



Aged Care
Standards and Accreditation Agency Ltd

Guilford Young Grove

RACS ID 8816

13 St Canice Avenue

SANDY BAY TAS 7005

Approved provider: Southern Cross Care (Tas) Inc

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 13 July 2015.

We made our decision on 23 May 2012.

The audit was conducted on 17 April 2012 to 18 April 2012. The assessment team's report is attached.

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

Actions Following Decision

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 19 July 2012 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest 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

Guilford Young Grove 8816

Approved provider: Southern Cross Care (Tas) Inc

Introduction

This is the report of a re-accreditation audit from 17 April 2012 to 18 April 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:

- 42 expected outcomes

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

- 2.13 Behavioural management
- 3.2 Regulatory compliance

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 17 April 2012 to 18 April 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:	Susan Hayden
Team member:	Carlene Tyler

Approved provider details

Approved provider:	Southern Cross Care (Tas) Inc
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Details of home

Name of home:	Guilford Young Grove
RACS ID:	8816

Total number of allocated places:	56
Number of residents during audit:	43
Number of high care residents during audit:	34
Special needs catered for:	Nil

Street:	13 St Canice Avenue	State:	Tasmania
City:	Sandy Bay	Postcode:	7005
Phone number:	03 6225 1025	Facsimile:	03 6225 3225
E-mail address:	gyg.admin@scctas.org.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents	8
Clinical services director	1	Representatives	3
Nurse manager	1	Administration assistant	1
Registered nurses	4	Residential inquiries officer	1
Care staff	7	Laundry staff	1
Lifestyle coordinator	1	Cleaning staff	1
Lifestyle officer	1	Maintenance staff	2
Pastoral care worker	1	Catering staff	3

Sampled documents

	Number		Number
Residents' files	18	Medication charts	8
Summary/quick reference care plans	5	Personnel files	5
Service agreements	4	Resident agreements	6

Other documents reviewed

The team also reviewed:

- Agency staff orientation checklist
- Annual audit of essential safety health features and measures – current
- Annual maintenance statement – current
- Archive register
- Cleaning audits
- Cleaning schedule
- Clinical resource documents
- Clinical review reports
- Communication diary and books
- Concerns register
- Continuous improvement plan
- Corrective maintenance request book
- Daily handover report
- Daily schedule and S8 check record
- Dietary needs profile
- Doctor's folder
- Education training program
- Elder abuse staff knowledge
- Electrical test and tag register
- Electronic care system
- Emergency evacuation maps
- Emergency procedures manual

- Employee satisfaction survey
- External audit benchmarking
- Falls analysis register
- Fire detection and fire fighting equipment log books
- Food premise registration
- Food safety report
- Handover folder
- Hazard reports
- Improvement logs
- Incident reports
- Infection control competency tests
- Infection register
- Infectious outbreak management records
- Internal review audit reports and audit schedule
- Job descriptions
- Laundry procedures
- Lifestyle records
- Lifestyle resource information
- Managers' reports
- Meeting minutes
- Memoranda
- Newsletter
- Nurse registration register
- Orientation check list for agency RN
- Physiotherapy communication folder
- Police check register
- Policies and procedures
- Preferred suppliers' list
- Preventative maintenance schedule
- Privacy consent form
- Quality monitoring data
- Recruitment policies and procedures
- Reportable assaults register
- Resident accident/incident log report
- Resident breakfast preference list
- Resident evacuation list with mobility status
- Resident of the day review form
- Resident' handbook
- Registered nurse guide to day to day management
- Self assessment
- Skin care data collection
- Staff and resident noticeboards
- Staff confidentiality form
- Staff handbook
- Staff roster
- Statutory declarations
- Strategic plan 2011-2016
- Third party kitchen auditing reports
- Vision, mission and values statement
- Wanderer identification sheets
- Weekly clinical review minutes
- Wound care folder.

Observations

The team observed the following:

- Activities in progress
- Aged care brochures
- Archive room
- Charter of residents' rights and responsibilities
- Cleaning in progress
- Concern (complaint) forms
- Equipment and supply storage areas
- External complaints information
- Fire and evacuation instructions on resident room doors
- Fire detection and fire fighting equipment
- Improvement forms
- Interactions between staff and residents
- Living environment – internal and external
- Maintenance shed
- material safety data sheets
- Meal service
- Medication rounds
- Pan rooms
- Personal protective equipment
- Phone for resident use
- Quality monitoring information
- Sensory room
- Spill kits
- Staff notice boards
- Storage of medications
- Suggestion box
- Wound trolley.

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

As part of Southern Cross Care (Tas) the home is well supported by the organisational structure and quality systems to ensure the active pursuit of continuous improvement across the four Standards. Improvement opportunities are identified at the home and organisationally through strategic planning, quality monitoring and feedback processes. These include internal and external audits, benchmarking, complaints, suggestions, incidents, hazards, meetings and staff and resident surveys. Issues are logged on a continuous improvement plan which include sections to document the planned improvement, action and evaluation of effectiveness. Management monitors the home's quality performance and reports monthly to head office across key areas. Stakeholders receive feedback through mechanisms including noticeboards, memoranda and meetings. Stakeholders confirmed they are encouraged to provide suggestions and reported the home is responsive to their needs and continuous improvement is ongoing.

Examples of recent improvements in relation to Standard 1 include:

- Organisational management identified the need to update the residents' handbook to enhance clarity and ensure site specific information is included with the generic organisational information. Management reported feedback is positive and the handbook is clearer and easier to read for residents and their representatives.
- Organisational management identified the need to standardise staff induction information across the organisation's seven sites. As a result the new staff handbook has been revised and updated to ensure consistency of information for all new staff across the organisation. Management reported the new handbook is easier to read and staff feedback is positive.
- Organisational management identified the need to standardise uniforms across the organisation and update the style and colours of staff uniforms. The new uniforms have been implemented and updated to incorporate the organisation's logo. Management reported resident and staff feedback is positive. Residents requested and have been provided with a legend to assist them to identify staff designation in line with the colour of their uniform.

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 demonstrates it has appropriately documented policies and procedures to meet legislative and regulatory compliance requirements relative to Standard 1. There are appropriate home and organisational systems with key staff accountable for identifying the impact of legislation, implementing and monitoring relevant legislation requirements. The organisation subscribes to a legislative update service and receives relevant information from professional and peak body organisations. The executive team and director of clinical services discuss, monitor and review the information and implement policy reviews and updates to ensure the home meets legislative compliance requirements. Policies show legislation is referenced where required and policy changes and new requirements are disseminated to stakeholders through meetings, education and memoranda. Staff confirmed they are informed about legislative and regulatory requirements.

Examples of the home’s systems and processes to ensure compliance with regulatory requirements relative to Standard 1:

- The home informs stakeholders of the internal and external complaint processes, the information is displayed and forms for completion are accessible.
- There are effective organisational systems to manage and monitor probity checks and police check renewal processes for staff, volunteers and contractors.
- Appropriately qualified staff are recruited to meet residents’ care needs.
- Management ensured residents and representatives received notification of the re-accreditation audit and the applicable poster was displayed.

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

The home provides educational opportunities to ensure staff have appropriate skills and knowledge to provide quality care to residents. Education topics are developed from individual assessment, ideas raised at meetings, new equipment or alterations to practice and issues raised in incident forms or improvement logs. Staff attend education days provided by head office for essential training and other training is provided by electronic learning, self-directed packages, internal educators and sessions provided by external providers. Staff are encouraged and supported to attend conferences within Tasmania and interstate. Education is evaluated and documentation confirmed staff are completing education. Staff stated they are encouraged to attend education and have completed their mandatory competencies.

Examples of education sessions conducted by the home relevant to Standard 1 Management systems, staffing and organisational development include:

- Mission, vision and value statements
- Aged care standards and accreditation agency

- Better practice, electronic system training
- Continuous improvement.

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 ensure residents and their representatives and other stakeholders have access to internal and external complaints processes. The home's internal system includes accessible forms to complete a suggestion box for confidentiality, a concerns register, management responsibility and prompt follow up of issues. Residents are informed of the feedback processes initially when they move into the home and information is included in the resident handbook. Residents reported management is approachable, has an open door policy and they are comfortable raising matters verbally including at meetings. Staff confirmed they are comfortable making suggestions and raising issues and advised they advocate on behalf of residents. Residents stated they are aware of the concerns/complaints management processes and confirmed satisfaction with timeliness and management response when issues have been 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 home has documented and displayed the organisation's mission, vision, values statements and commitment to meeting residents' care and service needs within the home. The organisational structure provides overall leadership, strategic direction and resources to support the home in meeting their care objectives. Residents confirmed satisfaction with the quality of care and services.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home employs appropriately skilled and qualified staff to meet resident care needs. There are documented systems and practices in place for staff orientation and education. New staff receive a handbook, work with an experienced staff member for their first shifts and have an appraisal after three months. Staff files reviewed included signed contracts, position descriptions, current registration and criminal history checks, completed induction checklists and evidence of ongoing education. There is a casual bank of staff available to fill vacancies in the roster or agency staff are employed. Staff confirmed they are offered opportunities for further education, roster vacancies are filled and residents and representatives reported they are happy with the level of care provided.

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

Effective systems and processes ensure there are sufficient stocks of appropriate goods and equipment available for quality service delivery. There are organisational processes for identifying preferred equipment and suppliers. Key staff are responsible for monitoring and reviewing clinical and other stock levels, expiry dates and re-ordering supplies. A maintenance officer attends to preventative and corrective maintenance in a timely manner. The preventative maintenance schedule ensures equipment maintenance is regular and timely and contractors' attendance for periodic servicing of equipment is monitored. Electrical equipment is tested and tagged as required. Stock and equipment storage areas are clean, sufficiently stocked and secure where required. Staff, residents and representatives confirm the availability of sufficient supplies of quality stock and that equipment is in good working order.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Management and staff have access to current policies and procedures and clinical and other relevant resource documentation. Resident and staff handbooks and noticeboards are in use, residents receive a monthly activity program and are regularly reminded about the activities of the day. Information is disseminated at shift handovers and by memoranda, meetings, minutes, newsletters and fliers; quality monitoring data is displayed. There are regular staff and resident meetings and minutes are available. There are processes for document review and control, password protection and back up of electronic information and secure storage, archiving and destruction of confidential documents. Residents and representatives confirmed they are satisfied with the level of information provided and the opportunities for feedback including liaising with management.

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

Organisational wide systems ensure the initial and ongoing suitability of externally sourced services and head office arranges preferred suppliers, tenders and external contracts. Standardised, signed service agreements are set up which outline the scope, type and standard of the services to be provided as applicable and identify probity checks and requirements. Contractors are oriented to the home, informed of conduct requirements and sign in at the front desk. Contractors' performance is evaluated in accordance with required standards and performances through stakeholder feedback, fees, contract review and quality monitoring processes. Performance issues may be discussed at the home or referred to head office for resolution. Staff and residents confirmed satisfaction with the services provided by the home's external service providers and contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's continuous improvement system demonstrates that improvements in residents' health and personal care are ongoing. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement. Clinical staff oversee residents' specific and changing needs and regular clinical review meetings occur. Residents and representatives reported they are consulted about their care and confirmed satisfaction with the care provided.

Some recent continuous improvements relating Standard 2 include:

- Management identified the need to update from a paper based care documentation system to a new electronic care documentation system to improve efficiency in managing and recording resident care information. Staff received training and the new electronic system was introduced late last year. Staff reported care records are easier to follow and to read due to improved legibility. Staff training is continuing as needed and evaluation of the new system is currently ongoing.
- Management identified the need to purchase two new syringe drivers to ensure suitable equipment is available to manage palliative residents' pain effectively. Management reported appropriate staff have completed syringe driver competency training and are competent to use the equipment appropriately.
- Management identified the need to introduce annual medication competency packages to ensure registered nurses have appropriate skills to manage residents' medication needs safely. Staff have completed the learning packages to ensure they meet an appropriate level of competence to administer medications safely and correctly.
- Management identified the need to enhance residents' foot care and as a result two care staff attended foot care training. The training has improved their skills in monitoring residents' foot care needs and enables them to assist the podiatrist in monitoring foot care. The staff reported the course has been very useful in enhancing foot care for residents.

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

Management has appropriate systems to identify and ensure the home meets regulatory requirements relative to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for a description of the home's regulatory compliance systems. Staff confirmed knowledge of regulatory requirements and guidelines relative to Standard 2.

Examples of the home's systems and processes to ensure compliance with regulatory requirements relative to Standard 2:

- The home's policy and procedure for missing residents reflects legislative requirements and staff are informed of requirements.
- There are appropriate systems for managing medications safely and securely in accordance with legislative requirements.
- There are systems to ensure the currency of nurse registrations is checked and monitored.
- Registered nurses are rostered across all shifts to monitor and oversee residents' high care clinical and complex nursing needs.

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 information about the home's education and staff development systems and processes. Clinical and care staff have access to education to ensure they have the knowledge and skills to provide care for residents. Education is provided relevant to residents' care needs and is presented at meetings, handover, self-directed learning packages, electronic learning, face to face sessions, conferences and articles displayed in the staff room. The education calendar is accessible to staff and upcoming education is displayed on the staff notice board.

Examples of education sessions conducted by the home relevant to Standard 2 Health and personal care include:

- Epilepsy awareness
- Drugs in the elderly
- Parkinson's disease
- Foot care
- Syringe driver education.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home assesses residents' clinical care on entry and reviews this three monthly using a resident of the day system and at the weekly clinical review when there is a change in the residents' condition. Care staff stated changes are communicated verbally at handover, written on the whiteboard in the nurses' station, documented in the progress notes and updated on care plans. Doctors visit residents and staff alert them to changes in residents' condition by phone, fax or document in the communication book. Documentation reviewed showed progress note entry by staff and doctors. Residents and representatives are satisfied with the 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

Residents’ specialised nursing care is documented on their care plan and reviewed by registered nurses. Residents’ doctors are contacted and referrals are made to specialist services. Specialised care needs include management of diabetes, weight management, wound care, oxygen therapy, catheter and stoma care. Care plans guide staff in the timeliness of treatment and the equipment required. Review of documentation indicates care is given as directed. Residents and representatives confirmed residents’ specialised care needs are appropriately managed.

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

The home has access to a range of health specialists and refers residents according to their needs. Residents have regular access to physiotherapy and podiatry services. Other services available include dementia behaviour management advisory services, psychogeriatric services, palliative care, continence clinic, wound clinic, speech pathology, audiology, diabetic clinic and occupational therapy. Residents’ doctors are consulted for specialist referral and changes are documented in their files. Residents and representatives confirmed referrals to specialists are made 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

Residents’ medication is managed safely and correctly by registered nurses. The medication system is audited and staff administering medications complete annual competencies. Medications are stored securely and there are procedures for ordering medication and sending back medication no longer required. Residents’ medication charts have a photograph for identification, any known allergies and identifies how medication is to be given to residents when there is difficulty swallowing. Residents stated they are satisfied with the management of their medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents’ pain management is assessed on entry and reviewed regularly. Staff could identify signs of pain in residents with cognitive impairment and residents’ doctors are notified if pain is not well managed. Pain is managed through the use of analgesia, gentle

massage, repositioning, heat packs, transcutaneous electronic nerve stimulation machine and review by the physiotherapist. Documentation shows episodes of pain are responded to with different pain management strategies. Residents and representatives confirmed residents' pain is appropriately managed.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

On entry to the home residents and their representatives are asked for their palliative care wishes to guide future care decisions. Staff have received education in palliative care, have access to specialist palliative services and there is a pastoral care service available for residents and their representatives. Care during the palliative stage includes pain management, skin care, nursing care, nutrition and hydration and emotional support. Staff use music, aromatherapy and invite residents to participate in activities they enjoy. When a resident passes away other residents are notified individually, can attend funerals if desired or join in reflection with staff and other residents in the home.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents' allergies, likes and dislikes are assessed on entry and documented on the care plan and their dietary needs profile. Residents are weighed monthly and changes are reviewed by the registered nurses with referral to their doctor or the dietician. The kitchen has a copy of residents' dietary requirements including aids used to assist independence. Alternative meals are available and extra fluids are encouraged on hot days. Staff were seen serving and assisting residents in their rooms and in the small and large dining rooms. Residents confirmed they are consulted about meal options and are satisfied with the meal service.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Residents are assessed for their skin care requirements on entry and reassessed daily by care staff. Strategies used to maintain and improve skin integrity include nutritional supplements, emollients, limb protectors, protective dressings and pressure relieving mattresses. Wound care is managed by registered nurses and documentation includes photos, timing of treatment, wound care requirements and evaluation. Staff receive education in manual handling and incident reports are completed for skin tears including notification of doctors and representatives. Residents and representatives confirmed satisfaction with residents' skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence needs are assessed on entry and reassessed when a change is identified. Care plans identify toileting times, continence aids, nutrition and hydration requirements. Additional fluids are encouraged with medication rounds and in hot weather. Fresh fruit is provided as part of the normal menu rotation. Care plans indicate requirements and care needs of residents with catheters and stomas. Continence aids are stored discreetly. Staff confirmed they received training in continence management and residents stated their continence needs are met.

2.13 Behavioural management

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

Team’s findings

The home does not meet this expected outcome

Residents with challenging behaviours are not well managed. The home does not have an effective system for monitoring, assessing and referring residents with challenging behaviours. Staff practices are not being reviewed to ensure they have the necessary skills and knowledge to document and care for residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents’ mobility and dexterity are assessed on entry and reviewed regularly. A physiotherapist visits the home weekly assessing residents when required, providing individual exercise programs and rehabilitation programs when residents return from hospital. The lifestyle staff receive training in the safe use of exercises and encourage walking groups and participation in exercise programs such as tai chi and baton twirling. Care plans identify mobility aids and equipment required to transfer residents. Staff receive manual handling education and maintain a clutter free environment for resident safety. Incident forms are completed after falls, residents are observed and their doctor and representatives are notified. Staff were observed walking with residents. Residents stated staff support them to maintain their mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents have an assessment of their oral and dental needs on entry and at their three monthly review and can be referred to dentists and dental technicians. Residents at risk of oral infections, such as when on antibiotics, have more frequent reviews. Care plans identify

teeth and denture care and document individual preferences, and assistance required; staff have access to oral swabs if required. Review of documentation confirmed this occurs. Staff encourage residents to participate in their daily care and there is a system for replacing tooth brushes. Residents said they 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

Residents’ sensory requirements are assessed on entry and reviewed regularly by staff. Care plans identify the use and cleaning of glasses, hearing aids and dentures. A sensory assessment occurs before the use of hot packs to identify residents with decreased sensation. All five senses are assessed with the lifestyle program use of cooking aromas, floral perfumes, sensory stimulation in pottery classes, talking books, sensory room and a large screen television in the lounge area. The environment is reviewed to ensure the home is uncluttered and has handrails to assist residents with visual impairment. Residents and representatives confirmed residents are supported in visual and sensory requirements.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents’ sleep patterns, rituals and routines are assessed on entry and documented on their care plans. Signs are placed on residents’ doors if they prefer staff not to disturb them overnight. Staff review residents’ sleep patterns and contact the doctor if sleep difficulties are identified. Strategies to promote sleep include repositioning, massage, music and warm drinks. Documentation indicates their effectiveness. Residents confirmed the home is quiet at night and their settling and arising times are respected.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home’s continuous improvement system demonstrates that improvements in residents’ lifestyle are ongoing. For a description of the home’s system of continuous improvement refer to expected outcome 1. Residents and representatives reported they are consulted about their lifestyle and confirmed their satisfaction with their lifestyle is reviewed and monitored.

Examples of recent improvements in relation to Standard 3 include:

- In response to a resident initiative a resident choir has been set up with residents from this home combining with another organisational group to form a choir. Residents’ feedback shows they enjoy the experience and socialisation and going to external venues including other aged care homes to entertain people.
- Lifestyle staff and the physiotherapist recognised the need to ensure the residents’ group exercise program was meeting residents’ specific exercise needs. As a result the physiotherapist has re-designed the exercise program, modified the walking program and trained lifestyle staff to incorporate exercises linked to residents’ physiotherapy care plans. Resident feedback is positive.
- Lifestyle staff identified the need to enhance sensory stimulation for residents living with dementia. In response lifestyle staff have set up and decorated a sensory room to enhance residents’ sensory enjoyment. The colourful room incorporates a range of decorative items – butterfly icons, different material textures, a wall feature of brightly coloured hats and a variety of soft toys. Resident and representative feedback is positive.
- The home received funding to enable residents to participate in a community link project to reduce isolation and create an opportunity to pursue a creativity activity. The project included working with an artist to make tea cups from clay which were fired in a kiln. The residents then decorated the cups individually. Residents are proud of their artistic achievements, reminisce and continue to enjoy ongoing socialisation.
- In response to a resident initiative, a resident garden committee has been formed to improve the garden and ambience of the courtyard for residents’ enjoyment. In line with residents’ ideas and suggestions the garden has been streamlined, pot plants have been moved to enhance resident accessibility and new soil has been laid.

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 does not meet this expected outcome

The home is not able to demonstrate there is an effective system to ensure compliance with all relevant legislative and regulatory requirements relative to Standard 3. The home is not able to demonstrate there is an effective system to monitor compliance with all legislative and regulatory requirements relative to Standard 3. Management is not able to demonstrate that all staff are aware of their obligations in relation to reportable assaults legislative requirements relative to residents who are cognitively impaired.

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 information about the home's education and staff development systems and processes. The system for education and staff development includes compulsory education days. Staff said they are encouraged to suggest topics and attend regular education session.

Examples of education attended by staff relevant to Standard 3 Resident lifestyle include:

- Elder abuse
- Essential counselling skills in cancer care
- Physiotherapy for exercise programs
- Dementia conference.

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 and representatives are supported to adjust to their new home initially and ongoing with the support of a pastoral carer, staff, friends and family. Prospective residents and representatives are invited to tour the home, discuss their needs with management and receive a resident information booklet. New residents are orientated, introduced to staff and other residents and encouraged to personalise their rooms. Staff visit new residents more frequently to assist the settling in process and lifestyle staff introduce new residents to like minded residents who can befriend and assist them to settle in. Visiting hours are open and families and friends are encouraged to visit and support their loved ones. Residents and representatives confirmed satisfaction with initial and ongoing emotional support, reporting staff are caring and kind.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home encourages residents to achieve maximum independence and maintain friendships within and outside the home including through their previous community links. Community links are encouraged; residents enjoy scenic drives and bus outings for lunch to various venues of interest. Residents go out for concerts and afternoon tea and attend church, club and service organisations within the community. Residents participate in community projects, intergeneration programs and a group of residents are part of a choir that visits and entertain residents at other homes. Residents can borrow books from an external library service, access petty cash through a trust fund system and arrangements are made for them to exercise their voting rights as desired. Residents and representatives confirmed residents are assisted to maintain their independence relative to their medical status, needs and preferences.

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 demonstrates each resident's privacy, dignity and confidentiality is recognised and respected. Staff are informed of privacy and confidentiality requirements and sign a confidentiality agreement. Staff were observed to knock on residents' doors before entering and close doors when providing care. Staff were noted to communicate and interact appropriately with residents and use their preferred name. Residents' files are stored securely and include signed consent statements for the use and collection of information. Appropriate policies and procedures are in place and audit processes confirmed residents are satisfied their privacy is respected. Residents were observed to be appropriately groomed and said staff respect their privacy and address them by their preferred name.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are supported to participate in a wide variety of activities of interest to them and their suggestions are encouraged through reviews, regular discussions and meetings. Lifestyle staff consult with residents to identify their social and leisure interests and care plans are documented and regularly reviewed. Lifestyle staff run activities seven days a week and a monthly activity program is developed to meet residents' interests. The programs, resident participation and level of interest are reviewed and evaluated. Activities include physical, sensory and cognitive activities, massage and aromatherapy, regular outings, social events, concerts, entertainers and intergeneration programs. Residents reported they enjoy quiz tournaments, cooking, art and craft, exercises, news discussions, sing-alongs,

music and entertainment. Residents further confirmed staff provide one to one time with them and expressed satisfaction with the range of activities available.

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, cultural and spiritual beliefs are valued and fostered. Residents' cultural and spiritual needs are identified through their lifestyle assessment when they move into the home and religious advisors are welcome to visit. A pastoral carer visits all new residents and supports them ongoing as desired to meet their spiritual needs. This includes one to one visits, organising weekly religious services at the home, conducting reflection groups and supporting residents and families during difficult times and palliation. Volunteers run a weekly communion service. Days of individual or cultural significance are recognised and celebrated in accordance with residents' preferences and multicultural theme days are organised. Residents are satisfied with the support provided to maintain their cultural and spiritual beliefs and customs.

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

Residents' preferences including likes, dislikes, cultural and social interests and times for arising and settling are documented on entry in their care plans. Residents have the choice to participate in the activities of the home and can choose their doctor and other health services. Residents' ongoing choices and satisfaction are determined through resident meetings and surveys. Residents stated they do not have to participate in activities, have meal choices, can choose the time for hygiene assistance and are not rushed by staff. Residents were observed eating meals in their rooms and in the communal dining areas. The Charter of residents' rights and responsibilities is displayed and there is documentation of resident meetings. Residents stated their choices are respected and staff encourage them to participate in decision making in the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has systems to support residents in their security of tenure and to inform them of their rights and responsibilities. All residents or their representatives are offered the opportunity to sign a residential agreement and the agreement format demonstrates the commitment to the provision of appropriate information. The resident agreement has been developed by industry legal experts, reflects legal requirements and includes information on occupancy, the complaint processes, fees, bonds and care and services. The information is

explained to residents prior to the resident moving into the home and prospective residents and or their families are encouraged to seek independence advice. The Charter of residents' rights and responsibilities is prominently displayed within the home. Residents reported they feel secure in their tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home’s continuous improvement system demonstrates that improvements in physical environment and safe systems are ongoing. For a description of the home’s system of continuous improvement refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Standard 4 include:

- Management identified the need to replace its manual beds with new electrical beds to improve safety and comfort for residents and improve work safety for care staff. To date 14 new high low electrical beds have been installed and management reported feedback from staff and residents is positive.
- In response to a resident suggestion, management purchased two anti slip mats to improve safety of residents using a communal bathroom. The residents are satisfied their safety is enhanced with the new mats.
- Management identified the need to develop an expanded and updated checklist to ensure vacant rooms were appropriately checked for cleanliness and equipment was in good working order. As a result a vacant room checklist form has been developed and introduced to ensure vacant rooms will be checked in accordance with a consistent approach. The impact of the form is yet to be formally evaluated.
- Management identified the need to ensure electrical equipment brought into the home on an irregular basis was safe to use. As a result the maintenance officer attended training to qualify in testing and tagging of electrical equipment. The maintenance officer now ensures electrical equipment brought into the home, for example, when new residents enter, is tested at the time to ensure it is safe to use. Management reported this practice has enhanced the safety at the home for all stakeholders.
- Management identified the need to improve fire and safety education for staff. As a result the education has been updated to make it more site specific and relevant to the home’s environment and equipment. Management report satisfaction with the updated training.

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 systems for identifying and monitoring relevant legislation, regulations and guidelines in relation to physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance systems. Staff confirmed knowledge of regulatory requirements and guidelines relative to Standard 4.

Examples of the home's systems and processes to ensure compliance with regulatory requirements relative to Standard 4:

- The home has a trained occupational health and safety representative and staff attend occupational health and safety training.
- Staff attend annual and compulsory fire and emergency training and in accordance with state requirements, the Tasmanian fire authority has witnessed a successful practice evacuation in 2011.
- The home ensures essential service equipment is appropriately checked and maintained. The home has a current essential service safety measures report in accordance with requirements.
- The home maintains a food safety plan, adheres to food premise accreditation requirements and two current independent kitchen audits demonstrates it meets the applicable requirements for a registered food premise.

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 information about the home's education and staff development systems and processes. The system for education and staff development includes compulsory education days. Staff confirmed they are encouraged to suggest topics, receive training in the use of new equipment and attend regular education relating to the physical environment and safe systems.

Examples of education attended by staff relevant to Standard 4 Physical environment and safe systems include:

- Nutrition and special needs
- Fire education
- Infection control
- Manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe, comfortable and homelike environment consistent with residents' care needs. Residents' accommodation includes single and shared rooms of varying size, private en-suites and communal bathrooms and areas and an external courtyard. The home was observed to be clean, appropriately lit, passageways have hand rails and are free of clutter. The lounge and dining areas are well lit and have appropriate and comfortable furniture to meet residents' needs and preferences. Natural light and pleasant window river views enhance the ambience in the communal areas. Maintenance management systems and regular environmental audits ensure the home is clean and

appropriately maintained for residents' care and safety needs. Residents reported satisfaction with their living 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

Policies and procedures guide safe work practices to ensure a safe working environment and staff are informed through orientation, the staff handbook and health and safety training. The home's occupational health and safety representative attends and reports to the continuous improvement and safety committee meetings and staff report they receive feedback. There are processes for hazard identification and management, the home maintains a spill kit, material safety data sheets and chemicals are securely stored. Issues are identified through audits, incidents, observation and hazards. Staff confirmed relevant training and demonstrated an understanding of safe work practices.

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

Systems to ensure emergency risks are minimised including fire detection and fire fighting equipment, clear exit signs, evacuation maps and accessible emergency procedure plans. All the fire alarm systems and fire fighting equipment are tested as per schedule and compliance is monitored. Fire and evacuation training is annual and compulsory and includes emergency response, mock evacuations and fire warden training. Emergency procedures cover various emergency situations and emergency procedures are discussed at orientation for new staff. Emergency exit paths are clear and the building is secured in the evening. Staff confirmed compulsory training in fire and emergency, mock evacuation training and procedures and knowledge of emergency procedures. Fire and emergency evacuation guidelines are posted on the inside of residents' doors. Residents expressed confidence in staff skills and knowledge in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program overseen by management and staff are provided with infection control education. There is an infection control register which is benchmarked against other facilities in the group. Wound care items are stored appropriately and spill kits are available. Kitchen, cleaning and laundry practices follow infection control guidelines with staff having access to personal protective equipment and information on managing an outbreak of gastroenteritis. Influenza vaccinations are offered to staff and residents. Staff stated they are provided with personal protective equipment and receive training in infection control.

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 has systems to provide and monitor hospitality services. There is an eight week meal rotation with food cooked off site and then plated in the kitchen servery before being served to residents. Residents' likes, dislikes, allergies and meal size information is stored in the kitchen. Kitchen staff receive updates and changes to residents' dietary requirements from the registered nurses. Cleaning of the home follows a schedule and the home audits the cleaning process. An external service provides general laundering with residents' personal clothing laundered on site. The home was observed to be clean and free of clutter. Residents stated staff were accommodating in their food and dining choices and were happy with the laundry and cleaning services.