



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit St Ann's Homes Inc. Davey Street

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit St Ann's Homes Inc. Davey Street in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of St Ann's Homes Inc. Davey Street is three years until 23 July 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	St Ann's Homes Inc. Davey Street		
RACS ID:	8062		
Number of beds:	110	Number of high care residents:	68
Special needs group catered for:	Secure unit		
Street/PO Box:	142 Davey Street		
City:	HOBART	State:	TAS
		Postcode:	7000
Phone:	03 6216 2266	Facsimile:	03 6216 2205
Email address:	N/A		

Approved provider

Approved provider:	St Ann's Homes Inc
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Assessment team

Team leader:	Deanne Schofield
Team member/s:	Kathryn Bennett
	Heather Browning
Date/s of audit:	12 May 2009 to 13 May 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	St Ann's Homes Inc. Davey Street
RACS ID	8062

Executive summary

This is the report of a site audit of St Ann's Homes Inc. Davey Street 8062 142 Davey Street HOBART TAS from 12 May 2009 to 13 May 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit St Ann's Homes Inc. Davey Street.

The assessment team recommends the period of accreditation be two years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 12 May 2009 to 13 May 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Deanne Schofield
Team member/s:	Kathryn Bennett
	Heather Browning

Approved provider details

Approved provider:	St Ann's Homes Inc
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Details of home

Name of home:	St Ann's Homes Inc. Davey Street
RACS ID:	8062

Total number of allocated places:	110
Number of residents during site audit:	110
Number of high care residents during site audit:	68
Special needs catered for:	Secure unit

Street:	142 Davey Street	State:	TAS
City:	HOBART	Postcode:	7000
Phone number:	03 6216 2266	Facsimile:	03 6216 2205
E-mail address:	bfrazer@stannshomes.com		

Assessment team's recommendation regarding accreditation

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The assessment team recommends the period of accreditation be two years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Chairman	1	Enrolled nurses	4
General manager	1	Care staff	7
Policy training officer/manager-outreach	1	Student nurse	1
Human relations coordinator	1	Catering manager	1
Chief executive officer	1	Catering staff	2
Client services manager	1	Environmental services staff	3
Chief financial officer	1	Life style staff	2
Services manager	1	Volunteers	2
Director of care	1	General practitioner	1
Quality manager	1	Aged persons mental health consultant	1
Registered nurses	3	Environmental services team leader	1
Executive assistant to the chief executive officer	1	Administration assistant	1
Fire safety consultant	1	Residents/representatives	17

Sampled documents

	Number		Number
Residents' files	15	Medication charts	12
Printed care plans	12	Personnel files	7
Resident agreements	10		

Other documents reviewed

The team also reviewed:

- Action plans
- Activity attendance summary
- Admission meeting document and checklist
- Allied health care plans and reports
- Annual education calendar
- Annual evaluations of service providers
- Annual lifter inspection reports

- Asset register listing
- Audits
- Automatic fire systems and alarm test records
- Blood sugar levels and reportable limits
- Building essential services annual maintenance certificate
- Calibration reports
- Cleaning task list
- Clinical audits
- Clinical documentation summary table
- Communication books
- Compulsory training register
- Contractor telephone list
- Dietary preferences
- Doing it better' staff newsletters
- Electronic improvement system
- Emergency and exit lighting logbook
- Emergency response checklist
- Employee assistance program information
- Equipment service reports
- Essential services manual
- Feedback forms and register
- Fire and evacuation booklet
- Fire and evacuation procedure manual
- Fire maintenance logbooks
- Flu vaccination database
- Formal instrument of agreement and addendum
- General practitioner referrals/requests for review
- Guide to clinical documentation booklet
- Handover sheets
- Hazard reports
- Hazardous substance register
- Incident reports
- Intranet information
- Legislative update information
- Leisure and lifestyle attendance records
- Leisure and lifestyle documentation schedule
- Letters to contractors related to police check requirements
- Lifestyle activity calendar
- Local government food service audit certificate
- Maintenance register checklist
- Maintenance request forms
- Manual handling guides/booklet
- Medication assessments
- Medication reviews
- Meeting agenda and minutes
- Memoranda
- Menu
- Menu tray cards
- Minutes of environmental services meetings
- National police check spreadsheets: staff, contractors, volunteers
- Non compulsory training register
- Observation records
- Occupancy permit
- Orientation booklet
- Our shining stars form
- Outbreak management plan

- Pandemic plan
- Police check spreadsheet
- Position descriptions
- Preventative maintenance program
- Reactive maintenance records
- Resident assessment schedules
- Resident incident records and responses
- Resident outcome survey results
- Residents' information handbook
- Restraint information brochure
- Risk assessments
- Room condition checklists
- Roster
- Security data logging reports
- Selected policies and procedures
- Specialised nursing care plans
- Specialist referrals and reports
- St Ann's information publicity booklet
- Staff handbook
- Staff newsletters
- Staff orientation pack and checklist
- Store order forms
- Supplement lists
- Testing and tagging records
- Third party food service audit certificate
- Traineeship register
- Training attendance records
- Training referral form
- Workplace inspection assessment reports

Observations

The team observed the following:

- 'Shining star' staff recognition forms displayed
- Activities in progress
- Additional fluid round
- Chapel/multi purpose room
- Charter of resident rights and responsibilities displayed
- Chemical storage
- Concert in progress
- Continence clocks
- Courtyards, gardens and outdoor seating
- Equipment and supply storage areas
- Equipment storage
- External secured garden areas
- External wall friezes
- Fire exits and fire fighting equipment, indoors and outdoors
- Food temperature monitoring system
- Hair salon
- Interactions between staff and residents
- Internal and external living environment
- Kitchenettes and dining areas
- Library
- Linen supply areas
- Living environment
- Lunch time meal service and snack service to residents
- Medical store

- Medication administration
- Noticeboards
- Nursing stations
- Overnight accommodation room
- Oxygen and clinical stock storage
- Personalised resident rooms
- Post boxes for feedback forms
- Resident/staff and visitor amenities
- Sensory room
- Staff accessing computer based resident information
- Staff assisting residents to mobilise
- Staff assisting residents with meals/fluids
- Staff interacting with residents/representatives
- Staff liaising with specialists
- Staff work areas
- Storage of medications
- Waste containment areas
- Weighing equipment

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 recommendation

Does comply

The home has an enhanced continuous improvement system that operates in a risk management framework and shows improvements in the area of management systems, staffing and organisational development. The system includes a framework of current policies and procedures, feedback forms, audits and surveys, monitoring visits by organisational auditors and plans for continuous improvement. The progress and outcomes of planned improvements are identified and evaluated. Collected information is reviewed, analysed for trends, reported to stakeholders and actioned. Staff are satisfied continuous improvement occurs. Residents and relatives are satisfied with the home’s recent improvements.

Examples of improvements under Standard One include:

- Boxes for feedback forms are now accessible on each floor of the home.
- The home’s executive meeting has changed from a reporting style to a planning meeting that encompasses a more proactive approach to emerging issues and strategic directions.
- The format of residents’ meetings has changed at resident request from an activity focus to a forum that all senior managers attend. Issues raised by residents and representatives are now rapidly responded to by the appropriate manager and managers hear firsthand about residents’ views on care and services provided.
- A policy, training and compliance officer participates in observational audits and documentation audits and follows up identified small group and one to one training and support needs.
- A new three phase incident reporting process has been introduced. Incidents are now responded to by a registered nurse and then are reviewed and closed by the home’s director of care following evaluation of the effectiveness of actions taken. The new process enables incident trends to be identified and actioned.
- The home’s in-house training has been approved by the Royal College of Nursing to be credited towards nursing studies. During this process, the home revised its tool to evaluate staff training to meet Royal College of Nursing requirements.
- The appraisal process for care staff has been revised and now includes a knowledge questionnaire to determine any individual training and support needs.
- The home and organisation had developed an intranet program to increase and enhance staff access to information, including policies, procedures and documents.
- The home’s ‘on hold’ message service has changed from music to professional, informative commentary about the residential care services offered at the home.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system in place for identifying relevant legislation and regulatory requirements and ensuring compliance obligations are met. Information and updates are received via mechanisms such as peak body memberships, legislative alerts, and published regulatory compliance information. Staff are informed of regulatory requirements through

strategies including meetings and education sessions, the intranet, staff newsletters and memoranda. Residents and representatives are informed as appropriate via meetings and newsletters. Compliance is monitored through mechanisms such as police check processes for staff, service providers and volunteers and via policy and procedures reviews and auditing programs. Staff confirm they are informed about regulatory compliance.

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 recommendation

Does comply

The home has systems in place to ensure that management and staff have the appropriate skills and experience to effectively manage the home. Opportunities are provided to attend external and in-house training programs and proper records are kept of attendance. Evaluation of education is carried out and the information used in planning future programs. Senior management meet regularly and use the sessions for information dissemination. The home runs leadership training sessions for supervisory staff. Staff who spoke with the team said that they are provided with many opportunities for professional development.

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 recommendation

Does comply

The home has comments and complaints mechanisms that are accessible to residents, representatives, staff and visitors. Information about internal and external complaints mechanisms is communicated verbally and through newsletters, brochures and via the provision of resident handbooks that are also available in languages other than English. The comments and complaints system includes feedback forms and posting boxes, resident and representative meetings, residents' catering meetings and an open door policy of access to management. Feedback from stakeholders is actively encouraged and complaints are dealt with confidentially and in a timely manner. Staff said they advocate for residents and confirmed interpreters are accessible to assist residents with languages other than English. Residents and relatives know about the home's comment and complaints processes and stated they are satisfied with the way any issues arising are resolved.

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 recommendation

Does comply

The home has documented its vision, values, and commitment to quality services and displays them in the home. The statements are also recorded in information booklets produced for staff and residents. The values of the home are reflected in its developed policies and are included in articles printed in staff newsletters. Quality objectives are discussed at regular management forums and meetings. The board of management takes a close interest in the quality projects at the home.

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 recommendation

Does comply

St Ann's employs appropriately skilled and qualified staff to meet management and resident care needs. There are formalised recruitment and selection policies and processes in place with position descriptions for all roles, proper reference checks are done and there is a process for monitoring professional qualifications and registrations. New staff have a formal orientation process, competencies are checked for care staff, and regular appraisals performed. Residents and representatives who spoke with the team were complimentary of the standard of care provided to them by staff. The home has a program in place for residents to formally acknowledge any special skills or care provided to them by individual staff.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's recommendation

Does comply

The home has systems in place to ensure that stocks of appropriate goods and equipment are available. Stock is maintained at predetermined levels through regular ordering cycles and effective stock take and rotation methods. Storage and supply areas are secure, clean and well ordered. Non-routine goods and capital equipment are purchased after trial and evaluation of suitability by relevant personnel when possible. A fixed asset register is in place. Processes for scheduled calibration of equipment and the maintenance of equipment in safe working order are in place. Residents, representatives and staff confirm there are adequate stocks of supplies and equipment.

1.8 Information systems

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

Team's recommendation

Does comply

There are effective systems in place for the dissemination and management of information and documentation at the home. Residents' clinical information is securely kept and electronic information password protected. All financial information is kept securely in restricted areas and there are appropriate systems in place for destruction of documents and for archiving. Staff confirmed that they have access to information relevant to their roles and that they are informed of changes in the industry and at the home. Meetings are held to planned schedules and proper minutes kept. Information for residents, representatives and staff is displayed on notice boards throughout the home and regular newsletters are produced.

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 recommendation

Does comply

The home has processes in place to ensure the quality and responsiveness of externally sourced services. External service providers include the home's physiotherapist, podiatrist, hairdresser, pharmacist and fire services. There are now processes in place to assist the home to ensure all relevant service providers have current police checks. Formal contracts, including those with agreements past the expiry date, are monitored and selection and evaluation criteria specify the expected quality of service delivery. To ensure optimum service delivery, the home is implementing a review of contracts and new agreements or tender invitations as appropriate will be put in place after this review. The services of external

suppliers and tradespeople are monitored and managed to ensure their provision meets the home's needs and goals. Staff, residents and representatives are satisfied with external service provision.

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 recommendation

Does comply

The home has an established continuous improvement system that demonstrates improvement in resident health and personal care. For a description of the home's system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement. Staff confirm improvements occur in resident health and personal care. Residents are satisfied their clinical care needs are met.

Examples of improvements in Standard Two include:

- A clinical documentation guide has been developed to enhance clinical documentation, increase compliance with the home's policies and procedures and increase effectiveness of resident care. Development of the documentation guide involved clinical procedure reviews, audits and staff education.
- Each resident with a history of seizures or potential for choking, now has a relevant management care plan in place.
- Five registered nurses and five enrolled nurses attended a state wide university program to lower the use of psychotropic medication and to consider the value of looking at alternative strategies. Management reports the use of psychotropic medication has now decreased.
- Liaison with a pharmacy consultant has occurred in preparation for a project commencing in June 2009 related to pharmacological solutions to pain management for residents.
- All registered nurses and enrolled nurses have completed an external palliative care course.
- A regular and as required optometry clinic has been implemented and about 28 residents have had optometry assessments.
- A program is in progress to review continence aid allocation and continence management to ensure residents' needs, including the need for uninterrupted sleep, are met.
- A restraint review has occurred and as a result restraint has decreased and a brochure related to restraint information for residents and relatives has been developed.
- Behaviour management policy has been reviewed; formerly separate policies for aggression, wandering and behaviours are now combined into one behaviour management policy and procedure. The new procedure includes a section on triggers and possible strategies and interventions to guide staff. Staff confirmed the new documentation assisted care provision.

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 recommendation

Does comply

The home has systems in place to support ongoing compliance with all regulatory obligations related to resident health and personal care. 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. Medications are stored appropriately and administered according to legislated processes by registered nurses or by enrolled nurses competent in medication administration. A registered nurse is on duty at all times. Registered and enrolled nurses hold current registration and qualifications

and staff credential information is monitored. Staff confirmed they are informed about legislative and regulatory requirements.

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 recommendation

Does comply

The home has systems in place to ensure that staff have appropriate clinical skills and experience to provide for the needs of residents. Education and training opportunities are planned and communicated via an annual planner. Records of attendance and evaluation feedback are maintained and used in planning future sessions and for performance appraisals. Clinical education has been provided in the last year in areas including wound care, medication management, dementia care and clinical documentation. The orientation process for care staff includes completion of competency training in basic care provision. Residents and representatives who spoke with the team said that clinical care is provided by properly skilled staff.

2.4 Clinical care

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

Team's recommendation

Does comply

The home ensures all residents on entry are assessed for their individual clinical needs and preferences. Interim care plans are completed to provide staff with adequate knowledge to provide initial care, until formal assessments are completed and care plans developed. Care consultations with the resident or their representative are documented. Care plans are reviewed regularly by registered nurses and reassessment of needs occurs when resident's health status changes. Clinical care is provided by appropriately skilled staff. Residents and their representatives confirm that clinical needs are identified and care provided by appropriate staff according to their preferences.

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 recommendation

Does comply

Residents with specialised nursing care needs are identified and individualised care plans developed in consultation with the resident or their representative. Complex care is managed by registered nurses. The home currently provides specialised care for residents with indwelling catheters, enteral feeding regimes, stomas, supra-pubic catheters and oxygen dependence. Specialised care plans which include recommendations from specialists and allied health staff are readily available to appropriate staff. Referrals to specialists occur as needed. Residents and their representatives confirm the home provides appropriate care depending on the residents assessed needs.

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 recommendation

Does comply

Residents on entry are assessed for their individual needs and preferences for other health services including; physiotherapy, dental technicians, dentists, occupational therapists, speech therapists, opticians, aged persons mental health specialists and dietitians. Referrals occur throughout a residents stay in response to changes in their health status. Specialist recommendations are included in care plans and staff confirm that they are informed of changes to resident care needs. Residents and their representatives confirm that residents are referred and reviewed by specialists as needed and are satisfied with the range of services available.

2.7 Medication management

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

Team’s recommendation

Does comply

Medication is stored and administered according to relevant legislation and regulations. Residents are assessed for the type and level of assistance required with medication administration. Residents wishing to self medicate are regularly assessed and reviewed to ensure ongoing safety of the resident. Medications are administered and managed by appropriately qualified staff. General practitioners and external pharmacists regularly review residents’ medications which includes review of ‘as required’ medications. Residents and their representatives confirm that appropriate staff assist the residents with their medications and are satisfied with how medication is managed by the home.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents on entry to the home are assessed for a history of pain and their preferred pain management interventions. Care plans are developed to ensure resident needs are communicated and met. Care interventions include non analgesic treatments such as hot packs, position changes and physiotherapy. As required analgesics are reviewed regularly, residents whose health status changes or complain of discomfort are reassessed and referred to their general practitioner or other health professionals as needed. Residents and their representatives expressed satisfaction with how residents discomfort is managed.

2.9 Palliative care

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

Team’s recommendation

Does comply

Residents are provided with appropriate care based on their identified preferences. Palliative care plans are developed as needed and include individual care preferences. Residents are referred to pain management, palliative care specialists and other support services as needed. Staff confirmed that there is adequate equipment available to provide comfort and dignity to residents during palliation. Resident documents reviewed confirm that appropriate care is provided and that referrals to specialists occur in response to identified needs and preferences. Staff confirmed attendance at relevant education.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Resident's individual needs and preferences for nutrition and hydration are identified on entry to the home and as resident needs change. Information is communicated to appropriate staff. Residents with special needs including swallowing difficulties and weight loss or gain are monitored and referred to specialists as needed. Residents requiring textured diet or fluids are provided with appropriate meals and drinks and supervised appropriately. A variety of dietary supplements are readily available and provided according to residents needs and preferences. Residents and their representatives confirm satisfaction with the type and choices available in regard to meals and drinks.

2.11 Skin care

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

Team's recommendation

Does comply

Residents are assessed for their skin care needs on entry and on an ongoing basis. Care plans are developed and care staff are aware of individual resident needs and preferences. Wounds are monitored and where necessary referrals to wound specialists, pain management specialists and dietitians occur. Pressure relief aids are readily available and provided to residents in response to assessed needs. Lifting equipment and mobility aids are regularly checked to ensure risk of skin tears are minimised. Residents and their representatives confirm satisfaction with how residents' skin care needs are met.

2.12 Continence management

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

Team's recommendation

Does comply

All residents are assessed on entry and on an ongoing basis for their continence needs and preferences. Continence care plans include the level of assistance residents require to manage their continence and aids required. The home has adequate stocks of continence aids and specialised equipment to assist residents to maintain their independence. Staff are aware of individual resident needs and confirm that referrals to continence specialists occur. Residents and their representatives confirm that they are satisfied with how continence is managed within the home.

2.13 Behavioural management

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

Team's recommendation

Does comply

Residents with complex or challenging behaviours are identified and individual care plans are developed to include individualised interventions. Residents are referred to their general practitioners, pharmacists and aged persons mental health specialists when resident behaviours change or new behaviours develop. Specialist recommendations are clearly documented and staff confirm they are provided with information and education as resident needs alter. Incident reports are completed and evaluated to ensure behaviours are monitored and appropriate interventions occur promptly. Residents and their representatives state that they are rarely disturbed by co resident's behaviours. Representatives confirm that referrals to specialists occur promptly.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

All residents are assessed on entry and on an ongoing basis for their mobility and dexterity needs. Referrals to allied health specialists including physiotherapists and occupational therapists occur and care plans are developed to guide staff in providing and assisting residents with their exercise programs. Assistive aids such as moulded cutlery and rimmed plates assist residents to maintain independence with meals. Residents requiring mobility aids are assessed and provided with or assisted to obtain appropriate aids. Residents and their representatives confirm that aids are provided as needed and that the resident's mobility aids are checked for safety regularly.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation

Does comply

Residents are assessed on entry and on an ongoing basis for their oral and dental needs; individual preferences are documented on care plans. Residents are referred to local and visiting dental services as needed. Oral care products are provided to each resident based on their assessed needs. Residents level of independence is identified and care staff confirm they assist residents with cleaning of teeth/dentures and mouth care as needed. Residents and their representatives confirm they are satisfied with oral and dental care provided.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

Residents are assessed on entry and as their needs change for sensory loss and care plans are developed to ensure appropriate care and assistance is provided. The homes comprehensive library allows residents to access literature in formats suitable to their needs including talking books and large print books. Assistive aids are provided to enhance resident's sense of safety and independence. Well lit and wide, unobstructed internal and external corridors and pathways allow residents with impaired gait or vision to mobilise with minimal risk. Residents and their representatives confirm that staff assist residents with fitting and cleaning of aids and that referrals to specialists are organised as required.

2.17 Sleep

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

Team's recommendation

Does comply

Resident's individual needs and preferences for sleep are identified and documented on care plans. Residents are assisted to maintain their individual patterns with the assistance of staff who provide assistance to residents to prepare for bed, according to their documented rituals. Residents unable to sleep are provided with emotional support, snacks and drinks as needed. Residents and their representatives state that the home is usually quiet at night and that residents are provided with supper prior to settling to sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home and organisation actively pursues improvements in the areas of resident lifestyle. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement. Staff, residents and relatives are satisfied with improvements in the area of resident lifestyle.

Examples of improvements in Standard Three include:

- There has been a change to the format of resident and representatives meetings. Guest speakers now attend from time to time to present information on a wide range of subjects of interest to residents. For example, recent topics have included legal issues, optometry services and Tasmanian Devil research.
- Twice yearly memorial services conducted by the home’s chaplain and followed by afternoon tea have been introduced for residents, families and staff to remember those who have passed away.
- A family support group, ‘Annie’s friends’, for families of residents with dementia who live in the secure unit ‘Annie’s House’ has been implemented.
- A leisure and lifestyle officer attended a pastoral care conference to assist in the provision of emotional and spiritual support to residents.
- The home has purchased an interactive electronic games system where residents can participate in on-screen games such as bowling, golf and tennis. Residents confirmed their enjoyment of these new games.
- The leisure and lifestyle reporting system has been reviewed and databases which track key lifestyle documentation and resident participation in activities has been developed. Lifestyle staff confirmed the database is clear and accessible.
- The ‘Charter of Residents’ Rights and Responsibilities’ is now displayed throughout the home.

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 recommendation

Does comply

The organisation’s management has systems in place to support compliance with regulatory obligations in relation to resident lifestyle. 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. Staff receive and acknowledge information relating to privacy legislation, are required to attend compulsory reporting training and are provided with current policies and procedures in relation to compulsory reporting obligations. Residents are offered a residential agreement on entry to the home; the agreement specifies their rights and responsibilities. The concessional ratio is exceeded. Staff said they know their obligations related to resident lifestyle. Residents and representatives are satisfied with information given by the home about the accreditation visit and said they know about residents’ rights.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has systems in place to ensure that management and staff have the knowledge and skills necessary to manage and provide for the lifestyle needs of residents. Education is planned on an annual basis and records of attendance and the evaluation of the sessions kept. Education on compulsory reporting is a mandatory education requirement of all staff. Sessions have been attended by lifestyle staff on cultural awareness, sensory room training and attendance at a chaplaincy welfare conference. Staff who spoke with the team said that they are provided with many opportunities to develop their skills in providing for residents' lifestyle needs.

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 recommendation

Does comply

Residents at the home are supported in settling into the home and throughout their stay there. Residents and family members are involved in care planning and assisted to have their care and lifestyle choices met. Residents and their representatives are provided with written descriptive information about the services and facilities available to them at the home and are kept informed through regular newsletters. Pastoral care is provided by a minister of religion who is employed for regular hours at the home. Residents who spoke with the team said that management and staff had been supportive and helpful during the time when they were adjusting to living in their new home.

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 recommendation

Does comply

There are systems in place to allow residents at the home to achieve maximum independence and to maintain community friendships and associations. Residents' mobility and sensory deficits are assessed following admission and processes planned to assist residents to maximise their independence. Family and friends are encouraged to visit and to include residents in family activities. Residents have access to internet facilities and volunteer visitors are accessed for residents with limited social supports. Residents are encouraged to remain involved in community social programs.

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 recommendation

Does comply

Work processes at the home are structured to ensure that residents' privacy and dignity are acknowledged and respected. Residents are accommodated in single rooms with private bathrooms and a variety of small and large lounge areas. During the teams' visit care staff were observed to be attending to residents' hygiene needs with discretion and respecting their

privacy. All specialist and ancillary service providers who visit residents conduct their visits in allocated clinical rooms or in residents' bedrooms. Residents' files are kept securely and accessed only by authorised persons and consent is obtained for display of names or photographs.

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 recommendation

Does comply

Residents are provided with a range of activities and interests of interest to them. A calendar of activities is prepared on a regular system in response to the assessed interests of residents and in response to their feedback. Records of attendance and involvement in activities are kept and progress note entries detail any special feedback. Lifestyle staff have attended education pertinent to their roles and membership of a specialist service association is maintained. Residents who spoke with the team said that they find the program offered to them interesting and entertaining.

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 recommendation

Does comply

The individual interests, customs, beliefs and cultural and ethnic backgrounds are acknowledged and valued at the home. Regular celebrations of faith are conducted at the home and attended by large numbers of residents. A minister of religion spends one day each week at the home providing for the pastoral care of residents. Days of significance to residents are celebrated and special cultural support obtained where it is needed. The special cultural dietary preferences of residents are catered for according to their assessed needs. Residents who spoke with the team said that they have their spiritual needs respected.

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 recommendation

Does comply

Residents at the home have their rights to make decisions and to exercise preferences about their care and lifestyle respected. Residents and their representatives are consulted about care choices and have lifestyle activities programmed to reflect their interests. News and information is communicated through newsletters and meetings and residents and their representatives who spoke with the team said that their individual needs were met and that they felt they are kept well informed about changes at 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 recommendation

Does comply

The home provides written information about residents' rights and responsibilities and security of tenure to prospective and new residents and their representatives. The home's

representative meets with residents and representatives to discuss the residential care agreement, fees and charges and pre-entry tours of the home occur. Any events relating to a resident's security of tenure occur only under circumstances specified in the agreement and in consultation with all relevant stakeholders. Residents' rights and responsibilities are clarified on an ongoing basis through meetings for residents and relatives and in newsletters. Residents confirmed they feel secure and are informed about their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement. Residents and representatives are satisfied the home is safe and comfortable.

Examples of improvements in Standard Four include:

- A new large screen television has been purchased and mounted safely on the wall of the secure unit for residents with dementia.
- The windows of two residents’ rooms overlooked brick walls. Attractive friezes have been installed on the walls to enhance the residents’ outlooks.
- Place settings in the dining rooms have been labelled with each person’s preferred name, in consultation with each resident.
- The home’s occupational health and safety committee has developed manual handling guides for staff that are specific to areas including catering, environmental services, leisure and lifestyle, nursing and administration. Staff confirmed they received the guides and find them useful.
- A new hazard reporting process that incorporates risk assessments, increased reporting and feedback to initiators is now in place and followed.
- A fire and evacuation flowchart that includes protocols, roles and responsibilities has been developed.
- The home’s pandemic plan has been updated to include recent influenza outbreak information such outbreak stages and infection control stock levels have been increased.
- An extended influenza vaccination program and recent influenza information has been provided to staff.
- A wireless electronic temperature monitoring system that enables efficient and accurate monitoring of food temperatures at delivery, cooking, chilling and re-heating has been purchased and is in use.
- The menu has been re-designed in consultation with residents to offer a greater variety of home made snacks and reduce wastage at dinner by serving ice-cream from freezers in kitchenettes and also offering fresh fruit routinely as a dessert option.
- The home has implemented a bain marie service for lunch in two of four units at the home and for lunch and dinner in the other areas of the home to ensure food is served at optimal temperature.
- A food safety plan has been developed, approved and implemented.

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 recommendation

Does comply

Processes and systems are in place to identify and ensure that the home is compliant in relation to the physical environment and safe systems. 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.

Regulatory compliance is reflected in external third party reports and in the home's systems and processes related to occupational health and safety, fire and emergency procedures, infection control and food safety. Staff confirmed they receive information and education in relation to safe systems of work.

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 recommendation

Does comply

Management and staff have the knowledge and skills to effectively manage the physical environment and systems of the home. Education in manual handling, infection control, and fire and emergency services is mandatory for all staff. Food safety training is mandatory for all food services staff and chemical safety for cleaning and laundry staff. Records of attendance at education sessions are kept and feedback forms evaluated for reference in planning future sessions. Staff have access to information including policies and procedures via the intranet.

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 recommendation

Does comply

The home and organisation's management actively works to provide a safe and comfortable environment for residents. The home accommodates residents in large, personalised private rooms with ensuites and each room has large windows with pleasant outlooks. Communal areas are bright, comfortable, spacious and well-maintained and there is a library, hair salon and smaller lounge areas where residents can pursue individual interests or receive guests. The home is maintained at a comfortable temperature, well lit and free of clutter. Residents, representatives and visitors to the home have access to well maintained and sheltered courtyards and gardens that are linked to the home by covered walkways. The home has a reactive and scheduled preventative maintenance system to ensure equipment is in optimal order and an electrical testing and tagging program is in place. Residents confirmed their satisfaction with the home 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 recommendation

Does comply

Management works to ensure systems are in place to promote a safe working environment. The home has an active occupational health and safety committee and a risk consultant provides specialist advice and support. Incident/near misses, risk assessments, safety education including safety week promotions and other workplace safety matters are discussed at regular occupational health and safety committee meetings and at all staff meetings. Health and safety committee participants are drawn from each area of the organisation and designated and trained staff members deliver manual handling education to staff. A comprehensive hazardous substance register is now in place. Staff said management provides a safe working environment and confirmed education on manual handling, fire and emergencies and infection control occurs.

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 recommendation

Does comply

Management is actively working to minimise fire, security and emergency risks occurring at the home. An emergency planning group reviews emergency protocols and emerging issues and a specialist fire safety consultant conducts regular observational audits and staff knowledge tests in relation to emergencies. Fire systems are regularly maintained by appropriately qualified contractors and fire exits are signed and free from obstruction. The home has achieved periodic compliance from the state fire service. The building is secured after hours and a security service conducts active patrols. Emergency lighting is maintained and a generator is available for power outages. Staff showed knowledge of the fire and emergency procedures and confirmed ongoing training and support for emergencies occurs.

4.7 Infection control

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

Team's recommendation

Does comply

The home has effective infection control and monitoring programs in place. Diagnosed infections are monitored regularly and discussed at staff and management meetings. There is a pandemic management plan in place and adequate supplies of personal protective equipment for staff were observed to be available throughout the home. Outbreak management kits are located in utility rooms and there are adequate hand washing and sanitisation facilities available throughout the home. An infection control committee meets regularly and has representatives from all areas of the home. There are safe systems of waste management in place and soiled linen is stored appropriately before collection. Infection control is a mandatory education session annually for all staff.

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 recommendation

Does comply

Hospitality services are provided at the home enhancing the care and lifestyle of residents. Residents are provided with meals from a rotated menu and taking account of their assessed needs and preferences. Meals are served to residents in various dining areas of the home and prepared in a central kitchen. The kitchen has been audited by local government and third party services. Laundry is attended at external sites and supplies delivered regularly. Cleaning is done to scheduled task lists and monitored by regular audits. Residents and representatives who spoke with the team said that they enjoy the meals provided to them and that their cleaning and laundry is well attended to.