



Australian Government

Australian Aged Care Quality Agency

Tinonee Gardens - The Multicultural Village

RACS ID 0369
15 Tinonee Road
WARATAH NSW 2298

Approved provider: Hunter Housing (Inc) and the Ethnic Communities Council of Newcastle and the Hunter Region (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 03 November 2017.

We made our decision on 04 September 2014.

The audit was conducted on 29 July 2014 to 31 July 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

Tinonee Gardens - The Multicultural Village 0369

Approved provider: Hunter Housing (Inc) and the Ethnic Communities Council of Newcastle and the Hunter Region (Inc)

Introduction

This is the report of a re-accreditation audit from 29 July 2014 to 31 July 2014 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 29 July 2014 to 31 July 2014.

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

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

Assessment team

Team leader:	Margaret Williamson
Team member/s:	Jennifer Woodman Kristine Saywaker

Approved provider details

Approved provider:	Hunter Housing (Inc) and the Ethnic Communities Council of Newcastle and the Hunter Region (Inc)
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Details of home

Name of home:	Tinonee Gardens - The Multicultural Village
RACS ID:	0369

Total number of allocated places:	187
Number of care recipients during audit:	178
Number of care recipients receiving high care during audit:	130
Special needs catered for:	Culturally diverse and people living with dementia

Street/PO Box:	15 Tinonee Road
City/Town:	WARATAH
State:	NSW
Postcode:	2298
Phone number:	02 4967 6366
Facsimile:	02 4968 4518
E-mail address:	suefardy@tqtmv.org.au

Audit trail

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

Interviews

Category	Number
Executive officer	1
Quality coordinator	1
Service managers	3
Care placement officer	1
ACFI manager	1
Administration officer	1
Nursing agency consultant (contractor)	1
Registered nurses	4
Team leaders/care staff	20
Cleaning staff	1
Laundry team leader	1
Physiotherapists	2
Stock control and dispatch assistant	1
Residents/representatives	30
Board member	1
Roster clerk	1
Staff health nurse (contractor)	1
Cleaning contractors	2
Medical practitioner	1
Pharmacist(contractor)	1
Maintenance manager	1
Lifestyle coordinator	1
Kitchen assistants	2
Assistant catering manager	1
Music therapist	1
Dietician	1

Sampled documents

Category	Number
Residents' files	30
Resident agreements	6
Medication charts	23
Personnel files	6

Other documents reviewed

The team also reviewed:

- Accommodation features information, admission checklist, pre-admission information package
- Action Plan - Medication Management S8 Patches: Pain management policy 12.1; Schedule 4D and 8 drug management; Audit of Schedule 8 drug registers and balance checks; facsimile Alert to medical officers regarding supply of strong analgesia (S8) for treatment of pain, medication cupboard checklist and schedule 8 drug registers
- Activity program and social data record
- Advance care planning information
- Aged care menu assessment, menu, resident meal preferences and needs lists
- Allied health personnel registrations, medical registrations and agreements, physiotherapist, podiatrist
- Audit reports, accident and incident reports, continuous improvement logs, continuous improvement plan, external audits, internal audit schedule, survey results
- Care folders: progress note completion records, toileting programs, diabetic lists, eye drop renewal schedules, shower lists, daily worksheets, repositioning charts
- Cleaning schedules – kitchen, laundry, residential
- Comments and complaints information
- Consent forms by residents/representatives for information exchange, photographs, outings, vaccinations
- Education – attendance records, education program, orientation checklist, staff competencies
- Electronic clinical system, clinical assessments, resident data base assessments
- Essential services certificate
- External Infection control audit December 2013 and external Infection control report

- External service agreements and contracts, approved supplier lists, maintenance request logs (electronic), planned and preventative maintenance programs
- Food temperature records
- Health and personal care manual
- Health monitoring: weight, blood glucose, vital observations, bowel records, wound management records
- Human resource management –job descriptions and duty statements, performance appraisals, police certificates, staff handbook, staffing rosters, statutory declarations
- Illness register – residents'
- Incident/accident reports including medication incidents
- Infection control report – Daffodil including Jonquil and Buttercup wings July 2014
- Laundry collection and delivery schedule and laundry support manual
- Medication refrigerator and vaccine refrigerator temperature records
- Meeting minutes staff and residents, memorandum, communication books, handover sheets, Grapevine newsletters
- Microbiology swab results
- Outbreak management checklist
- Physiotherapy assessments, complex health care directives, pain assessments and therapy records, referral lists
- Regulatory compliance – annual fire safety statement, compulsory reporting register, consents for the collection, use and disclosure of personal information, NSW Food Authority Licence,
- Residents' handbook, staff handbook
- Restraint authority and release records
- Safety data sheets
- Specialised nursing care folders: anticoagulant records, diabetes management plans, interim procedure for cytotoxic agents
- Specialist and allied health assessments and reports, pathology reports
- Strategic and business plans
- Work, health and safety – hazard alert forms , safety, health and environment audit
- Wound management records/photographs

Observations

The team observed the following:

- Activities in progress: music and massage therapy
- Clinical treatment rooms, handover between shifts, medication storage, medication expiry dates, medication administration rounds, vaccination and medication refrigerators
- Equipment and supply storage areas
- Fire and safety system equipment including: fireboard, extinguishes, sprinkler system, emergency exits, fire doors, evacuation areas, evacuation list, keypad entry, closed circuit television security, nurse call system, security lighting, staff pagers
- Infection control resources including: hand washing facilities and instructions, hand sanitising liquid, spills kits, sharps containers, clinical waste, outbreak management resources, personal protective and colour coded equipment
- Interactions between staff and residents
- Kitchen staff practices: stock rotation, storage areas, communication whiteboard
- Laundries for personal use, stocks of linen
- Living environment, secure perimeters, mobility and transfer equipment
- Noticeboards displaying information for residents, visitors and staff
- Meal service
- Palliative care box and supplies
- Quality Agency re-accreditation audit notices on display
- Short group observation of residents
- Visitors sign in/out books

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

Our review of the home's quality management system shows the organisation is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: improvement logs, regular meetings, feedback mechanisms, a program of audits and surveys and analysis of monitoring data. A plan for continuous improvement is maintained that enables the planning, implementation and evaluation of the improvements and the process is coordinated by the quality officer and management team. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement.

Examples of specific improvements relating to Accreditation Standard One include:

- The home has commenced a program of school based trainees for Certificate III in Aged Care. The program provides students with hands on experience in aged care and enables the home to review performance of potential employees. Six trainees who are in years 11 or 12 have commenced.
- An external trainer was engaged to deliver the C.A.R.E. Workshop Series. The workshops aim to improve workplace communication, culture, teamwork and person centred care. Staff from all areas including clinical, kitchen, laundry maintenance and management attended. Residents/representatives have been surveyed following the series of workshops and were positive in their praise of staff.
- Following the commencement of a roster clerk there have been several improvements in communication and information dissemination. Email groupings have been set up for such areas as staff rostering and management said this has improved access to up to date roster information. In addition staff are now being sent text messages regarding their rosters, available shifts and education sessions. Management said the new system is working well.

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’s management identifies all relevant legislation, regulatory requirements, professional standards and guidelines through subscription to a regulatory publishing service and information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is disseminated to staff through updated policies and procedures, notices, regular meetings and ongoing training. Minutes of meetings include legislative changes as a standard agenda item. Relevant information is disseminated to residents/representatives through residents’ meetings, notices on display in the home and personal correspondence. Auditing by external regulatory authorities, internal auditing processes, surveys, quality improvement activities and monitoring of work practices ensure that work practices are consistent and compliant with legislative requirements.

Examples of regulatory compliance undertaken at the home relating to Accreditation Standard One include:

- Criminal history record checks are carried out for all staff.
- Residents/representatives were informed of the re-accreditation site audit in accordance with the Quality Agency Principles 2013.
- Management ensures all residents/representatives and other interested parties have access to internal and external complaints mechanisms.

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 a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and qualifications required for each position and there is a comprehensive orientation program for all new staff. Education includes in-service training by registered nurses, training by visiting trainers and suppliers, one to one training on duty and access to external training and courses. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through observation of staff work practice and competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Examples of education and development attended by management and staff in relation to Accreditation Standard One include completion of Certificate III in Aged Care, completion of Certificate IV in Leisure and Health, completion of Certificate IV in Frontline Management,

completion of Certificate IV in Aged Care. Other training included WELL (Workplace English Language and Literacy) training, taxation and payroll, recruitment and selection and funding in aged care.

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 ensures each resident, or their representative, and other interested parties have access to internal and external complaints mechanisms. Document review and interviews confirm residents/representatives are aware of avenues to raise concerns. Comments and complaints are logged, responded to and actioned by management. Information on raising complaints is contained in the resident handbook and resident agreement provided to residents/representatives on a resident's entry to the home. Resident meetings are scheduled along with regular feedback surveys providing opportunities for raising issues and consulting with management. Each house within the village has an appointed board member who meets with residents providing another opportunity to raise issues. Brochures for the external complaints scheme and advocacy services are on display.

Residents/representatives said they would raise any concerns directly with the care manager or the staff and said they are satisfied with the home's timely response and feedback to any issues raised.

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 organisation's vision, mission, values and objectives are on public display in the home. Information is presented to residents/representatives and staff through key documentation including the resident and staff handbooks. The handbooks are given to all residents/representatives on a resident's entry to the home and to staff on their commencement of employment. Education on the home's mission, vision and values is provided as part of the orientation program for new staff.

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

There is a system to manage human resources that includes policies and procedures, staff appraisals, job descriptions, selection and recruitment processes, appropriate rostering and an education program. Staffing mix and skill levels are determined and adjusted in line with residents' current and changing needs, a range of clinical monitoring data and feedback from staff and residents/representatives. Rosters are developed fortnightly in advance and a review of rosters confirmed that absent staff are replaced. Relief arrangements include the use of permanent part time and casual staff and agency staff. Residents/representatives are generally satisfied with the level and competency of staff and their ability to meet residents' care and service needs. Staff said they have sufficient time to meet residents' needs and notable throughout the home was a positive and calm atmosphere and a sense of teamwork.

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

Management and staff interviews and observation during the re-accreditation audit confirm there are adequate levels of goods and ready access to equipment for the delivery of quality services at the home. There are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. The home enters into service agreements with approved suppliers and responsibility for ordering goods is delegated to key personnel in each department.

Preventative and reactive maintenance programs ensure service delivery supports a safe living and working environment. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

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

There are information management systems to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for effective care. Electronic information is backed up, password protected and with access appropriate to position. Policy and procedure manuals and position descriptions clearly outline correct work practices and responsibilities for staff.

Various systems and processes ensure information is available in a timely manner to all stakeholders. These include meetings, newsletters, notices, case conferencing communication books and handovers. There are systems for archiving and documentation destruction to ensure confidentiality of resident information. Staff and residents/representatives report they are kept well informed and consulted about matters that impact on 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

There is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into with contractors for the provision of services and external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. Residents are able to access external services such as hairdressing, podiatry and other allied health professionals. Management and staff monitor the performance of the service providers and take appropriate action if necessary to ensure services are provided at the desired level.

Residents/representatives, staff and management interviewed say they are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Information about the home's continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Accreditation Standard Two include:

- The home has recruited a new physiotherapist working additional hours to commence in August 2014. The physiotherapist will work four days a week and undertake resident assessments as well as some treatments, such as group exercises. Management said the increased hours will also provide better follow up for residents.
- The home has been involved in a project in conjunction with the area health service to reduce the number of hospital transfers from aged care facilities. The Aged Care Emergency (ACE) project involves staff contacting specialist aged care nurses in referral hospitals and undertaking assessments to identify the need and reason for transfer. Management said data has shown a 43 per cent reduction in hospital transfers since the project and training was initiated.
- The home has introduced the palliative approach toolkit for residential aged care facilities and introduced palliative care boxes to ensure a uniform approach to palliative care. The boxes contain butterflies for doors, to alert staff that a resident is being palliated, an oil burner, bible, hand cream, CD player and CDs and a sheet that has been screen printed with butterflies. Management said feedback received since introducing the boxes has been very positive.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s compliance with regulatory requirements relevant to Accreditation Standard Two include:

- The home maintains records of current professional registrations of all qualified staff and visiting health specialists.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Registered nurses are responsible for the care planning and assessment processes and specialised nursing services implemented for all residents.

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

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively. Examples of education and training that management and staff attended relating to Accreditation Standard Two include: training for registered nurses and team leaders relating to the communication of clinical information as part of the Aged Care Emergency (ACE) project, two registered nurses attended palliative care training, training on the use of a syringe driver and continence management training.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Tinonee Gardens-The Multicultural Village provides appropriate clinical care for residents. An initial resident data base of clinical information complemented by a suite of additional assessments form the basis for care planning. Residents/representatives and staff are encouraged to participate in care planning. Registered nurses oversee the care planning process and care plans are evaluated and updated on a regular basis or earlier if a residents’ condition or care needs change. The home implements an electronic care system which includes additional assessments, care plans, progress note documentation and health

monitoring records. Changes in a resident's condition or care needs are communicated at change of shift along with an electronic handover emailed to clinical staff. Results show comprehensive and individualised care plans which reflect the care provided by staff.

Residents/representatives are satisfied with the clinical care provided.

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

Registered nurses are on duty 24 hours a day seven days a week plus an 'on call' nurse oversees and provides specialised nursing care. Review of each resident's medical history, clinical assessments and consultation with residents/representatives provides information on specialised nursing care needs. Individual care such as diabetic management plans, catheter regimes, complex wound management, palliative care, behaviour management and oxygen therapy are provided by registered nurses. Clinical specialists are consulted and utilised for provision of information and training such as for wound management, behaviour management, diabetic management and palliative care. Residents/representatives are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

On site clinics are available for residents to access health specialists including podiatry, pain management and physiotherapy. All residents are initially assessed by the physiotherapist with therapy plans developed and implemented as required. Reassessments occur as clinically indicated including if a resident experiences falls or a change in their condition. A podiatry service visits the home regularly and a massage therapist provides weekly massages in the secure dementia wings to assist with behaviour management. Individual assessments on site with the psycho-geriatrician, dietician, speech pathologist, dementia management specialist and palliative care services are arranged by staff. Residents are assisted to coordinate and attend external appointments if required. Resident care plans are updated to reflect changes in care practice through the referral process and staff are informed via handovers. Residents/representatives are satisfied with residents' access to external health services.

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

Registered nurses, doctors, pharmacists and a medical advisory committee oversee the medication system. The pharmacy delivers medications in unit dose blister packs or original

packaging. Registered nurses administer specialised medications such as strong pain medications while care staff who have completed competency assessments complete regular medication rounds. Medications are stored safely and correctly. The home implements an electronic medication system which facilitates detailed management and accurate medication records. Medication incidents are identified, collated, addressed and monitored by management and reported to the medical advisory committee.

Residents/representatives are satisfied with the medication system.

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

All residents are assessed using verbal and/or non-verbal tools to identify their pain history and presence of pain. Interventions to minimise and manage pain levels are documented in the resident’s care plan and provided by staff. Pain reassessments are completed to determine the effectiveness of interventions and care plans are updated as required. A physiotherapist who specialises in pain management conducts clinics and provides regular therapies including massage, therapeutic heat packs and gentle exercise. Staff are alert to signs of residents experiencing pain and interventions such as repositioning, activity diversion, music therapy, aromatherapy and pressure relieving devices are implemented.

Registered nurse coverage 24 hours a day seven days a week enables review of residents at all hours and pain relieving medications are available. Palliative care specialists assist with pain management strategies for residents who are terminally ill. Residents are satisfied with their pain management.

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

Tinonee Gardens-The Multicultural Village focuses on the comfort of residents through a consultative approach with residents/representatives and the resident’s doctor. End of life discussions are held with residents/representatives with choices identified and documented. Care plans are updated as the resident’s condition or care needs change to ensure the residents preferences and choice are respected. Registered nurses are available to review residents especially for pain management and staff provide comfort measures including pressure care, mouth care and drinks/meals as desired. Residents are supported to remain at the home while staff are able to meet their needs. Representatives are made comfortable if they choose to stay and refreshments are provided. Cultural and spiritual support may be arranged by choice. Palliative care specialists are consulted if required. Representatives say staff provide palliative care in a sensitive and caring manner, and they are satisfied with the care provided.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home promotes optimum resident nutrition and hydration, and implements systems which identify changes in resident’s appetite and ability to take adequate nutrition and fluids. All residents are assessed in relation to their ability to eat and drink, assistance they require and special needs which are included in care planning. Resident data cards record individual appetites, food likes and dislikes, specialised equipment required, cultural needs, special diets and food allergies. Nutritional supplements, thickened fluids and textured foods are available. A multidisciplinary approach is taken to nutrition and hydration involving the resident’s doctor, registered nurses and as necessary a dietitian and/or a speech pathologist. Health monitoring by staff includes regular weight recording with fluctuations reviewed by a registered nurse and referrals undertaken as necessary. Residents are satisfied with the meals and drinks provided.

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

Clinical assessments identify the skin integrity of each resident on entry to the home and after any clinical change. Consultation with resident/representatives, the resident’s medical history and other assessments such as continence management, personal hygiene and pressure injury risk provide information for care planning. Clinical reassessment is undertaken if the resident’s condition or care needs change. Wound care is provided under the direction of registered nurses and includes assessment, treatment plans and evaluation to healing with photographs of complex wounds. Skin integrity is maintained through moisturising, pressure relieving equipment, continence management, staff training in manual handling, clothing choices and medication reviews. Skin tear incidents and statistics are monitored and followed up by the clinical care committee. A wound specialist is consulted if required. Residents/representatives are satisfied with the skin care provided for residents.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Consultation with residents/representatives, continence assessments and information from the resident data base assessment provides information for individualised toileting and bowel management programs. Continence management plans include early recognition of common problems, previous history, continence aids, equipment required and toileting regimes. Bowel management programs include daily monitoring, regular fluid intake, high fibre foods and fresh fruit and juices. Natural interventions are encouraged and medication is available if required. Staff say continence aid supplies are always available. The effectiveness of bladder and bowel

management programs are monitored by staff who report changes to registered nurses for follow up. Referrals to the continence advisory clinic are arranged if needed.

Residents/representatives are satisfied with continence management.

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

Clinical behaviour assessments, consultation with residents/representatives and monitoring of behaviour identify triggers and successful interventions which are included in comprehensive behaviour management plans. The home has several houses with a secure perimeter which have electronic coded gates and main doors. Residents are able to wander freely inside and outside the houses in attractive and secure gardens. Management and staff know strategies to effectively manage residents with challenging behaviour. Recreational activity staff, a registered music therapist and a massage therapist calm residents and provide distraction which they enjoy. Consultations are arranged with psycho geriatricians and dementia specialists as required. Observation of staff and resident interaction shows a patient and gentle approach. Residents/representatives are satisfied with the management of 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

Tinonee Gardens-The Multicultural Village implements a physiotherapy and exercise program to promote the maintenance of residents function, mobility and balance. A physiotherapist assesses all new residents for falls risk, gait, transfers, balance, strength and coordination. A physiotherapy pain management program includes assessment, heat therapy, massage and gentle exercise which also assist in the maintenance of function. Mobility and transfer care plans are reviewed regularly and new information is included as a resident’s condition or care needs change. The leisure and lifestyle program includes both active and passive exercise sessions such as Tai Chi, group chair exercises and one on one exercise. All activities through the day are seen as opportunities to maintain resident function including walking to the toilet and meals. Accident/incident reports are collated and reviewed with falls investigated and changes made as needed. Appropriate equipment is maintained. Residents/representatives are satisfied with the maintenance of function and support provided for residents.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The resident data base and an oral assessment identify a resident’s oral history and care needs. Individual oral and dental care needs are discussed with residents/representatives and included in care plans which are regularly reviewed and updated. Care staff assist and prompt residents with teeth and denture cleaning and report any observed changes to registered nurses. Tooth brushes are changed across the home on a seasonal basis and denture soaking equipment is available. Mouth swabs are available and used when required especially during palliative care. Residents are assisted to access denture technicians and dentists as needed. Care prescribed by dentists after visits is provided including mouth washes, pain relief and antibiotics if prescribed. Residents/representatives are satisfied with the oral and dental care provided.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The resident data base completed when they first arrive at the home includes identification of any sensory impairments related to vision, hearing, touch, taste and smell. Information identified and consultation with residents/representatives provides the basis for care planning. Staff provide interventions including assistance to clean glasses, and hearing aid placement and battery changes. Various techniques are utilised to support residents with sensory loss including good lighting, large print books, large screen televisions, an electronic magnifier for reading, music therapy and environmental assessments. Aromatherapy is used during palliative care provision and as needed at other times. Staff assist residents to make and attend appointments for assessment as needed. Residents/representatives are satisfied with the support provided.

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

Clinical assessments and sleep pattern monitoring along with consultation with resident/representative provides information for care planning. Preferred waking and retiring times are identified with staff assisting residents to maintain these times as far as possible. For residents who are unable to sleep intervention strategies are trialled with those successful implemented and included in care planning. Environmental factors such as lighting, comfort, security, temperature and noise are considered. Residents are accommodated in single rooms, except for one couples room, and have their own familiar items around them. Staff provide drinks and snacks if residents are awake during the night. Residents say the home is quiet at night and they achieve restful sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Accreditation Standard Three include:

- The home has been involved in a project with Alzheimer’s Australia called Moving into Care. The aim is to improve the transition into care for individuals. Following discussions the home was presented with a report and selected three areas to make changes in. These areas were pre admission, admission and life history. The home has purchased a vehicle to allow for pre admission visits to residents, revamped their admission pack and commenced working on resident life histories.
- The home has employed a music therapist to work five days a week. The music therapy program includes the use of instruments and vocal activities and boosts the spirits of residents. A resident choir has been formed as a direct result of the music therapy program and the choir stages a number of performances which feedback shows is enjoyed by those attending.
- To improve the environment for residents living in one of the dementia units, a sensory garden has been established. Pathways, plants and outdoor seating have been installed providing a safe and pleasant environment for residents to walk in. A water feature is still to be installed and management said the area will provide additional space for activities.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s compliance with regulatory requirements relevant to Accreditation Standard Three include:

- Information is provided to residents/representatives in the resident information package and the resident agreement including security of tenure and the care and services to be provided to them.
- The Charter of residents’ rights and responsibilities is included in the resident agreement and displayed in the home.
- The home has a system for the compulsory reporting and recording of alleged or suspected resident assault in accordance with regulatory requirements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively. Examples of education and training that management and staff attended relating to Accreditation Standard Three include: activity staff attended training in drum therapy, art therapy training, four staff attended dementia training, two staff attended training to facilitate GATE-ways program focussing on the well-being of people living with dementia.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

Residents are assisted to adjust to life in their new environment and staff assess and monitor each new resident’s emotional needs and preferences. A resident questionnaire about social and family history, personal routines and preferences is issued prior to entry to assist staff to identify the individual needs of residents. Staff orientate new residents and introduce them to others with similar interests. After a settling in period and discussion with residents, care plans are developed, reviewed and regularly updated. Residents/representatives are invited to

personalise rooms to ensure comfort and familiarity. Family and friends are encouraged to visit and participate in life at the home. Staff interviewed reported knowledge and strategies used for individual residents' emotional needs. Residents/representatives interviewed expressed a high level of satisfaction with the ongoing support and responsiveness they receive from management and staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to achieve maximum levels of independence and maintain links with the community outside of the home. Care staff assess residents' functional abilities when they move into the home and refer them to allied health professionals if further intervention is required. Assessments and care plans reflect consideration of the health, cultural, social and spiritual support each resident requires to maximise their independence. Therapeutic and exercise programs are scheduled to aid residents' functional abilities and assistive devices for mobility, meals and toileting are provided as needed. Residents may have a telephone in their room and have access to the internet. Staff describe strategies to maintain residents' independence in accordance with individual abilities. Residents/representatives stated they are satisfied with the assistance provided to residents 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 maintains policies and procedures to protect residents' privacy and dignity. On entry to the home, residents are provided with written information about their rights, privacy and confidentiality. The home's environment promotes privacy, including the provision of single rooms and outdoor areas for residents. Staff reported they provide residents' health and personal care services discretely to maintain their dignity and privacy. Observation indicated staff address residents in a courteous and polite manner, call residents by their preferred names and only enter residents' rooms with permission. Resident personal, clinical and financial information is stored in a secure manner. Residents are satisfied their privacy is respected and staff ensure their dignity 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/representatives reported a high level of satisfaction with the range and variety of activities offered at the home. There are processes to encourage and support residents to participate in a wide range of interests and activities of importance to them. Residents are assessed as they move into the home and staff identify residents' interests with assistance from family members. The home develops and displays a focused activity program to accommodate individual and group needs and other areas of care such as diversional and sensory therapy. A music therapy program is available to residents five days a week.

Therapy assistants and care staff described ways to encourage residents to participate in activities and how they provide one-on-one activities for those who are unable or choose not to participate in group activities. Activity programs are evaluated via resident feedback, meetings, surveys, and review of activity attendance records.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are identified when they move into the home and communicated to staff via care plans. An accredited interpreter service is accessed to assist staff in identifying and meeting residents needs when required. Significant days including religious celebrations and cultural days are celebrated with food, music and visual displays. Communication cards are available for use by residents and support from cultural community associations can be accessed. Ministers of religion and pastoral care providers visit the home regularly in support of residents' spiritual needs. Staff reported they have access to multicultural resources. Residents/representatives expressed satisfaction with the cultural and spiritual care and services provided by the home.

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

Systems are in place to ensure residents/representatives can participate in decisions regarding the services they receive and exercise choice and control over their lifestyle within their capabilities. Residents/representatives are consulted regarding their preferences and invited to participate in care planning, care reviews and evaluation. Whenever possible, residents choose their daily routines such as outings, meal preferences and attendance at

activities. Residents/representatives are encouraged to provide feedback to staff about their lifestyle choices, either verbally or through the internal feedback processes. Authorised representatives are identified to make decisions on behalf of residents unable to act for themselves. Staff provided examples of how residents are provided with choice and encouraged to make their own decisions. Residents/representatives stated residents are able to exercise choice and control over the care and services they receive.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents/representatives are provided with an information pack prior to coming to the home which outlines the rights and responsibilities of the resident. This includes a resident information booklet which gives detailed information about all aspects of life at the home. The home's mission statement and the Charter of residents' rights and responsibilities are included in the admission pack and resident handbook and are clearly displayed in the home. All residents or their representatives are offered an agreement on entry to the home. The resident agreement includes information for residents about their rights and responsibilities, complaints mechanisms, fees and charges, their security of tenure and the process for the termination of the agreement. Residents say they are satisfied with the information the home provides and understand their rights.

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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvement initiatives relevant to Accreditation Standard Four include:

- As a result of feedback the chemical company has been changed to improve results, specifically in the laundry. The new company has provided staff education as well as new safety data sheets. With the change of company some new products have been introduced including special wipes for use in an outbreak. Management said the results in the laundry since changing supplier have improved.
- A computerised maintenance management system has been introduced. All maintenance requests are being entered directly into the system as well as the preventative maintenance schedules. There is also an assets register within the system. Staff said the system is more efficient and management with access can get current information on works being completed.
- To cater for increased needs of residents, particularly those needing wheelchairs or tub chairs, the home has extended the resource centre. This area is used for concerts and meetings as well as some activities. An audio loop has also been installed in the area to assist the hearing impaired. Outside the centre an additional space has been concreted and an awning installed. These changes improve and increase the amount of activity areas for residents and their visitors.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s compliance with regulatory requirements relevant to Accreditation Standard Four include:

- Fire safety equipment is regularly inspected and tested and an annual fire safety certificate has been issued.
- Safety data sheets (SDS) are displayed adjacent to the chemicals to which they refer.
- Document review and staff interviews confirm the home implements a food safety program and the home has a current food safety licence.

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

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively. Examples of recent education attended by staff in relation to Accreditation Standard Four include: infection control and outbreak management for all staff, fire safety officers training, work health and safety committee training and emergency coordinator education.

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

Tinonee Gardens-The Multicultural Village is comprised of nine separate buildings and includes secure houses for residents living with dementia. All residents are accommodated in individual rooms with en-suite bathrooms, with the exception of one double room, and residents have personalised their own rooms. There are a number of communal areas and lounge rooms as well as access to outdoor areas and gardens. The living environment is clean, well-furnished and free of clutter. It is well lit and has a heating/cooling system to maintain a comfortable temperature. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living

environment is monitored through environmental inspections, resident/representative feedback, incident/accident reports, audits and observation by staff. Management is actively working to provide a safe and comfortable environment consistent with the residents' care needs and residents/representatives are of the view that the home is safe and comfortable.

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

Processes are established to ensure staff are educated during their orientation and annually about their occupational health and safety responsibilities. The home undertakes regular environmental monitoring to identify and manage actual or potential hazards. Upkeep of the home, grounds and equipment is routinely maintained through a preventative and corrective maintenance program. Chemicals are stored in locked areas with material safety data sheets available for all chemicals on site. The facility is a smoke free site. Staff have access to equipment that assists them to minimise the risk of workplace injury. Accidents and injuries are reported and investigated and action taken to address risks. Occupational and safety matters are discussed at general staff meetings, the organisation's safety committee meetings and communicated to staff in a weekly newsletter. Staff demonstrated awareness of safety management processes and understand their responsibilities regarding hazard identification and management.

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

There are established processes for identifying, managing and minimising fire, safety and security risks and the building is compliant with statutory requirements. A program of scheduled maintenance for all fire and emergency equipment is established. Management ensure all staff complete their mandatory fire and emergency training. Mock evacuation exercises are conducted annually and staff actions are analysed to evaluate and improve their responsiveness. Documented emergency procedures are available for staff reference. Staff demonstrated a clear understanding of actions to take on hearing the fire alarm or discovering a fire, the location and use of safety equipment and evacuation procedures. The home has appropriate security measures, key pad entry and exit, lock up procedures, closed circuit television monitoring and outdoor lighting and lockable perimeter fencing. Both residents and staff said they feel safe and secure at the home. Residents interviewed stated they have access to a call-bell system in their rooms and on their person and staff respond promptly to their calls for assistance.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program in place to monitor, manage and minimise resident infections. Data is collated and evaluated monthly and results are discussed at the clinical, occupational health and safety committee and staff meetings.

The organisation employs an external infection control consultancy service to assist with monitoring procedures, staff education and as a specialist resource. Compliance monitoring occurs through environment audits. The team observed staff infection control practices including the use of personal protective equipment, hand washing, sanitising liquids, the use of colour coded equipment, a dirty to clean flow in the laundry, cleaning and maintenance programs and a vaccination programme for staff and residents. A food safety system is in place, which ensures that kitchen staff monitor the temperature of the food through the delivery, storage, preparation, cooking and serving processes. The home has systems for the disposal of waste that includes contaminated waste, a process for handling soiled linen and the disposal of sharps. Staff interviewed by the team demonstrated an understanding of the home's infection control procedures.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home prepares all meals on site according to a four week rotating menu which was developed and reviewed in consultation with a dietician. Residents' dietary needs, including allergies, likes and dislikes are identified and recorded on entry to the home and updated as required. The catering staff have clear systems to ensure residents receive their identified needs and preferences. The kitchen has an effective food safety system in place and staff undertake training in food safety practices. Food delivery, storage and serving temperatures are monitored and recorded and there are systems to order, quality check, store, rotate and identify food in accordance with the home's policies. All residents interviewed expressed a high level of satisfaction with catering at the home. Residents' personal clothing is laundered on site and returned to residents' rooms by staff. A clothes labelling system is in place to reduce loss of personal clothing. Small laundries are available for use by residents who wish to wash their own personal clothing. Residents said they are satisfied with laundry services at the home. Cleaning schedules are in place together with completion records. Residents' rooms and common areas were observed to be clean during the site audit and residents/representatives said the home is always clean and tidy.