Bowel charts	11	Podiatry assessments	8
Physiotherapy action plans	8	Care consultations	8
Restraint assessments and authorisations	4	Skin assessments	6

Other documents reviewed

The team also reviewed:

- Activities calendar and attendance records
- Audits and action plans
- Comments and complaints folder
- Communication books
- Consent forms
- Continuous improvement plan
- Diabetic management charts and records
- Dietician reports
- Doctors' communication book
- Education records
- Emergency manual
- Essential service records
- Falls prevention action plans
- Flowcharts
- Food safety manual and catering records
- Handover sheets
- Incident reports
- Job descriptions
- Language interpretation prompts charts
- Lifestyle assessments and care plans
- Lifestyle program documentation
- List of approved suppliers and service contracts
- Material safety data sheets
- Memorandums
- Minutes of meetings

- Newsletters
- Occupational health and safety records
- Physiotherapy communication book
- Police check and statutory declaration register
- Policies and procedures
- Preventive and reactive maintenance records
- Professional registrations
- Regulatory compliance folder
- Reportable and suspected offences register
- Resident agreements
- Residents' information pack and handbook
- Self medicating authorisations
- Staff competencies
- Staff orientation pack and handbook
- Surveys
- Terminal wishes care consultation records

Observations

The team observed the following:

- Activities in progress
- Activities program resources
- Brochures in various languages
- Chemical storage
- Cleaning in progress
- Clear exit doors and paths
- Designated smoking area with emergency/safety equipment
- Equipment and supply storage areas
- Exercise groups in progress
- Feedback forms and suggestion box
- First aid kits
- Hand washing stations
- Interactions between staff and residents
- Key pad security
- Lifting and mobility equipment
- Living environment
- Meal service
- Noticeboards
- Oral care equipment
- Palliative care kit
- Private dining room
- Residents receiving physiotherapy care
- Residents' rights poster on display
- Safety notices and equipment
- Sensory room and resources
- Sharps containers
- Sign in/out registers
- Spills kit
- Staff handover
- Staff room and resources
- Staff suggestion box
- Stakeholder folder
- Storage and administration of medications
- Storage of confidential documents

- Storage of medications
- Weigh equipment
- Wound trolley and equipment

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

Trinity Gardens Aged Care has systems in place to encourage improvements in all aspects of the home’s operations. Staff are informed of the home’s continuous improvement activities during orientation and on an ongoing basis during their continued employment. Opportunity for improvement forms, along with the accompanying data trend analysis are the main sources used to gather information and decide on improvement activities. Other sources of information leading to continuous improvement activities include resident and staff surveys, resident and staff meetings, organisational initiatives and general suggestions. Management prioritises safety and quality opportunities according to the home’s needs and then delegates responsibility to the relevant personnel for resolution. Staff and residents within the home are aware of the process of utilising the improvement forms to effect quality outcomes. Recent improvements include:

- The home has placed plastic holders for comment/complaint forms near the servery in both the high and low care areas and near the menu holder in the extra services wing to allow greater access to residents/representatives to improve the level of feedback regarding food.
- Due to a higher than expected level of complaints in the extra service wing that staff were taking too long to answer call bells the home has changed the roster. Now the registered nurse is based in this wing from early morning to answer call bells if needed.
- The home has reviewed all position descriptions, duty lists and staffing procedures. Staff statutory declarations are now attached to their current police criminal checks and together filed in a secure location to make them more readily available when required.
- Accounts staff have been trained to improve their knowledge in fees and charges and understanding of residential bonds.
- Management has attended an industry based accreditation forum to review the proposed draft Accreditation Standards.

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 receives regular information and updates on professional guidelines and legislative requirements through subscription to a legal update service, membership to professional bodies and notifications from government departments and the local council. Processes are in place to ensure that relevant policies and procedures are revised and internal reviews and audits are conducted to monitor compliance. Staff are informed of changes to regulations and the home’s practices through meetings, memorandums and education sessions. The home has an effective system in place to monitor that staff, volunteers and external contractors have current police check clearance and to ensure that professional registrations are renewed annually. Confidential information is stored and

destroyed securely and residents are informed of external complaints and advocacy services.

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 demonstrates management and staff have the knowledge and skills required for effective performance relating to the Accreditation Standards. An annual calendar schedules mandatory and other relevant topics and is reactive to the current residents' needs and suggestions from staff. Attendance records are monitored, sessions are evaluated for effectiveness and staff undertake appropriate competencies to ensure their skills are maintained. The home provides suitable training facilities on site and staff are encouraged and supported to attend external courses and conferences to increase their skills and qualifications. Staff state they are satisfied with the education opportunities offered to them at the home.

Education conducted relating to Standard one includes:

- Continuous improvement
- The Accreditation Standards
- Excel computer training

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a well documented system for addressing resident concerns or complaints and explains the system in a number of documents provided to each resident at the time of entering the home. Residents, visitors to the home and staff all have access to the complaints system through a single form to register any concerns they may have. Complaints are handled by the management team. Residents are reminded of the complaints process in the newsletter, at meetings and in information handbooks. Residents and their representatives can raise concerns at the scheduled resident/relatives meeting or verbally to staff or management at any time. Residents confirm their knowledge and use of the system. The team observed compliments and complaints made by residents/representatives or staff on behalf of residents that had been actioned with letters of explanation to the originators.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's strategy, vision, mission and philosophy statements are documented and displayed in the home, presented in the resident, staff, volunteer and contractors' handbooks and the new resident's information pack. The statements include the home's commitment to quality service delivery.

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 sufficient to ensure that services are delivered in accordance with the needs of residents. The home has access to organisational support and human resource management processes regarding recruitment, performance management, staff developmental needs and rostering systems. Staff are provided with orientations, contracts, position descriptions, policies and procedures; they undergo staff appraisals and receive relevant educational opportunities. Records of qualifications, police checks, statutory declarations and professional registrations, where required, are maintained. Staff confirm they are provided with sufficient time to perform their role and are currently satisfied with staffing levels across all departments. Residents/representatives comment they are satisfied with the skills and competency with which staff attend to their care, hospitality requirements and with the response to requests for assistance.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has stocks of goods and equipment that support quality service delivery. An effective stock control system is in place; inventory is regularly checked and reordered before minimum stock levels are reached. Purchased goods/equipment are inspected and evaluated upon arrival and electrical equipment is properly tagged. Stock is stored safely in clean and secure areas. There are reactive and preventive maintenance systems in place. Staff, residents and representatives confirmed their satisfaction with the quantity and quality of goods and equipment available to them.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has a system in place to ensure that all relevant information regarding a resident's care is shared amongst care, lifestyle and catering staff. Care documents and assessments are regularly reviewed and changes made. The team observed that residents or their representatives are consulted with respect to their care plans. Minutes of meetings provide information regarding quality, safety and incident/infection indicators as well as changes to legislation. The team observed a staff handover session where oncoming staff were updated on the residents' condition or appointments. Trend data is displayed for staff to maintain knowledge of the operational outcomes at the home. Computer systems are networked to servers to improve efficiency, back up facilities and access to policies/procedures. Staff state that management keeps them well informed.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure that the delivery of goods and services to the home meets the required standards. The home has agreements with its suppliers specifying quality, criminal checks, current insurance and, where required, professional registrations. Contracts are reviewed annually and discussions held with suppliers. There is a sign in and out book at the reception area where contractors register when on site. Experts are enlisted for speciality equipment or allied health services as well as for essential services which are maintained according to legislative requirements with all records being appropriately maintained. There is a preventive maintenance system in place and staff have access to an approved supplier list. Residents/representatives are satisfied with the services provided.

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

Please refer to Expected outcome 1.1 for more details on the home's continuous improvement system. The home maintains an internal audit and competency program to measure performance against the Accreditation Standards. Incident reports assist in providing clinical and management indicators. Staff are encouraged to complete improvement forms, attend meetings and to improve their skills by attending educational sessions. Staff confirm they actively participate in the continuous improvement system. Recent improvements include:

- The home has introduced a large sheet list of special nursing requirements across the week. The list includes items such as: fluid balance, frequent weights, catheter bag change, indwelling catheter change.
- The home trialled a new product for supplements but the residents did not like the taste. The home is continuing to investigate the area to provide improved nutritional supplements for those residents in need.
- The home has updated its manual of guidelines for medication endorsed nurse and personal carers and introduced a 'do not disturb' apron for staff while administering medication. Staff report this has only been partially successful in stopping interruptions.

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

The home ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Care plans are signed off by a registered nurse, medication management and specialised nursing care are provided by appropriately qualified staff and medication is stored securely. The home has a current policy for absconding residents with appropriate incident reports and notifications documented.

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

Management demonstrates staff have the knowledge and skills to provide health and personal care to residents. Staff selection and recruitment practices ensure appropriately qualified and skilled staff are employed and ongoing education opportunities ensure their skills are maintained and are reflective of the current resident population. Staff say they are satisfied with clinical education offered and confirm they undergo skill competencies.

Education sessions relating to Standard two include:

- Medication management
- Pain management
- Diabetes
- Continence management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome.

On admission to the home, all residents have assessments of their care requirements to ensure that they receive appropriate care. This information is then used to develop a nursing care plan. This care plan is reviewed in line with the resident of the day program. The review is completed by a registered nurse. All care planning is undertaken in consultation with residents and relatives. The local medical practitioners are involved with the care consultation process and staff state they are extremely supportive. Residents/representatives interviewed are satisfied with the care provided by the home. Staff confirm they are aware of resident needs and that appropriately qualified staff provide 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.

The home employs appropriately qualified nursing staff with experience and knowledge to ensure residents’ specialised nursing care needs are met across all three wings of the facility. The home maintains a register of all staff qualifications and levels of experience. Residents’ specialised nursing needs are identified and documented on admission. The specialised nursing needs are then reviewed monthly to ensure care is delivered consistently and by appropriately skilled staff. Residents/representatives express satisfaction with the knowledge and skills of staff that provide this specialised care.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome.

Residents are referred to health specialists through the homes internal or external processes. The home has an internal physiotherapist, dietician, speech therapist and a podiatrist. Referral to these services is through a communication book. Urgent requirements are referred directly to the appropriate specialist. The home engages the services of an optometrist and audiologist group to visit residents annually and to address issues which arise outside of this annual visit. All files reviewed detail the referrals and records of visits to relevant health specialists. Staff confirm changes and recommendations by specialists are documented and communicated appropriately. Residents/representatives confirm that referrals to specialists occur in accordance with residents’ needs and requests.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome.

Residents' medications are maintained in a secure area in each of the three wings within the home. Medication charts identify all medications including dosage, ingestion route and frequency of administration and were all signed by the attending doctor. Staff were observed distributing medications to the residents from blister packs. Staff were also observed checking orders and then distributing medications and finally signing off as each resident's medication was ingested. The home has systems in place to ensure all medications are checked off as being delivered. The home engages an external pharmacist to review medication charts annually and to provide feedback to the local medical practitioner. Residents wishing to self medicate are assessed and supported to do so. Residents confirm they are satisfied with the way their 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 findings

The home meets this expected outcome.

Residents experiencing pain are either identified during the initial assessment period or at the onset of new pain. Once the pain has been identified, the staff liaise with the local medical practitioner, the physiotherapist and the registered nurse for further assessment. The assessment includes a monitoring and assessment period which documents information regarding the cause, intensity and the type of pain. In consultation with the resident/representative complementary pain relief strategies are identified, these may include heat packs, liniment rub, massage and a tens machine as well as an analgesic regime for those residents with chronic pain. Residents/representatives state that if a resident experiences pain it is managed well by the staff.

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 is able to demonstrate systems for documenting, assessing and implementing strategies to ensure comfort and dignity of residents in the terminal stage of their lives. The home ensures that all residents are assessed on admission (if appropriate) to ensure terminal care wishes are documented. The home has a palliative care plan which is reviewed monthly or daily to ensure changes in health status are documented. The home also has access to on-site pastoral care 24 hours a day if necessary. Representatives interviewed felt comfortable with the process for documenting terminal care wishes and express satisfaction with care delivery.

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 has systems in place for documenting, notification and evaluation of nutritional and hydration needs of individual residents to the appropriate service delivery areas. The home documents each resident’s likes and dislikes including their special needs in relation to delivery of the meal. Residents on modified diets are given a varying diet and are provided with two alternative menu selections for lunch and dinner. Management have been responsive to comments in relation to meals prepared and variety. Residents interviewed confirmed their involvement with menu planning and are satisfied with the meals provided by the home.

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 a system for assessing, delivering and reviewing the skin care needs of residents. Care documentation reflects effective interventions ensuring the maintenance of the resident’s skin integrity, care of skin conditions and management of wounds. The home undertakes regular review and appropriate skin care interventions to ensure positive outcomes for residents. Incident reports confirm that skin injuries are captured through the incident reporting system and acted upon effectively. A wound consultant is available to assist in managing complex wounds. The documents reviewed confirm recommendations from the wound consultant are followed and progress of the wound is outlined on wound assessment charts. Residents/representatives confirm wounds and skin integrity is managed appropriately.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome.

Residents requiring continence management are identified during the admission process and ongoing through the aged care liaison officer. Further assessment and monitoring occurs to identify bowel and urinary patterns in line with the development of an individualised toileting schedule. The home has access to a continence advisor to provide assistance in setting up programs and advice on the appropriate aids for each resident. Care plans indicate individual toileting times and regimes including bowel management. Appropriate aids and equipment are provided to assist residents with independence and to maintain dignity. Residents/representatives confirm that continence aids are provided and assistance from staff occurs promptly.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome.

Residents with challenging behaviours are identified through an internal assessment process and care plans developed in consultation with the resident or their representative. Interventions and triggers are documented and communicated to all appropriate staff through handover, progress notes and care plans. Residents with complex behaviours are referred to their local medical practitioner, aged person mental health teams, aged care liaison officer, specialists and allied health practitioners. Staff confirm attendance at relevant education sessions to assist in the development and implementation of strategies to minimise challenging behaviours. Residents/representatives confirm they are not disturbed by residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome.

The home has systems in place to assess, monitor and review the residents’ individual mobility and dexterity needs. The onsite physiotherapist completes a physiotherapy assessment to determine the level of assistance the resident requires. The assistance level of the resident is documented in the physiotherapy plan. The resident’s needs are reviewed monthly by the onsite physiotherapist to ensure accurate assistance and use of equipment occurs. The physiotherapist completes the physiotherapy program on a day to day basis, in consultation with staff where appropriate. The activities program also includes specific activities that encourage movement on a daily basis. Residents/representatives interviewed comment positively in relation to access to physiotherapy services.

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 in place to assess and monitor residents’ oral and dental care needs. The home completes an assessment in relation to the oral care and dental care needs of residents and this information forms part of the care planning system. The home accesses external providers in consultation with representatives to assist with dental care. The oral and dental care needs of the residents are assessed monthly consistent with the resident of the day system. Residents/representatives confirm they are satisfied with oral and dental care and that they receive dental care products according to needs.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome.

Residents' files reviewed have comprehensive sensory assessments. The physiotherapist states that they provide a further assessment for residents experiencing sensory loss and designs programs to increase cognitive awareness and to improve speech and comprehension. Documentation of referral to the optometrist and audiologist is evident in the files reviewed. Staff are aware of individual needs and assist residents who require help with fitting and cleaning of aids. Residents/representatives confirm staff assist with cleaning and fitting of sensory aids and that referrals to visiting or external specialists occur.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome.

Residents' files reviewed contain records of monitoring and assessment of residents' sleeping patterns. Staff state that during the initial assessment period they gather information on residents' sleeping patterns and any difficulties they may experience and are able to give examples of strategies in place to assist residents to achieve normal sleep patterns. Care plans reviewed contain complementary alternatives to sedation. A review of the residents' medication charts indicates there is minimal use of night sedation. Residents confirm 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 findings

The home meets this expected outcome

Refer to Expected outcome 1.1 for a detailed explanation of the home’s system for continuous improvement. Residents and their representatives participate in the continuous improvement system through resident/relative meetings, discussions with staff and management, completing resident surveys and by completing the continuous improvement form to register any suggestions, compliments, comments or complaints. Recent improvements include:

- The home has introduced weekend activities for residents which involve brain testing projects, puzzles, word and track numbers, jumbled words and riddles.
- Lifestyle staff have attended a dementia and leisure activities forum to obtain ideas for improving the home’s lifestyle program.
- The home has subscribed to a web based magazine as a resource for lifestyle resource materials.

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

The home’s policies and procedures, staff education and monitoring systems ensures staff are aware of, and comply with, relevant regulations relating to residents’ lifestyle. Appropriate documentation is in place for elder abuse incidents and mandatory reporting and information for residents on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and service agreements. There are displays of relevant brochures and posters throughout the home relating to lifestyle choices and external services available.

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

Management demonstrates staff have appropriate levels of knowledge and skills relating to resident lifestyle outcomes and that they have access to relevant training opportunities. Attendance records confirm staff attend training on topics relevant to this Standard.

Education sessions attended relating to Standard Three includes:

- Developing programs for dementia residents
- Privacy dignity and emotional support

- Residents' rights
- Culturally appropriate care

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

Systems are in place to ensure residents and representatives are emotionally supported in adjusting to life at the home and that their needs are regularly reviewed. New residents are provided with an information pack explaining services and levels of care, given a tour of the facility and introduced to other residents and staff. On entry assessments capture past and current social and emotional histories and care plans are developed documenting preferences, triggers and strategies for the residents to enjoy life at the home. Residents are encouraged to personalise their rooms and representatives are invited to join in activities and maintain close contact. The home can access external psychiatric services if required; care plans are reviewed regularly to capture change and the activity program schedules individual time with residents. Staff were observed interacting with residents in a caring and friendly manner and residents confirm their emotional needs are being met.

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

The home demonstrates that residents are supported to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care planning process identifies the residents' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Physiotherapy exercise programs are implemented to maintain mobility and lifestyle programs include sensory stimulation activities and community outings. Residents are assisted to maintain financial independence, vote in elections, attend community groups and to entertain visitors. Equipment and utensils are provided to encourage independence and audits are conducted to ensure the environment is free of hazards. Residents state they feel they are part of the local community and that staff assist them to be independent.

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

The home respects each resident's right to privacy, dignity and confidentiality. Resident and staff handbooks and contracts document policies and residents sign consent forms for the release of information and the use of their photographs and names. Residents are accommodated in single rooms with en suite bathrooms, there are numerous internal and external areas to meet with visitors and private functions can be arranged. Files are stored in secure areas, residents can lock their doors and they have access to lockable drawers in their rooms. Staff knock on doors before entering, ensure doors are closed while providing

care and address residents by their name. Residents confirm that staff treat them with respect and they are satisfied their privacy is maintained.

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

Residents are supported and encouraged to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and are regularly reviewed to reflect changes in the individual needs of the resident. Activity evaluations, surveys, feedback from meetings and participation records are used to monitor satisfaction and residents are encouraged to make suggestions for future planning. Community groups and volunteers are welcomed at the home, residents are assisted to go on outings and maintain individual hobbies and friends and family are involved in their life at the home. Residents confirm staff invite them to the daily activities and that they are satisfied with the variety of the lifestyle program.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home demonstrates it fosters and values residents' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff have access to cultural care kits and interpreters are available if needed. Various denominations hold group and individual religious services, cultural groups and volunteers are welcomed and residents are assisted to attend community clubs and events. Special events are acknowledged, significant days are celebrated and residents' cultural dietary preferences are accommodated. Residents' state satisfaction with the support provided to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home is committed to promoting the residents' right to participate in choices and decisions regarding their clinical care and lifestyle preferences. Authorised powers of attorney are documented where assessed cognitive levels indicate and regular risk assessments and care plan reviews capture change. The resident handbook contains information on residents' rights and responsibilities, the complaints process, external advocacy services and policies relating to clinical care and lifestyle choices. Audits, surveys and feedback from meetings monitor satisfaction and staff attend ongoing education on this outcome. Residents state satisfaction with their ability to make independent 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

The home ensures new residents understand their security of tenure, rights and responsibilities, financial obligations and services offered. An information handbook and formal agreement covers policies on termination of occupancy and strategies in place to deal with harassment and victimisation. Extensive consultation is undertaken in the event of the need to move a resident to another room or to a more appropriate facility.

Residents/representatives are encouraged to seek external legal and financial advice, power of attorney information is documented and staff receive ongoing education on elder abuse and mandatory reporting. The home has an open door policy to discuss any concerns and mail outs occur to inform of any relevant changes. Residents state they feel secure in their tenancy and understand their rights and responsibilities.

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

Please refer to Expected outcome 1.1 for more details on the home’s continuous improvement system. The physical environment and safety systems are monitored through regular internal and external auditing, analysis of incident reports and resident/staff surveys, comments and complaints. Resident surveys are used to assess the level of satisfaction and also to highlight equipment or environmental needs. Actions identified for attention are included on the home’s improvement log. Recent improvements include:

- The home has revised its occupational health and safety policies with the cooperation of a work cover consultant. Gap analysis provided recommendations for improvement in several areas such as revising the injury register form.
- Management has been booked in to attend a seminar on basic claims management and advance case management occurring in August 2011.
- The home has introduced individual wash bags for all residents to improve the laundry system and to further reduce the incidence of missing or lost clothing.

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

The home has a system in place to identify and ensure compliance with relevant regulations to ensure residents live in a safe and comfortable environment. Staff receive ongoing education on fire and emergency procedures, medication management, infection control and manual handling. Chemicals are stored appropriately with accompanying material safety data sheets, the kitchen has a current food safety program and certification by an external authority and fire and safety regulations are monitored and maintained by an external service provider.

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

Management has processes in place to monitor and enhance the skills and knowledge of staff to ensure they perform their roles effectively in relation to the physical environment and safe systems. Staff confirm they attend annual mandatory training and say they are confident of their skills in the event of an environmental emergency or infectious outbreak.

Education sessions attended relevant to Standard Four includes:

- Fire and evacuation
- Falls prevention

- Chemical handling
- Infection control – outbreak management

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

Trinity Garden Aged Care is a purpose built single storey building accommodating residents in single rooms with private ensuites. The home operates according to the principles of ageing in place and has an extra service wing. There are multiple lounge, dining and private sitting areas all furnished appropriately for the aged residents. The home has several garden and recreational areas. Exit doors are signed and kept clear at all times. A preventive maintenance program is operational. Chemicals and equipment/supplies are securely stored behind labelled doors. Residents/representatives are satisfied with the security and comfort at the home.

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

Management ensures the home has the appropriate systems and processes in place to actively support and provide a safe working environment that meets regulatory requirements. The home's occupational health and safety system includes the identification of hazards, analysis of incident data, workplace audits and maintenance schedules that ensure the environment is safe and equipment is fit for its intended use. Incident reports show matters are dealt with as they arise and are promptly resolved and monitored by the occupational health and safety committee. Staff receive annual training in safety related issues. The home has safe chemical storage, appropriate safety signs and personal protective equipment in use. Staff confirm that they are able to approach management with any issue relating to occupational health and safety.

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 the required emergency equipment in place and has been certified as compliant to the building code regulations. Emergency equipment is inspected and maintained according to schedule by external professionals. Staff receive training in fire and emergency on a regular basis and are well informed of the process. All visitors and contractors are requested to sign in and out. There is an emergency evacuation kit available to assist staff in times of need. External doors are locked to prevent unauthorised access or egress but are connected to the fire panel for automatic release in the event of an emergency. Staff confirm they had been trained in fire and emergency, safe handling of chemicals and are knowledgeable on the actions to take according to their training.

4.7 Infection control

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

Team's findings

The home meets this expected outcome.

The home has systems in place to control and monitor infection. The home has documented procedures and processes ensuring staff have a knowledge and understanding of infection control. The home monitors their infection rates on a monthly basis and acts in accordance with documented procedures. The home has documented outbreak policies and procedures in place and displays them throughout the home. Staff receive education on hand washing and general infectious waste management throughout their employment with the home. Staff are able to describe the infection control program and have an understanding of the processes. Residents/representatives state staff identify infections quickly and ensure appropriate care is provided.

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

All meals are prepared fresh on-site with catering staff having relevant resident information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. There is a registered food safety plan in place and a four week rotating menu offering variety and choice to the residents. The home has comprehensive cleaning schedules that meet individual resident and service needs. Laundry services are provided by the home including labelling and ironing services as requested. The home launders mop heads and lifting slings on a daily basis. Hospitality services are subject to internal and external audits during the year which identify any deficits throughout the general service areas allowing for improvement. Residents/representatives confirmed their satisfaction with the catering, cleaning and laundry services provided by the home.