



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Vaucluse Gardens Lodge

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

The Agency has decided that the period of accreditation of Vaucluse Gardens Lodge is three years until 31 July 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

| | | | | | |
|----------------------------------|-------------------------------|--------------------------------|------------|--------------|------|
| Home's name: | Vaucluse Gardens Lodge | | | | |
| RACS ID: | 8051 | | | | |
| Number of beds: | 128 | Number of high care residents: | 44 | | |
| Special needs group catered for: | • Fully Extra Services | | | | |
| Street/PO Box: | 14 Gore Street | | | | |
| City: | SOUTH HOBART | State: | TAS | Postcode: | 7004 |
| Phone: | 03 6223 6244 | | Facsimile: | 03 6224 7045 | |
| Email address: | jjones@vauclusegardens.com.au | | | | |

Approved provider

| | |
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| Approved provider: | Vaucluse Gardens Pty Ltd |
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Assessment team

| | |
|------------------|----------------------------|
| Team leader: | Deanne Schofield |
| Team member/s: | Elizabeth Van Der Spek |
| | Susan Waters |
| Date/s of audit: | 19 May 2009 to 20 May 2009 |

| Executive summary of assessment team's report | |
|--|--|
| Standard 1: Management systems, staffing and organisational development | |
| Expected outcome | Assessment team recommendations |
| 1.1 Continuous improvement | Does comply |
| 1.2 Regulatory compliance | Does comply |
| 1.3 Education and staff development | Does comply |
| 1.4 Comments and complaints | Does comply |
| 1.5 Planning and leadership | Does comply |
| 1.6 Human resource management | Does comply |
| 1.7 Inventory and equipment | Does comply |
| 1.8 Information systems | Does comply |
| 1.9 External services | Does comply |
| Standard 2: Health and personal care | |
| Expected outcome | Assessment team recommendations |
| 2.1 Continuous improvement | Does comply |
| 2.2 Regulatory compliance | Does comply |
| 2.3 Education and staff development | Does comply |
| 2.4 Clinical care | Does comply |
| 2.5 Specialised nursing care needs | Does comply |
| 2.6 Other health and related services | Does comply |
| 2.7 Medication management | Does comply |
| 2.8 Pain management | Does comply |
| 2.9 Palliative care | Does comply |
| 2.10 Nutrition and hydration | Does comply |
| 2.11 Skin care | Does comply |
| 2.12 Continence management | Does comply |
| 2.13 Behavioural management | Does comply |
| 2.14 Mobility, dexterity and rehabilitation | Does comply |
| 2.15 Oral and dental care | Does comply |
| 2.16 Sensory loss | Does comply |
| 2.17 Sleep | Does comply |

Accreditation decision

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

Accreditation decision

| Agency findings |
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Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

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| Name of home | Vaucluse Gardens |
| RACS ID | 8051 |

Executive summary

This is the report of a site audit of Vaucluse Gardens 8051 14 Gore Street SOUTH HOBART TAS from 19 May 2009 to 20 May 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Vaucluse Gardens.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 19 May 2009 to 20 May 2009.

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

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

Assessment team

| | |
|---------------|------------------------|
| Team leader: | Deanne Schofield |
| Team members: | Elizabeth Van Der Spek |
| | Susan Waters |

Approved provider details

| | |
|--------------------|--------------------------|
| Approved provider: | Vaucluse Gardens Pty Ltd |
|--------------------|--------------------------|

Details of home

| | |
|---------------|------------------|
| Name of home: | Vaucluse Gardens |
| RACS ID: | 8051 |

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|--|----------------------|
| Total number of allocated places: | 128 |
| Number of residents during site audit: | 105 |
| Number of high care residents during site audit: | 44 |
| Special needs catered for: | Fully Extra Services |

| | | | |
|-----------------|-------------------------------|------------|--------------|
| Street: | 14 Gore Street | State: | Tasmania |
| City: | SOUTH HOBART | Postcode: | 7004 |
| Phone number: | 03 6223 6244 | Facsimile: | 03 6224 7045 |
| E-mail address: | jjones@vauclusegardens.com.au | | |

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Vaucluse Gardens.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

| | Number | | Number |
|----------------------------|--------|---------------------------|--------|
| Director of care | 1 | Residents/representatives | 16 |
| Assistant director of care | 1 | Volunteers | |
| Quality officer | 1 | Laundry staff | 1 |
| Financial controller | 1 | Catering staff | 2 |
| Registered nurses | 2 | Cleaning staff | 2 |
| Enrolled nurses | 3 | Maintenance staff | 1 |
| Care staff | 9 | Physiotherapist | 1 |
| Administration assistant | 1 | | |

Sampled documents

| | Number | | Number |
|------------------------------------|--------|----------------------------|--------|
| Residents' files | 19 | Medication charts | 14 |
| Summary/quick reference care plans | 12 | Personnel files | 10 |
| External services contracts | 8 | Resident files (admission) | 10 |

Other documents reviewed

The team also reviewed:

- Activities forward planner
- Activities programs
- Advanced care directives
- Assessments
- Audit of daily activities
- Audit schedule and results folder
- Audits/audit reports
- Building certification report
- Care plans
- Carpet cleaning schedule
- Catering temperature records

- Clinical policies and procedures
- Communication folder
- Complex care folders/observations and blood sugar records
- Compliments and complaints folder
- Computer based care plans
- Consumer focus register
- Continuous improvement plan and associated documentation
- Corrective and preventive maintenance records and associated documentation
- Daily cleaning schedule
- Daily report sheets
- Dementia therapy – afternoon routine
- Duty lists
- Emergency management plan (draft)
- Emergency procedure manual
- Fire and security inspection records
- Food safety plan - 2008
- Food third party audit – 2008
- General practitioner communication records
- Handover sheets/records
- Hazard reports
- Incident reports, falls, medication, staff
- Infection control documentation/analysis
- Influenza vaccination promotion
- Information booklets – residents/representatives/staff
- Interim care plans
- Job descriptions
- Laundry temperature records
- Legislation, regulations and updates
- Lost property log
- Machine maintenance request forms/schedule
- Meeting minutes/agenda/schedules
- Memoranda
- Menu requests
- Nurse clinic notes
- O2 concentrator check lists/maintenance
- Outbreak policy and procedures
- Pharmacist reviews
- Plated food wastage chart
- Policies and procedures
- Privacy statements
- Recruitment policies and procedures
- Reportable ranges for individual blood sugar levels
- Resident assessment schedules
- Resident conference records/file notes
- Resident files
- Resident survey- 2008
- Restraint management records
- Schedule 8 register
- Specialised care – supplement administration
- Specialist and allied health referrals/reports/recommendations
- Spring cleaning schedule
- Staff competencies folder
- Staff police check register and associated documentation
- Staff roster
- Staff training schedule, attendance and evaluation records
- Training calendar

- Various care and clinical folders
- Wander identification forms
- Water exercise plans
- Window cleaning schedule
- Work care plan folder
- Wound management records

Observations

The team observed the following:

- Activities in progress
- Clinical stock and equipment
- Cold store
- Conservatory/atrium
- Dining areas
- Dry store
- Emergency exits and egress routes
- Equipment and supplies storage areas
- Falls alert/abscond alert electronic systems
- Fire prevention, fighting and security equipment
- Hydrotherapy pool and exercise rooms
- Infection control outbreak trolley
- Interactions between staff and residents
- Internal and external living environment
- Kitchen
- Laundry
- Lifting equipment and mobility aids
- Lounge areas
- Meal service
- Noticeboards
- Nurses station
- Pain relief aids and pressure relief aids
- Residents participating in hydrotherapy
- Spill kits
- Staff assisting residents to mobilise
- Staff assisting residents with morning/afternoon tea/snacks/meals
- Staff practices
- Storage and administration of medications
- Storage rooms
- Weigh scales

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Documentation review and feedback from management, staff and residents indicate there is a responsive continuous improvement system. The quality improvement committee reviews all suggestions and complaints and feedback from a variety of monitoring activities. A designated staff person oversees the electronic recording and management of the feedback. Residents and their representatives state that staff are always responsive to any suggestion that they may raise and they are satisfied with the feedback system.

Recent improvements relating to this standard have focussed on:

- Refinements of the staff payroll function to enable this activity to be now generated locally rather than the interstate head office. Staff stated that this has enabled better communication and familiarity with the system.
- New electronic maintenance system installed to link asset registry bar code and maintenance requests.
- Establishment of leadership care attendant group to act as team leaders and mentors for other staff.
- New orientation package developed for care attendants which includes guidelines for mandatory reporting.
- Pastoral care staff appointed as counselling service for staff.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

Staff have access to a wide variety of legislation and regulations pertaining to their requirements. The home has membership of a number of industry related organisations that provide expert opinion when required. Staff also have access to aged care industry bulletins with applicable information. Management and the quality improvement committee coordinates all associated monitoring activities and staff are informed of changes at meetings, by memoranda and compulsory staff training sessions. Policies and procedures are updated accordingly. All staff have current police checks and prospective staff are required to provide this documentation prior to appointment.

1.3 Education and staff development:

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

Team’s recommendation

Does comply

The Home promotes an active learning environment to ensure that all staff have the knowledge and skills to perform their roles effectively. Educational needs are determined through staff appraisals, to meet legislative requirements, through staff request and

through management observation of gaps in knowledge. An annual training calendar has been developed to incorporate identified learning needs. The home records attendance and evaluation of education sessions. Education sessions are supplemented by in-service learning, digital video discs, orientation training program, information folders, memos, notice boards and journals. Staff confirm that they have access to varied educational opportunities and that management is supportive of their learning needs.

Recent education relating to Standard one includes:

- Advocacy
- Certificate four in Aged Care
- Customer service
- Information technology/computer systems
- Nurse training
- Mandatory reporting
- Orientation program

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home has a feedback system and all residents, relatives or visitors have access to it. There is displayed and written information and brochures on the internal and external avenues for registering complaints. Documentation review indicates that feedback is addressed promptly and appropriately and all feedback becomes part of the continuous improvement system. Residents and relatives stated that if they had an issue they would approach staff or management without hesitation as they would be confident that the issue would be addressed. Resident meeting minutes and resident surveys support this. Staff are aware of the home's complaints and feedback systems and how to advise residents about it.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has documented its mission statement and principles of care and displays it in the home. The statements are also recorded in information booklets produced for staff and residents. The values of the home are reflected in its developed policies. Quality objectives are discussed at regular management forums and meetings. Senior management actively reviews the provision of care and services and monitors the quality systems of 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 recommendation

Does comply

The staff roster and staff personal files indicate that there are sufficient numbers and appropriately trained staff to meet the care and service requirements of the residents. A

stable on site management team comprises registered nurses division one, administrative and corporate staff. At least one registered nurse division one is rostered for all shifts and enrolled nurses or care attendants form the remainder of the care staff allocated to each shift. Five effective fulltime staff manage or conduct the activities program. Staff stated that they are well supported by management and are satisfied with the current resident staff ratio and staff-training program. Residents stated that staff are always kind and caring, respect their privacy and come very quickly when called.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

There is a system to maintain adequate stock levels and a tour of storage areas indicated that adequate supplies are maintained. Staff and residents confirmed that supplies and services are appropriate for their needs and available when needed. Corrective and preventive maintenance procedures and schedules are in place and records indicate that maintenance issues are handled quickly and in an appropriate manner. All equipment is fit for the purpose intended and available to meet the residents' needs. Minutes of the occupational health and safety meetings indicate that safe practice issues are discussed and equipment and furniture is trialed before purchase.

1.8 Information systems

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

Team's recommendation

Does comply

The organisation and home collects and records key information as needed to meet the requirements of management, staff, residents and other stakeholders. All staff and resident information is stored in secured areas and is only accessible to authorised personnel. Observation of staff practices showed the team that staff ensured confidentiality at all times. Staff have access to electronic access as applicable and such information is backed up off site daily. A designated staff person manages document control and the archiving of documentation. Staff said they are informed of all activities relevant to their duties via informal discussions, staff meetings, memoranda and staff notice boards. Residents and relatives told the team that they are kept informed regarding activities at the home and that they received the resident information pack on admission.

1.9 External services

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

Team's recommendation

Does comply

There are contract agreements in place for externally sourced supplies or services. Management stated that the contracts are awarded on merit and are monitored via a variety of processes including feedback and audits. The maintenance officer supervises the contractors when on site and the organisation's corporate services staff oversee the review process and contract management. Management gave two examples where contractors' performance led to alternate providers being sought. Staff and residents indicated current satisfaction with the services that contractors provide.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s recommendation

Does comply

Documentation review and feedback from management, staff and residents indicate there is a responsive continuous improvement system. The quality improvement committee reviews all suggestions and complaints and feedback from a variety of monitoring activities and a designated staff person oversees the electronic recording and management of the feedback. Residents and their representatives state that staff are always responsive to any issue that they may raise and they are satisfied with the feedback system.

Recent improvements relating to this standard have focussed on:

- Cameras purchased to enable wounds to be photographed weekly and reviewed by the registered nurse
- Clinical care folders developed and placed in all nursing stations
- Software program modified and report able to be generated to enable program to identify specific times for residents' falls.
- To aid identification of residents glasses and hearing aids, all glasses have been photographed and the serial number of aids recorded
- To improve consistency with modified diets and fluids staff training and preparation of diets and experience in eating modified diets took place as well as a review of residents modified diets.
- Falls sensor mats purchased for all residents identified as at a risk of falling or with a falls history

2.2 Regulatory compliance

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

Team’s recommendation

Does comply

Registered nursing staff are rostered to provide or overview care every shift. All registered nurses have current practising certificates. Medications are stored, administered, prescribed, recorded and disposed of according to the state’s applicable guidelines. Care staff stated and the team confirmed that they are notified of updates to guidelines and legislation affecting their practice via memoranda or at staff meetings. Staff described and demonstrated awareness of legislation and regulatory requirements affecting their practice.

2.3 Education and staff development

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

Team’s recommendation

Does comply

The home promotes an active learning environment to ensure that all staff have the knowledge and skills to perform their roles effectively. Educational needs are determined

through staff appraisals, to meet legislative requirements, through staff request and through management observation of gaps in knowledge. An annual training calendar has been developed to incorporate identified learning needs. The home records attendance and evaluation of education sessions. Education sessions are supplemented by in-service learning, digital video discs, orientation training program, information folders, memos, notice boards and journals. Staff confirm that they have access to varied educational opportunities and that management is supportive of their learning needs.

Recent education relating to Standard two includes:

- Anti-thrombosis therapy
- Choking management
- Continence management
- Dementia
- Incident reporting
- Infection control
- Legal issues
- Managing risk
- Manual handling
- Modified foods
- Montessori training
- Multicultural awareness
- Palliative care
- Physio aid training
- Reduce program
- STAR program – falls reduction
- Tai Chi
- Therapeutic massage

2.4 Clinical care

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

Team’s recommendation

Does comply

The home ensures all residents on entry are assessed for their individual clinical needs and preferences. Interim care plans are completed to provide staff with adequate knowledge to provide initial care, until formal assessments are completed and care plans developed. Registered nurses hold regular care consultations with the resident or their representative which are documented. Care plans are reviewed and updated by registered nurses and reassessment of needs occurs when resident’s health status changes. Clinical care is provided by appropriately skilled staff. Residents and their representatives confirm that clinical needs are identified and care provided by appropriate staff according to their preferences.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents with specialised nursing care needs are identified and individualised care plans developed in consultation with the resident or their representative. Complex care is managed by registered nurses. The home currently provides specialised care for residents with supra-pubic catheters, complex wounds and oxygen dependence. Specialised care plans which include recommendations from specialists and allied health staff are readily available to appropriate staff. Referrals to specialists occur as needed. Residents and

their representatives confirm the home provides appropriate care depending on the residents assessed needs.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents on entry are assessed for their individual needs and preferences for other health services including; physiotherapy, dental technicians, dentists, occupational therapists, speech therapists, opticians, aged persons mental health specialists and dieticians. Referrals occur throughout a residents stay in response to changes in their health status. Specialist recommendations are included into care plans and staff confirm that they are informed of changes to resident care needs. Residents and their representatives confirm that residents are referred and reviewed by specialists as needed and are satisfied with the range of services available.

2.7 Medication management

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

Team’s recommendation

Does comply

Medication is stored and administered according to relevant legislation and regulations. Residents are assessed for the type and level of assistance required with medication administration. Residents wishing to self medicate are regularly assessed and reviewed to ensure ongoing safety of the resident. Medications are administered and managed by appropriately qualified staff. General practitioners and external pharmacists regularly review residents’ medications which includes review of ‘as required’ medications. Residents and their representatives confirm that appropriate staff assist the residents with their medications and are satisfied with how medication is managed by the home.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents on entry to the home are assessed for a history of pain and their preferred pain management interventions. Care plans are developed to ensure resident needs are communicated and met. Care interventions include non analgesic treatments such as hot packs, position changes and physiotherapy. As required analgesics are reviewed regularly, residents whose health status changes or complain of discomfort are reassessed and referred to their general practitioner or other health professionals as needed. Residents and their representatives expressed satisfaction with how residents discomfort is managed.

2.9 Palliative care

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

Team’s recommendation

Does comply

Residents are provided with appropriate care based on their identified preferences. Palliative care plans are developed as needed and include individual care preferences.

Residents are referred to pain management, palliative care specialists and other support services as needed. Staff confirm that there is adequate equipment available to provide comfort and dignity to residents during palliation. Resident documents reviewed confirm that appropriate care is provided and that referrals to specialists occur in response to identified needs and preferences. Staff confirm attendance at relevant education.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Resident’s individual needs and preferences for nutrition and hydration are identified on entry to the home and as resident needs change. Information is communicated to appropriate staff. Residents with special needs including swallowing difficulties and weight loss or gain are monitored and referred to specialists as needed. Residents requiring textured diet or fluids are provided with appropriate meals and drinks and supervised appropriately. Dietary supplements are readily available and provided according to residents needs and preferences. Residents and their representatives confirm satisfaction with the type and choices available in regard to meals and drinks.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents are assessed for their skin care needs on entry and on an ongoing basis, care plans are developed and care staff are aware of individual resident needs and preferences. Wound care is provided by appropriate staff and where necessary referrals to wound specialists, pain management specialists and dieticians occur. Pressure relief aids are available and provided to residents in response to assessed needs. Lifting equipment and mobility aids are regularly checked to ensure risk of skin tears are minimised. Residents and their representatives confirm satisfaction with how residents’ skin care needs are met.

2.12 Continence management

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

Team’s recommendation

Does comply

All residents are assessed on entry and on an ongoing basis for their continence needs and preferences. Continence care plans include the level of assistance residents require to manage their continence and aids required. The home has adequate stocks of continence aids and specialised equipment to assist residents to maintain their independence. Staff are aware of individual resident needs and confirm that referrals to continence specialists occur. Residents and their representatives confirm that they are satisfied with how continence is managed within the home.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents with complex or challenging behaviours are identified and individual care plans are developed to include individualised interventions. Residents are referred to their general practitioners, pharmacists and aged persons mental health specialists when resident behaviours change or new behaviours develop. Specialist recommendations are documented and staff confirm they are provided with information and education as resident needs alter. Incident reports are completed and evaluated to ensure behaviours are monitored and appropriate interventions occur promptly. Residents and their representatives state that they are rarely disturbed by co resident's behaviours. Representatives confirm that referrals to specialists occur promptly.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

All residents are assessed on entry and on an ongoing basis for their mobility and dexterity needs. Referrals to allied health specialists such as physiotherapists occur and care plans are developed to guide staff in providing and assisting residents with their exercise programs. Residents suitable for hydrotherapy are assessed by the physiotherapist and are encouraged and assisted to attend onsite hydrotherapy sessions. Assistive aids such as moulded cutlery and rimmed plates assist residents to maintain independence with meals. Residents requiring mobility aids are assessed and provided with or assisted to obtain appropriate aids. Residents and their representatives confirm that aids are provided as needed and that the resident's mobility aids are checked for safety regularly.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents are assessed on entry and on an ongoing basis for their oral and dental needs; individual preferences are documented on care plans. Residents are referred to dental services as needed. Oral care products are provided to each resident based on their assessed needs. Residents level of independence is identified and care staff confirm they assist residents with cleaning of teeth/dentures and mouth care as needed. Residents and their representatives confirm they are satisfied with oral and dental care provided.

2.16 Sensory loss

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

Team's recommendation

Does comply

Residents are assessed on entry and as their needs change for sensory loss and care plans are developed to ensure appropriate care and assistance is provided. The homes comprehensive library allows residents to access literature in formats suitable to their needs including talking books and large print books. Assistive aids are provided to enhance resident's sense of safety and independence. Well lit and wide, unobstructed internal and external corridors and pathways allow residents with impaired gait or vision to mobilise with minimal risk. Residents and their representatives confirm that staff assist residents with fitting and cleaning of aids and that referrals to specialists are organised as required.

2.17 Sleep

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

Team’s recommendation

Does comply

Resident’s individual needs and preferences for sleep are identified and documented on care plans. Residents are assisted to maintain their individual patterns with the assistance of staff who provide assistance to residents to prepare for bed, according to their documented rituals. Residents unable to sleep are provided with emotional support, snacks and drinks as needed. Residents and their representatives state that the home is usually quiet at night and that residents are provided with supper prior to settling 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 recommendation

Does comply

Documentation review and feedback from management, staff and residents indicate there is a responsive continuous improvement system. The quality improvement committee reviews all suggestions and complaints and feedback from a variety of monitoring activities and a designated staff person oversees the electronic recording and management of the feedback. Residents and their representatives state that staff are always responsive to any issue that they may raise and they are satisfied with the feedback system.

Recent improvements relating to this standard have focussed on:

- Flowcharts completed for resident admissions which improves admission processes.
- Resident agreement and handbook reviewed and updated to reflect current legislation

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home complies with the Federal and State privacy legislation and residents and all persons involved in the home receive applicable information at admission or appointment. All staff have signed confidentiality agreements. The resident information book documents the residents’ charter of rights and responsibilities and how to make a complaint. All residents receive and have signed an extra services resident agreement which sets out the financial, legal, security of tenure, personal care and health and other issues relating to their stay. Staff are made aware of changes and access to them the memoranda and staff meetings. Staff described and demonstrated awareness of legislation and regulatory requirements affecting their work.

3.3 Education and staff development

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

Team’s recommendation

Does comply

The home promotes an active learning environment to ensure that all staff have the knowledge and skills to perform their roles effectively. Educational needs are determined through staff appraisals, to meet legislative requirements, through staff request and through management observation of gaps in knowledge. An annual training calendar has been developed to incorporate identified learning needs. The home records attendance and evaluation of education sessions. Education sessions are supplemented by in-service learning, digital video discs, orientation training program, information folders, memos, notice boards and journals. Staff confirm that they have access to varied educational opportunities and that management is supportive of their learning needs.

Recent education relating to Standard three includes:

- Better practice
- Dementia
- Depression and diversional therapy
- Infection control
- Montessori training
- Multicultural awareness
- Palliative care
- Sexuality in dementia
- Sit dancing
- Tai Chi
- Therapeutic massage

3.4 Emotional support

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

Team's recommendation

Does comply

The home has a comprehensive system to provide support and information to all new residents and their relatives/representatives to aid in the adjustment to their new environment. Residents are oriented to the home prior to and on entry, and are introduced to other residents and staff. Initial and ongoing assessment identifies resident's care and lifestyle preferences. Families and friends are welcome to visit at any time and to share meals with the resident. Residents are encouraged to attend resident meetings and to participate in activities of their choice. Residents and their representatives are satisfied with the admission process and feel emotionally supported.

3.5 Independence

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

Team's recommendation

Does comply

The home promotes an environment where residents are supported to maintain links with the community. Residents are encouraged to maintain their physical independence, supported by regular physiotherapy visits and physiotherapy assistants on staff. A range of equipment is available to residents including a gymnasium, hydrotherapy pool, exercise sessions, modified crockery and cutlery and mobility aids. Residents are encouraged to attend resident meetings to facilitate input into planning activities, suggesting improvements and maintaining the environment of the home. Residents and their representatives report that they are satisfied with the services available to assist residents to maintain 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 recommendation

Does comply

Residents are consulted on entry and sign a privacy document allowing or disallowing personal information to be used. Similarly, residents also sign a consent form for photographic images to be taken. Staff members sign a confidentiality agreement on employment in the home. The team noted 'Privacy' signs on doors, that staff knocked on

doors prior to entering and addressed residents in an appropriate manner. Resident's personal information was stored securely, and access was limited to appropriate staff. Residents expressed satisfaction with the manner in which staff respect their privacy and maintained their dignity and confidentiality. Representatives confirm satisfaction with how staff ensure residents are always treated with respect.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Resident's preferences for leisure and lifestyle activities are identified on entry and regularly thereafter. The activities program includes a variety of interests and events involving residents, families, friends and volunteers. Activities also establish and maintain links with the wider community. Residents are consulted for feedback from activities and on their preferences for program planning. Activities calendars are displayed on notice boards, in dining rooms, lifts and resident's rooms. Residents are satisfied with the range of activities available to them and representatives state there are plenty of activities for residents and families are encouraged to participate as well.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home assesses residents cultural and spiritual needs on entry and regularly thereafter. The home employs a pastoral care officer, and offers a range of religious services. Residents are assisted to attend cultural and spiritual activities in the wider community. Significant days are celebrated according to resident preferences. Activities offered reflect the needs of the differing cultural and spiritual needs of residents. Residents and their representatives confirm resident cultural and spiritual needs are met.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Resident's choices and preferences are identified on entry to the home. Care plans are developed reflecting individual choice and preferences. Residents are encouraged to participate in decisions about the facility and their environment, services provided and activities offered. Residents' views are actively sought through resident meetings, audit processes and through the home's suggestions, compliments and complaints system. Residents are aware of the internal and external complaints system, and of advocacy services. Residents and their representatives expressed satisfaction with the support residents receive to facilitate choice and decision making.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home provides written information about residents' rights and responsibilities and security of tenure to prospective and new residents and their representatives. The home's representative meets with residents and representatives to discuss the residential care agreement, fees and charges and pre-entry tours of the home occur. Any events relating to a resident's security of tenure occur only under circumstances specified in the agreement and in consultation with all relevant stakeholders. Residents' rights and responsibilities are clarified on an ongoing basis through meetings for residents and relatives. Residents confirmed they feel secure and are informed about 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 recommendation

Does comply

Documentation review and feedback from management, staff and residents indicate there is a responsive continuous improvement system. The quality improvement committee reviews all suggestions and complaints and feedback from a variety of monitoring activities and a designated staff person oversees the electronic recording and management of the feedback. Residents and their representatives state that staff are always responsive to any issue that they may raise and they are satisfied with the feedback system.

Recent improvements relating to this standard have focussed on:

- New call bell system installed in one section and an upgrade of the call bell system elsewhere. This includes out of bed and wet bed alarms and all residents and all residents now have pendant call bells that operate anywhere in the building. All alarms linked to staff portable phones.
- Cleaning manuals reviewed and updated.
- Implementation of the food safety plan and successful third party audit.
- New hazard management form development as part of the review of the risk management program.
- Shade sails fitted to balconies for sun protection.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

There are policies and procedures for occupational health and safety, infection control, and fire and food safety. Regular food safety, infection control and work environmental audits monitor compliance in these areas. The kitchen has current registration with the local council and was compliant at the 2008 food safety audit. Management demonstrated that staff are provided with the relevant information and education on regulatory requirements for this standard. Staff were able to describe their roles in monitoring compliance through incident reports, hazard alerts, adherence to the food safety program, infection control and safe work practices.

4.3 Education and staff development

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

Team’s recommendation

Does comply

The home promotes an active learning environment to ensure that all staff have the knowledge and skills to perform their roles effectively. Educational needs are determined through staff appraisals, to meet legislative requirements, through staff request and through management observation of gaps in knowledge. An annual training calendar has

been developed to incorporate identified learning needs. The home records attendance and evaluation of education sessions. Education sessions are supplemented by in-service learning, digital video discs, orientation training program, information folders, memos, notice boards and journals. Staff confirm that they have access to varied educational opportunities and that management is supportive of their learning needs.

Recent education relating to Standard four includes:

- Chemical training
- Fire safety
- Managing risk
- Manual handling
- OH&S training
- Safe food handling

4.4 Living environment

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

Team's recommendation

Does comply

The home has a safe, secure and comfortable environment for residents with a high standard of building development, landscaped and well tended gardens which includes a conservatory, vigilant hazard and incident reporting and a robust maintenance program. Residents are encouraged to personalise their generously proportioned suites and most do so. All corridors are wide and clutter free with exit routes freely accessible. There is sufficient seating and comfortable areas for residents to gather in groups, involve themselves with the various activity programs or quiet alcoves and balconies for simple relaxation and contemplation. The internal temperature is comfortable and well ventilated. Residents and their representatives confirm they are extremely satisfied with their living environment, with a number of residents stating that they cannot imagine a nicer home or any improvement to their 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 recommendation

Does comply

The home's occupational health and safety committee meets regularly and comprises representatives across all work areas. All committee members have had training within the past twelve months and have a specific portfolio. Staff receive regular occupation health and safety training including slide sheet use, hand hygiene, incident reporting, no lift policy and assisting falling residents. All incidents are investigated by the assistant director of nursing, and are reviewed at the occupational; health and safety committee meetings. All staff are encouraged to have annual influenza vaccinations.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The building meets certification and fire and safety requirements. An external contractor undertakes fire safety and inspection reports according to an inspection schedule. The maintenance officers conduct or oversee the corrective and preventive maintenance programs. Camera surveillance is all entrances to monitor access and egress movements. All hazardous goods are stored in locked areas and clearly labelled. Emergency procedures and evacuation plans are displayed through the buildings. Fire training and evacuation practice takes place regularly and staff confirm awareness of the emergency procedures and their responsibilities.

4.7 Infection control

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

Team's recommendation

Does comply

The home has effective infection control and monitoring programs in place. Diagnosed infections are monitored regularly and discussed at appropriate meetings; data is collected to assist the home in identifying infection trends. There is a pandemic management plan in place and adequate supplies of personal protective equipment for staff were observed to be available throughout the home. Outbreak management kits are available and there are adequate hand washing and sanitisation facilities available throughout the home. There are safe systems of waste management in place. Staff confirm attendance at relevant education sessions. Residents and their representatives confirm that infections when they occur are quickly identified and treated.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home provides hospitality services through both internal staff and external contract companies consistent with residents' individual needs and preferences. Catering services provide seasonal rotating menus with resident input and meals are provided in an environment that is conducive to socialisation and the enjoyment of food. Catering staff have completed appropriate training in food hygiene and documentation guides staff practices. Ongoing monitoring, such as temperature logs, checklists and internal audits ensure that standards are maintained. Cleaning staff provide a daily cleaning service and staff follow a planned cleaning program. Cleaning staff have appropriate equipment and have had relevant training in infection control and equipment usage. All laundry is done in-house and there are effective systems for the storage, identification, laundering and delivery of linen and resident personal clothing. Residents and their representative's state that they are satisfied with hospitality services provided by the home and that they are encouraged to make suggestions and provide comment on the services provided.