



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Tandara Lodge RACS ID: 8818**

**Approved Provider: Tandara Lodge Community Care Inc**

**Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.**

Reconsideration Decision made on 06 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 10 September 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 27 October 2015 to 27 September 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 06 March 2018

Accreditation expiry date 27 September 2019



**Australian Government**

---

**Australian Aged Care Quality Agency**

**Tandara Lodge**

RACS ID 8818

10 Nightingale Avenue

SHEFFIELD TAS 7306

Approved provider: Tandara Lodge Community Care Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 October 2018.

We made our decision on 10 September 2015.

The audit was conducted on 04 August 2015 to 05 August 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

**Standard 3: Care recipient lifestyle****Principle:**

Care recipients 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		Quality 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 Care recipient security of tenure and responsibilities		Met

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

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

Expected outcome		Quality 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



**Australian Government**  

---

**Australian Aged Care Quality Agency**

## **Audit Report**

**Tandara Lodge 8818**

**Approved provider: Tandara Lodge Community Care Inc**

### **Introduction**

This is the report of a re-accreditation audit from 04 August 2015 to 05 August 2015 submitted to the Quality Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

### **Assessment team's findings regarding performance against the Accreditation Standards**

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 04 August 2015 to 05 August 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

## Assessment team

Team leader:	Nicola Walker
Team member:	Margaretha (Margaret) Byrne

## Approved provider details

Approved provider:	Tandara Lodge Community Care Inc
--------------------	----------------------------------

## Details of home

Name of home:	Tandara Lodge
RACS ID:	8818

Total number of allocated places:	29
Number of care recipients during audit:	28
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	10 Nightingale Avenue	State:	Tasmania
City:	Sheffield	Postcode:	7306
Phone number:	03 6491 1277	Facsimile:	03 6491 2527
E-mail address:	paul@tandara.net.au		

## Audit trail

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

### Interviews

	Number		Number
Management and administration staff	3	Care recipients/representatives	6
Nursing staff	5	Hospitality and maintenance staff	6
Care and lifestyle staff	6		

### Sampled documents

	Number		Number
Care recipients' files	5	Medication charts	3
Lifestyle files and plans	3	Resident agreements	2
Personnel files	6		

### Other documents reviewed

The team also reviewed:

- Activities calendar
- Approved contractor agreements
- Audit results
- Board, staff and resident meeting minutes
- Calibration records
- Care recipients' information package
- Complaints reports
- Contractor and supplier lists and review sheets
- Disaster/major incident and contingency management plan
- Fire alarm system and service records
- Form 56
- Hazard forms
- Improvement logs
- Lifestyle assessments
- Pest control records
- Plan for continuous improvement
- Police certificate register
- Policies and procedures
- Register of practitioners
- Resident and representative surveys
- Risk assessment and management plan

- Social outing information and risk assessment
- Staff duty statements including lock down process
- Staff qualifications list
- Strategic plan, mission and vision
- Tandara news
- Test and tag register
- Workplace health and safety instructions for contractors and acknowledgements.

## **Observations**

The team observed the following:

- Activities in progress
- Archive room
- Call bell system
- Care recipient gymnasium equipment
- Cleaner's room, equipment and supplies
- Cleaning and laundry processes, chemical storage and safety data sheets
- Clinical supplies and storage
- Coffee shop
- Communication books
- Equipment and supply storage areas
- Fire panel and fire detection and fighting equipment
- Hairdressing salon
- Information brochures
- Interactions between staff and care recipients
- Internal and external complaints mechanisms and forms on display
- Laundry
- Living environment
- Lunch time meal service
- Meal preparation and service
- Medication administration
- Menu, care recipient preferences list and modified diet techniques
- Mobility and transfer equipment
- Notice boards
- Preparation for barnyard supper dance
- Re-accreditation notices on display
- Risk management equipment for care recipients to reduce potential for injury
- Sensory room
- Short observation in dining room

- Staff handover
- Staff room and information noticeboards
- Storage of medications.

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement against all Accreditation Standards. A three-tiered system consisting of input from improvement logs, an executive continuous improvement plan and the Board driven strategic plan all contribute to the ongoing continuous improvement system. Improvement logs of suggestions, improvements and problems completed by stakeholders, along with audit and survey results, clinical data, comments and complaints and other reporting systems all identify issues from which improvements can be made. Entries made on the plan detail the issue, actions, expected outcomes, progress, review and evaluation of implemented actions. Continuous improvement is an agenda item for all meetings. Staff demonstrated an understanding of continuous improvement.

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

- Development of a prudential compliance policy for the Board and purchase of an electronic software program for bonds management and preparation of bonds agreements. This was developed in response to the government changes from 1 July 2015.
- Purchase of a software program which generates residential agreements and which updates as changes occur ensuring the home always has agreements that are compliant with current legislation. Administration staff stated that the updates make it much easier to complete documentation for entering care recipients' information.
- As part of an ongoing improvement, the home continues to implement more aspects of the clinical software program. Due to the gradual implementation of the program, staff are able to become familiar with the program over a period of time and expressed satisfaction with the implementation process.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has systems in place for identifying relevant legislation, regulations and guidelines relating to management systems. The chief executive officer and the director of nursing

receive regulatory information from a legal update service and through membership of the industry body that provides regular information to the home. Notifications of changes to regulatory compliance occur through meetings or via direct contact. Meetings, memoranda, updates to policy and procedures and noticeboards inform staff of changes. Monitoring of regulatory compliance regarding management systems, staffing and organisational development occurs through audits, competencies and observation. Staff said they are aware of regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

- The organisation has processes to monitor police certificates and credential checks for staff, volunteers and service providers.
- Personal information is managed and destroyed in accordance with regulatory requirements.
- Management ensured the notification, within the required time-frame, of all stakeholders about the re-accreditation audit.

### **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

There is an education program at the home to ensure management and staff have the necessary knowledge and skills to perform their roles effectively. Management develop an annual program that reflects organisational needs and staff requests. Management and staff are required to attend mandatory training and there is a process to monitor attendance and if necessary, follow-up. Education is available through different methods including, in-service education, visiting specialists, attendance at conferences and external courses, competency training and practical sessions. Management record and monitor staff attendance and evaluate education and training sessions to ensure they are effective. Staff said the organisation supports them develop and maintain appropriate skills and knowledge to perform their roles.

Recent education and staff development opportunities in relation to Standard 1 Management systems, staffing and organisational development include the following:

- the Aged Care Funding Instrument
- documentation
- health and literacy training.

### **1.4 Comments and complaints**

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

#### **Team's findings**

The home meets this expected outcome

The home displays and provides access to internal and external complaints mechanisms and care recipients/representatives receive information about the home's complaints and improvements procedures upon entry to the home. Resident handbooks contain information

relating to internal and external complaints resolution processes and brochures are available around the home. Care recipients are encouraged to make suggestions or suggest improvements at meetings or through completion of the home's feedback and improvement logs. Care recipients and relatives state that they feel comfortable approaching management in relation to issues and concerns. Care recipients/representatives state management respond to complaints in a timely manner and staff are aware of how to forward complaints appropriately.

### **1.5 Planning and leadership**

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

#### **Team's findings**

The home meets this expected outcome

The home is supported by governance of the Tandara Lodge Community Care board and a management committee who meet regularly to review and promote the home's strategic plan and the broader commitment to quality. The home's quality plan demonstrates the commitment to a clearly identified philosophy, vision and values that management communicate through general information packs and is present in staff and care recipient handbooks. Information to stakeholders representing the mission and vision of the home are on display around the home.

### **1.6 Human resource management**

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

#### **Team's findings**

The home meets this expected outcome

Management demonstrates there are adequate numbers of skilled and qualified staff to deliver services to care recipients. Employment processes include interview, review of skills and experience, reference checks, police certificates and relevant statutory declaration checks. Resources to support staff include position descriptions, duty statements, policies and procedures, handbooks and an induction program. Management maintains records of current professional registrations and police certification. Processes to monitor staff performance include observation, performance appraisal, individual discussion and competency audits. There are processes to manage planned and unplanned leave and adjustment in staff levels occurs in response to the changing needs of care recipients. When a staff member is absent, management seek replacement personnel from casual employees or an external agency.

### **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 effective systems to ensure appropriate goods and equipment are available to provide quality service delivery. Maintenance staff and contractors maintain and service

equipment through a scheduled and preventative maintenance program. Approved external providers supply required specialised maintenance. Designated staff are responsible for the ordering, monitoring, storing and rotating of care and service supplies. A maintenance request and/or hazard identification program identifies items requiring repairs. Trials and training in safe use of new equipment occurs and staff confirmed ready access and supplies of appropriate equipment and supplies.

### **1.8 Information systems**

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

#### **Team's findings**

The home meets this expected outcome

Management and staff have access to information that is appropriate to their roles. Management provide care recipients and their representatives with information when they move into the home and keep them informed through newsletters, care consultations, meetings and informal discussion. Staff remain informed through policies and procedures, education, communication books, meetings, handover and position descriptions. The manager collects and analyses monthly clinical indicator data and reports results to the Board and back to staff. Confidential records are securely stored, archived and destroyed as required. Care recipients, representatives and staff said they are satisfied with the quality and timeliness of information provided.

### **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

There are processes in place to ensure all external services meet the residential care service's needs and service quality goals. Externally sourced services are generally from the local rural community and from further afield as needed. External contracts, reviewed annually, reflect notification about the home and expectations regarding quality of service and compliance with legislation. An approved supplier and contractor list details services used. The regional health service arranges the clinical contracts. There is a sign in and out book where contractors register on site and collect a contractor's badge. Supervision occurs on site for external contractors. Management stated they are satisfied with externally sourced services provided.

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

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

### **2.1 Continuous improvement**

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

#### **Team's findings**

The home meets this expected outcome

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

In relation to Standard 2 health and personal care, clinical audits and specific indicators allow for routine collection and discussion regarding care recipient incident data. This includes care recipient falls, skin tears, medications, behaviours and infections. Staff confirmed they receive information regarding continuous improvement items through meetings, notices, education and verbal communication.

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

- The purchase of four electronically controlled, height adjustable beds with pressure relieving mattresses. These replace older manual control beds which are gradually being phased out through the budget process. Positive feedback has been received by staff and care recipients.
- The purchase of an ultrasound machine for use by the physiotherapist and physiotherapy assistant to assist in the management of pain and as part of the physiotherapy program. Care recipients have expressed satisfaction with the benefit of the machine in addressing their pain.
- The implementation of a specific kit which includes all the needs of care recipients entering the palliative care phase. The kit includes special sheets, aromatherapy items, music and special creams to meet the needs of care recipients at the terminal stage of their lives. Compliments from family members attest to their satisfaction with the care received by their loved ones in the terminal phase.

### **2.2 Regulatory compliance**

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

#### **Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes. The home has a system for reviewing and identifying regulatory compliance matters relating to care recipient's clinical and personal care.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include:

- The organisation has processes to monitor the current registration of nursing staff.

- Medications are stored and administered according to legislated processes.

### **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 and staff have appropriate knowledge and skills to perform their roles effectively in relation to the provision of health and personal care. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Recent education opportunities relevant to Standard 2 Health and personal care include the following:

- anaemia in the elderly
- continence
- dementia care training
- Huntington’s disease
- medications in aged care
- nursing drug calculations
- the palliative approach to those at the end of life
- wound care.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Nursing staff at the home use evidence based tools to assess each care recipient’s clinical and care needs when they move into the home. Procedures support this process and include information provided by other health professionals, care staff and discussions with the care recipient and their representatives. Nurses develop an interim care plan followed by detailed care plans and review these regularly to ensure they remain consistent with the care recipient’s needs and preferences. Staff discuss and ‘handover’ daily details about the ongoing or changing needs of each care recipient between shifts and record relevant details in the progress notes. Management and the organisation’s clinical and quality staff oversee the outcomes of clinical care through review and analysis of monthly clinical and incident data reports. Care recipients and representatives said they are confident staff have the skills to meet clinical and care needs.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

There is a system at the home to ensure a registered nurse is responsible for the assessment and planning of specialised nursing care. Specialised nursing care plans document monitoring requirements, specific needs, risks, equipment, resources and instructions for care delivery. A registered nurse regularly reviews these to ensure they continue to correspond with the care recipient’s ongoing needs. Where necessary, nurses at the home consult and engage external nursing and allied health professionals to provide specialised support. Nursing and care staff said they are confident to support care recipients with changing and complex clinical needs and receive appropriate education and resources. Care recipients and representatives said they are satisfied with the way staff manage specialised nursing needs.

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

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

### **Team’s findings**

The home meets this expected outcome

There is a system at the home to ensure care recipients with special or complex needs receive appropriate referrals to health specialists when necessary. Nursing staff, together with the care recipient’s doctor contact and engage other specialists to provide advice on the management of specific aspects of care as needed. Allied health personnel and general practitioners document relevant information and recommendations and a registered nurse updates care plans accordingly and communicates instructions for staff in response to these. Care recipients and representatives said they are confident staff would arrange appropriate referrals to relevant health specialists when required.

## **2.7 Medication management**

*This expected outcome requires that “care recipients’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

There is a system at the home to ensure the safe and correct management of each care recipient’s medication. Registered and enrolled nurses administer medications and are required to successfully complete an annual medication audit to ensure continued knowledge of the home’s policy and procedures and safe practices. The home contracts with a local pharmacist to dispense each care recipient’s medications and a consultant pharmacist conducts a bi-annual review of care recipients’ medication. Nurses document any medication errors and incident data are reviewed by management on a regular basis so corrective action can be taken. Care recipients and representatives said they are satisfied with management of medication administration at the home.

## **2.8 Pain management**

*This expected outcome requires that “all care recipients are as free as possible from pain”.*

### **Team’s findings**

The home meets this expected outcome

There is a system at the home to ensure care recipients who experience pain and discomfort can be as free from pain as possible. All care recipients undergo an assessment when they move into the home and nursing and care staff contribute to the development of a plan of care. Nurses discuss pain management issues with the care recipient’s doctor who prescribes medication where necessary and there is a process to monitor and review the effectiveness of pain management medication. Nurses and the physiotherapist assistant also initiate the use of non-pharmacological pain management strategies such as heat packs and massage. Care recipients and their representatives said they were satisfied with the way staff at the home respond to and manage care recipients’ pain and discomfort.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

There is a system at the home to ensure a recognised palliative care program is in place and adequately resourced. Nursing staff also have access to external specialist palliative care and pain management consultants for additional support if this is required. Nurses have open and regular discussions with care recipients and with permission, their family and friends so they can contribute to the care planning process and understand care initiatives. Staff at the home also provide care and support to a care recipient’s family if needed. Staff said they have access to appropriate equipment and educational resources. Representatives said they feel supported and are very satisfied with communication from staff and the provision of care.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

There is a system at the home to ensure care recipients receive adequate nourishment and hydration. Nursing staff complete initial and ongoing assessments outlining care recipients’ nutritional and hydration needs, dietary requirements, likes and dislikes and meal preferences. This information is documented and communicated to care and catering staff to guide service provision. Staff provide assistive devices, nutritional additives and assistance with meals as needed. External allied health specialists are available to provide advice and recommendations to assist staff support care recipients with nutritional challenges and swallowing difficulties. Registered nurses monitor care recipient nutrition and hydration through weight management review and consult with a dietitian if required. Care recipients and representatives said they are confident in the way staff manage care recipients’ nutrition and hydration needs.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Staff assess each care recipient’s skin integrity and risks when they move into the home and document care needs and management strategies in the care plan. Strategies to ensure care recipients’ skin integrity is consistent with their general health include regular repositioning and the use of limb protectors, pressure relieving equipment and emollient creams. The Director of Nursing reviews skin integrity data on a monthly basis to ensure the maintenance of expected standards of care. Care recipients and representatives said they are satisfied with the way staff assist care recipients maintain skin integrity.

## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

There is a system at the home to enable care and nursing staff to support the continence needs of care recipients. Nursing and care staff conduct an assessment and evaluation of each care recipient’s continence support needs when they move into the home. Sufficient and appropriate continence aids and toileting equipment are available. Staff regularly confer with each other to ensure care plans and continence equipment supplies remain consistent with care recipient needs. Staff use various strategies to promote and support care recipients’ dignity and ensure privacy. Care recipients and representatives said they are satisfied with the way staff meet the continence needs of care recipients.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

There is a system at the home to ensure staff provide appropriate support for care recipients whose unmet needs or clinical diagnoses may result in challenging behaviours. Nurses and care staff monitor and assess care recipients’ behaviour patterns and characteristics when they move into the home or when behaviour patterns change. Plans of care reflect assessment findings and provide information and instructions for care staff in relation to care recipients’ specific care needs, activity preferences and the strategies to meet these. Nursing staff contact external specialist services for care recipients who require further review and management. Care recipients and representatives said they are satisfied with the way staff support care recipients experiencing challenging behaviours when these occur.

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

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

### **Team’s findings**

The home meets this expected outcome

There is a system at the home to support the mobility, dexterity and rehabilitation needs of care recipients. Nursing staff and the physiotherapist assess each care recipient when they move into the home and identify strategies to manage their risk of falling. The care plan includes these strategies and the equipment required for safe lifting, transfer and mobilisation. The home has a well-equipped gymnasium for care recipients to use under the support and supervision of a physiotherapist assistant. The Director of Nursing reviews data relating to care recipient falls on a monthly basis. Nursing staff assess all care recipients who experience a fall and update care plans as appropriate. Care recipients and representatives said staff and the physiotherapist personnel are effective in the way they support care recipients optimise their mobility, dexterity and rehabilitation.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

There is a system at the home to ensure care recipients are able to maintain or improve their oral and dental health. Staff assess each care recipient’s oral and dental health when they move into the home and detail the level of assistance care recipients require to manage their own oral hygiene in the care plan. The home stocks oral and dental health supplies for care recipients and staff assist care recipients to access external dental services if required. Care recipients and their representatives said staff assist care recipients with mouth care as required and support their independence.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

There is a system at the home to identify and manage any sensory losses experienced by care recipients. Staff integrate strategies to maximise care recipients’ independence and manage sensory limitations whilst supporting activities of daily living such as dressing, mobilising and eating. Staff support care recipients access external allied health personnel including audiologists, optometrists and dentists. Staff document, review and evaluate care strategies aimed to enhance their sensory experience. Care recipients and representatives said they are satisfied with the home’s approach to managing care recipients’ sensory losses.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Staff assess each care recipient’s preferences and routines in relation to sleep and develop strategies to assist care recipients achieve natural sleep patterns. Initial and extended observational assessments ensure staff obtain a good understanding of each care recipient’s sleep patterns and identify any problems they are having. Staff document care recipient preferences and care strategies in the care plan and evaluate this regularly to ensure it remains current. Nursing staff use a variety of methods to promote sleep and consult with a care recipient’s doctor if medication is required. Care recipients said they generally sleep well.

### **Standard 3 – Care recipient lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

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

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

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

- The development of a coffee shop. Following a suggestion from leisure and lifestyle staff, an underutilised space was converted into a coffee shop that is open on one day a week. The venue is very popular with both care recipients and their visitors and management are seeking ways in which the coffee shop could be open more frequently in response to its popularity.
- The development of a men’s shed. As an adjunct to the gardening program, staff identified that there was a need for a shed for the care recipients to use for potting of plants and other activities. At this stage, the venue has not been used to its full potential and no evaluation has been able to be conducted.
- The installation of privacy blinds in three bedrooms that overlook one of the internal courtyards. Staff raised that the privacy of care recipients was compromised by windows that overlooked a courtyard frequented by other people. One way blinds that did not impact on the outward view but which allowed inward privacy were installed with satisfaction expressed by the care recipients affected.

#### **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 care recipient lifestyle”.*

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. The home has a system for reviewing and identifying matters regulatory compliance in matters relating to care recipient’s lifestyle personal care.

Examples of responsiveness to regulatory compliance related to Standard 3 Care recipient lifestyle include:

- The organisation has policies and procedures in regards to privacy of care recipient information.
- Policies, procedures and management have a mandatory reporting register in place regarding reportable incidents such as elder abuse.
- The home has systems to demonstrate compliance related to residential agreements.

### **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 and staff have appropriate knowledge and skills to perform their roles effectively in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

Examples of education and staff development in relation to Standard 3 Care recipient lifestyle include:

- advocacy
- mandatory reporting
- self-initiated activity kit .

### **3.4 Emotional support**

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

#### **Team's findings**

The home meets this expected outcome

Staff support care recipients in adjusting to life in the home. Lifestyle staff meet with all new care recipients and their representatives to identify their social, religious and emotional needs and emotional support continues on an ongoing basis. Review of care recipients' emotional support needs occurs on a regular basis by nursing and lifestyle staff with care plans updated as required. Care recipients are encouraged to personalise their rooms with favourite items and confirm satisfaction with the initial and ongoing emotional support provided. Care recipients reported that staff are friendly and caring.

### **3.5 Independence**

*This expected outcome requires that "care recipients 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

Staff support care recipients to remain as independent as possible and to maintain friendships within both the home and the wider community. Access to allied health professionals, exercise programs and the use of mobility and sensory aids as appropriate maximise independence. Lifestyle staff coordinate regular excursions in the facility buses and support individuals to maintain links with the community. Care recipients' social and physical independence needs are identified initially, reviewed and strategies put in place to enhance their independence. This includes facilitating their ability to exercise civic rights at election times as desired. Staff will support care recipients to manage their own financial affairs if required and have various levels of financial access support mechanisms in place. Care recipients and representatives are satisfied with the assistance and support for independence.

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home meets this expected outcome

Staff respect care recipients' right to privacy, dignity and confidentiality. Staff describe appropriate practices to ensure care recipients' privacy and dignity. This includes the use of preferred names, knocking on doors prior to entry, personalisation of the care recipient's room and not discussing private information in public areas. Care recipients' personal information is stored securely; handovers conducted in the nurse's office and care recipients can seek privacy in the comfort of their rooms. Staff explain activities of daily living to the care recipients and information is available on notice boards or made available individually. Care recipients confirmed and we observed that staff respect care recipients' right to privacy and dignity.

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

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

#### **Team's findings**

The home meets this expected outcome

The home's leisure and lifestyle program and staff encourage and support care recipients to participate in a wide range of activities of interest to them. Staff complete social, cultural, religious profiles and lifestyle assessments in consultation with each care recipient and their representative after a settling-in period. Staff regularly review lifestyle care plans. The program includes a varied range of activities advertised through a monthly calendar that is printed and distributed to all care recipients and displayed on noticeboards. Lifestyle staff arrange, deliver and/or assist in providing activities that include special events, celebratory and cultural occasions, one-one-one and group activities which can include regular bus outings, concerts, craft groups and movies to meet identified needs and preferences. Staff monitor program effectiveness through participation records, observations and feedback.

Care recipients and representatives stated they are satisfied with opportunities to engage in activities and pursue their leisure interests.

### **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 organisation values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds. Staff identify care recipients' cultural and spiritual needs through the assessment process on entry to the home. Care plans contain information that is reflective of individual needs including consideration of days of special significance, or customs. There is provision for church services for care recipients at the home that are held weekly, monthly or three monthly, dependant on denomination. Celebrations occur throughout the year of days and events of special cultural and spiritual significance. Care recipients confirmed they are satisfied with the home's response to their cultural and spiritual needs.

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

*This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

There are systems to ensure the rights of care recipients to make decisions and exercise choice and control over their care and lifestyle is recognised and respected. Care recipients receive information about their rights in information handbooks and in documented agreements. Management and staff regularly consult care recipients and representatives to encourage participation in care, lifestyle and service assessment and the care planning process. Staff identify, record and consult authorised representatives if care recipients are unable to make decisions. Forums include care recipient and representative meetings, surveys and feedback to staff. Management have an open door policy to ensure they are easily accessible if needed. Staff are aware of and support care recipients' choices and gave examples of how they assist care recipients to exercise choice and make their own decision during daily routines. Care recipients and representatives are satisfied staff respect expressed choices and decisions.

### **3.10 Care recipient security of tenure and responsibilities**

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

#### **Team's findings**

The home meets this expected outcome

Management supports systems to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Care recipient agreements contain relevant information relating to security of tenure, fees and charges, care recipients' rights and responsibilities and specific care and services provided. Care recipients have access to the 'Charter of care recipients' rights and responsibilities', advocacy

brochures and information regarding complaints resolution. There is a process for consultation should a change of room be required. Care recipients and representatives stated they are satisfied there is secure tenure within the home and are aware of their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- The development of an emergency management kit to address any instances of major disruption. In conjunction with a networking group and the state-wide industry peak body, a kit was developed. The kit comprises care recipient lists and photos, alert guides, lanyards, wrist bands detailing the care recipient name and name of next of kin as well as the policy.
- Ventilation of a newly constructed internal medication room. Following staff identification of a lack of ventilation, a system was installed to improve airflow into the room. Staff have expressed satisfaction with the improvement.
- Installation of airflow system throughout the home. As part of a review and upgrade of the home’s energy efficiency, the external consultant suggested the installation of devices that circulate the air, with every second unit having a system that treats circulating air killing viruses, bacteria and odours. Management stated that while it has been difficult to make an effective evaluation, it was noted that when work was carried out on a septic tank, odours were quickly dissipated.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. The home has a system for reviewing and identifying matters regulatory compliance in matters relating to the home’s physical environment and safe systems.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- Chemicals are securely stored with current material safety data sheets.

- The home has an audited food safety programme and has appropriate auditing of kitchen systems
- Ongoing monitoring of the safety of fire safety systems.

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

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

#### **Team's findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development system.

Recent education opportunities relevant to Standard 4 Physical environment and safe systems include the following:

- blood safe
- fire and emergency awareness
- fire training
- hand hygiene.

### **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 care recipients' care needs".*

#### **Team's findings**

The home meets this expected outcome

The home's management actively work towards providing a living environment that is clean, well maintained and safe for all stakeholders. There are spacious areas throughout the home and private sitting areas. The external environment provides opportunities for enjoying the outdoors with unobstructed courtyards and pathways. Maintenance of buildings, grounds and equipment is through regular servicing and maintenance programs by internal staff or external contractors. There are appropriate preventative and corrective maintenance programs. Care recipients' rooms reflect individual preferences and respect privacy. Access to call bells, a security coded system and an evening lock down procedure ensures a safe home environment. Care recipients expressed satisfaction with the home's internal and external living environments, including its comfort, cleanliness and temperature.

#### **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 demonstrated it is working to provide a safe working environment to meet regulatory requirements. Scheduled bi-monthly meetings are held in addition to occupational health and safety discussions at staff meetings. Minutes from meetings are available for staff and training schedules reflect management's commitment to keeping staff informed on safety issues. Policies and processes guide staff to understand their rights and responsibilities relating to occupational health and safety. Management monitor the effectiveness of its occupational health and safety procedures through regular work health and safety audits and review of incident forms. Staff report they have knowledge of their occupational health and safety responsibilities and are encouraged to report and document hazards when necessary. Staff confirm the home has suitable equipment available for their use in keeping with the home's occupational health and safety policies and procedures and are satisfied that they work in a safe environment.

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

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

##### **Team's findings**

The home meets this expected outcome

Management and staff actively work to provide an environment that minimises the risk of fire, security breaches and other emergencies. There are procedures to respond to a range of internal and external emergencies. Staff undertake regular practical emergency training and mock drills. There are processes to ensure up to date care recipient evacuation information is readily available. Contracted service professionals regularly monitor safety equipment in accordance with regulatory requirements. Security systems include keypad entry doors and care recipients, visitors and contractors are required to sign a register on entry and exit to the home. Management, staff and care recipients stated they are confident of actions to take in the event of an emergency.

#### **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

There are policies and procedures at the home to support staff practices and ensure the home has an effective infection control program. Staff identify care recipients with symptoms of infection and notify the care recipient's doctor. The Director of Nursing collects, reviews and analyses monthly infection data and provides the home's Board and staff with a report. Staff have access to personal protective equipment and hand washing facilities throughout the home. A vaccination program for is offered to staff and care recipients who wish to participate. Kitchen, cleaning and laundry practices follow infection control guidelines. There is a food safety program and the home has regular pest control inspections. Appropriate waste disposal processes are in place. There are adequate supplies and equipment, and policies and procedures assist staff in minimising the risk of infection.

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

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

##### **Team's findings**

The home meets this expected outcome

There is a system at the home to ensure catering, cleaning and laundry systems enhance care recipients' quality of life and the working environment for staff. All food is prepared in the onsite kitchen and staff serve meals directly to care recipients in the dining room or if the care recipient prefers, in their own room. The home has a menu that includes options and catering staff are responsive to care recipients' individual needs and requests. Cleaners at the home follow a duty list and recognised practices to ensure all areas of the home remain clean and the risk of cross infection is low. All laundry is performed onsite and staff spend time with care recipients to understand preferences and provide a personalised service. Management conduct regular audits of the catering cleaning and laundry service and provide results to staff. Staff and care recipients said the catering, cleaning and laundry service is personalised and of a high standard.