



Australian Government

Australian Aged Care Quality Agency

Flynn Lodge

RACS ID 6994
446 South Stuart Highway
ALICE SPRINGS NT 0870

Approved provider: UCA Assembly Limited

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 09 September 2017.

We made our decision on 14 July 2014.

The audit was conducted on 17 June 2014 to 18 June 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	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:

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

Expected outcome	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: Resident lifestyle

Principle:

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

Expected outcome	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 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

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

Expected outcome	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

Flynn Lodge 6994

Approved provider: UCA Assembly Limited

Introduction

This is the report of a re-accreditation audit from 17 June 2014 to 18 June 2014 submitted to the Quality Agency.

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

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

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

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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 17 June 2014 to 18 June 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Cherie Davy
Team member:	Geraldine Hughes-Jones

Approved provider details

Approved provider:	UCA Assembly Limited
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Details of home

Name of home:	Flynn Lodge
RACS ID:	6994

Total number of allocated places:	20
Number of residents during audit:	20
Number of high care residents during audit:	17
Special needs catered for:	People living with dementia People of Aboriginal or Torres Strait descent

Street:	446 South Stuart Highway
City:	ALICE SPRINGS
State:	NT
Postcode:	0870
Phone number:	08 8952 1963
Facsimile:	08 8952 9377
E-mail address:	don.flynnlodge@frontierservices.org

Audit trail

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

Interviews

Category	Number
Acting director of nursing	1
Regional manager	1
Hospitality staff	4
Administration assistant	1
Residents	6
Quality coordinator	2
Operational manager (BlueCare)	1
Clinical, care and lifestyle staff	7

Sampled documents

Category	Number
Residents' care and lifestyle plans of care	6
Handover sheets	4
Medication charts	6
Personnel files	6

Other documents reviewed

The team also reviewed:

- Audits
- BlueCare notice to residents and clients regarding changes to service provider
- Comments and complaints documentation
- Communication books
- Continuous improvement documentation
- Contracted services documentation
- Doctor's folder
- Education calendars and documentation.
- Fire monitoring records and documentation

- Flynn Lodge self-assessment
- Human resources documentation
- Incident documentation
- Infection control documentation
- Laundry and kitchen documentation
- Lifestyle documentation
- Maintenance schedules and documentation
- Medication fridge temperature monitoring logs
- Memoranda
- Regulatory compliance documentation
- Resident agreement
- Resident list and handover document
- Residents' dietary information
- Residents' information package and survey
- Schedule 8 licence
- Staff and resident newsletters
- Various meetings minutes
- Wound documentation

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Laundry and kitchen environments and staff practice
- Meal services
- Personal protective equipment
- Short group observation - Ochre wing

- Staff practice
- Storage of medications/medication administration

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a system to actively pursue continuous improvement across the four Accreditation Standards. The system relies on verbal and written feedback from staff, residents and representatives. This feedback comes from a variety of mechanisms, including meetings, audits, surveys, incidents and clinical data. Each improvement is placed on an improvement register and tracked until appropriate closure and evaluation occurs. When longer term issues arise from improvement forms these are placed onto a plan for continuous improvement. Management communicate outcomes of improvement initiatives to staff and residents through memoranda, newsletters and meetings. Residents and staff said they are encouraged to participate in improvement activities and confirm ongoing improvements occur.

Recent improvements relevant to Standard 1 Management systems, staffing and organisational development include:

- Management identified a need to improve communication with staff related to residents' care and the home's functioning and to provide an opportunity to deliver educational toolbox sessions. As a result 'Team Huddles' were introduced and are attended at 10.30am each morning with all staff on duty. Staff state this initiative has improved communication throughout the home and staff are more aware of changes in resident care needs.
- Management identified a gap in information available to clinical staff and redesigned the handover sheet to provide more comprehensive resident information to staff on a daily basis. The handover sheet can be changed on a daily basis and as resident needs change and contains information to guide staff practice including diet, mobility and personal care needs. Staff state this initiative has improved information available to them in the provision of care to residents.
- To further improve information available to staff a white board and noticeboard has been set up in the staff room where clearly identified sections contain appropriate information in regard to memorandums, meetings and improvements at the home. Staff expressed their satisfaction with the notice boards and the availability of current information concerning the activities at the home.

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 an effective system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. Management receive information through legislative update services, peak bodies and government departmental bulletins. Any relevant information is discussed at relevant forums and a review of existing policies, procedures and guidelines completed. Staff complete annual competencies in relation to relevant key legislation. Staff confirm they receive information about regulatory compliance relevant to their roles and demonstrated knowledge of regulatory requirements.

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

- Professional registrations of staff are monitored and maintained.
- Management processes ensure ongoing self-assessment of the home.
- The home has an effective system to manage police certificates and statutory declarations in regard to citizenship or permanent residence of a country other than Australia since turning 16 years of age for all persons attending the home as required.
- All stakeholders were notified of the re-accreditation audit within regulated time frames.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. A plan for education is developed to meet individual staff and resident needs and in line with current legislation and the home's systems and processes. Education is provided for staff via online programs, group toolbox sessions and individually as needed. The home's education program ensures all staff are trained in the skills relevant to their roles and includes core education for all staff. Other education is added as needs are identified through the completion of audits and analysis of incidents and other data. Education and training opportunities exist for up-skilling staff and ensuring staff skills and knowledge meet the needs of the residents and the environment. Staff were complimentary of the education opportunities available to them. Residents are satisfied with staff's skills and knowledge.

Examples of education provided related to Standard 1 Management systems, staffing and organisational development over the last 12 months include:

- Continuous improvement
- Computerised documentation system
- Standards and Accreditation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a formal and informal comments and complaints system, accessible to residents, representatives, staff and visitors. Information on the internal and external comments and complaints system is available in staff and resident handbooks, on display on noticeboards within the home and discussed at resident and staff meetings. The system is detailed in policy and procedure and staff and residents confirmed the opportunity to provide both positive and negative feedback to staff and management either verbally or in writing.

Feedback boxes are located within the home along with pamphlets and service improvement request forms. Documentation reviewed confirmed the home is responsive to stakeholder feedback and concerns are actioned in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has a documented vision and pathway statement from Frontier Services that outlines its commitment to the provision of quality care to residents. The vision and pathway statement is displayed within the home and documented in resident and staff handbooks and resident agreements.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems to monitor staff are appropriately skilled and qualified. Frontier services has a staff recruitment and selection program for new and existing staff who are supported through training to further develop their skills and knowledge. There is a formal staff appraisal system and a performance management process if performance concerns are identified. A roster is in place for staff across the home according to the needs of residents and the environment. All staff employed at the home have current criminal history checks and appropriate documentation to meet the home's and legislative requirements. New staff are provided with orientation and buddy shifts to ensure the home's and the organisation's policies and procedure are known and understood. Staff and residents were complimentary of the human resource management practices at the home.

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 a system to ensure stocks of appropriate goods and equipment is available to meet the needs of residents and the environment. Equipment required to meet the environment and residents' needs is sourced from approved suppliers. There are processes to ensure new equipment is fit for purpose and staff receive education in the safe use of the equipment. The home maintains a preventive and ongoing maintenance program and generally storage areas are organised, clean and secure. Staff and residents are satisfied with the quality and quantity of goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has an effective information management system which consists of hard copy and computerised clinical and other information for stakeholders which generally meets the needs of residents and the organisation. Regular meetings are held and minutes recorded and distributed for residents, representatives, staff and other stakeholders to provide current and changing information on resident care needs. Information is stored according to legislative requirements and is accessible and retrievable as required. Staff and residents confirm their satisfaction with the information management systems available to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management ensures externally sourced services are provided to meet the home's needs and quality goals. The home maintains service agreements with a variety of external service providers, who are required to produce evidence of qualifications, certification and insurances prior to contracts being signed and these are reviewed regularly. The home has processes to ensure external service providers meet their contracted obligations as scheduled. Management monitors the quality of services through feedback mechanisms.

Contractors not fulfilling their obligations do not continue to provide services at the home. Residents and staff are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff record clinical incidents in relation to falls, wounds, skin tears, infections, behaviours and medications, this information is collated and analysed for trends. Residents and staff are satisfied that the home actively promotes and improves residents' physical and mental health.

Recent improvements relevant to related to Standard 2 Health and personal care over the last 12 months include:

- The home identified deficits in staff practice related to medication signing and have implemented a peer audit and review process at the change of each shift. This has resulted in all staff responsible for administering medications to be compliant with the home's expectations that all medication administered to residents is signed for at the time of administration.
- To ensure resident care needs are met and changing needs identified and correctly documented in a timely manner the home has introduced a resident of the day process. This process sees each resident's care plan reviewed on a three monthly basis and includes review of vital signs, care plans and a care consultation with the resident and representative. Staff stated they were satisfied with the new resident of the day monitoring process.
- To maintain residents as free as possible from pain, the home has introduced a system within the computerised assessment and care planning system to alert staff when further pain charting is required. This has been a successful initiative and staff state they are satisfied with the new system.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to resident health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relating to Standard 2 Health and personal care over the last 12 months include:

- A registered nurse oversees management of residents classified as high care.
- The home demonstrates compliance with policy and legislative requirements in relation to medication storage and management.
- There are effective processes to manage and report the unexplained absence of a resident.
- Currency of registration of registered and enrolled nurses and allied health professionals where applicable.
- Authorisation to possess poisons.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has a comprehensive training and development program to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. See expected outcome 1.3 Education and staff development for a description of the program and system provided by the organisation.

Examples of education related to Standard 2 Health and personal care over the last 12 months include:

- Dementia behaviour management
- Pain assessment and management
- Wound care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate clinical care. Clinical staff collect resident information from a variety of sources, including Aged Care Assessment Team (ACAT) assessments, hospital discharge and transfer information, family practitioner, resident, guardian or advocate. This information in conjunction with the admission database assessments is used to develop the care plan. Where referrals to allied health or external services are identified and care needs changed, these are actioned. Validated assessments, observation charts and risk assessment tools are used to cover all care domains. The home has a comprehensive care review process, which includes resident of the day, case conferences with the resident and or their guardian, care, lifestyle and clinical staff, and review of progress note entries. Clinical staff monitor staff practice through incident reports, progress notes and handover sheets to ensure resident care is provided consistent with their documented care needs. Residents interviewed are satisfied with the clinical and personal care provided and said they are consulted regarding their individual care needs. Care staff interviewed described strategies consistent with residents’ documented care plans.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Initial assessment and ongoing care review processes identify specialised nursing care needs. Validated assessment tools, observation charts and risk assessment tools are used to identify, monitor and assist in the management of residents’ specialised care needs. This information is used to develop individual specialised care plans. Each specialised care plan documents the individual care requirements, any specialised equipment, and includes instructions from medical and/or allied health providers. Referral to outside health specialists and clinics, including community link nurses and palliative care specialist are utilised as required. Clinical staff evaluate and review the care and services provided to residents through resident of the day, case conferencing, progress note entries and incident reports.

Residents interviewed are satisfied their specialised nursing care needs are met. Staff interviewed said they have sufficient training and could describe strategies consistent with individual specialised care plans.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to appropriate health specialists in accordance with their needs and preferences. Initial assessment and ongoing care review processes identify residents who require referral to medical, psychiatric and allied health specialists. The home has various regular visiting medical and allied health specialists, including the physiotherapist, podiatrist, medical officers’ dietitian and speech pathologist. Residents can access local health clinics as well as the outpatient services at the Alice Springs Hospital for specialised services, including the palliative care services, specialist nurse practitioners, mental health specialist and the psycho-geriatrician. There are communication books for visiting medical and allied health providers, and there are mechanisms for the urgent referral and assistance with transportation to specialist appointments. Clinical staff monitor and evaluate the effectiveness and review of the care and services provided to residents through resident of the day, case conferencing, progress note entries and incident reports. Residents interviewed are satisfied they are referred to medical and allied health specialists and assisted to attend appointments as needed. Clinical and care staff interviewed are aware of processes used to refer residents to allied health services and could provide recent examples of referrals.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents’ medication is managed safely and correctly. Initial assessment information, including relevant medical documentation and ongoing care reviews are utilised to develop a safe system of medication administration for each resident. Assessment tools are used to identify the assistance required and administration needs of each resident, these are clearly documented on medication charts. There are procedures for residents who wish to self-administer medications and these are monitored for compliance. Staff are guided by a medication management system that meets the regulatory and professional standards and guidelines of the Northern Territory Poisons and Dangerous Drugs Act. The home monitors the medication management system through audits, annual drug competencies, progress note entries, medication incidents and signature omissions. Staff interviewed could provide examples for the safe administration of medications, including drugs of dependence, the protocol for missing signatures and return to pharmacy out-of-date medications. Residents interviewed are satisfied their medication is managed according to their individual needs and correctly administered.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents are free as possible from pain. Entry processes and ongoing care reviews use validated assessment tools, monitoring charts and risk assessment tools to identify residents who have or experience pain. The assessment tool includes the identification of non-verbal indicators of pain for cognitively impaired residents. Individual pain management care plans are developed and may contain strategies from the physiotherapist, medical officer and other health specialists. Strategies and interventions used by the home to assist in relieving residents’ pain include regular and ‘as required’ medications, massage, hydro-therapy and gentle exercise. Clinical staff monitor and evaluate the effectiveness of all interventions and strategies, through resident of the day, case conferencing, medication administration, progress note entries and analysing pain monitoring charts. Staff interviewed could provide examples of how they identify pain in residents with a cognitive impairment and could describe pain management strategies that are consistent with individual specialised care plans. Residents interviewed are satisfied their pain is effectively managed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill residents and identifies residents’ personal preferences in relation to their emotional, cultural and spiritual supports. Entry assessments, review processes and consultation with authorised representatives identify residents’ palliative and terminal care instructions. This information guide’s staff practice to deliver end of life care consistent with residents’ emotional, spiritual, religious, comfort and individual care wishes. The home accesses local medical and palliative care specialists, including specialised equipment to assist in managing residents’ pain. Complementary therapies, comfort care, religious and pastoral supports are accessed and administered as required. Families are supported to stay with residents to maintain the comfort and dignity of terminally ill residents. The home monitors the effectiveness of their palliative care program through the care review process and representative feedback. Staff interviewed said they attend palliative care training and could provide examples of how they maintain residents comfort and dignity.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive adequate nourishment and hydration. Entry assessments and ongoing review processes using validated assessment tools, monitoring charts and risk assessment tools identify residents’ specific nutrition and hydration needs and preferences. This

information is used to develop individual care plans. The home has a professional and multidisciplinary approach to assessing residents at-risk of weight loss, malnutrition, dehydration and with swallowing difficulties. Referral to specialist services such as the dietitian and speech pathologist assist the home to identify and implement individualised care requirements, such as modified diets, specialised equipment, support and or supplements.

Care plans are updated as required and changes are generally communicated to kitchen staff by the clinical nurse. The home monitors residents' nutrition and hydration through weight monitoring, resident of the day, case conferencing, progress notes, and changes in clinical care needs. Staff interviewed could provide examples of individual strategies they implement to maintain residents' nutrition and hydration that are consistent with their individual specialised care plan. Residents interviewed are satisfied they are consulted about the menu and their dietary needs and preferences are identified.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Residents receive appropriate care to maintain their skin integrity and general health. Entry assessments and ongoing review processes use validated assessment tools, monitoring charts and risk assessment tools to identify residents' specific skin care requirements. This information is used to develop individualised care plans that guide staff practice in maintaining and improving residents' skin integrity. Strategies to promote residents' skin integrity include safe manual handling practices, moisturisers, adequate nutrition and hydration and nutritional supplements. The home monitors residents' skin care and general health through the identification of existing co-morbidities, incident reports on skin tears and wounds, resident of the day, case conferences, progress note entries and changes in clinical care needs. Staff interviewed said they are provided with training and could provide examples of how they maintain residents' skin care and general health consistent with that documented in care plans. Residents interviewed are satisfied their skin integrity and general health is maintained.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

Residents' continence is managed effectively. Entry assessments and ongoing review processes identify residents' specific urinary and bowel requirements. This information is used to develop a continence care plan that provides individual instructions for staff to follow to assist in maintaining and improving residents' continence needs. Strategies to promote residents' continence needs include adequate nutrition and hydration, prune juice, access to continence aids and urinals. The home monitors residents' continence needs through bowel and fluid output charts, infection data, resident of the day, case conferences, progress note entries and changes in clinical care needs. Access to local community specialists assist in maintaining residents' complex and specialised continence care needs. Staff interviewed could provide examples of how they maintain residents' continence care that is consistent with individual continence care plans. Residents interviewed said they are satisfied with the assistance provided to maintain their continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents with challenging behaviours are managed effectively. Entry assessments and ongoing review processes use assessment tools and monitoring charts to identify the cause and trigger of challenging behaviours, this information is used to develop a behaviour management care plan. Behaviour management care plans may contain strategies from the medical officer and Northern Territory Dementia Behaviour Management Advisory Services (DBMAS) and psycho-geriatricians. Strategies and interventions used by the home to assist in managing behaviours include regular anti-psychotic medication, lifestyle programs and one-on-one activities. Restraint where used is assessed, monitored and implemented in consultation with residents or their authorised representatives and the medical practitioner. The home monitors residents with challenging behaviours through incident reports, infection data, resident of the day, case conferences, ‘as required’ medications, progress note entries, handover and changes in clinical care needs. Staff interviewed said they are provided with education and could provide intervention strategies consistent with individual behaviour care plans. Residents interviewed are satisfied with the way the home manages residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents’ mobility, dexterity and rehabilitation needs are maintained at optimum levels. Entry assessments and ongoing review processes use validated assessment tools, monitoring charts and risk assessment tools to identify residents’ specific mobility and dexterity requirements. Falls prevention strategies, including environmental risk factors are documented in residents’ care plans. Physiotherapy assessments determine the level of assistance required, aids used and any safety issues. Strategies to assist in optimising residents’ mobility, dexterity and rehabilitation include mobility aids, handrails, appropriate footwear, specialised equipment, environmental inspections and exercise and craft classes. The home monitors residents’ mobility and dexterity through falls incidents, resident of the day, case conferences, progress note entries and changes in clinical care needs. Staff interviewed said they receive training and could provide examples of how to maintain residents’ mobility and dexterity that are consistent with individual care plans. Residents interviewed said they are satisfied with the assistance provided to maintain their mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents’ oral and dental health is maintained. Entry assessments and ongoing review processes identify residents’ oral and dental care needs, including residents at risk of poor oral and dental hygiene and eating and swallowing deficits. Care plans are developed with strategies to maintain healthy gums and teeth and denture care. Culturally appropriate resources and mouth swabs are available for residents unable to maintain their oral and dental care. Residents’ oral and dental care is monitored by, resident of the day, case conferences, progress note entries and changes in clinical care needs. Residents are referred and assisted to local dental services as issues are identified. Staff interviewed could provide examples of how to maintain residents’ oral and dental care that are consistent with individual care plans. Residents interviewed are satisfied assistance will be provided if needed to maintain their oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents’ sensory losses are identified and managed effectively. Initial sensory assessments and ongoing review processes identify residents’ needs in relation to all five senses. Care plans are developed with strategies to maintain residents’ vision, hearing, taste, touch and smell senses. Residents are referred and assisted to attend relevant health professionals appointments to assist them to manage any identified sensory loss. The use and type of aids, their maintenance and storage are documented in individual care plans along with strategies to address other identified deficits. The home monitors residents’ five senses through care reviews, resident of the day, progress note entries and changes in clinical care needs. Staff interviewed could provide examples of how they maintain residents’ sensory needs that are consistent with individual care plans. Residents interviewed said they are satisfied their sensory loss is identified and managed according to their personal care requirements.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents are assisted to achieve natural sleep patterns. Entry assessments identify residents’ normal settling and sleep patterns along with any interventions and their effectiveness. Care plans are developed with strategies to maintain residents’ individual sleep patterns. The home promotes natural sleeping habits for residents who awaken during the night. A range of comfort and settling measures include hot drinks, night lights, a snack, ‘as required’ medication and sleeping in communal lounge areas. The home monitors the environment for any possible impact on natural sleep patterns. Changes in residents’ sleep patterns are monitored through

care reviews, resident of the day and progress note entries. Staff interviewed could provide examples of how they maintain residents' natural sleep patterns that are consistent with individual care plans. Residents interviewed said they are assisted to achieve natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that demonstrates improvements in the area of lifestyle for residents. For a description of the system refer to expected outcome 1.1 Continuous improvement.

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is recorded and evaluated from lifestyle and care activities. Staff contribute to improvements to resident lifestyle through surveys, training and networking. Staff encourage and support residents and others to provide feedback and suggestions.

Recent improvements relevant to Standard 3 Resident lifestyle include:

- To ensure residents' privacy when attending activities of daily living, the home have introduced a reversible name plate on each resident's door, which alerts visitors when personal care is being attended. This name plate also contains the resident's name in either blue or red writing; the red printed name alerts staff to a resident with a high falls risk. Staff expressed satisfaction with this new initiative, ensuring residents' privacy, dignity and safety is met at all times.
- In response to staff feedback, the home have implemented a resident history book which provides information to staff and visitors about each resident's life story, their interests and family. These books have just commenced development and are put together with resident and family input and contain written and pictorial stories of a residents' life. Residents and staff expressed satisfaction with these books, with staff stating they now have more insight into a resident as an individual. This improvement initiative is ongoing and yet to be evaluated.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to resident lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relating to Standard 3 Resident lifestyle include:

- Residents' rights to privacy and confidentiality.
- Policy, procedure and guidelines in relation to elder abuse and compulsory reporting.
- The Charter of residents’ rights and responsibilities is displayed within the home and provided in resident agreements.
- The home offers a residential agreement to residents or their nominated representative at the time of entry to the home.

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 assist residents retain their personal, civic, legal and consumer rights. For a detail summary of education and staff development refer to expected outcome 1.3 Education and staff development.

Examples of education provided related to Standard 3 Resident Lifestyle include the following:

- Elder abuse
- Missing residents
- Residents' rights
- Life story book

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to support residents in adjusting to life in their new environment on entry and on an ongoing basis. Residents are provided with a tour of the home, introduced to other residents and staff, encouraged to maintain links with their local community and are able to personalise their room. Lifestyle and care plan assessments support residents' individual emotional needs and support networks. Care and lifestyle staff, volunteers and social and religious support staff assist residents to maintain links to their community, family and friendship groups. Residents with family living interstate and within remote communities are assisted to maintain contact. Family, friends and community groups are encouraged to visit, significant life events are identified and planned support is provided where needed. The home monitors resident satisfaction with emotional support through resident meetings, staff observation and verbal feedback from residents and representatives. Staff interviewed could provide examples of how they support residents' emotional needs and general well-being consistent with that documented in care plans. Residents are satisfied that their emotional needs are met.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems to assist residents to achieve maximum independence, maintain friendships and participate in the life of the home and community. Residents' lifestyle preferences, interests and abilities are identified during the care and lifestyle planning process and reviewed regularly. Assessment and review process, exercise programs, including hydrotherapy and access to mobility aids assist in maintaining residents' independence. Residents are encouraged and supported to participate in group activities, and maintain links with family, friends, remote community and local community groups. On-site voting, social outings, monetary fund and access to cab vouchers assist in maintaining residents' independence. The home monitors residents' independence needs through staff observation, lifestyle reviews and verbal feedback. Staff interviewed could provide examples of how they support residents' independence consistent with that documented in care plans. Residents are satisfied the home assists them to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems that recognise and respect each resident's right to privacy, dignity and confidentiality. Care and lifestyle plans identify residents' privacy and dignity needs and requests. There are communal lounges, private areas and outside garden areas available for residents and their families. Staff support residents' privacy, dignity and confidentiality by knocking on doors before entering, using residents' preferred names and using the 'care being attended' signs. Palliative and terminal care wishes and specific instructions are identified and administered according to residents' individual cultural and spiritual preferences. All staff sign a confidentiality statement on commencement of employment and ensure residents' information is stored securely. The home monitors resident satisfaction through observation, lifestyle reviews and resident feedback. Staff interviewed are aware of strategies to ensure residents privacy and dignity is maintained. Residents are satisfied that their privacy, dignity and confidentiality is maintained

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of activities and interests appropriate to their needs and preferences. On-entry to the home a comprehensive lifestyle history is obtained to identify residents' individual needs and preferences and a lifestyle care plan is developed. Resident's interests, ability to participate, cultural and spiritual needs and physical ability are assessed as part of this process. Planned activities and events are developed from feedback from residents', these assist in promoting resident physical and emotional well-being. The monthly lifestyle planner includes all regular and special event activities, including cultural days, one-on-one activities, on-site entertainment, art and craft sessions and bus outings. Lifestyle staff evaluate the leisure program through feedback, surveys and attendance at activities Staff interviewed are aware of residents' individual leisure and lifestyle needs and preferences and could provide examples of how they encourage and support attendance at activities. Residents are satisfied they have a range of activities they can choose to participate in according to their individual needs and preferences.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Initial assessment and ongoing review processes identify and

support resident's individual customs, cultural, religious and traditional preferences. Cultural, religious and local significant days are identified and acknowledged, including birthdays, Territory Day, Australia Day, Anzac Day, Easter and Christmas. Local church organisations, Indigenous and community groups assist residents to acknowledge and practice their individual interests, customs and beliefs. The home monitors and evaluates residents' cultural and spiritual needs through discussions with support staff and resident feedback.

Staff interviewed could provide examples of how they support residents' cultural and spiritual life consistent with that documented in care plans. Residents are satisfied that their individual interests, religious and cultural 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 findings

The home meets this expected outcome

Each resident or their authorised representative participate in decisions about the services the resident receives, and are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care and lifestyle assessment processes identify residents' individual preferences for leisure and lifestyle, personal, medical and health choices, including authorised representative or advocates. Residents are encouraged to make choices about aspects of their lives that are of significance to them. They can personalise their rooms, maintain their voting rights, have choice in their activities of daily living and document their wishes regarding advanced care directives. Local advocacy services visit the home regularly and information on residents' rights and responsibilities is displayed in the handbook, agreement and discussed at resident meetings. The home obtains feedback from residents via surveys, resident meetings and consultation with residents and representatives at planned care reviews. Staff interviewed could provide examples of how they promote resident lifestyle choices in their daily life that are consistent with individual care plans. Residents are satisfied they have the right to exercise choice and control according to their individual needs and preferences.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has systems to assist residents' to understand their rights and responsibilities and security of tenure. Residents, representatives and authorised advocates are provided with a resident handbook and agreement. This details information about their entitlements to the care and services, their rights and responsibilities, site specific processes, procedures and protocols, complaints mechanisms, conditions of tenure and fees and charges. Regular resident meetings, newsletters and aged care pamphlets and brochures displayed further assist residents to understand their conditions of tenure and rights and responsibilities.

Any change to a residents' tenure is in consultation with the resident and or advocate and this is documented in resident progress notes and case files. Residents and their authorised

advocate or representatives are notified in writing of any fee increases or changes in legislation which may affect their tenure. Internal admission processes assist the home to monitor their legislative requirements. Staff interviewed said they understand their responsibilities to assist residents to understand their rights and responsibilities. Residents interviewed are satisfied that they feel secure in their tenure and are assisted to understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

In relation to Standard 4 Physical environment and safe systems, data on internal and external audits, staff incidents and hazards and feedback from staff and residents is collated and analysed for trends. Residents and staff interviewed are satisfied that the home provides a safe and comfortable environment.

Recent improvements relevant to Standard 4 Physical environment and safe systems include:

- The home identified, with the addition of two new wings on-site, a need to strengthen the security and lock down processes each night. A detailed list of external doors was made and two staff at a designated time, check all these exits are locked. This process is repeated with night staff change over also. This new process has provided residents and staff with additional confidence in their safety and security at the home.
- To ensure infection control processes are maintained the home introduced new hand hygiene competencies which can be completed online. This program has been completed by all staff and has been introduced as part of the home's core training requirements. Staff stated they have attended the online competency and found it easy to complete.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Chemicals are generally stored safely and current material safety data sheets are available.
- The home generally follows relevant practices in relation to food safety plans and guidelines.
- The home has policy, procedure and guidelines in relation to fire emergencies with regular checking and testing and tagging of and education in fire and emergency equipment.

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 assist residents to live in a safe and comfortable environment for residents, staff and visitors. For a detail summary of education and staff development refer to expected outcome 1.3 Education and staff development.

Examples of education related to Standard 4 Physical environment and safe systems include:

- Fire and evacuation training
- Food handling
- Infection control
- Manual 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 findings

The home meets this expected outcome

Management is actively working to provide residents with a safe and comfortable environment consistent with the care needs of the residents. Residents are accommodated in single and double en-suited rooms and are encouraged to personalise their rooms.

Resident rooms and communal areas are light, appropriately furnished, well maintained and kept at a comfortable temperature and noise level. Residents have access to comfortable outside areas and established gardens. The home generally maintains the building, grounds and equipment through regular servicing and maintenance programs. Environmental inspections and audits, incident reporting, feedback mechanisms and meetings are used to monitor a safe and comfortable living environment. Staff and residents are satisfied the home provides residents with a comfortable, safe and secure environment.

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

The home has a system to support a safe working environment to meet regulatory requirements. There are policies, procedures and guidelines in relation to safe work practice.

Staff are informed of their responsibilities through orientation, core education and meetings. The home's education program includes training for staff in manual handling and chemical safety. Staff and management identify work hazards through improvement requests, audits, maintenance requests, hazard alerts, staff incidents and observations. These are discussed at regular workplace health and safety meetings and other meetings where required. Staff expressed satisfaction with managements approach to maintaining a safe work 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 and safe systems of work that minimise fire, security and emergency risks. There are procedures and guidelines in relation to internal and external emergencies, severe weather events and loss of essential services. Qualified external contractors maintain fire equipment and essential services equipment. There are processes to ensure regular testing of electrical equipment.

Emergency evacuation plans and emergency exits are free from obstruction. Evacuation lists are maintained by administration staff and updated daily. Fire and emergency training is a core training requirement for all staff. Residents and their representatives are satisfied with the fire, security and other emergency plans employed by the home. Residents and staff confirm recent training in use of fire equipment and evacuation procedures.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home monitors residents' infections and provides staff training as a core skill. There are adequate hand washing stations throughout the home and multiple automated hand sanitisers in key locations. Appropriate signage is in place to ensure effective hand washing procedures are utilised and staff participate in hand-washing competencies. Infection control is generally audited and appropriate personal protective equipment is available for staff use. Equipment, information and education is provided should an infectious outbreak occur, and is consistent with the Australian Government infection control guidelines. Staff and residents are offered immunisations. Staff and residents confirm their satisfaction with the infection control program.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering, cleaning and laundry services at the home are generally provided in a way which enhances resident's quality of life and the staff's working environment. Residents are given a choice of two main meals and other alternatives are offered if requested. Residents' dietary preferences are assessed and reviewed regularly. Cleaning practices are scheduled and closely monitored. A colour coded system of cleaning equipment supports the infection control program and staff are knowledgeable in the system. Chemicals are stored securely and staff are trained in their use. During the re-accreditation site audit laundering services were changed. All personal clothing and linen is now laundered through the co-located nursing home's commercial onsite laundry. A labelling service is currently not available, however the

home does order clothing labels for family to iron on. Residents and staff stated they are satisfied with the catering, cleaning and laundry services at the home.