



Aged Care
Standards and Accreditation Agency Ltd

Presbyterian Homes - Legana

RACS ID 8053

1-9 Freshwater Point Road

LEGANA TAS 7277

Approved provider: Presbyterian Care Tasmania Incorporated

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 9 October 2015.

We made our decision on 30 August 2012.

The audit was conducted on 31 July 2012 to 1 August 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

Presbyterian Homes - Legana 8053

Approved provider: Presbyterian Care Tasmania Incorporated

Introduction

This is the report of a re-accreditation audit from 31 July 2012 to 1 August 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:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 31 July 2012 to 1 August 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

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

Assessment team

Team leader:	Kathryn Bennett
Team members:	Carolyn Rogers
	Jenny Salmond

Approved provider details

Approved provider:	Presbyterian Care Tasmania Incorporated
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Details of home

Name of home:	Presbyterian Homes - Legana
RACS ID:	8053

Total number of allocated places:	106
Number of residents during audit:	101
Number of high care residents during audit:	90
Special needs catered for:	Dementia care

Street:	1-9 Freshwater Point Road	State:	TAS
City:	Legana	Postcode:	7277
Phone number:	03 6330 0600	Facsimile:	03 6343 2323
E-mail address:	jbrooks@prescaretas.org.au		

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents	17
Management	5	Representatives	4
Registered nurses	3	Physiotherapist	1
Enrolled nurses	2	Physiotherapist Assistant	1
Care staff	8	Environmental services staff	6
Staff educator	1	Administration staff	3

Sampled documents

	Number		Number
Residents' files	16	Medication charts	16
Resident administration files	10	Personnel files	12
Leisure and lifestyle care plan related files	10		

Other documents reviewed

The team also reviewed:

- Advance care planning and palliative care records
- Allied health referrals
- Asset register
- Audit and benchmarking tools and schedule
- Care staff resident reference cards
- Cleaning schedules
- Clinical charts
- Communication book/doctors request book
- Consent forms
- Continuous improvement plan and improvement forms
- Diabetic management records
- Drugs of addiction register
- Electronic and paper based information systems
- Emergency procedures, essential safety measures manual and records
- Ethos, vision, mission, values and philosophy
- Food safety plan, related documentation and third party audits
- Incident reports and related system
- Individual resident's diet assessment plans and dietary changes forms

- Infection control framework and associated documentation
- Information handbooks for residents and representatives
- Leisure and lifestyle plans, activities logs and associated evaluations
- Maintenance records
- Meeting minutes
- Policies and procedures
- Position descriptions/performance reviews and duty lists
- Records of police checks and applicable statutory declarations
- Reportable incident consolidated records
- Resident of the day process and related documentation
- Residents' care evaluations
- Restraint authorisations, reviews and register
- Rosters
- Self-medication administration records
- Specialised nursing care records
- Staff education program documentation
- Staff orientation program/staff handbook
- Supplier lists, applicable services contracts and contract register
- Wound care plans

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Fire detection, fire fighting and containment equipment and signage
- Interactions between staff and residents
- Living environment
- Meal and refreshment service and menu displayed
- Oxygen storage
- Storage of medications and medication administration

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation has a continuous improvement system that shows improvements in management, staffing and organisational development. Mechanisms such as 'Have your say' forms, new quality audit processes, a committee structure, stakeholder meetings and a continuous improvement plan support ongoing improvement. Collation and analysis of a range of data occurs and new external benchmarking processes are in place. Management discusses trends and areas for improvement with stakeholders as appropriate and evaluation of improvements occurs through stakeholder feedback and management review. Staff, residents and representatives are satisfied with results of the organisation's improvement initiatives.

Examples of recent improvement initiatives in relation to Standard 1 include:

- Management determined a need for audit processes which identified deficiencies, improved accountability and assisted the monitoring of performance across the Standards. In July 2012, management implemented new quality audit and benchmarking processes. Management is satisfied with the early indications that the new processes support more efficient monitoring of performance across the Standards.
- Following review of staff education needs, the organisation's management initiated an increase in education hours. The education co-ordinator now works 32 hours each week across three homes in the organisation. Management is satisfied the increase of 16 hours enables more responsive education co-ordination. Staff are satisfied with the home's education program.
- The organisation identified the need to simplify access to general information and developed a new intranet portal. The program enables information sharing between sites and includes rosters, education calendar, maintenance requests, policies and procedures, improvement forms and employment forms. Stakeholders are satisfied the information system is user friendly, provides remote access and supports effective information sharing.
- As a management decision based on organisational growth, the progressive implementation of an interconnected telephone system between the organisation's sites is in place. Calls are now all answered and transferred within the organisation. Residents can now connect to a telephone system at the time of entry to the home and access calls at discount rates. There is now message bank capacity for each resident. Management, staff and residents are satisfied with the enhanced telephone communication system.

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 organisation has a system for identifying relevant legislation and regulatory requirements and promoting the home’s compliance with required practice. Mechanisms such as notification from legislative alert and update services, government bulletins and subscription to a peak body support regulatory compliance. Management communicate relevant information to staff at meetings and via email. Management and staff monitor compliance with legislation related to Standard 1 through human resource management processes and database check processes that are currently under review. Staff confirmed they receive information about regulatory compliance and residents and representatives are satisfied with information given by the home about the accreditation visit.

Examples of responsiveness to regulatory compliance obligations relating to Standard 1 include:

- The organisation’s management has a system in place for ongoing police checks for staff, volunteers and contractors. Police checks occur via an on line screening service.
- Professional registrations of nursing staff are maintained.
- The organisation’s management has processes to obtain applicable statutory declarations for personnel who were citizens or permanent residents of a country other than Australia since turning 16 years of age.

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 provides an education program to support staff in maintaining knowledge and skills to perform their roles effectively. The staff educator identifies educational opportunities via staff requests, performance appraisals, observations of practice and clinical indicators. Staff are notified of upcoming sessions and delivery of education includes internal and external presenters, online and self-directed learning packages. The home maintains records of staff’s attendance and staff complete an evaluation of each session. Observations and feedback inform monitoring of staff skills. Residents stated they are satisfied with the skill level of the staff. Interviews with staff and review of documentation confirmed management provides a supportive education experience aimed at improving skills to benefit staff and residents.

Recent education relating to Standard 1 includes:

- accreditation
- computer use – clinical and lifestyle documentation
- funding documentation
- promoting health and wellness
- a number of staff are being supported to complete:

- frontline management
- diploma of management
- diploma of nursing
- certificate four aged care.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Comments and complaints mechanisms are accessible to residents and representatives, staff, visitors and other interested parties. The comments and complaints system includes 'Have your say' forms, meetings, satisfaction surveys and an 'open door' policy of access to management. Information about internal and external complaint services and advocacy services is accessible. Informal data review processes assist management to evaluate performance in relation to the management of comments and complaints. Staff stated they have access to hard copy and online improvement forms and are comfortable to raise matters that concern them. Residents and representatives said management action any comments and complaints to their satisfaction.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's ethos, vision, mission, values and philosophy statements form the basis of the strategic plan which documents the residential care service's purpose and guiding principles. The organisation's commitment to its mission and values is displayed in the home. Leadership statements and other documents such as information handbooks, policies and procedures and orientation information reflect the service's stated commitment to quality 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

The home has appropriately skilled and qualified staff. Staff deliver care and services in accordance with required procedures, regulatory requirements and the home's spiritual philosophy. Recruitment processes include minimum qualifications, reference and police check requirements and position descriptions. Formal induction days and orientation shifts are provided and staff attend ongoing education. Management and senior staff monitor care and service delivery through performance appraisals and informally through observation. Staffing is responsive to residents' changing needs and the home has sufficient permanent

staff to ensure a suitable skill-mix of regular staff. Residents and representatives stated staff are available and responsive to resident needs.

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

A system is in place to ensure appropriate goods and equipment are available for quality care. The organisation supports the maintenance, replacement and supplementation of inventory and equipment through budget allocations, a purchase ordering system and the provision of resources. Management authorises the purchase of capital equipment and products following trial and evaluation as appropriate. Key staff order catering and clinical and non-clinical supplies, continence products and chemicals through preferred suppliers. Processes are in place to ensure the responsive delivery of supplies at short notice and the replacement or return of goods that are unsuitable. Goods are stored in secure areas and stock rotation processes occur. A cyclic preventative maintenance program, corrective maintenance programs and an electrical test and tag program are in place. Staff, residents and representatives are satisfied the home has sufficient and appropriate goods and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to manage information in relation to all aspects of care and service operations. Staff and resident information is stored securely, the back up of electronic data occurs regularly and there is an appropriate archiving process. Information exchange processes include meetings, handover sheets, communication books, memoranda, noticeboards, electronic mail, and newsletters. The home has accessible policies and procedures to guide staff practice. Monitoring of the information management system occurs through feedback and internal reviews of clinical files and other data. Staff are satisfied the information they receive is pertinent to their roles at the home. Residents and representatives say the home keeps them informed and they have access to relevant information.

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

External service provision assists the home to meet resident and operational needs and the home's quality goals. External service providers include suppliers, external trade people and contractors who include the home's physiotherapist, pharmacy, fire services, hairdresser and external building maintenance services. Formal agreements that specify service delivery goals and role performance accountabilities are in place. A handbook for suppliers supports the induction process for external service providers. Appropriate personnel monitor their

performance through visual observation and feedback. Management liaise with external services in a timely manner to ensure quality of service or supply. Staff, residents and representatives are satisfied with the home's external services.

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

For a description of the home's system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

The home's continuous improvement system shows ongoing improvement in resident health and personal care. Management and staff document incidents such as falls, skin tears, behaviours and medication administration issues. Management collates incident data that is then analysed for trends, discussed with appropriate staff at meetings and actioned. Staff, residents and representatives are satisfied the home is actively working to improve residents' health and personal care.

Examples of recent improvement initiatives in relation to Standard 2 include:

- Management and staff identified there were signing omissions on medication charts. Management implemented an electronic medication system with a touch screen laptop and safeguards to reduce the risk of medication errors and signing omissions. Management and staff are satisfied safe medication administration is supported and there is a reduction in medication errors.
- Following management discussions about more effective ways to guide staff in resident care, management withdrew summary care plans. Laminated sheets of individualised care instructions for activities of daily living are now on display in resident ensuite bathrooms. Management and staff are satisfied the new forms are current, readily updated and guide staff in the provision of aspects of care.
- Following management review of physiotherapy aide hours, the physiotherapy assistant now works two days each week. On one day the staff member works alongside the physiotherapist and on the other day exercise programs, follow up of individual therapy and massage spa baths occur. Management are satisfied the position supports residents' mobility and pain management.

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

For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to expected outcome 1.2 Regulatory compliance.

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to resident health and personal care. The home monitors

compliance with legislation related to Standard 2 through mechanisms such as review of incident reports, supervision of work practices and staff competency testing.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- The home has a registered nurse on each shift across the week.
- The home demonstrates knowledge of its legislative obligations in relation to medication management and storage and shows evidence that staff follow relevant protocols.
- An appropriately qualified person carries out specific care planning activities and care tasks. For example, a registered nurse oversees care plans of all residents, including those with high care needs.
- The home has a policy in place to guide staff response should a resident be inexplicably missing from the home.

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 demonstrated staff have appropriate knowledge and skills relating to health and personal care outcomes and staff have access to training opportunities. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Recent education relating to Standard 2 includes:

- advanced care planning
- dementia night care
- palliative care
- stoma care
- swallowing difficulties and management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to meeting their needs and preferences. Staff assess, monitor and evaluate residents’ individual care needs on entry and on an ongoing basis. Registered and enrolled nurses complete a range of focused assessments which generate individualised care plans and formal evaluations occur every three months. Care planning includes consultation with doctors and allied health personnel to assist with care and reviews. Residents’ basic care plan, located in the residents’ room, informs staff of residents’ daily routines. Staff are aware of residents’ care preferences and stated they have access to clinical education. Residents and representatives expressed their satisfaction with the level of consultation and clinical care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Appropriately qualified nursing staff manage residents’ specialised nursing care, complete assessments, care plans and evaluate care. Current specialised care includes diabetic management, oxygen therapy, stoma and catheter care. Care plans reviewed describe specific needs, instructions to manage care and medical officer directives. Monitoring of specialised nursing care occurs through care plan reviews and feedback from residents. The home has access to clinical specialists for advice and education in areas of complex care. Observations confirmed sufficient resources and equipment are available. Residents confirmed their satisfaction with specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure referrals to appropriate health specialists occur in accordance with residents’ needs and preferences. Nursing staff complete initial assessments identifying the need for health specialists. Progress notes confirmed staff complete referrals to health specialists and reviews occur in a timely manner. A number of health specialists visit the home regularly for consultations and staff assist residents to attend external appointments as required. Health specialists record reviews and management plans in the progress notes and specific information is transcribed into care plans. Residents expressed their satisfaction with the assistance given to them to access allied health specialists.

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

The home has a system to ensure safe and correct management of residents’ medication. Registered and enrolled nurses administer medications according to medical officers’ orders. Resident identification is clear and administration processes are systematic. Staff assess residents who choose to self-administer and regular reviews occur. Medication management monitoring processes include regular audits, monitoring of staff practices and an incident reporting system. A medication advisory committee meets regularly and monitors current practices and policy development. We observed medications securely stored with processes for ordering, receiving and disposal of medications. Residents said staff give medications in a safe and timely manner.

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

The home has a system to assist residents to be as free as possible from pain. Nursing staff complete pain assessments on admission identifying residents’ past and current pain concerns and appropriate treatments. Assessment tools include consideration for residents who are unable to verbalise their pain experience. Nursing staff address new or continuing pain and regular care plan reviews ensure care strategies remain effective. Care staff described their role in pain management, including identification, reporting and monitoring of pain and strategies include heat packs and gentle massage. Residents and representatives said they are satisfied with the home’s approach to managing 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

The home has a system to ensure the dignity and comfort of terminally ill residents. Residents or their representatives have the opportunity to discuss terminal care on entry and to complete an advanced care plan to reflect wishes and preferences for end of life. Palliative specialists and pastoral care personnel provide advice and support as needed. Staff assess residents’ ongoing terminal care requirements as necessary in consultation with medical officers, residents and representatives. Care plans are updated when the need arises to guide staff in symptom and care management. Families are encouraged to be involved in care and staff gave examples of strategies to ensure the terminal phase of care meet residents’ needs and preferences.

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

Management and staff demonstrate there is a system to ensure residents receive adequate nutrition and hydration. A systematic, multidisciplinary approach to assessing residents’ needs involves appropriate professionals. Staff assess all residents for their nutrition and hydration needs, food allergies, texture requirements and cultural and personal dietary preferences. A range of assessment tools including regular weight monitoring and mealtime observation identifies residents at risk of developing malnutrition and/or dehydration. Regular care plan reviews document strategies to optimise residents’ nutrition and hydration status. An effective process communicates changing residents’ needs to catering staff. Staff provide nutritional supplements, adaptive cutlery and crockery and personal assistance as required. Residents and representatives report satisfaction with the choice, quality and quantity of food offered to residents throughout the day

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

The home’s skin care protocols ensure residents’ skin care is appropriate and consistent with their general health. Staff complete assessments and care plan strategies include regular repositioning, limb protectors and pressure relieving devices and application of emollient creams. Residents with skin integrity breakdown have dressing charts and wounds managed using contemporary dressing protocols and supervised by a registered nurse. Wound charts record the location of the wounds, instructions for treatments and healing progress reviews. Management evaluates skin integrity care and currency of staff practices through observation, care reviews and evaluation of clinical data in relation to skin tears, wounds and infections. Residents stated they are pleased with the way staff care for their skin care needs.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents receive continence care that is appropriate to their needs. The home’s processes include an initial continence assessment, care planning and ongoing review of residents’ needs. Care planning includes identifying individual needs and preferences, monitoring dietary needs, initiating medication strategies and the use of the appropriate aids. Staff confirm they have access to education and adequate supplies of continence aids. Care plan reviews occur every three months and evaluation includes monitoring of aid use by a designated nurse and obtaining feedback from residents and staff. Residents stated staff assist them in a timely and discreet manner.

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

There are processes to manage residents’ challenging behaviour. Staff conduct assessments to monitor types of behaviour, triggers and strategies to prevent or manage behaviours. Staff review care plans every three months and reassessment occurs if there is an increase in behavioural episodes. Staff access specialists for assessment and reviews when required. Residents are encouraged to participate in the activities program and we observed staff interacting supportively with residents. Staff gave examples of strategies to assist in modifying residents’ behaviours including redirection, maintaining a calm environment and reassurance. Residents confirmed satisfaction with the management of residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents are supported to achieve optimum levels of mobility and dexterity through assessments and regular reviews. The physiotherapist assesses all residents on entry, prescribes mobility equipment and ensures staff are aware of appropriate manual handling techniques. Registered nurses assess residents' mobility and dexterity and care staff provide assistance with activities of daily living to maximise independence. Care plans include types of mobility aids, assistance and transfer needs and evaluation of care needs occurs every three months. Residents have access to appropriate assistive devices and staff carry out exercise programs. A falls risk assessment is undertaken and all falls incidents are reported and actioned. Staff gave examples of falls prevention strategies including minimising clutter, correct footwear and low/low beds, bed alarms and providing appropriate and timely assistance. Residents stated they are pleased with the management of 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

Staff demonstrates residents' oral and dental health is effectively maintained. Processes are in place to assess, plan and review residents' oral hygiene care needs and preferences and to identify when a referral to a dentist is required. Care plans detail the assistance residents require in order to ensure attendance to regular oral care; with risks and difficulties identified and documented. Staff support resident attendance at their regular dentist and there are processes for storage and replacement of toothbrushes and dental care preparations. Staff have received education on the effective management of residents' oral health. Residents confirm their satisfaction with assistance staff provide to manage their oral and dental care.

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

Management demonstrates the effective identification and management of residents' sensory loss. Following entry to the home staff assess residents' sensory deficits and identify the use and type of aids, including the care of aids required. In consultation with residents and representatives staff develop a care plan. Care delivered is consistent with care plans and staff evaluate and review care plans regularly. Regular inspections ensure the home is safe and uncluttered and meets the needs of residents with sensory difficulties. Residents receive support to access services of their choice and to take part in the leisure and lifestyle program. Residents and representatives confirm they are satisfied with the home's approach to managing residents' sensory losses across all five senses.

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

Processes are in place to ensure residents are able to achieve natural sleep patterns. In consultation with the resident and their representative staff assess residents’ usual sleep patterns on entry to the home. This includes residents’ settling and waking times, bedding and environmental preferences for sleep. Staff develop a comprehensive care plan to promote natural sleep to meet individual resident’s needs. Care plans document the use of non pharmacological and pharmacological methods that promote sleep and staff regularly review these plans. A range of foods and fluids that promote natural sleep are available to residents overnight. Residents say they feel secure at the home and report they are generally able to 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

For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

The home’s continuous improvement system shows ongoing improvement in the area of resident lifestyle. Meetings for residents and representatives, improvement forms, activity therapy logs and activity evaluations are examples of mechanisms that inform the home’s continuous improvement. Staff, residents and representatives are satisfied the organisation is actively working to improve resident lifestyle.

Examples of recent improvement initiatives in relation to Standard 3 include:

- In order that the entry process provides a smooth transition for residents, the home and organisation implemented a ‘Moving Home’ program. A staff member visits the resident at their place of residence and completes necessary history and documentation. Stakeholders are satisfied the resident’s orientation to the home now focuses on emotional support and assisting the resident to settle in.
- Lifestyle staff suggested the use of memory prompts may assist residents to communicate with visitors about the resident’s lifestyle. Staff now provide individual photographs that residents may share with family and friends. Staff and residents are satisfied the photographs prompt memory and conversation about each resident’s life at the home.
- Management and staff identified there was no opportunity for residents and staff to reflect on the life of a resident who has passed away. A time of remembrance, which is open to staff, residents and families and led by the chaplain, now occurs soon after a resident passes away. Management and staff are satisfied with the opportunity to share memories of each resident within their community.
- Management and lifestyle staff identified through Montessori training that the implementation of a sensory room would support resident lifestyle. A sensory room in Olivet house, a ‘safer care’ secure unit, is now set up with equipment such as various lamps, multi coloured balls, mobiles, chimes and other sensory materials. Staff use the room for specific residents such as those who become restless in the late afternoon. Management and staff are satisfied the room stimulates residents’ senses, has a calming effect and enhances resident well-being.
- At staff suggestion to assist resident choice and independence, a mobile ‘lolly trolley’ manned by volunteers now circulates through the home each week. Residents and staff are satisfied the mobile shopper trolley provides residents with an option of choosing and making a purchase from a small selection of items.

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

For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. The home monitors compliance with legislation related to Standard 3 through meetings of residents and representatives, activity evaluations, audits, supervision of work practices and satisfaction surveys.

Examples of responsiveness to regulatory compliance related to Standard 3 include:

- Processes are in place to manage compulsory reporting obligations.
- On entry, the organisation’s management offers each resident a resident service agreement that specifies care and services provided, residents’ rights and responsibilities and fees and charges.
- Residents receive specified goods and services as appropriate.

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 demonstrated staff have appropriate knowledge and skills relating to resident lifestyle outcomes and staff have access to training opportunities. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Recent education relating to Standard 3 includes:

- Eden philosophy
- grief and loss
- music therapy
- planning 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

Each resident and their family receive support in adjusting to life in the home and on an ongoing basis. A tour of the home and comprehensive handbook and information pack/interview enhance prospective residents' and representatives' understanding of life within the home. A pre entry assessment process aids in minimising the stress of the initial transition to residential care. In collaboration with the resident and their representative staff assess emotional needs and develop a care plan which is regularly evaluated and updated. Residents are encouraged to personalise their room, supported by staff to maintain and build friendships and may access specialized support services. We observed staff interacting with residents in a respectful, caring and supportive manner. Staff demonstrate awareness of residents' preferences and emotional needs and care for families. Residents and representatives confirm their satisfaction with the level of emotional support provided to residents by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome.

Management and staff provide support and assistance to residents to achieve maximum independence, maintain friendships and links to communities and events within and outside the home. In collaboration with the resident and their representative staff assess each resident's physical and social independence needs. This information is the basis for a care plan which is regularly evaluated and updated. Strategies to maximise resident independence include assisting residents to attend outings, use mobility and sensory aids and participate in the voting process. Garden areas and pathways are free from obstruction and well maintained. Authorised representatives support residents unable to represent themselves. The lifestyle program promotes independence and socialisation. Residents and their representatives confirm their satisfaction with the respect shown by staff for residents' choices and the support they receive to maximise their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome.

Management and staff ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. On entry to the home residents receive information on privacy matters, give consent for use of their photograph and other information and are encouraged to personalise their own space. We observed staff addressing residents with courtesy, using their preferred name, to ensure privacy when undertaking personal care and to knock before entering a resident's room. Established procedures ensure residents' administrative and clinical files are securely stored. Quiet areas are available internally and externally for the

use of residents wishing private time with family and friends. Residents and representatives express satisfaction with the level of respect staff demonstrate for residents' privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome.

Residents are encouraged and supported to participate in a wide range of activities and special celebrations which are of interest to them. In consultation with residents and representatives the assessment process identifies individual resident's interests, cultural, spiritual and lifestyle needs. The subsequent care plan is regularly reviewed. The leisure and lifestyle program is prominently advertised and offers activities which reflect residents' social, emotional, physical, cognitive, sensory and cultural needs. The evaluation of resident participation ensures the responsiveness of program content. The lifestyle program includes bus outings, visiting entertainers and special celebrations. During the visit we observed residents enjoying a variety of individual and organised activities. Residents enjoy varied activities of interest the lifestyle program offers and are happy with staff response to their choices.

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 and staff value and foster individual resident interests, customs, beliefs and cultural and ethnic backgrounds. Staff develop a care plan to meet residents' cultural and spiritual needs in consultation with residents and representatives, which is reviewed and updated regularly. Multi-denominational church services occur regularly and residents' receive regular chaplain support. Staff access resources to aid communication and an interpreter service is available should the need arise. Cultural events of significance and birthdays are planned and celebrated throughout the year with the support of catering staff. Residents and representatives confirm their satisfaction with the support provided to meet residents' 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 and staff ensure choice and decision making of residents and/or representatives forms the basis for lifestyle and care plan development. Staff document resident preferences in relation to all aspects of daily living and regular care plan evaluation captures changes to resident preferences. The provision of the Charter of residents' rights and responsibilities, its display and information included in residents' information assists

residents and representatives in the process of decision-making. Management encourages residents' feedback in person, through the service's feedback form and at resident meetings. Staff assist and support resident's efforts to maintain their preferred lifestyle and respect their daily choices. Residents and representatives said they are very satisfied with the encouragement and respect for their choices demonstrated by staff.

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.

Management ensures residents have secure tenure and understand their rights and responsibilities. Residents and representatives receive a comprehensive handbook which details information relating to their rights and responsibilities, security of tenure, complaints mechanisms, privacy and confidentiality. Residents and/or their representative sign a residency agreement which details their rights and responsibilities, situations which may terminate the agreement and documents care and services provided. Management confirmed that residents move to another room/care area only following appropriate consultation. Staff, residents and representatives demonstrated an understanding of residents' 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

For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

The home actively pursues improvements in the areas of the physical environment and safe systems. Environmental audits, food safety audits and inspections and fire service reports and improvement suggestions from stakeholders are examples of mechanisms that inform the home’s continuous improvement. Staff, residents and representatives are satisfied with improvements in the home’s physical environment.

Examples of recent improvement initiatives in relation to Standard 4 include:

- As an outcome of organisational expansion, a new building accommodating 28 residents opened in November 2010. Stakeholders are satisfied the home environment of ‘Mountain View Lodge’ that includes landscaped grounds and a large car park, provides contemporary living for residents.
- At the suggestion of management, staff, residents and representatives, the garden area in ‘Allambie’, a secure unit for residents living with dementia conditions, is now re-developed. A gate that restricted access to pathways was removed, new paving and paths were installed and new plants, decking and external furniture are in place. Stakeholders are satisfied the re-developed garden area is accessible to residents and visitors.
- Following environmental audits and observation, management replaced the carpet in dining areas in ‘Gardam’ and ‘Cameron’ suites with vinyl. Management and staff are satisfied the flooring is easy to clean and hygienic.
- Following environmental audits and suggestions from residents, representatives and staff, changes are evident in the car parking area at the front of the home. There are parking signs and driveway markings that make it safer for residents to enter a vehicle outside the home. Additional sensor lighting is in place in the car park to enhance the safety of residents and representatives accessing the home after dark and of staff going to their cars.

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

For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

The organisation's management has a system in place to identify and promote regulatory compliance in relation to the physical environment and safe systems. Monitoring occurs through internal and external audits and inspections, visual observation and the review of staff training records and external service reports. Staff are satisfied they are informed of regulatory changes in relation to the physical environment and safe systems.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- There is a food safety program in place and third party audits demonstrate current compliance.
- Management ensures the regular maintenance of fire equipment.
- Management has systems and processes in place to actively promote occupational health and safety.
- Chemicals are stored safely in secure areas.
- Current material safety data sheets are available where chemicals are stored and used.

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 demonstrated staff have appropriate knowledge and skills relating to physical environment and safe systems outcomes and staff have access to training opportunities. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Recent education relating to Standard 4 includes:

- fire and emergency
- food safety
- influenza vaccination awareness for staff
- 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

The home, situated in a rural setting, consists of four single storey houses, incorporating two secure suites and a new contemporary style lodge. Each house has individual bedrooms with ensuite bathrooms, a communal lounge and smaller sitting areas, a dining area and access to outdoor gardens, walkways and seating. The indoor and outdoor areas of the home were observed to be clean, well maintained and free of clutter. Preventative and corrective maintenance programs and an electrical testing and tagging program are in place. Monitoring of environmental safety and comfort occurs through audits, satisfaction surveys and visual

observation. Residents and representatives are satisfied with the comfort and safety of the living environment and with the home's maintenance programs.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

Management promotes a safe working environment that meets regulatory requirements. The system includes occupational health and safety staff resources and representation, policies and procedures related to the physical environment and safe systems and incident and hazard reporting processes. Manual handling training, maintenance programs and monitoring mechanisms such as environmental audits support the safety of staff and other stakeholders. Chemicals are stored safely, training in chemical handling occurs, material safety data sheets are accessible and appropriate equipment is accessible to staff who receive training in its use. Staff are satisfied management strives to provide a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Emergency and evacuation plans are in place, emergency exit signage is illuminated and fire exits are clear. The home is equipped with fire fighting equipment that includes alarms, fire extinguishers and hoses, sprinklers, smoke and fire doors and a fire panel. There is keypad security and external doors are secure at night. The home is able to respond to other emergencies such as threats, flooding, power outages and heatwaves. The home manages risk through mechanisms such as internal and external audits and inspections. Staff show their knowledge of actions to take in an emergency and residents and representatives are satisfied the home environment is safe.

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.

Management demonstrates its infection control program is effective in identifying and containing infection. A staff member with infection control as a portfolio collates the incidence of infections and treatments. Management reports these results regularly at all staff meetings. Staff practices are consistent with industry standards and guidelines and records document resident and staff vaccinations. There is a food safety program and pest control measures are in place. The home has lidded soiled linen containers, effective laundry processes, access to hand hygiene, biohazard spill kits and infectious outbreak kits with guidelines. Monitoring of staff practices occurs through education and observation and staff confirm they have adequate stock supplies to maintain infection control practices when

providing resident care. Staff state they regularly attend education on infection control processes. Residents are confident staff are appropriately skilled 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 provision of hospitality services at the home enhances residents' quality of life and the staffs' working environment. Documentation of residents' dietary requirements and preferences, special needs and food allergies and sensitivities occurs prior to entry to the home and reflects changes as they occur. Seasonal meals are cook/chilled at the Launceston General Hospital and delivered to the home's kitchen. Final preparation occurs prior to serving in the kitchenette of each suite within the home. Resident feedback and dietitian input informs the review of the menu and choice/alternatives are available at each meal. The kitchen follows an approved food safety program and has current third party certification. Environmental services staff follow schedules to ensure all areas of the home are regularly cleaned and maintained. The laundering of all linen and residents' personal clothing occurs on site and a clothing labelling process minimises the loss of residents' personal items. Staff complete regular chemical handling and infection control training and management monitors service satisfaction through feedback from residents and representatives and observation. Residents and representatives are satisfied with hospitality related services provided at the home.