



Standards and Accreditation Agency Ltd

Decision to Accredite Tallyhaven Aged Care Facility

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredite Tallyhaven Aged Care Facility in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Tallyhaven Aged Care Facility is 3 years until 27 June 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 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: Tallyhaven Aged Care Facility

RACS ID: 5303

Number of beds: 60 Number of high care residents: 37

Special needs group catered for:

- Dementia

Street/PO Box: 54 Dudgeon Drive

City: TALLEBUDGERA State: QLD Postcode: 4228

Phone: 07 5522 6044 Facsimile: 07 5522 6077

Email address: tallyhaven@bluecare.org.au

Approved provider

Approved provider: The Uniting Church in Australia Property Trust

Assessment team

Team leader: Chris South

Team member/s: Jan Gallagher

Date/s of audit: 23 March 2009 to 24 March 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
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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
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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	Tallyhaven Aged Care Facility
RACS ID	5303

Executive summary

This is the report of a site audit of Tallyhaven Aged Care Facility 5303, 54 Dudgeon Drive Tullebudgera from 23 March 2009 to 24 March 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 7 April 2009.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through the audit of the home indicates 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 Tallyhaven Aged Care Facility.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 3 support contacts 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 believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 23 March 2009 to 24 March 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two 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:	Christopher South
Team Member/s:	Jan Gallagher

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust
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Details of home

Name of home:	Tallyhaven Aged Care Facility
RACS ID:	5303

Total number of allocated places:	60
Number of residents during site audit:	59
Number of high care residents during site audit:	37
Special needs catered for:	Dementia

Street/PO Box:	54 Dudgeon Drive	State:	QLD
City/Town:	Tallebudgera	Postcode:	4228

Phone number:	07 5522 6044	Facsimile:	07 5522 6077
E-mail address:	tallhaven@bluecare.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Tallyhaven Aged Care Facility.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 3 support contacts during the period of accreditation and the first should be within 6 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

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

Interviews

	Number		Number
Residential service manager	1	Residents	9
Clinical nurse	1	Relatives	4
Registered nurses	1	Administration	1
Endorsed enrolled nurse	1	Laundry staff	1
Care staff	3	Cleaning staff	1
Lifestyle coordinator	1	Catering staff	2
Physiotherapist	1	Chaplain	1
Regional support officer	1	Regional maintenance team leader	1
Residential care manager	1	Maintenance staff	1
Regional workplace health and safety officer	1	Human resource manager	1
Workplace health and safety representative	1	Regional services manager	1
Rehabilitation Coordinator	1		

Sampled documents

	Number		Number
Residents' care and lifestyle records	7	Medication charts	15
Complaints	10	Personnel files	6
Hazard reports	8		

Other documents reviewed

The team also reviewed:

- Activity calendar, activity program review documents and review schedule
- Aged care 1999 assessment instrument
- Allied health specialist care plans and review schedules
- Audit reports
- Certificate of maintenance
- Cleaning records
- Communication books, handover sheets, diaries
- Competency assessments
- Continuous improvement register
- Contractor agreements
- Credentialing schedule for care staff
- Dietary list
- Dietary plan/whiteboard action plan
- Dietary plan/whiteboard flowchart
- Dietary plans
- Dietary whiteboard
- Education attendance records
- Education planner 2009
- Emergency lighting inspection records
- Emergency response manual
- Enduring power of attorney documents, consent documents
- Fire extinguisher inspection records
- Fire safety declaration
- Fire system inspection records
- Food safety plan
- Food temperature monitoring records
- Hazard register
- Induction checklist
- Infection surveillance reports and infection data
- Job descriptions
- Kitchen license
- Legislation, State and Commonwealth correspondence
- Lifestyle communication book,
- List of nurse initiated medications
- Maintenance records
- Maintenance request book

- Material safety data sheets
- Matrix for the completion of mandatory requirements
- Menu
- Minutes of nurses' meetings
- Minutes of quality council meetings
- Minutes of staff meetings
- Minutes of workplace health and safety meetings
- Mock evacuation report
- Monthly clinical reports
- Nursing registrations
- Orientation program
- Policies and procedures
- Probity report
- Resident agreements
- Residents information package
- Resident evacuation list
- Resident handbook
- Resident medication management reviews
- Resident satisfaction survey
- Risk assessments for hazardous substances
- Staff roster
- Vision, values, philosophy, objectives and commitment to quality documents
- Work instructions, safe working procedures, duty statements
- Workbook assessments.

Observations

The team observed the following:

- Activities in progress for groups and individuals
- Equipment and supply storage areas
- Interactions between staff, residents, representatives and volunteers
- Internal and external living environment
- Meals distribution to residents, morning and afternoon tea being served and residents being assisted
- Medication and pathology refrigerators, thermometers and temperature logs
- Medication rounds, medication storage, nursing stations, dressing trolley, medical and continence supplies
- Resident lifestyle resources, communal resident computer
- Resident noticeboards and brochure holders, including comment and complaint information, activity notices
- Residents mobilising with and without staff intervention and assistance
- Staff room noticeboards
- Visitor and contractors sign in and out books.

Assessment Information

This section covers information about 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 recommendation

Does comply

The Tallyhaven Aged Care Facility actively pursues continuous improvement and during the current accreditation period has improved the quality of care and services provided to residents. Management have established a continuous improvement system to support its commitment to quality. The system includes mechanisms to identify opportunities for improvement, mechanisms to review and implement improvement initiatives and mechanisms to monitor the home’s performance measured against the Accreditation Standards. Staff, residents and their representatives are actively involved with management in continuous improvement. Residents and/or their representatives are satisfied with the quality of care and services provided at the home. Management reported the following recent examples of improvements in management systems, staffing and organisational development:

- A new process was established to improve the monitoring of allocated shifts on the staff roster.
- New equipment was purchased to improve the home’s ability to meet the changing needs of residents for example, new hi/lo beds to improve comfort and safety, new air mattresses and cushions to improve skin care and new more suitable toilet seats.
- A calendar was developed to improve the information provided to staff about upcoming meetings and performance reviews.

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 organisation’s management has established systems to manage the identification of relevant regulatory requirements and systems to ensure compliance. Relevant regulatory requirements are incorporated into the organisation’s policies and procedures. When personnel at the organisation’s main office are notified of changes to relevant regulatory requirements policies and procedures are reviewed and the necessary amendments are made. The organisation informs staff of these requirements through documents, through meetings and at initial and ongoing training sessions. Management ensures compliance through systems that record qualifications and monitor compliance, attendance or completion. Systems ensure that all staff and volunteers have a current police certificate indicating that they do not have a criminal conviction for assault, ensure that staff qualifications are monitored and ensure that residents and their representatives are informed of accreditation audits.

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

Residents and/or their representatives are satisfied that management and staff have appropriate knowledge and skills in management systems, staffing and organisational development. Management and staff are recruited according to knowledge and skills criteria specific to their roles. Orientation sessions effectively inform new staff of the organisation’s philosophy and objectives and provide information about the home’s systems, processes and practices. The home has processes to effectively identify ongoing training needs of staff and provide education to meet those needs. Management monitors staff performance and provides additional training and mentoring when performance is below expectations.

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

Residents and/or their representatives are satisfied that they have access to complaint mechanisms and are satisfied with the response from the home's management when issues are raised. The home ensures that each resident, their representative and others have access to complaint mechanisms by providing information about internal and external mechanisms, by promptly addressing complaints and by providing feedback about actions taken to resolve complaints. Residents, representatives and others use the available mechanisms. The home's processes support written complaints, verbal complaints, confidential complaints and the general discussion of issues at resident meetings. The organisation has established procedures to guide staff in complaint management; all complaints are logged to monitor the home's response.

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 organisation has documented the service's vision, values, philosophy, objectives and commitment to quality in documents provided to residents, representatives and staff and on display 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

Residents and/or their representatives are satisfied with the quality of care and services provided by staff at the home and the availability of staff when they require assistance. The home bases its staff roster on the number and current care needs of residents at the home, on feedback from residents and/or their representatives and on feedback

from staff through a workload management process. Registered staff are available at all times to provide specialised nursing care, to manage ongoing care and to monitor the standard of care provided. Clinical staff are supported by a physiotherapist and lifestyle, catering, cleaning, laundry and maintenance staff. Staff know the requirements of their role and are provided with sufficient time to meet the needs of residents.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Staff are satisfied that there are appropriate stocks of goods and equipment available to meet the home's needs. Processes are in place to monitor stock usage rates and to order replacement stock. Stock are appropriately stored to maintain quality. The home's annual budget process guides a capital equipment acquisition program. If appropriate, equipment is trialled prior to purchase to assess its suitability. Staff are satisfied that the home's preventive maintenance and request maintenance programs for equipment are effective.

1.8 Information systems

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

Team's recommendation

Does comply

The home has established effective information management systems that support the delivery of quality care and services and support the effective management of the home. Residents' assessments, care plans, lifestyle plans, dietary assessments are up to date and securely stored. Information management systems such as continuous improvement, safety, education, archiving, meetings and the reporting of clinical data are operating effectively. Generally staff have access to accurate and up to date information. Electronic information is password protected and regularly backed up. Residents and/or their representatives are satisfied that the home's communication processes keeps them informed about care and about current and future events.

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

Service agreements or contracts are in place with major service providers. Agreements or contracts establish service specifications. Goods are monitored for quality at the time of delivery. The home monitors the performance of external service providers and action is taken to address performance deficiencies.

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 actively pursues continuous improvement and during the current accreditation period has improved the quality of care and services provided to residents. Management have established a continuous improvement system to support its commitment to quality. The system includes mechanisms to identify opportunities for improvement, mechanisms to review and implement improvement initiatives and mechanisms to monitor the home's performance measured against the Accreditation Standards. Staff, residents and their representatives are actively involved with management in continuous improvement. Residents and/or their representatives are satisfied with the quality of care and services provided at the home. Management reported the following recent examples of improvements in health and personal care:

- To improve staff knowledge about new diagnoses fact sheets were introduced.
- A new process was introduced to improve the management of dangerous drugs records. Additional education was provided to nursing staff.
- New soap products were introduced to improve residents' skin integrity.

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 organisation's management has established systems to manage the identification of relevant regulatory requirements and systems to ensure compliance. Relevant regulatory requirements are incorporated into the organisation's policies and procedures. When personnel at the organisation's main office are notified of changes to relevant regulatory requirements policies and procedures are reviewed and the necessary amendments are made. The organisation informs staff of these

requirements through documents, through meetings and at initial and ongoing training sessions. Management ensures compliance through systems that record qualifications and monitor compliance, attendance or completion. Systems ensure that nursing services are provided as per the *Quality of Care Principles 1997*, and medications are administered according to relevant protocols.

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

Residents and/or their representatives are satisfied that management and staff have appropriate knowledge and skills in management systems, staffing and organisational development. Management and staff are recruited according to knowledge and skills criteria specific to their roles. Orientation sessions effectively inform new staff of the organisation’s philosophy and objectives and provide information about the home’s systems, processes and practices. The home has processes to effectively identify ongoing training needs of staff and provide education to meet those needs. Management monitors staff performance and provides additional training and mentoring when performance is below expectations.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents and/or their representatives are satisfied with the consultation, care and services provided. The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences. On entering the home an initial assessment captures the necessary care strategies which are documented on an interim care plan. Further assessments continue in collaboration with allied health professionals, staff and the medical practitioner in consultation with the resident/representative which culminates in a care plan. This is reviewed according to a schedule and as required when health status changes. Care plans are easily accessed by staff. Handover sheets and one on one communication between staff and the resident/representative allows communication in day-to-day resident care. The home uses a range of health professionals to direct and assist in providing appropriate care for residents. Clinical audits and incident

reporting are analysed and trends identified which assists in monitoring staff practice.

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 and/or their representatives are satisfied the specialised nursing care they receive is according to their needs and preferences. The home has assessment processes to identify residents’ specialised nursing care needs. Checklists and appropriate care plans guide staff in the implementation of the documented strategies. Registered nurses and enrolled nurses (who are credentialed) attend to specialised nursing care. Referrals to allied health professionals assist in the management of residents specialised nursing care needs including complex wound management and extensive pain management. Specialised care needs are evaluated according to a documented schedule and in consultation with residents/representatives and care staff. Care plans reflect current assessment of 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 and/or their representatives are satisfied with the participation of allied health professional and their nominated medical practitioners in the management of their health needs. The home has processes for referring residents to health specialists in accordance with assessed needs and preferences. A physiotherapist, podiatrist, speech pathologist, dietitian and general practitioners visit the home on a regular basis. Referrals to other health professionals and services are initiated in consultation with residents and their representatives as needed. Residents are assisted to attend external appointments when necessary and staff are reminded of resident appointments. Care plans and duty lists are updated as changes to care is recommended and staff receive this information through staff handovers, progress notes and through the communication book.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and/or their representatives are satisfied that medications are managed safely and correctly. Registered and enrolled nurses administer medications from multi sachet packs prepared by a contracted pharmacist. Residents’ medication administration needs are assessed by a registered nurse on entry to the home and then at regular intervals. ‘As required’ medication is reviewed for its ongoing use and effectiveness. Nurse initiated medications are administered in accordance with the medical practitioners authorisation. Medication reviews are regularly undertaken by the resident’s doctor and the clinical nurse monitors and reviews current medication practices, incidents and any changes to legislation. A clinical pharmacist completes an annual assessment of each resident’s medications. Incident reporting and medication audits monitor and maintain safe and correct administration, supply and storage of medications.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents and/or their representatives are satisfied that their pain is managed effectively. The home assesses each resident’s pain on entry to the home, when frequency of analgesia administered changes and three monthly in line with care plan reviews. Cognitively impaired residents pain is assessed using a validated assessment tool. Pain needs are identified during assessment of other body systems and the information is considered when developing care plans. Staff training has ensured that they are aware of non-verbal signs of pain. Strategies for managing pain correlate with assessed needs and preferences. Alternative strategies such as repositioning, massage, hot packs, medication and pressure relieving devices are used alongside pharmacological interventions. Registered nurses monitor residents use and the effectiveness of ‘as required’ pain relieving medications and implement further assessments where indicated. Nursing staff refer residents to the physiotherapist and external specialists where appropriate.

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 and/or their representatives confirm that the home provides palliative care that promotes comfort and dignity. Residents and their representatives are encouraged to record their terminal wishes. This occurs on entry to the home and at scheduled care plan reviews or when a resident’s health status deteriorates. Emotional and spiritual support is offered during palliation and care plans are amended to guide staff practice. Staff have training in palliative care and specialist palliative care services are consulted when required. The home offers a palliative room to the resident and their representative which contains comfort facilities. Appropriate equipment is available. Residents and families are supported by staff, and a chaplain is available if requested during this time.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents and/or their representatives confirm that they are satisfied with the home’s approach to meeting their nutrition and hydration needs. On admission to the home each resident’s nutrition and hydration needs and preferences are assessed and documented on an interim care plan. Within the admission phase further assessments are done which contribute to the resident’s nutrition and hydration needs which are incorporated into the care plan. This includes oral and dental and sensory loss issues that may impact on the resident’s nutrition and hydration ability and requirement. The care plan is developed in consultation with the resident and/or their representatives and referral to allied health specialists as required. Dietary needs, portion sizes and food and fluid preferences are documented and are available to care and catering staff who serve meals or drinks. Residents’ weights are monitored according to a schedule and more often as required. Dietary supplements and referral to a dietitian and speech pathologist are implemented when inappropriate.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s recommendation

Does comply

Residents and/or their representatives are satisfied with the care provided in relation to their skin integrity. The home has processes for identifying, assessing, reporting and reviewing resident skin impairment and implementing strategies to maintain residents’ skin integrity. A validated assessment tool is utilized to determine each residents risk in relation to their skin integrity. Care plan strategies include preventive measures and these are evaluated according to a documented review schedule. Wounds are managed according to individualized care plans which are reviewed by the registered nurse. Clinical audit results and incident reports are analysed to identify trends and action is taken to amend care strategies when required. Referral to wound specialists is arranged when required.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents and/or their representatives are satisfied that their continence needs are met effectively. On entry to the home each resident has their continence needs and preferences identified and care plans are developed. Individualised toileting schedules are developed to promote the resident’s dignity and independence. Residents’ level of mobility is taken into consideration when developing continence care plans. Scheduled care plan reviews, staff feedback and flow charts assist in monitoring the effectiveness of the planned continence management strategies. Urinary tract infections are monitored and strategies implemented to minimise or prevent their recurrence.

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 and/or their representatives are satisfied with the home’s approach in managing challenging behaviours. On entry to the home residents who present with a challenging behavior have an interim care

plan developed. After a settling in period, further assessment is conducted to allow specific identification of triggers and strategies to effectively manage this care need. These are analysed by the clinical nurse and documented on a behaviour care plan. Care plans are reviewed according to a schedule and more frequently should the behaviour increase in frequency or impact. Review of behaviours occurs in consultation with the resident/representative, care staff, and medical practitioner. Strategies include one-on-one interventions, individual activities, lifestyle programs, adapting the environment and restraint where required. The home seeks advice from external specialists to assist with specific cases.

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

Residents and/or their representatives are satisfied with the level of care received in order to optimize their mobility and dexterity. Residents’ mobility and dexterity needs and falls risk is assessed using a multidisciplinary approach. Strategies such as mobility aids, appropriate manual handling and exercise programs assist to maintain or improve residents’ mobility and dexterity. Care staff assist with residents’ mobility needs and incorporate manual handling precautions. A physiotherapist assesses and develops strategies which are individualised for each resident and which are documented in the resident’s physiotherapy care plans. The home has environmental inspections, hazard reporting and a responsive maintenance system to correct any safety hazards. Falls data is monitored and analysed to determine whether strategies to manage residents’ mobility and dexterity is effective.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents and/or their representatives are satisfied with the oral and dental care provided by the home. The home has processes for assessing residents’ oral and dental hygiene needs, planning care and meeting ongoing needs and preferences. Care plans, which are regularly reviewed and evaluated, provide the strategies to support individual resident oral hygiene needs. A dental technician visits the home regularly and provides services for the maintenance and repair of dentures. Residents are supported to access dental care of their choice

outside of the home. Residents' diet and oral and dental care is modified according to assessed needs.

2.16 Sensory loss

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

Team's recommendation

Does comply

Residents and/or their representatives are satisfied that the home manages their sensory loss satisfactorily. Residents' sensory deficits are comprehensively assessed on admission to the home. Communication of strategies to manage all the five senses is made to clinical staff and catering staff as required. These are documented in the appropriate care plans and evaluation of sensory needs occurs regularly according to a review schedule. Consultation occurs between staff and the resident and/or their representatives to ensure that their preferences are considered during assessment and review processes. Staff refer residents to allied health professionals of their choice when necessary.

2.17 Sleep

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

Team's recommendation

Does comply

Residents and/or their representatives are satisfied with the assistance given to enable residents to achieve natural sleep patterns. The home has processes to assess and review residents' sleep patterns. Individualised care plans, include residents' sleep habits and sleep preparation needs. Residents' preferences to promote sleep are documented in care plans and staff assist residents' settling routines. Each care plan is reviewed according to a schedule. Any sleep disturbances are investigated and strategies are changed as required.

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 actively pursues continuous improvement and during the current accreditation period has improved the quality of care and services provided to residents. Management have established a continuous improvement system to support its commitment to quality. The system includes mechanisms to identify opportunities for improvement, mechanisms to review and implement improvement initiatives and mechanisms to monitor the home’s performance measured against the Accreditation Standards. Staff, residents and their representatives are actively involved with management in continuous improvement. Residents and/or their representatives are satisfied with the quality of care and services provided at the home. Management reported the following recent examples of improvements in resident lifestyle:

- To improve the provision of palliative care, a palliative care room and palliative care equipment were introduced.
- To improve staff knowledge fact sheets covering relevant religious practices and backgrounds were introduced.
- The home’s activity program was split into two to improve the type of activities available to residents in the special care unit.

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 established systems to manage the identification of relevant regulatory requirements and systems to ensure compliance. Relevant regulatory requirements are incorporated into the organisation’s policies and procedures. When personnel at the organisation’s main office are notified of changes to relevant regulatory requirements polices and procedures are reviewed and the necessary amendments are made. The organisation informs staff of these requirements through documents, through meetings and at initial and

ongoing training sessions. Management ensures compliance through systems that record qualifications and monitor compliance, attendance or completion. Systems ensure the mandatory reporting of assaults and ensure residents' rights to privacy, dignity and security of tenure.

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

Residents and/or their representatives are satisfied that management and staff have appropriate knowledge and skills in management systems, staffing and organisational development. Management and staff are recruited according to knowledge and skills criteria specific to their roles. Orientation sessions effectively inform new staff of the organisation's philosophy and objectives and provide information about the home's systems, processes and practices. The home has processes to effectively identify ongoing training needs of staff and provide education to meet those needs. Management monitors staff performance and provides additional training and mentoring when performance is below expectations.

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 indicate they are satisfied with the support received from staff and management on entry to the home and on a continuing basis to help them adjust to their changed lifestyle. Processes in place to assist new residents include: orientation to the home and their room; introduction to other residents; visits from the activities coordinator and volunteers; and provision of information regarding care, services and daily routines. Residents are encouraged to bring personal possessions to familiarise their environment and family visits are encouraged at all times during their stay. Information about residents' social and family history and specific emotional needs is collected from the resident and/or representative through initial and ongoing assessment processes; considerations such as linguistic, cultural, spiritual and supportive needs inform care planning and review. Residents are assisted to maintain external social/supportive connections with family and friends whenever possible and staff provide additional support for those residents noted to be without visiting family/friends. Staff are aware of residents' support needs, including their special needs at times of loss and bereavement.

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

Residents' previous and current lifestyle preferences, interests and abilities are identified during initial assessments to assist development of care plans that maximise individual resident's independence. Residents' capacity for independence in relation to meeting health, personal care and lifestyle needs is reassessed on an ongoing basis and planned interventions reflect their capacity for independent activity. Residents are assisted with those aspects of personal care and other activities they are unable to manage unaided and appropriate equipment such as mobility aids and feeding utensils are provided. The activities coordinator and care staff assist residents to participate in group and/or individual leisure activities and to maintain links with family and friends. Resident meetings provide opportunities for residents and/or representatives to voice any concerns relating to care and services. Residents report satisfaction with the support provided to enable them to enjoy their preferred lifestyle and their optimal level of independence. Staff report they respect residents' independence while ensuring that necessary care and services are provided and resident safety maintained.

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

The home maintains policies and processes to protect residents' privacy and dignity. On entry residents are provided with information about their rights including their right to privacy; staff receive information relating to their responsibilities in maintaining resident privacy, timely reporting of suspected elder abuse and confidentiality of residents' information. Staff indicate they are mindful of appropriate practices, such as knocking on residents' doors, maintaining dignity when delivering/assisting with personal care. Resident interaction is monitored to identify potential intrusive behaviours; files containing residents' personal information are stored in locked areas with access limited to authorised staff and visiting health professionals. Residents report that staff are courteous and respectful of their privacy.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents' past and current interests are identified following entry to the home through interview and completion of a social profile. Lifestyle care plans are developed in consultation with the resident and/or representative, and reflect the resident's physical, sensory and cognitive abilities, cultural background and identified interests. The home aims to provide activities that engage individual residents and provide enjoyment and stimulation; activity programs are displayed and circulated around the home. Activities are evaluated by the lifestyle team through feedback at resident meetings, review of participation levels and individual discussion. Group and individual sessions include activities suited to the needs/preferences of residents with limited mobility, sensory deficits and cognitive impairment. Residents preferring solo leisure interests are catered for. The lifestyle program aims to provide mental stimulation as well as a degree of physical activity. Residents report they are satisfied with the activities program and with the variety of group and solo activities within and outside the home.

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

Residents' specific cultural and spiritual needs and preferences are identified on entry to the home and transferred to individualised care plans. Religious observances for a variety of denominations are available at the home and residents are supported to attend services in the wider community. Care plans assist staff and visiting personnel to provide emotional and spiritual support and to address specific identified needs. Birthdays, anniversaries and days of cultural and religious significance are celebrated in accordance with residents' preferences; information is available from external bodies to assist staff in meeting residents' individual cultural and spiritual needs. Residents indicate that their cultural and spiritual needs and preferences are 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

Processes are established to support residents' choice and decision making and to encourage residents' active involvement in the planning and provision of care. Methods to identify residents' choices are incorporated into the admission processes and on an ongoing basis through resident meetings, comments and complaints processes and daily one on one contact between staff and residents. Identification of alternative decision makers such as enduring power of attorney and guardianship are detailed in residents' admission records. Staff provide opportunity for choice and utilise strategies to incorporate choice into residents' daily care routines, leisure interests and other services provided. Residents and/or their representatives report they are able to exercise choice and make decisions regarding the care and services they receive.

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 has processes in place to inform residents and representatives of their rights and responsibilities, security of tenure and the care and services provided prior to entry. Information is discussed at length before residents or representatives sign a residential care agreement to ensure that terms and conditions are fully understood. Staff education is in place relating to elder abuse and protecting residents from harassment; appropriate disciplinary/management mechanisms are in place to guide actions in such an event. Consultative processes involving residents, their representatives and staff are followed if changes to living arrangements occur. Management are accessible to both residents and relatives to discuss any concerns, and processes are in place to notify residents and representatives of legislative changes relating to residents' security of tenure and rights and responsibilities. Residents and/or their representatives report they are aware of residents' rights and responsibilities and that they feel secure in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement and during the current accreditation period has improved the quality of care and services provided to residents. Management have established a continuous improvement system to support its commitment to quality. The system includes mechanisms to identify opportunities for improvement, mechanisms to review and implement improvement initiatives and mechanisms to monitor the home’s performance measured against the Accreditation Standards. Staff, residents and their representatives are actively involved with management in continuous improvement. Residents and/or their representatives are satisfied with the quality of care and services provided at the home. Management reported the following recent examples of improvements in the physical environment and safe systems:

- The management of hazardous substances was improved through changes to chemical storage and the repositioning of chemical pumping hoses.
- To improve safety during an emergency, the gas shut off valve in the kitchen was relocated.
- Dispensers for hand sanitising gel were introduced to each house to further improve the home’s infection control program.

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

The organisation’s management has established systems to manage the identification of relevant regulatory requirements and systems to ensure compliance. Relevant regulatory requirements are incorporated into the organisation’s policies and procedures. When personnel at the organisation’s main office are notified of changes to relevant regulatory requirements policies and procedures are reviewed and the necessary amendments are made. The organisation informs staff of these requirements through documents, through meetings and at initial and

ongoing training sessions. Management ensures compliance through systems that record qualifications and monitor compliance, attendance or completion. Systems ensure that the home meets building certification requirements, has a food safety program and provides a safe working environment.

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

Residents and/or their representatives are satisfied that management and staff have appropriate knowledge and skills in management systems, staffing and organisational development. Management and staff are recruited according to knowledge and skills criteria specific to their roles. Orientation sessions effectively inform new staff of the organisation's philosophy and objectives and provide information about the home's systems, processes and practices. The home has processes to effectively identify ongoing training needs of staff and provide education to meet those needs. Management monitors staff performance and provides additional training and mentoring when performance is below expectations.

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

Residents and/or their representatives are satisfied with the standard of safety and comfort provided by the home. The home is designed to meet the needs of residents and has wide corridors, wide doors, handrails, single bedrooms, ensuite bathrooms and internal and external living areas. A secure special care unit is available for residents with identified needs. Regular safety audits are conducted and hazards are controlled. Resident incidents are reported and followed up by care staff and trends are monitored by management. The home is appropriately maintained through a system of maintenance schedules or in response to maintenance requests from staff or residents.

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 has developed a safety system at the home that meets regulatory requirements. The system is managed by a regional workplace health and safety officer and an onsite safety committee. Staff are provided with training in aspects of safety including the management of hazardous substances, the use of personal protective equipment, incident reporting and safe manual handling techniques. Audits of the workplace are conducted. The home's safety committee meets regularly to monitor safety reports and discuss safety issues. Staff have access to work instructions and material safety data sheets. Staff understand their role in maintaining a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home's fire safety system and installations have been assessed and they meet the current building certification requirements. Records of inspection indicate that the fire detection and alarm system, fire doors, fire fighting equipment and emergency lighting have been inspected and maintained in accordance with relevant standards. Emergency exits and pathways to exit were free from obstacles. Staff are provided with initial and annual instruction in fire safety and evacuation procedures and have access to an emergency procedure manual, fire fighting equipment, resident evacuation lists and evacuation diagrams; practice evacuations are conducted. Staff demonstrated sound understanding of the home's evacuation procedures. Security procedures are in place.

4.7 Infection control

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

Team's recommendation

Does comply

The home has established an effective infection control program that is based on the management of infections when they occur, the reporting

of infections, the analysis of infection data, staff education in cross-infection minimisation practices and an audit program. Policies are in place to guide staff in the correct use of personal protective equipment, in the correct disposal of sharps and clinical waste, in hand washing and in the correct handling of soiled linen. When a resident has an infection or suspected infection the resident is reviewed by their medical officer, medication is provided as prescribed and they are monitored until the infection is resolved. The home has a low rate of infections. Staff have access to an outbreak management procedure to manage multiple infections.

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

Residents and/or their representatives expressed overall satisfaction with the standard of the catering, cleaning and laundry services provided at the home. Care staff assess residents' dietary needs and likes and dislikes and this information is forwarded to the kitchen. The kitchen is managed according to a food safety program. Linen and clothing is washed on site each day and returned to residents' rooms. Cleaning services are provided by dedicated cleaning staff using specialised cleaning equipment, wearing appropriate personal protective equipment and guided by a cleaning schedule.