



Aged Care
Standards and Accreditation Agency Ltd

Flinders Island Multipurpose Centre

RACS ID 8835

4 James Street

WHITEMARK TAS 7255

Approved provider: The Tasmanian State Government

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 July 2015.

We made our decision on 14 June 2012.

The audit was conducted on 8 May 2012 to 9 May 2012. 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	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

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

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		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

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		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Flinders Island Multipurpose Centre 8835

Approved provider: The Tasmanian State Government

Introduction

This is the report of a re-accreditation audit from 8 May 2012 to 9 May 2012 submitted to the Accreditation 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 Accreditation 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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.2 Regulatory compliance

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 8 May 2012 to 9 May 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 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:	Gillian Walster
Team member:	Kye Tan

Approved provider details

Approved provider:	The Tasmanian State Government
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Details of home

Name of home:	Flinders Island Multipurpose Centre
RACS ID:	8835

Total number of allocated places:	9
Number of residents during audit:	6
Number of high care residents during audit:	5
Special needs catered for:	Nil

Street:	4 James Street	State:	Tasmania
City:	Whitemark	Postcode:	7255
Phone number:	03 6359 2122	Facsimile:	03 6359 3407
E-mail address:	sue.ryden@dhhs.tas.gov.au		

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	5
Clinical/care/lifestyle staff	7	Volunteers	1
Administration assistant	2	Hospitality staff	2

Sampled documents

	Number		Number
Residents' files including care and lifestyle plans	3	Medication charts	5
Resident agreements	2	Personnel files	6

Other documents reviewed

The team also reviewed:

- 'Resident of the day' forms/schedule
- Admission form
- Allied health referral folders and doctors' communication books
- Approved supplier list and contractors' list
- Asset and equipment register
- Audit data and reports and register
- Cleaning schedules
- Clinical forms and charts
- Communication diaries
- Competency testing records
- Continuous Improvement folder
- Dietary profiles and variation forms
- Emergency procedures manual
- Feedback forms and analysis
- Food safety program
- General orientation package and agency staff orientation program
- Hazard alerts folder including chemical register and hazard alert forms
- Incident forms, register and analysis
- Infection control procedures, register
- Lifestyle programs manual and activities calendar
- Material and safety data sheets
- Meeting minutes

- Memoranda
- Menus
- National staff listing police checks
- Occupational health and safety information
- Organisational chart
- Policies and procedures
- Position descriptions
- Preventative/reactive maintenance request folder
- Registered and enrolled nurse registrations
- Residents' information handbook, package and surveys
- Rosters
- Staff education planner, training attendance records and mandatory E learning checklist
- Staff handbook
- Vision, mission statement
- Workflow documents.

Observations

The team observed the following:

- Activities in progress
- Charter of Residents' Rights and Responsibilities displayed
- Colour coded infection control systems
- Equipment, chemical and supply storage areas
- Hand washing facilities
- Handover
- Interactions between staff and residents
- Journey board
- Living environment
- Meal service
- Medication administration, trolley, storage and disposal systems
- Nurses' stations
- Outbreak kits
- Personal protective equipment
- Resident and staff notice boards
- Security system
- Sign in/sign out register
- Staff assisting residents with meals
- Suggestion box
- Waste receptacles.

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

Management has a system to identify, action and evaluate continuous improvements across the Accreditation Standards. Management collect information through comments, complaints and suggestions from staff, residents and representatives, audits and incident reports. Management allocate, prioritise and monitor progress of improvement items. Management evaluate closed items for effectiveness with identified issues or needs. Continuous improvement is an agenda item at meetings and management disseminates information through memoranda, noticeboard displays and newsletters. Residents, representatives and staff are aware of the various avenues to make comments, complaints and suggestions. Stakeholders confirmed they are encouraged to be part of continuous improvement process at the home.

Examples of recent improvements relating to Standard One:

- In response to a service review which found education delivered without formal planning, management developed an education calendar for staff. Staff interviewed stated they provided input in choosing relevant topics and management stated the calendar is beneficial for organising education for staff.
- Following a staffing review, staffing hours have been restructured for some roles. Nursing unit managers and kitchen staff work on different shift hours. Staff reported the new hours allow them to be available over longer periods of time.
- Management responded to a service review which found a lack of a comprehensive system to capture staff time sheet and annual leave information. A new central web reporting system has been set up to record this information. Management stated the changes have brought greater efficiencies and data projections assist in rostering staff.
- Based on staff feedback on the inconsistent processes in allied health service referrals, management implemented a new referral form and workflow process. Staff interviewed stated information is better documented and communicated.

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 does not meet this expected outcome

Systems to ensure all relevant individuals have current police record checks are ineffective. While the organisation's management has a process to manage police record checks and

the process identifies when staff police checks are due for renewal the follow up to ensure these have been obtained is ineffective.

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

Education conducted relating to Standard one includes:

- Aged care funding instrument
- financial aspects of aged care workshop
- human resources-recruitment
- understanding 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

Management provides stakeholders with access to internal and external complaints handling mechanisms. Management discuss comments and complaints information with residents and representatives prior to entry. The residents' handbook and formal agreement document key information. The information desk at the foyer displays feedback forms, a suggestion box, external complaints and advocacy brochures. Management has an open door policy and regular meetings with staff, residents and representatives provide opportunities to raise concerns. An independent resident advocate organised by management assists to gather feedback from residents and communicate it to management. The continuous improvement system collates, reviews and monitor monthly complaints data. Residents, representatives and staff are aware of the process and documentation confirm management actions matters appropriately and promptly.

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

Management display the home's vision and value statements. Stakeholder publications document these statements and they form part of staff orientation. The organisational chart is current and a strategic plan is in place for future development and continuous improvement.

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 are procedures to ensure employment of appropriately qualified staff to provide resident care and services. Recruitment and retention of appropriately qualified staff is achieved through position descriptions, appointment of staff aligned with selection criteria, staff orientation and a staff education and training program. Rosters and changes are made in response to changing care needs of residents. Management monitor and evaluate staff performance. Staff said the staffing levels are flexible and appropriate and said they enjoy their work and expressed a commitment to the residents and the home. Residents and representatives said staff provide timely, polite and consistent care in response to the needs of residents.

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 systems to ensure there are adequate stocks of goods and equipment for quality service delivery. There is a duties schedule for daily, weekly and periodic checks for equipment, a system for tagging and testing of electrical appliances and corrective maintenance is completed in a timely manner. There are stock rotation processes for perishable items, stock is stored as appropriate in clean and secure areas and management maintains a list of approved suppliers. Staff, residents and representatives said there are adequate supplies of goods and equipment to meet their needs and management are responsive to their requests.

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 effective information management systems to ensure stakeholders have access to current information about the processes and activities of the home. Information is gathered through confidential financial and contractual information, staff employment, continuous improvement activities, meetings and organisational correspondence. Appropriate clinical documentation and communication systems identify residents' care needs and help ensure delivery of care. Meetings, staff handovers, newsletters and various feedback mechanisms, policies and procedures and state health department access, ensure effective communication with stakeholders. The home's computer systems are protected with passwords. Residents and representatives stated that they are informed of events and improvements in the home. Staff expressed satisfaction with communication and management systems in the home.

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 has effective processes that ensure the ongoing quality and responsiveness of externally sourced services. Management select external services on clearly defined criteria determined by the state health department. Management review supplier performances regularly to ensure quality and compliance. Suppliers receive a handbook and undergo orientation to the home. Stakeholders provide feedback and satisfaction is also monitored through audits, surveys and observations. Staff have access to afterhour's emergency numbers and a list of preferred service providers is available. Staff and residents are satisfied with the current external suppliers.

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

Management actively pursues continuous improvement in relation to residents' health and personal care. Refer to expected outcome 1.1 Continuous Improvement for information about the system. Management captures and reports monthly incident/infection data, issues identified, collated and corrective actions implemented through the quality system. Staff confirmed they are encouraged to make suggestions and residents stated they are satisfied with feedback and actions on health management concerns.

Examples of recent improvements relating to Standard Two:

- Staff feedback highlighted the breakdown of communication between care staff and kitchen staff about residents' changing dietary needs. In response, management has implemented a new form and process to facilitate communication. Staff interviewed said the process is straightforward and minimises errors.
- Based on management observation that schedule four and eight drugs were stored in various locations in the facility, a key-access medication storage area has been set up to store schedule four drugs in a locked safe and schedule eight drugs are stored in the co-located emergency department. Management stated the new arrangements increase the safety and security around medication management.
- In response to a resident's reduced dexterity and difficulty in taking medication, management purchased a flat crockery cup. The resident is now able to take the medication independently.
- Based on staff feedback that residents who sleep through lunch would miss their meals, kitchen staff send a cold pureed meal to residents, which staff can heat up anytime. Staff have provided positive feedback that the food can be safely and conveniently managed.

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

There are systems to ensure compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing certification and systems for storage, checking and administration of medications in accordance with regulatory requirements. Registered nurses assess, plan, implement and evaluate resident medication and care needs. Staff have access to the home's policy and procedure manuals. Staff said they receive information and education on residents who may abscond, mandatory reporting requirements and are aware of their regulatory responsibilities.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management demonstrate staff have knowledge and skills to provide health and personal care to residents. Refer to expected outcome 1.3 Education and staff development for details about the system for ensuring staff perform their roles effectively. Staff selection and recruitment practices ensure appropriately qualified and skilled staff are employed and ongoing education opportunities ensure their skills are maintained and are reflective of the current resident population. Staff said they are satisfied with clinical education offered and confirmed they undergo skill competencies.

Education sessions relating to Standard two include:

- continence management
- diabetic update
- e-learning dysphasia
- usage of the syringe driver.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are systems to ensure residents receive appropriate clinical care. Assessments are conducted according to a schedule and care plans outline resident needs and preferences. The journey board is used to communicate resident information for staff to help manage individual resident care needs. Each resident is evaluated regularly in a resident of the day process. Appropriately qualified and experienced staff provide care to residents and records of care are maintained in clinical charts and progress notes. Regular medical reviews and increased monitoring occurs when needed. Staff said they have sufficient rostered time to provide the planned care for residents. Residents are very complimentary of the care provided and said that any episodes of ill health or accident are responded to quickly and properly and representatives are informed appropriately.

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

Appropriately qualified staff identify and meet specialised nursing care needs of residents in the home. There are policies and procedures available to guide care staff in the provision of specialised care to residents. Staff regularly monitor and review residents, their care needs and specialised care plans. Referral and consultation with health professionals occur. Education is provided to staff in areas of complex care specific to the residents’ needs. Staff said they have sufficient time and resources available to provide specialised care, and

residents and representatives said they are satisfied with the specialised care residents receive.

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

Staff refer residents to specialists as required and as preferred. Staff assess residents’ needs and determine preferences for referral to external services. Medical practitioners are co located in the home and review residents regularly and are available if required urgently. The physiotherapist assesses residents when they enter the home, undertake an annual mobility review and review residents at other times as required. Speech pathology, dietician, podiatry, optometry, auditory, dental services, palliative care and external mental health services review residents when referred by the home by phone when necessary. Residents said staff refer them to specialists as needed and assist them in visiting outside specialists as required.

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

There are systems to safely and effectively manage residents’ medication. Medication management is provided using original packaging and is administered by registered and enrolled nurses. Annual audits are conducted which monitor the system by auditing medication charts and staff signage when administering medications. The home has processes to ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Medications administered on an as needs basis are recorded and include a reason and an evaluation of the medication intervention. Staff administering medications said they understand the medication management system used at the home and residents said they are satisfied with their medication management.

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

There are processes to ensure residents are as free as possible from pain. Staff conduct a pain assessment when residents enter the home and formulate a care plan. Staff reassess residents if they express new pain or there has been a change in medication. Residents’ verbal, non verbal and behavioural indications of pain are considered and strategies to manage pain include analgesia, repositioning, massage and hot and cold packs. Staff said they are aware of residents’ pain management needs, monitor residents’ pain and provide interventions as needed. Staff respond to residents’ non verbal response to pain when necessary. Staff record the use and effects of interventions and strategies. Residents and representatives said staff respond appropriately whenever residents have pain.

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

Staff provide care to residents who are terminally ill and support their comfort and dignity needs. Residents’ terminal care wishes are established when residents enter the home. The general practitioner completes a statement of residents’ palliative wishes and requests. When residents require palliative care their care plans are adjusted to help identify and manage care requirements. Consultation with representatives occurs regarding the care environment and their role in the residents care. Medical care for residents is accessed and specialist external palliative services are consulted when necessary. Staff said the comfort and dignity of terminally ill residents is maintained.

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’s approach ensures that residents receive adequate nourishment and hydration. On entry to the home staff assess residents’ nutritional requirements. Care plans and resident requirements are regularly reviewed. Staff plan meals with residents’ likes and dislikes, individual special needs and requirements taken into account. Staff weigh residents regularly and resident weight losses or gains are managed according to the home’s established protocols. Meals are prepared on site daily using a rotating menu which offers residents a choice at every meal. Regular refreshments are provided. Nutritional supplements, personal assistance and adaptive crockery and cutlery are provided when required and individual preferences are accommodated. Staff said they are aware of residents’ requirements for texture modified diets and individual assistance. Residents said they enjoy their meals and their nutritional and hydration needs are met.

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

There are systems to promote residents skin integrity consistent with their overall health. Policies and procedures are available to guide staff, a skin assessment identifies residents at risk of skin breakdown and care plans identify strategies to reduce this risk. Strategies to promote skin integrity include regular repositioning, limb protectors, continence programs and the use of emollient creams. Aids such as air mattresses and mobility aids are provided when required. Skin tears and wounds are monitored and records of care are maintained. Staff said they are familiar with the skin care needs of residents. Residents said they are satisfied with the home’s approach to maintaining their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are processes to ensure staff effectively manage residents’ continence and toileting requirements. Staff assess residents’ individual continence needs and determine the assistance and aids they require. Care plans outline strategies to promote continence levels and independence. Staff monitor and manage infections. Staff are provided with education to assist residents with continence requirements and discreetly maintain residents’ dignity. Staff said they have access to sufficient continence aids for residents’ needs and state their knowledge of residents’ toileting requirements. Residents said their continence needs are met and aids are provided as necessary and to assist their independence.

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

Staff provide care for residents with challenging behaviours. Staff assess residents’ behaviours on entry to the home and review is undertaken as required. Triggers for behavioural occurrences consider medical, emotional and cognitive reasons for challenging behaviour. Care plans contain strategies to manage challenging behavioural occurrences. Staff access medical practitioners and advisory services for residents who require additional review and management of challenging behaviours. Staff have access to education and resources and provide assistance to residents in a calm, respectful manner and said they are supported in managing residents’ behaviours. Residents and representatives said they are satisfied with the management of behavioural issues within the home.

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

Staff provide care that promotes residents’ mobility and dexterity. Residents’ mobility capacity is assessed when they enter the home. The physiotherapist reviews residents regularly and when requested. Appropriate mechanical transfer equipment is provided and staff are trained in manual handling and safe transfer techniques. Incidences where residents have fallen are managed according to the homes’ policies and procedures. The team observed staff assisting residents with their mobility and residents said their mobility and dexterity is encouraged.

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

Systems at the home assist residents to maintain optimal oral and dental health. Assessments for oral and dental needs and preferences are conducted when residents enter the home. Care plans are regularly reviewed and include details about assistance required and daily care of residents’ mouth, teeth, and dentures as appropriate. Staff assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. Specific strategies are formulated for residents with swallowing difficulties which include texture modified diets and staff assistance with meals. Residents said staff provide assistance with their swallowing, oral and dental hygiene.

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

Staff assess residents’ sensory losses following entry to the home, and effectively manage and regularly review residents with sensory difficulties. Specialist providers are accessed by the home when required. Staff assist residents with their sensory aids including hearing aids and glasses. Regular audits and inspections are conducted to ensure the home is safe and uncluttered and provides safe accessibility for residents with sensory difficulties. Staff said they are aware of residents’ individual needs and assist residents who require help with the care, maintenance, fitting and cleaning of aids and devices. Residents said staff assist with their sensory needs.

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

Staff provide care to assist residents in achieving natural sleep. Assessments of residents’ usual sleep patterns occur which indicate residents’ sleep needs and preferences and are used when planning care. Strategies in care plans include settling and waking times, bedding and environmental preferences for sleep. Both pharmacological and non pharmacological methods are used to promote sleep. Staff said they are aware of residents sleep patterns and their environmental and comfort preferences. Residents said that the home is quiet at night and that they generally sleep well.

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

Management has a system for monitoring and improving outcomes relating to the residents’ lifestyle experiences. Refer to expected outcome 1.1 Continuous Improvement for information about the system for actively pursuing continuous improvement. Ideas for improvement come from feedback, surveys, meetings and evaluation of residents’ participation levels. Residents confirmed they are satisfied with the activities and choices available to them regarding their lifestyle.

Examples of recent improvements relating to Standard Three:

- Based on management observation of residents’ lack of participation in residents and relatives meeting, management organised a dedicated resident advocate to seek feedback from residents and liaise with management. Management stated residents have provided feedback indirectly on their personal preferences, which management is responsive to.
- In response to staff feedback that residents and the community would benefit from memorials for residents who have passed away, management organised two memorial sessions. The sessions have received positive feedback from stakeholders and management stated they will continue to conduct memorials.
- Based on staff feedback the communication board in the kitchen which displayed information about residents compromised residents’ privacy, room numbers replaced residents’ names. A separate list in the kitchen allows staff to identify the room number with the resident. Management stated the new arrangement protects the privacy of residents.
- Following management observation that staff introduce potential residents and representatives to the home in an informal manner, the aged care business officer is now responsible for this function. This staff member provides information and explains the procedures to potential residents and representatives. Management stated this process is more organised and efficient.

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 for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. Residents and representatives are provided with a resident agreement and handbook which details information relating to their security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff said they receive

information and education related to privacy, elder abuse, mandatory reporting responsibilities and residents' rights.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management demonstrates staff have appropriate levels of knowledge and skills relating to resident lifestyle outcomes and that they have access to relevant training opportunities. Refer to expected outcome 1.3 Education and staff development for details about the system for ensuring staff perform their roles effectively. Attendance records confirmed staff attend training on topics relevant to this Standard.

Education sessions attended relating to Standard three includes:

- Cultural care
- dignity, respect and privacy
- elder abuse
- leisure and lifestyle.

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

There are systems to assist residents to adjust to life at the home and to ensure staff support residents emotionally. Management provides new residents with an information pack explaining services and levels of care. Staff give new residents a tour of the home and introduce them to other residents and staff. On entry, assessments capture resident's past and current social and emotional histories. Staff develop and review care plans documenting preferences, triggers and strategies for the residents to enjoy life at the home. Residents are encouraged to personalise their rooms and staff invite the community and representatives to maintain close contact. Staff schedule individual time with residents for personalised interactions. We observed staff interacting with residents in a caring and friendly manner and residents confirmed staff meet their emotional needs.

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

Management demonstrate they support residents to achieve optimal independence, maintain friendships, family connections and community links. Assessment and care planning process identify the residents' cognitive, mobility and dexterity levels, any risk taking behaviours and

preferences for social interaction. Exercise programs take place to maintain mobility and lifestyle programs include sensory stimulation activities. Staff assist residents to go on outings and entertain visitors. Management provides appropriate equipment and utensils to encourage independence and staff conduct audits to ensure the environment is free of hazards. Residents stated they feel they are part of the local community and staff assist them to be independent.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management ensure that staff respect residents' right to privacy, dignity and confidentiality. Resident and staff handbooks and contracts document policies on this privacy and dignity. Consent forms are available for residents to sign to enable the release of information and the use of their photographs and names. The home has single rooms with en suite or shared bathrooms. There is a private area for residents to meet with visitors. Staff keep files in secure areas and handover occurs discreetly. We observed staff knocking on doors before entering and addressing residents by their names. Residents confirmed staff treat them with respect and they are satisfied staff maintain their privacy.

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

Staff support and encourage residents to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document residents' choices and staff regularly review care plan to reflect changes in the individual needs of the resident. Management uses activity evaluations, surveys, feedback from meetings and participation records to monitor satisfaction and consult with residents on future planning. Community groups and volunteers are welcomed at the home, staff assist residents to maintain individual hobbies and friends and family are involved in their life at the home. Residents confirmed staff provide them with individual time and are satisfied with activities they engage in.

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

Management demonstrate it fosters and values residents' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff celebrate special events, significant days and accommodates to residents' cultural dietary preferences. Staff

have access to cultural care kits and organise pastoral services where required. Residents stated satisfaction with the support provided to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management enable residents to participate in making choices and decisions regarding their clinical care and lifestyle preferences. The resident handbook contains information on residents' rights and responsibilities, the complaints process, external advocacy services and policies relating to clinical care and lifestyle choices. Staff assess cognitive levels and document authorised powers of attorney. Audits, surveys and feedback from meetings monitor satisfaction and staff attend education on this outcome. Residents stated satisfaction with their ability to make independent choices and decisions.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The aged care business officer provides information to residents and representatives prior to resident's entry to help them understand residents' security of tenure, rights and responsibilities, financial obligations and services offered. An information handbook and formal agreement contain policies on termination of occupancy and strategies in place to deal with harassment and victimisation. Management consult extensively in the event of the need to move a resident to another room or to a more appropriate facility. Residents and representatives are encouraged to seek external legal and financial advice and staff receive ongoing education on elder abuse and mandatory reporting. Management has an open door policy to discuss concerns and mail outs inform residents of any relevant changes. Residents state they feel secure in their tenancy and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management actively pursue continuous improvement to ensure residents live in a safe and comfortable environment. Refer to expected outcome 1.1 Continuous Improvement. Management utilise feedback from residents, representatives and staff, maintenance requests, environmental audits and incident and infection data to identify areas for improvement. Management address issues immediately where possible or add to the quality improvement register for further investigation and actioning. Residents confirmed they are able to raise suggestions at meetings, to staff or the resident advocate. Residents further stated they are satisfied with the living environment and feel safe.

Examples of recent improvement relating to Standard four:

- Based on staff observation on the lack of residents’ usage of the lounge room, management organised for refurbishment of the room. The room had received a fresh paint based on residents’ choice and a multi-purpose, large screen television has been set up. Staff stated residents with reduced vision are better able to enjoy watching television and more residents now come to the lounge room.
- Following an audit which found occupational health and safety risks when kitchen staff bend over the chest freezer, a stand-up freezer has replaced the chest freezer. Staff interviewed stated the new freezer is safer when they reach for items.
- Based on staff feedback that the bain-marie was too large for the kitchen and the plate warmer was too low on the ground, management has replaced both items. Staff stated the new equipment are easier to use.
- Based on management observation that the old cleaning trolley had limited storage space and no locking device, it has purchased a new cleaning trolley. The new trolley has a key lock and an attached colour coded mopping equipment.

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 for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. Staff are made aware of legislative requirements through policies and procedures, memoranda, meetings, information sessions and on noticeboards. Chemical storage is secure and current material safety data sheets are available. Emergency and evacuation procedures and recommended infection control guidelines and procedures are in place. Mandatory fire and safety training occurs and annual competencies are monitored.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has processes to monitor and enhance the skills and knowledge of staff to ensure they perform their roles effectively in relation to the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for details about the system. Staff confirmed they attend annual mandatory training and say they are confident of their skills in the event of an environmental emergency or infectious outbreak.

Education sessions attended relevant to Standard four includes:

- Fire and fire warden training
- food safety
- infection control
- manual handling
- spill-kit training.

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 has systems to demonstrate they are actively working to provide a safe and comfortable environment. The home has single rooms and management encourages residents to bring small items to personalise them. Management provides well maintained pathways and courtyard areas, appropriate signage and security features, furnishings and equipment, consistent with residents' care needs. Management monitor the environment through surveys, audits and a preventative and corrective maintenance program. Appropriate policies and procedures are in place to guide staff practices and meet regulatory requirements. Residents and representatives stated they are satisfied with the comfort and safety of the 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 an occupational health and safety committee that provides a safe working environment for staff. Two on-site management personnel and two representatives have completed the relevant courses. The committee is comprised of staff from the various departments. Regular occupational health and safety meetings are held to resolve issues and identify trends. Staff receive appropriate training for manual handling, fire and emergency, safe chemical management and infection control and can access manuals and policies and procedures. Management analyse incidents and infections data and respond

promptly to maintenance requests. Staff stated they have access to appropriate equipment and aids to reduce the risk of injury to residents and themselves. We observed chemicals stored securely and have accompanying material safety data sheets.

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 systems for the detection, prevention and management of fire and emergencies. Appropriate fire detection and alarm systems and service records confirm external contractors undertake regular inspections and maintain equipment. An evacuation procedure is at the nurse's station and evacuation maps are on display. Exit signs are clear and free of obstruction. Visitors are required to sign a register and after hours emergency measures are in place. Education records confirmed staff attend mandatory fire and emergency training at orientation and annually thereafter. Staff were able to describe their actions in the event of an emergency evacuation and residents and representatives stated they are satisfied with fire and security measures.

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 infection control program at the home includes policies and procedures, education, and monitoring of infection rates. Infection control is provided as part of the annual mandatory training and hand washing competencies are conducted regularly. Guidelines on the management of outbreaks such as gastroenteritis and influenza are accessible and staff demonstrate they have the appropriate levels of knowledge to minimise the risk of infection spread. Outbreak kits, spill kits and sharps containers, personal protective clothing and equipment and hand hygiene facilities are available at the home. Catering staff use systems based on safe food practices and principles and cleaning staff use a system of cloths and mops to help prevent infection.

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

In-house multi-skilled staff provide all hospitality services and appropriate policies and procedures inform practices. The kitchen follows an approved food safety plan and has current external certification as per legislative requirements. The kitchen offers alternative meals; snacks and drinks are available throughout the day and staff update residents' dietary needs and preferences effectively. Cleaning staff follow duty lists and schedules to ensure the residents' rooms and common areas are regularly cleaned and maintained and colour coded equipment is used for infection control. The laundry collection and distribution processes ensures prompt return of linen and clothing that follows appropriate infection control procedures. Staff receive ongoing chemical and infection control training and are

monitored through observations by management, feedback from residents and representatives and regular audits. Residents expressed satisfaction with the hospitality services.