



Aged Care
Standards and Accreditation Agency Ltd

Taara Gardens

RACS ID 0167

25 Estonian Road

THIRLMERE NSW 2572

Approved provider: The Estonian Relief Committee Ltd

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 25 July 2015.

After considering the submission from the home including actions taken by the home, the Agency has decided that the home does now comply with the identified expected outcome 4.4 Living environment.

We made our decision on 4 June 2012.

The audit was conducted on 8 May 2012 to 9 May 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Taara Gardens 0167

Approved provider: The Estonian Relief Committee Ltd

Introduction

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

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 43 expected outcomes

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

- 4.4 Living environment

Audit report

Scope of audit

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

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

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

Assessment team

Team leader:	Wendy Ommensen
Team member/s:	Denise Dwyer

Approved provider details

Approved provider:	The Estonian Relief Committee Ltd
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Details of home

Name of home:	Taara Gardens
RACS ID:	0167

Total number of allocated places:	39
Number of residents during audit:	34
Number of high care residents during audit:	4
Special needs catered for:	N/A

Street/PO Box:	25 Estonian Road	State:	NSW
City/Town:	THIRLMERE	Postcode:	2572
Phone number:	02 4681 8566	Facsimile:	02 4683 1362
E-mail address:	info@taaragardens.com.au		

Audit trail

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

Interviews

	Number		Number
Chairman of the Board	1	Residents/representatives	10
Secretary/director of the Board	1	Recreational activities officer	1
Financial controller	1	Hotel services supervisor	1
Administration assistant	1	Catering staff	3
Manager	1	Laundry staff	1
Endorsed enrolled nurse	1	Cleaning staff	2
Care staff	4	Maintenance manager	1

Sampled documents

	Number		Number
Residents' files including pathology reports, progress notes, assessments and care plans	6	Medication charts	9
Summary/quick reference care plans	6	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities program, individual lifestyle profiles, care plans (13) and participation records
- Allied health service contracts
- Cleaning – audits, infection control procedures, schedules for general, residential, kitchen and laundry cleaning,
- Comments, compliments and complaints – continuous improvement logs, complaints recorded on continuous improvement action plan, how to make a comment, compliment or complaint form brochures, “I have a Concern Form” forms
- Daily care folder
- Disaster and emergency response plan, emergency flip charts including information about missing residents,
- Education calendar and training records, staff competencies, questionnaires to evaluate knowledge learned
- Food guidelines for calcium intake for the prevention of falls in elderly people.
- Food safety program – audits, calibration records, cleaning schedules, dietary preference charts, NSW Food Authority audit results, food safety program, menu, ordering processes, food and equipment temperature records, sanitisation of fruit and vegetable records

- Human resource management – policies and procedures, orientation program checklist, criminal record checks, performance appraisals, position descriptions, reference checks, staff rosters and replacement records,
- Infection control manual, outbreak management procedures, infection data
- Information about oxygen therapy
- Information systems – mission, values, philosophy and objectives statement, policies and procedures, communication books, staff memoranda, meeting minutes, newsletters, contractors' residents and staff handbooks, self assessment report, satisfaction surveys
- Inventory and equipment – maintenance request book, preventative maintenance records, electrical tagging records, external service contracts, contractors' attendance dates
- Observation charts including blood pressure and blood glucose levels, bowel monitoring and weights
- Pain assessment and monitoring of treatment charts
- Quality and risk management program – audit schedules, audit and benchmarking results, continuous improvement logs and action plans, surveys,
- Regulatory compliance – annual fire safety statement, consolidated register of incidents requiring mandatory reporting, criminal record checks, NSW Food Authority licence, residents' privacy consents, professional registrations, resident agreements (6), staff confidentiality agreements
- Safe footwear checklist
- Sensory needs assessments – touch, taste, smell
- Swallow screen for nurses' assessment
- Work health and safety policies and procedures, accident and incident reports
- Wound management folder

Observations

The team observed the following:

- Accreditation Agency re-accreditation audit notices on display
- Activities in progress; activities calendar on display; activity resources
- Aged care complaints scheme brochures on display, suggestion box for confidential complaints
- Charter of Residents' Rights and Responsibilities on display
- Chemical storage and material safety data sheets
- Cleaning in progress
- Clinic room, clinical supplies and trolleys
- Equipment and supplies
- Evacuation kit – evacuation egresses, evacuation plans suitably placed throughout the buildings
- Fire fighting equipment checked and tagged,
- Hairdressing salon

- Infection control resources including notices, hand hygiene products strategically located, personal protective equipment, colour coded equipment, spill kits, sharps' containers, outbreak kit,
- Interactions between staff and residents
- Kitchen and food service areas
- Laundry
- Living environment - internal and external
- Manual handling and mobility equipment in use
- Meal and drink services with staff assistance
- Medication administration rounds and medication storage areas
- Noticeboards containing information for residents and staff
- Photographs of resident activities on display
- Resident nurse call system
- Secure storage of confidential information
- Shift handover
- Sign in and out books
- Staff work practices and work areas, staff room
- Waste management – general, recycled and contaminated waste
- Water cooler

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 management and staff team at Taara Gardens implement systems and processes which include mechanisms for identifying opportunities for improvement across management and service areas. Assessment through internal and external audits, clinical indicators and reporting processes, as well as the collection and analysis of clinical data further supports the program. Monitoring, evaluation and review of the effectiveness of implemented changes takes place. Mechanisms such as improvement logs, meetings, surveys, formal and informal feedback processes and consultation encourages all stakeholders to have involvement in the continuous improvement processes. Residents are able to outline the ways in which they can access the quality program.

Recent examples of improvement activities related to management systems, staffing and organisational development are outlined:

- In September 2011 the continuous improvement form was modified in consultation with staff. The new form includes: the source of the improvement opportunity, suggestion, comment, complaint or praise and has a space for possible solutions. The back of the form provides for the documentation of: the investigation, action plan, evaluation and feedback to the person/group raising the issue. This initiative is proving effective in identifying and following through on improvement opportunities at the home.
- The vitamiser in the kitchen was unsuitable for blending pureed food to the consistency recommended by the dietician. Research was conducted and a more suitable blender was purchased.
- The induction checklist for new staff was reviewed and replaced with a more comprehensive template highlighting orientation and buddy shift requirements. The process of induction is not time limited and may extend over the necessary period of time that the new staff member requires to become familiar with expectations of the role.
- The new employee's interview questionnaire was reviewed and redesigned to better capture the applicant's skills to meet the position description of the role. Reference checks now follow a documented process and the applicant's sensitivity to the cultural needs and preferences of residents is explored.
- The accident/incident form was reviewed and is now more detailed in the collection of information to allow for risk analysis, actions to reduce possibility of recurrence and trending of incidents at the home. The form includes: type of accident or incident, cause, type of injury, hazard identification, part of body effected, immediate action, documentation and notification. The residents' care plans are reviewed and updated as a result of incidents.

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

Systems and processes ensure the identification and implementation of changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced in a variety of ways. These include information obtained from industry related newsletters, from peak bodies, from State and Commonwealth government departments, from statutory authorities and the internet. Changes to legislation are disseminated to the home’s staff via memos, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Auditing by external regulatory authorities, internal auditing processes, surveys, quality improvement activities and monitoring of work practices ensure consistency and compliance with legislative requirements.

The following examples demonstrate the effectiveness of the system relating to regulatory compliance and pertaining to Accreditation Standard One:

- Re-accreditation site audits are discussed at residents’ meetings and notices of impending audits are displayed prominently throughout the home. All residents and representatives interviewed during the re-accreditation audit were aware of the process.
- Mandatory reporting guidelines regarding elder abuse have been implemented at the home. Consolidated records of reportable incidents are maintained. There have been no reportable incidents of alleged elder abuse at the home. A “discretion not to report” register is also maintained and relevant guidelines implemented.
- Changes under the *Aged Care Act 1997* effective from 1 January 2009 have been implemented in regard to notification of missing residents to the Police Department and Department of Health and Ageing.
- Prospective employee’s criminal records are checked prior to engagement and there is a process in place to review the currency of this status every three years. Contracted service personnel are also required to complete criminal record checks.

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

Processes are in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. An orientation program and ‘buddying’ of new staff assists their development within the workplace. Training needs are identified through: legislative change, performance appraisals, surveys, results of audits, monitoring of incidents and feedback from stakeholders. From these sources an education plan is developed. Education is available and delivered in a variety of ways which include in-service training, information sessions by contracted suppliers, via an interactive electronic education program, and attendance at specific external courses. Competency assessments and questionnaires are conducted to evaluate the effectiveness of the program and ensure relevant staff skills are maintained. Records of attendance are kept and there is a system to monitor attendance at compulsory training. Staff state they receive opportunities for relevant education of interest and assistance to them.

Staff attendance records and other documentation highlighted the following examples of training provided in relation to Accreditation Standard One:

- Aged care funding instrument
- Effective communication
- Managing conflict
- The new complaints' investigation scheme
- Elder abuse and mandatory reporting responsibilities

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

Information explaining the internal and external complaints' mechanisms and aged care advocacy services is prominently displayed at the home. The processes for feedback are documented in the residents' handbook and resident agreement. These are also discussed with residents and their representatives as part of the entry process and at meetings. Complaints are managed through the continuous improvement action plan. A review of complaints demonstrates that issues are investigated, analysed and responded to in a timely manner. There is a system for making confidential complaints and for complimenting staff. Annual general surveys of service satisfaction are conducted. At interview residents, their representatives and staff confirm an awareness of the mechanisms by which comments, complaints, or suggestions can be made.

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 vision, values, philosophy and objectives of the care service are documented, displayed and reflect the intention of delivering quality services to the residents. Management, staff, residents and representatives at Taara Gardens advise that these values and objectives are adopted. They are discussed with staff at orientation, displayed at the home and documented in the staff handbooks. The home's philosophy of care is included in the residents' handbook. The name of the retirement village was recently changed to Taara Gardens to continue to reflect the Estonian background but also to demonstrate an acceptance of the other nationalities of those wishing to become residents. The logo is new "Enrich your Retirement" and includes the Estonian national flower – the cornflower.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are systems and processes in place to ensure that the home has appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies and procedures that guide human resources practices are accessible to staff. Recruitment processes include professional registrations, criminal record checks and reference checks. Orientation training and buddying of new staff is conducted and performance reviews are in place. Grievance processes are documented. Rosters are developed monthly in advance and a review of rosters confirmed that absent staff are mostly replaced. Relief arrangements include permanent part time and casual staff. Staffing levels are flexible and are monitored in line with occupancy levels, residents' specific care needs and related dependencies. Many of the staff have been with the home for long periods of time and know the residents and their representatives very well. Residents and their representatives report satisfaction with the consistency of care provided and the skills and professional approach of all 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 findings

The home meets this expected outcome

Management and staff interviews and observation confirm that there are adequate levels of goods and access to equipment for the delivery of quality services at the home. Budgeted replacement processes ensure that goods and equipment are suitable for the purpose and meet the specific needs of residents. There are ordering processes and stock rotation systems for consumable and perishable items. Designated management team members assume responsibility for monitoring stocks and ordering necessary supplies. Monitoring processes include risk assessments, hazard reporting and audits. Preventative and reactive maintenance programs are in place. New equipment is trialed prior to purchase and staff are trained in the use of new equipment. Review of documentation and interviews with staff and residents indicate that all maintenance is prioritised and responded to.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are effective information management systems in place. Policies, procedures and guidelines are available in hard copy. Confidential files are stored securely and systems promote the effective archiving and destruction of records. A review of residents' files indicates that there is a process for the evaluation of clinical care plans. A schedule of meetings ensures relevant information is available to stakeholders in a timely manner. The manager reports to the Board of management on a monthly basis about issues integral to the care and services of the home. Information is disseminated through secure password

protected emails, on noticeboards, through newsletters, memoranda, shift handovers and informal lines of communication. External and internal audits, surveys and the collection of data relating to the quality of care and services inform processes of assessment and continuous improvement. Residents and representatives interviewed were satisfied with their access to information which assists them to make decisions about the residents' care and lifestyle

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

Externally sourced services are provided in a way that meets the home's requirements for quality service goals. The home engages contracted and preferred service providers and suppliers. Service providers must produce evidence of licensing, professional registrations, safe work method statements, public liability and other insurance and are required to have completed criminal checks. Service agreements and contracts with external providers are negotiated, managed and monitored in a variety of ways which include audits and inspections, feedback from residents and staff. Supervision of the contracted clinical services personnel by the manager, who is a registered nurse and review of the work practices of contractors by the maintenance manager, are important in ensuring contractual arrangements are being met. Poor performance may lead to cancellation of the contract. External contracts include (but are not limited to): fire services, supply of chemicals, pharmacy services, podiatry, hairdressing, waste management, grease trap cleaning and pest control.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The results of re-accreditation team's observations, interviews and review of documentation revealed that the home is pursuing continuous improvement in relation to health and personal care of residents. For information regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

The following are examples of some of the improvements undertaken in relation to health and personal care of residents:

- A resident prone to falls was accommodated on the lower level of the home and was required to climb stairs to access the dining and activity areas. Negotiation with the resident resulted in an agreement to move upstairs. Staff are now able to monitor the resident more closely and a medication review has been conducted. No recent falls have been recorded. Follow up discussions by the manager with this resident demonstrates satisfaction with the outcome.
- A complaint from a resident that bronchodilators had been removed from their medication container was investigated. A search of the clinic resulted in a box and seventeen capsules being located in a container shared with another resident. In order to reduce the risks associated with this practice, arrangements were changed to ensure both residents have individual containers. The manager advises that both residents are happy with this outcome.
- A number of residents who were having repetitive falls had a falls risk analysis completed by staff. They were then encouraged to join a falls prevention program being conducted by a visiting physiologist. Eight residents completed the program. Muscle tone, balance, sit to stand times and upper body strength improvements were noted for participating residents.
- The manager, who is a registered nurse, advises that better practice indicates a need to take pulse rates prior to administration of a medication to treat congestive heart failure. If the pulse rate is below 54 beats per minute the medical practitioners require that the medication be withheld. The medical practitioner's orders are now documented in care plans and staff have attended in-service training. This has also ensured less risk of falls for individual residents and is working well.

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

The re-accreditation team's observations, interviews and review of documentation demonstrate that a system is in place to manage regulatory compliance in relation to health

and personal care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance relating to health and personal care includes:

- Authority to practise registrations for registered nurses and endorsed enrolled nurses were sighted and records are maintained by the home. Contracted allied health services managed by the home's administration are also required to provide evidence of registration. These include, but are not limited to, medical practitioners, the accredited pharmacist and the podiatrist.
- The manager who is a registered nurse is responsible for the care planning and assessment processes and the specialised nursing services implemented for all high care residents at the home.
- The home ensures residents are provided with specified care and services, supplies and equipment as required under the *Quality of Care Principles (1997)*. These entitlements are advised to residents and/or their representatives on entry to the home and in the residents' agreement.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system.

Examples of training and education provided in relation to health and personal care include:

- Behaviour management
- Care planning and documentation
- Continence management
- Falls prevention
- Medication administration
- Nursing and the law
- Nutrition and hydration
- Wound care and dressing techniques

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Staff described the processes implemented to ensure residents are provided with appropriate clinical care. Information collected prior to entry and from the assessment process is used to generate care plans which contain specific interventions for each resident. These are updated as needs change and are regularly evaluated for effectiveness. A registered nurse

(RN) and an endorsed enrolled nurse (EEN) supervise care. The home has communication and care documentation systems to enable nursing staff, allied health professionals and visiting doctors to identify issues and be informed of the care being provided to residents. After hours support and emergency procedures are in place. Clinical care practices are monitored through a commercial benchmarking program, internal audits, care staff meetings, staff competencies and residents' satisfaction surveys. Residents and representatives are very complimentary about the care provided by staff.

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

The home has documented policies and procedures relating to specialised nursing care. There is a system of assessment and monitoring to ensure appropriate management of residents' specialised nursing care needs. Residents' specialised nursing care needs at the home currently include pain management, palliative care, oral hygiene and wound care. Residents are referred to appropriate specialists and health professionals as necessary. Care is supervised by the manager (RN) and an EEN with support from a community based nurse. There are also systems to ensure that appropriate stock is available, equipment is checked regularly, is accessible and maintained to ensure the home is equipped to manage specialised nursing care needs. Residents and representatives are satisfied with the specialised nursing care provided to residents.

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

Residents and representatives state residents receive specialised care according to their needs. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with residents and/or representatives. A number of health specialists visit residents on-site and assistance can be provided in arranging transport to external appointments. Residents have access to a range of allied health professionals including palliative care, speech pathology, dietetic, surgical, psychiatric, urological, geriatric, dental, radiology and pathology services. Reports from specialists are reviewed and implemented by the home.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

There are systems to ensure medication orders are current, residents' medications are reviewed, the medication management system is monitored and medications are administered safely. Medications are provided in blister packs and administered by care staff who have been trained and deemed to be competent. Residents receiving pain relieving patches go to the clinic room where two staff members are involved in the checking and

application of the patch. Permission must be obtained from the manager for the administration of PRN pain relieving schedule eight (S8) medications which are in individual blister packs. Medications in use are stored in and administered from medication trolleys which are secured when not in use. Medication charts were observed to have been completed appropriately and signed by staff as medication is given. Medication administration practices are monitored regularly and actions taken to remedy any identified poor practice.

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 systems to ensure that residents are as free as possible from pain. Assessment of verbal and non-verbal indicators of pain and strategies for its relief are recorded on entry to the home and reviewed as indicated. The home consults other allied health services as necessary. Staff use a range of strategies or treatments which include gentle exercises, re-positioning, comfortable mattresses, massage, aromatherapy, hot packs and oral or topical medications to manage residents’ pain. Treatments are regularly evaluated for effectiveness and residents expressed satisfaction with pain management.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

If the home is unable to provide appropriate clinical care for terminally ill residents they are assisted to transfer to a home able to provide a higher level of care. If it is appropriate for the resident to remain at the home, there is a system that enables staff to provide care with comfort and dignity to meet resident’s needs. Resident’s representatives are encouraged to stay with their resident as long as they wish and may be provided with temporary accommodation by the home. An advance care directive regarding the resident’s wishes is obtained if possible. The local palliative care team and other allied health services are accessed as necessary to manage terminally ill residents’ physical, emotional, psychological and cultural needs. Spiritual and emotional needs are also met by accessing ministers from the community when desired.

Also refer to expected outcome 3.8 Cultural and spiritual life.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure adequate levels of nourishment using initial and ongoing assessment of each resident’s likes and dislikes, allergies, cultural, religious, nutritional and hydration needs and medical requirements. Resident’s swallowing ability is assessed on entry to the home and there is a process for monitoring each resident’s nutritional status

through regular measurement of weights. Residents are reviewed by a dietician and/or speech pathologist if indicated and meals are fortified or supplements provided to reverse weight loss. Meals of varying consistency including thickened fluids as well as special diets are supplied as necessary. Care staff promote adequate fluid intake and residents' intake and output is recorded if required. Staff supervise and assist residents with their meals as necessary and residents interviewed are satisfied with the choices and quality of the meals offered.

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 system to ensure residents' skin integrity is consistent with their general health status includes assessments on entry to the home and as necessary in order to maintain skin integrity. Tools used include risk assessments, regular care plan reviews, documentation of care and provision for residents' specific skin, hygiene, continence, hair and nail care needs. Wound care is supervised by a RN or EN with advice from the local wound clinic if necessary. Wound treatments are documented and it was noted that there is a low incidence of breakdown of skin integrity in the home. Pressure relieving mattresses, and limb protectors are in use and residents are given special dietary supplements to promote healing when necessary. Skin integrity statistics are collated. There are adequate stocks of skin care and dressing materials available to assist in improving or maintaining residents' skin integrity. Residents are satisfied with the management of skin care.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Residents' continence, urinary flow patterns, bowel management and toileting needs are assessed on entry to the home. The effectiveness of continence management programs is monitored and evaluated. There is a system to help residents with their toileting needs, and access to, or provision of disposable continence aids of appropriate size and type if required. Bowel movements are monitored and residents with a history of constipation and/or those receiving opiate medications have bowel management strategies aimed at reducing the risk of constipation. These include the use of fruit, high fibre diets, adequate fluid intake and a regimen of aperients as necessary. A continence adviser is available to provide assistance to the home and residents as necessary.

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

Prior to entry, the needs of residents with challenging behaviours are identified to ensure that the home is able to meet their requirements. Entry information and staff observations and assessments of individual needs and triggers are used to develop a care plan documenting

strategies for staff to implement. Medical and other health professionals are consulted to provide input into behaviour management plans as necessary. Care plans and management strategies are regularly reviewed to ensure the care and safety of all residents and staff. The home has a policy of no physical restraint. The environment was observed to be calm, most residents well groomed, and participating in activities of interest to them. Residents and their representatives state staff manage residents' challenging behaviour well.

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

The mobility, dexterity and balance of residents is assessed on entry to the home and as necessary. Group exercises are carried out as part of the activities program and when necessary residents are referred to an external physiotherapist. Many residents go for regular walks in the extensive grounds. Changes in mobility are identified and documented as part of the care planning process. A range of walking aids is available and grab rails in corridors may assist with mobility if required. Staff are provided with education on manual handling and maintaining mobility and dexterity. Falls statistics are collated and presented at appropriate meetings. Residents and representatives are very satisfied with the efforts made to maintain 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

The home has systems to ensure residents' oral and dental health needs are maintained. This includes a program of assessment and the development of a care plan with strategies to meet ongoing individual oral health and dental care needs. Arrangements are made for residents to see dentists as required. The oral assessment tool for dental screening has been implemented. The home provides a range of dental and oral care products for those residents who need them. Residents are supported by staff to maintain their dental care independently, or are assisted by care staff as required.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has a system to assess, monitor and evaluate residents' five senses to ensure they are managed effectively. The home liaises with providers of ophthalmic, audiometric, and speech therapy services if necessary to ensure that residents' sensory needs are identified and addressed. There is a system to ensure staff monitor residents are wearing their spectacles and hearing aids are functioning correctly. Adequate lighting assists residents with sensory impairment to maintain independence and safety. Large print and 'talking' books are available as necessary. Residents are satisfied with the management of any sensory loss.

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

There is a system to assess sleep patterns on entry to the home in consultation with the resident and their representative before the development of a care plan which is regularly reviewed. Rising and retiring times of residents are documented in care plans and staff assist residents to settle for the night by offering hot drinks and ensuring residents are free from pain. ‘Call out’ records are maintained to document residents’ needs during the night. Residents who require medication to assist them to sleep have it provided for them. Residents interviewed state that they feel safe at night and are able to achieve sufficient sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home is pursuing continuous improvement in relation to resident lifestyle and this was confirmed by the team’s observations, interviews and review of documentation. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Some examples of the improvements made to resident lifestyle are outlined:

- A resident requested a pedal bike and hand weights to help strengthen muscle tone. This was purchased with fund raising money. The resident is exercising regularly and muscle tone is being maintained.
- Staff were having difficulty settling residents prior to the ‘sleep over’ shift commencing at 8.30pm each night. An extra two hours were allocated and the shift now commences at 10.30pm. This is working well and residents are receiving appropriate support.
- Resident consultation in planning and evaluation of their care delivery has been increased through the implementation of care conferences and structured discussions.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The results of the team’s observations, interviews and review of documentation revealed that an effective system is in place to manage regulatory compliance in relation to resident lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

- All residents are issued with a resident agreement which incorporates clauses required by law such as a 14 day cooling off period, reference to the *User Rights Principles (1997)* and the provision of specified care and services. The agreement is regularly reviewed to ensure that legislative requirements are being met.
- Other documents displayed and stored on site to inform of relevant legislation and regulatory compliance include *The Charter of Residents’ Rights and Responsibilities* and the residents’ handbook.
- In line with privacy legislation, residents or their representatives are requested to sign releases in relation to the disclosure of health information. Staff are advised of their role in relation to *The Privacy Amendment (private sector) Act 2000* and they all sign and confidentiality agreements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development.

Examples of training and education provided in relation to resident lifestyle include:

- Emotional support
- The Aged Care Rights Service visited and addressed staff and resident of the home

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and representatives are satisfied with the ways in which staff provide information prior to entry, assist them to adjust to life within the home and for their ongoing emotional support. A social profile of the residents' cultural, spiritual and other interests helps to ensure each resident receives initial and ongoing emotional support through the entry processes, assessments, care planning, family care conferences and the evaluation of the care provided. Families, friends and visitors are welcomed. Residents' birthdays are celebrated and residents are encouraged to go on outings. A small van and a car are available for appointments and outings and residents are able to catch the local bus to visit the nearest town. Residents are encouraged to bring in personal items and photos to help create a homelike atmosphere. Estonian and Finnish interpreters are available to assist with communication when required and staff provide one-to-one support when necessary.

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

Strategies to enable residents' independence to be maximised are identified in individual plans. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon. The home welcomes visits from resident representatives and residents are encouraged to participate in life outside the home when possible. Many residents have telephones connected and mobility aids are readily available. Residents are encouraged to achieve independence in health care choices, participation in decision-making and personal care. There is an exercise program to assist residents to maintain or improve independence through individual and group interventions and by staff encouraging them to do as much as they can for themselves. Residents state they are encouraged to remain as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's privacy, dignity and confidentiality. This was confirmed by resident and representative feedback and observation during the visit. Written permission is sought from residents for the disclosure of personal or clinical information and verbally for the display of photographs. Residents understand they may refuse treatment and their consent is required before treatments are carried out. Staff sign a confidentiality agreement at the commencement of employment and show an awareness of privacy and dignity issues in their daily practices, such as addressing residents by their preferred names and knocking prior to entering rooms. Confidential resident records and belongings are stored securely. There are lounge areas within the home and outdoor areas where residents can be with their friends and relatives in private.

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

The home has systems to encourage and support residents to participate in a wide range of activities of interest to them. Social and leisure profiles are completed on entry to the home and the recreational activities staff develop regularly evaluated plans based on these assessments. The leisure and lifestyle program offers a wide range of activities conducted in large and small groups and one-to-one sessions. Activities take place five days a week and include group exercises, bus outings, music, videos, and celebration of cultural days. Some residents catch the bus to the nearest town and arrangements are made for some residents to visit the men's shed group each fortnight. Residents are informed of activities via individual programs, noticeboards and verbal prompts. Participation in activities is monitored and residents are encouraged to provide suggestions and feedback at the residents' meetings, through one-to-one discussions and audits. Residents are satisfied with the range of leisure and lifestyle activities provided.

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

Many residents are from and Estonian or Finnish backgrounds and the home has systems to foster their cultural and spiritual needs through the identification and communication of residents' individual interests, customs, cultures, dietary preferences and religions. Provision is made for the celebration of special national, cultural and religious days. Information obtained on entry to the home is documented and communicated to relevant staff. Regular religious services are held in the home and one resident regularly goes out to a church service. Residents interviewed stated that their cultural and spiritual needs are met.

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

Personal preferences, needs and choices are identified on entry to the home using a range of assessments and consultation with health care providers and residents and/or their representatives. Residents are encouraged to participate in decisions about their care and the services provided by using processes such as surveys, meetings, the formal comments and complaints process and directly to staff and management. Information on residents' rights and responsibilities is included in the resident handbook and displayed in the home. Residents are encouraged to exercise choice and control regarding all aspects of their care. Voting facilities are available at election time. Most residents and representatives are satisfied with choices available to residents and said that decisions are respected.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is provided in the residents' agreement and the handbook. This is discussed with prospective residents and their representative prior to and on entering the home. *The Charter of Residents' Rights and Responsibilities* is displayed and included in publications. Residents and representatives interviewed state they are kept informed about matters of importance to them, they feel secure of residency within the home and they confirmed an awareness of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for sources of evidence and a description of the overall system of continuous improvement.

The home has made planned improvements relating to the physical environment and safe systems including:

- It was not known who had keys to the home. A key register has been implemented and all keys are now recorded and tracked by the administrative assistant. This has increased security at the home.
- On 4 February 2012 four residents presented with diarrhoea. Gastroenteritis guidelines were implemented and pathology attended. No pathogens were detected. Diagnoses identified other medical conditions as possible causes. The Public Health Unit was notified appropriately and daily telephone contact maintained. The medical issues were quickly resolved with no hospitalisation of residents required.
- A disaster and emergency response plan has been documented and includes re-location accommodation sites for residents if evacuation from the home is required in response to an emergency. New evacuation folders document emergency phone contact numbers for responsible personnel, the number of acceptable evacuees at each location, availability of emergency evacuation vehicles, categories of residents’ care levels, resident occupancy lists and sticky labels with comprehensive resident identification, medical and personal information. An emergency evacuation kit has been set up.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The results of the team’s observations, interviews and review of documentation revealed that an effective system is in place to manage regulatory compliance in relation to the physical environment and the implementation of safe systems. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance related to the physical environment and the safe system includes:

- The NSW Food Authority licence, under the legislation governing food services to vulnerable persons, is current and displayed.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development.

Education sessions and activities that relate to this standard include:

- Contamination and sharps disposal
- Fire safety training (fire awareness and evacuation procedures)
- Fire safety questionnaire to test staff knowledge
- Hygiene and sanitation
- Infection control (including hand washing competencies)
- Safe food handling for relevant staff
- Safe handling of chemicals
- Use of new equipment – blender for kitchen staff
- Manual handling education and competency testing

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 does not meet this expected outcome

The home's management team cannot demonstrate that it is actively working towards ensuring a safe and comfortable environment consistent with residents' care needs. Systems and procedures are not in place to guide management and staff in the provision of a safe and comfortable environment to meet residents' needs. Practices and actions to provide a safe and comfortable living environment are not effective. The residential living environment in the older section of the home compromises the delivery of care and does not promote the independence of the residents. The presence of fire, security and emergency risks compromises the provision of a safe living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has an occupational health and safety system including comprehensive policies and procedures. A workplace health and safety coordinator has been appointed and has previously attended consultative committee education. Staff members assume responsibility for monitoring the living and working environment and reporting risks and hazards. Identified

risks are recorded in the maintenance request book, prioritised for repair and actioned by the maintenance staff or external contractors. Work health and safety is an agenda item at meetings and accident and incident data is presented and discussed. Staff incidents are low. A mechanical lifter is available, and staff complete manual handling training during orientation and annually. Personal protective clothing and equipment is available to all staff and was observed being used appropriately. Safe work method statements which reflect regulatory compliance are documented for some tasks and are to be extended to cover all disciplines. This will support work practice monitoring processes. All staff are encouraged to report unsafe work practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Systems are in place to ensure the safety and security of residents and staff. Checks of equipment by external contractors, auditing processes, fire and emergency evacuation procedures are in place. Staff wear identification badges and there is a sign in and sign out register for residents, representatives, contractors and visitors. Fire evacuation maps are correctly orientated and emergency flip charts are located at strategic points throughout the building. The home is fitted with fire warning and fire fighting equipment, smoke detectors, emergency lighting, extinguishers and fire blankets. Chemical storage is secured, personal protective clothing available and material safety data sheets located in suitable positions throughout the home. Designated smoking areas for staff and residents have been nominated. Staff confirmed their attendance at compulsory fire safety training and demonstrated an understanding of evacuation procedures and use of fire fighting equipment. Records demonstrated attendance at training and monitoring processes. An emergency evacuation and disaster plan is in place. An emergency evacuation kit and an occupancy list with current residents' names, tags and relevant information are maintained.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Policies and procedures for infection control including outbreak management guidelines are available to all staff. There is designated staff person responsible for the day to day infection control surveillance within the home. Infection data is collected, collated and evaluated. Resident infections are identified; medical practitioner reviews initiated and pathology services organised to enable effective treatment. The home's infection control program includes education for all staff, hand washing competencies, staff and resident vaccination programs. Cleaning and maintenance schedules, adherence to food safety guidelines, temperature monitoring, use of spills kits and safe disposal of general and infectious waste supports the program. Personal protective clothing and equipment, hand washing facilities and hand sanitisers are readily available across the home. Audit processes and monitoring data indicate that the program is reviewed. All staff were observed following infection control practices in their various roles and in their day to day interactions with residents.

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

Catering

The home has a system where food is fresh cooked on site following a 28-day rotating menu which is reviewed by a dietician. Catering staff have implemented food safety guidelines in the kitchen and processes ensure that residents' food and drink preferences are identified. Communication between nursing and catering staff support changes to clinical nutritional requirements. Texture modified food and nutritional supplements are available as requested. Trays are taken to residents who are unable to attend the dining rooms throughout the home.

Cleaning

The living environment was observed to be generally clean. Cleaning staff demonstrate a working knowledge of the home's cleaning schedules, infection control practices and safe chemical use. The cleaning roster ensures all rooms, communal areas, hallways and offices are cleaned according to a set schedule. The kitchen areas are cleaned by catering staff. Residents and their representatives interviewed by the team are satisfied with the level of cleanliness of their rooms and of the home. Environmental audits of the building and the cleaning service are undertaken.

Laundry

All flat linen and residents' personal clothing is laundered in commercial automatically programmed washing machines which use a chemical injected system. The laundry staff explained the processes in place for the management and return of laundry to reduce loss of personal items. A dirty to clean flow of laundry is in place. Chemicals are automatically dosed into all of the washing machines which operate on specifically programmed wash cycles. Mop heads are washed on the last cycle of the day. The team observed the laundry operating in accordance with the home's infection control guidelines.