



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Tranby Aged Care Facility

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

The Agency has decided that the period of accreditation of Tranby Aged Care Facility is three years until 15 December 2013.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details					
Details of the home					
Home's name:		Tranby Aged Care Facility			
RACS ID:		7355			
Number of beds:		70	Number of high care residents:		2
Special needs group catered for:			Nil		
Street:		30 Winifred Road			
City:	BAYSWATER	State:	WA	Postcode:	6053
Phone:		08 9272 2022		Facsimile:	08 9370 2861
Approved provider					
Approved provider:		Uniting Church Homes			
Assessment team					
Team leader:		Anne Rowe			
Team member:		Tabitha Hilliard			
Dates of audit:		5 October 2010 to 6 October 2010			

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

Accreditation decision

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

Accreditation decision

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

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Tranby Aged Care Facility
RACS ID	7355

Executive summary

This is the report of a site audit of Tranby Aged Care Facility 7355 30 Winifred Road BAYSWATER WA from 5 October 2010 to 6 October 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 5 October 2010 to 6 October 2010.

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:	Anne Rowe
Team member:	Tabitha Hilliard

Approved provider details

Approved provider:	Uniting Church Homes
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Details of home

Name of home:	Tranby Aged Care Facility
RACS ID:	7355

Total number of allocated places:	70
Number of residents during site audit:	43
Number of high care residents during site audit:	2

Street:	30 Winifred Road	State:	WA
City:	BAYSWATER	Postcode:	6053
Phone number:	08 9272 2022	Facsimile:	08 9370 2861

Assessment team's recommendation regarding accreditation

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

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Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Care manager	1	Residents/representatives	13
Executive manager	1	Physiotherapist	1
Clinical nurses	2	Occupational therapist	1
Hospitality manager	1	Therapy assistant	1
Hospitality contractor	1	Catering staff	1
Administration assistant	2	Cleaner	1
Enrolled nurse	1	Maintenance staff	1
Multi-skilled care staff	6		

Sampled documents

	Number		Number
Residents' files	9	Medication profiles and signing sheets	9
Care plans	14	Personnel files	2
Resident archived notes	2	Resident administrative files	2

Other documents reviewed

- Appliance temperature recording sheet
- Audit schedule and audits
- Care manual
- Catering manual
- Certification report
- Chaplaincy and spiritual services file
- Cleaning schedules
- Comment, compliment and complaint forms
- Communication diary

- Corrective and preventative maintenance files
- Data collection and collation sheets
- Dietary preference file
- Employee assistance program
- Employee documentation due date schedule
- Flu vaccination program
- Handover sheets
- Hazard reports
- Hazardous substance register and risk assessments
- Individual staff training records file
- Infection control action plan
- Job descriptions and duty statements
- Laundry manual
- Maintenance manual
- Material safety data sheets
- Medication management file including disposal of medication documents and weekly checking audits
- Meeting minutes, residents, staff,
- Menus and weekly menu display books
- Multicultural aged care handbook and information file
- Northern region management team meeting file
- Occupational health and safety report log
- Operational plan
- Performance appraisal schedule
- Policies and procedures
- Recruitment policies and procedures
- Referrals to therapists
- Regulatory compliance file
- Regulatory update lists
- Resident electrical tagging file
- Resident surveys
- Residents' information package
- Staff handbook
- Therapy statistics
- Weekly activity program
- Wound care assessments and plans.

Observations

- Activities in progress
- Administration, and storage of medications and medication fridge
- Archive room
- Equipment and supply storage areas
- Flip chart in nursing office with information and emergency numbers for staff to access
- Interactions between staff and residents
- Internal and external living environment
- Religious artefacts and chapel
- Meals area, including serving of residents' lunch, morning and afternoon tea
- Medication administration and storage
- Outbreak kit
- Palliative care kit
- Staff, resident, and kitchen notice boards.

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

Tranby Care Facility has documented systems and practices in place to identify, act upon and provide feedback to staff, residents and their representatives on improvement initiatives or opportunities. The monitoring and feedback mechanisms routinely undertaken, include stakeholder meeting forums, internal and external audits/surveys/inspections, evaluative staff training, staff work review processes, and internal reporting systems. The care manager coordinates the system, with the support of a corporate continuous improvement structure, and initiates reactionary and proactive improvements that are reflected on and tracked through a plan for continuous improvement. Staff, residents and representatives confirmed that feedback systems are promoted and management is responsive to identified needs or issues. Improvements undertaken in the home include call bell systems being updated to allow for the monitoring of call bell response times, a new training matrix has been introduced to allow for improved corporate coordination and supervision of staff education, the development and implementation of staff and resident schedules has occurred to improve tracking of work targets, and rosters have been refined to better direct staff in areas to work, and assist in work flow management.

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 has mechanisms in place to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines. When changes in these are identified, the organisation’s corporate management team review their systems and practices, and implement changes to policies, procedures and staff practices as required. Communication strategies used by the organisation and care manager to disseminate information to stakeholders includes memoranda, meetings, education and mail-outs. The continuous improvement monitoring and feedback system is used to monitor ongoing compliance with regulations, legislation, professional standards and guidelines. Documentation reviewed demonstrated, and interviews with stakeholders confirmed, that staff have current and valid police certificates, and external providers are issued with contracts outlining regulatory requirements pertinent to their area of service delivery. An update of the organisation’s reportable assault reporting system was undertaken to better reflect essential steps detailed in legislation.

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

Systems are in place to ensure management and staff have the knowledge and skills to perform their roles effectively. A corporate training program ensures all staff undertake mandatory education on a regular basis. The manager coordinates reactive on-site education for needs identified through the home's feedback systems, and staff are alerted to planned internal and external educational opportunities via communication systems. Staff confirmed they attend training, undergo competency training for specific areas of practice, and are encouraged to provide an evaluation after education sessions. Staff demonstrated a sound understanding of the requirements of their work areas, and confirmed education opportunities are plentiful. Education completed by staff includes corporate induction, site-specific orientation, frontline management, electronic roster system use, continuous improvement and team building.

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

There are internal and external comment and complaint systems in place for residents and their representatives, which are displayed prominently in the home's reception area and detailed in the resident handbook. The care manager informs residents and their representatives of the home's systems and other available external complaint and advocacy services on admission. The care manager responds to comments and complaints in a timely manner and residents, their representatives and staff confirmed management are responsive to concerns and issues they may have. Comments and complaints form part of the home's continuous improvement system, and feedback is monitored to ensure system effectiveness.

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's mission, vision, core values, guiding principles and organisational initiatives are documented consistently throughout their systems, and displayed throughout the home. The team observed these to be reflected in the organisation's strategic plans, site plan for continuous improvement, and in the day-to-day interactions between staff, residents, and representatives.

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

The home's staff roster, personnel files, and records of resident and representative feedback indicate there are sufficient numbers and appropriately trained staff to meet the care and service requirements of the residents. Human resource management policies and procedures guide the organisation and management in the areas of recruitment, orientation, performance management, development and retention of staff. Documented job descriptions,

duty statements and work instructions guide staff in their roles and responsibilities, and an orientation and induction program, education structure, competency training, staff practice audits and annual performance reviews are used to ensure staff have the required skills to perform their roles effectively. Staff stated they are able to perform their roles within allocated times and confirmed that management amends staff levels and duties in response to residents' changing needs. Residents stated staff are kind and caring, provide consistent care and services, and respond promptly when called.

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

There are systems in place to provide adequate stocks and equipment in accordance with staff and residents' needs. Staff, residents and their representatives confirmed goods and services are available as appropriate for their needs and are supplied when needed. All equipment is monitored through routine audits and inspections, and preventative internal and external schedules guide routine maintenance of the building and equipment in accordance with regulatory requirements, manufacturers' guidelines and organisational need. Corrective maintenance reporting procedures are available to staff, residents and their representatives, to which maintenance staff promptly respond.

1.8 Information systems

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

Team's recommendation

Does comply

The home collects and records key information as needed to meet the requirements of the organisation, staff, residents, and other stakeholders. All resident and staff information is stored in secure areas and is only accessible to authorised personnel. Information technology systems are password protected and accessed from a central server that is backed up daily off site. All policies and procedures are electronically maintained, and key information is available to staff and residents in hardcopy. Established archive systems ensure orderly storage of information, which is easily retrievable. Staff practices ensure confidentiality, and staff confirmed they are informed of all activities relevant to their roles via meetings, mail, email, memoranda, notice boards and handover systems. Residents and their representatives confirmed they are provided with adequate information about care and services, and are informed of activities and happenings at the home.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's recommendation

Does comply

The organisation centrally controls contractors and suppliers, and management and staff have access to approved supplier and contractor lists to guide them in the use of authorised external services and equipment. Contracts are negotiated with external suppliers to ensure clear parameters in service delivery, organisational need, regulatory compliance and quality goals. The executive manager of operations stated contracts are awarded on merit, and internal monitoring of their performance and service delivery is captured in the organisation's

continuous improvement system. Contractors are monitored while on site and staff, residents and their representatives expressed satisfaction with the services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has documented systems and practices in place to identify, act upon and provide feedback to staff, residents and their representatives on improvement initiatives or opportunities that ensure 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. Improvements undertaken relating to these include the introduction of stickers for staff to more consistently evaluate the effect of “as needed” medications, medication competencies have been undertaken to ensure skilled staff administer medications, and a palliative care basket has been introduced to provide resources for staff and comfort to resident during their palliative phase.

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 has mechanisms in place to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines, thereby ensuring residents' physical and mental health is promoted and achieved at the optimum levels. Regulatory improvements relevant to this Standard include an influenza vaccination program for staff and residents, confirmation of the currency of professional staff registrations, and the use of operational guidelines to assist in the management of residents transitioning back into aged care after being in hospital.

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

Systems are in place to ensure management and staff have the knowledge and skills to perform their roles effectively, which ensures residents' physical and mental health is promoted and achieved at the optimum level. Education completed by staff and reflective of this includes medication competencies, continence management, oral and dental care, dementia care, behaviours of concern, “as needed” medication management, taking blood pressure and pulse readings, and senior fist aid training.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems in place to identify and plan clinical care for residents on entry to the home. Processes include a care history and a number of clinical screenings, followed by an interim care plan to guide staff. Comprehensive assessments are conducted as required over an allocated period, and clinical care is documented on a routine and, if required, a specialised care plan, to guide staff. Policies and procedures are in place for the review of care plans, and family conference meetings are held to discuss residents’ initial and ongoing care. Residents’ clinical incidents such as falls are reported and actioned appropriately. Residents are reviewed by their preferred medical practitioner at the home or in the community. Staff reported they are aware of changes in residents’ care needs and they have the training and skills to assist residents with their personal care. Residents reported that they are satisfied with the way staff assist them in their daily care.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified

Team’s recommendation

Does comply

Residents’ specialised care needs are identified and care is planned by a registered nurse, in consultation with the medical practitioner. Specialised nursing care plans are developed by a registered nurse to guide staff and registered or competency assessed care staff undertake specialised care needs. Referrals are made to specialist services when required. Staff reported they are skilled and competent to undertake blood sugar level monitoring and the manager or clinical nurse undertake specialised care. Residents reported that staff are skilled in managing their special 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

The home has established systems of referral to appropriate health specialists according to residents’ needs and preferences. Following the assessment of a resident’s identified health problem, referral to a specialist service is made by the manager, clinical nurse, or the resident’s medical practitioner. Other health services are accessed when required, including mental health services and a podiatrist. Staff assist residents to attend external appointments in the community and information regarding changes in care is provided to staff. Staff reported, and the team verified, that they assist residents to attend external appointments at other health services.

2.7 Medication management

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

Team’s recommendation

Does comply

Policies and procedures are established to guide staff in the safe and correct ordering, storage and administration of medication. Medication is administered by medication

competent care staff. A multi-dose blister pack is used to store the medication, and profiles include known allergies and any special requirements of each resident. Medication packs are checked weekly to ensure the delivered medication is correct, and regular audits are completed to ensure compliance is maintained. Systems are in place to evaluate “as required” medication, and medications are reviewed regularly by the medical practitioner, and accredited pharmacist. Residents reported that they are satisfied with the management of their medication.

2.8 Pain management

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

Team’s recommendation

Does comply

Systems and processes are in place for the identification, assessment and planning of care to manage residents’ pain. A pain assessment is conducted to identify pain in residents able to describe their pain, as well as for those residents unable to report verbally. A pain monitoring chart is undertaken to evaluate the effectiveness of any interventions to manage a resident’s pain, and care plans are developed to guide staff. Staff have attended education in pain management, and pain management audits are undertaken according to the organisation’s schedule. Staff interviewed stated they report any signs that residents are in pain to the supervisor or clinical nurse. Residents reported they are satisfied with the way in which the staff assist them to minimise and manage their pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

Processes are in place to identify and document residents’ palliative care wishes at the time of moving into the home. Residents and representatives have their terminal care wishes documented as required and palliative care plans are developed to guide staff during the palliative phase. Progress notes reviewed showed that residents under palliative care are provided full assistance for all personal needs. The home accesses external services for assistance in palliation and pain management, and a chaplain is available to assist in coordination of spiritual services as required. Staff have received education in palliative care, and the team observed the palliative kit available for staff, residents and families, which includes religious artefacts, aromatic oils, burners, candles, poetry readings, and crystals. Staff reported that they feel supported in assisting residents and representatives during the final stages of a resident’s life.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The dietary requirements and preferences of all residents are identified on entry to the home and monitored on an on-going basis. Information is provided to the kitchen and changes are monitored and updated by the senior supervisor. A system is in place to identify residents who require altered texture meals and drinks, while residents are weighed on entry to the home and their weight is monitored regularly. Further assessment and food intake records are undertaken following the identification of weight loss. Specialised cutlery and crockery is

provided to residents with increased needs. Staff reported that they provide extra drinks and alternative meals to residents with special needs, and residents reported that the morning and afternoon tea, and meal services are satisfactory.

2.11 Skin care

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

Team’s recommendation

Does comply

The skin integrity of residents is assessed following their move into the home, using a tool to identify residents’ at risk of actual or potential for skin impairment. A care plan is developed that is reflective of the assessment to guide staff in the residents’ skin care needs. Residents are provided with assistance to maintain their skin integrity, and the team observed equipment such as bed-cradles, pressure care booties, and cushions being used by residents. Skin integrity incident reports are completed and logged, with wound assessments conducted as required, including a description of the wound and the type and frequency of the treatment. Staff provided examples of the way they assist residents with skin care by the application of emollient cream for dry skin, and residents reported that staff assist them with showering and dressing when required.

2.12 Contenance management

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

Team’s recommendation

Does comply

Processes are established to identify residents’ urinary and faecal continence status on entry to the home. A care history is conducted followed by a urinary and bowel assessment. Regular charting of the residents’ continence status is undertaken when required and interventions are reflected on the routine care plan. Residents are assisted to maintain their urinary continence and dignity through regular assistance to the toilet, and continence aids are used when required. Regular bowel evacuation interventions include high fibre foods, cereal, regular fluids and aperients. Staff have education regarding continence products and care, and audits are undertaken to monitor the effectiveness of the continence program. Staff reported that there are adequate continence aids and equipment to ensure the residents’ dignity is maintained. Residents reported satisfaction with the continence program.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Systems are in place to identify and assess residents with behaviours of concern on entry to the home, and thereafter as required. Care plans are reflective of assessment information and identify effective strategies in managing challenging behaviour. Residents with identified problems that require additional assistance are referred to external mental health specialists for guidance and assistance to minimise behaviours of concern. Staff are provided with training in behavioural management and gave examples of individual strategies they use, such as spending time with residents when they are upset and noisy. Residents reported that the home is quiet and peaceful.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

All residents' level of mobility, dexterity and transfer requirements are assessed on entry to the home, and a mobility and transfer plan is developed. A physiotherapy assessment is conducted and a therapy plan developed that describes the residents' program. This includes activities such as individual or group exercises, which are undertaken by the therapy assistant. Residents' falls are reported and actioned appropriately, and residents are referred to the physiotherapist when their needs change or for reviews. Safety and mobility aids such as wheelie walkers, walking sticks or wheelchairs are provided to assist residents to maintain their mobility and independence. Residents reported, and the team observed, that they regularly take a walk around the home or go outside into the community to maintain their mobility.

2.15 Oral and dental care

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

Team's recommendation

Does comply

All residents' oral and dental needs are documented on their assessment, which includes any history of eating difficulties. A further oral and dental health assessment is undertaken and information to guide staff is reflected on the routine care plan. Residents are assisted to access a private dentist of their preference and interventions following treatment are recorded in each resident's progress notes. Staff reported they have attended training in oral health care, and residents reported they are satisfied with the assistance from staff for their oral care.

2.16 Sensory loss

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

Team's recommendation

Does comply

All residents have a sensory assessment of their vision and hearing conducted on entry, which includes information regarding their sense of smell. Residents' sensory needs are documented on the routine care plan to guide staff. Suitable leisure activities and lifestyle supports, including individual therapy programs, are provided to residents with sensory impairment. Management reported that residents' sense of taste is assessed through their dietary preferences, and staff interviewed described how they manage to assist residents with hearing aids.

2.17 Sleep

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

Team's recommendation

Does comply

Processes are in place to assist residents to achieve natural sleep patterns. Each resident has a sleep screening conducted on entry, followed by a sleep pattern chart when a sleep disturbance is identified. Information regarding residents' sleep requirements and

preferences are recorded on the routine care plan to guide staff. Strategies used to promote a restful sleep include settling routines, a quiet environment, emotional support, warm drinks, and night sedation. Staff interviewed reported that they are provided with information regarding residents who find it difficult to sleep at handover. Residents reported they are satisfied with the way staff help them achieve a restful night's sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has documented systems and practices in place to identify, act upon and provide feedback to staff, residents and their representatives on improvement initiatives or opportunities which ensures residents retain their personal, civic, legal and consumer rights. Residents are assisted to achieve control of their own lives within the residential care service and in the community. Improvements undertaken include the appointment of a chaplain who works one day a week to provide residents with routine spiritual and emotional support, the introduction of a monthly resident newsletter to assist with stakeholder communication, and the purchase of a multicultural resource guide to assist in the planning of care for culturally diverse residents.

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 has mechanisms in place to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines, thereby ensuring 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. Regulatory updates pertinent to this area include residents and their representatives being notified of fee changes, and permanent and respite residents being offered and given 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 recommendation

Does comply

Systems are in place to ensure management and staff have the knowledge and skills to perform their roles effectively, which ensures 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. Education completed by staff that is relevant to this

Standard includes dementia essentials, elder abuse, reportable assaults, personal centred resident care, and cultural diversity in aged care.

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 and representatives are encouraged to undertake a tour of the home prior to entry and are provided an information package at the time. Residents are assisted to adjust to life in the new environment and are provided with a welcome kit on entry from the chaplain. The kit includes a small gift and a number of information booklets. Therapy staff interviewed reported they assist residents to settle into the home by inviting them personally to attend the activities, and introducing them to other residents. Residents are encouraged to decorate their rooms with personal memorabilia, and visiting hours are not restricted. Family conferences are held after the initial settling-in period, and the team observed staff speaking and interacting with residents in a supportive and respectful manner. Residents interviewed, reported staff encourage them to attend activities and are friendly, caring and supportive.

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

The cognitive, physical and emotional status of each resident is assessed on entry, and care plans are developed that identify interventions to encourage and assist residents to maintain their independence. Residents' progress notes reviewed showed that residents spent time with families on social leave, and staff reported residents regularly take public transport to spend time in shopping centres. Suitable aids, therapy programs, and support from staff assist residents maintain their communication and mobility levels to enable participation in social events within the home. Residents interviewed reported that staff assist and encourage them to spend time outside the home with friends and family.

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

Systems are established to ensure residents' privacy is maintained, including the secure storage of confidential records. Residents' rights to privacy are reflected in the agreement, the home's privacy policy, and in the residents' handbook. Residents are accommodated in a single room with an ensuite bathroom, or single room with shared bathroom facilities. Large and small areas are located throughout the home for residents and representatives to engage in conversation. The team observed staff communicating respectfully with residents, and staff interviewed had a clear understanding of their responsibilities with regards to the confidentiality of residents' information. Residents are satisfied that management and staff respect their privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The residents' social history screening and therapy assessment is completed when they move into the home. A care plan is developed by the occupational therapist that guides the therapy assistant and care staff in the residents' individual needs and preferences. An activity program is in place, and feedback is received from residents through a variety of mechanisms including activity participation rates, resident meetings, and informal discussions. Activities encompass social and therapy programs catering for residents with memory loss, and also for residents with higher cognitive function. Staff interviewed reported the activities are attended by a large number of residents, and individual support is provided to those residents who prefer not to attend. Residents reported they attend the activities of their choice, and stated that they enjoy activities such as exercises.

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

An assessment of all residents' specific cultural and spiritual requirements is completed when they enter the home and the results are recorded. A system is in place to inform the chaplain when residents enter the home, and religious services include interdenominational, Catholic and Anglican. The home has access to multicultural information, and cue cards are in place to assist communication with non-English speaking residents. Significant days such as birthdays and Easter are celebrated. Staff reported that residents enjoyed a concert held by a local Buddhist choir, and described ways in which they assist residents to attend nominated services. Residents reported satisfaction with the support provided by staff to assist them maintain their cultural and spiritual life.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

Residents are able to express choice and have input into decision making about the services they receive, including their personal care, choice of doctor, menu choices, and whether or not they choose to participate in activities. Residents are encouraged to participate in feedback via comments and suggestion forms, resident meetings, family conferencing, and informal reporting to staff. Staff demonstrated an understanding of respect for resident rights, choices and decisions. Residents expressed satisfaction with the opportunities they have to make choices and decisions over lifestyle preference.

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

Residents and representatives are provided with appropriate information on entry to the home via the resident information book, resident agreement, and conditions of occupancy that outline security of tenure and residents' rights and responsibilities. All residents have an opportunity to discuss their concerns with the manager prior to, and when they move into the home. Appropriate liaison is undertaken regarding room transfers, which includes a consent to transfer being signed by the resident and/or their representative. Changes in the services provided to a resident when their care needs change is communicated informally, and residents reported that they feel secure living at the home and that their rights are upheld.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's recommendation

Does comply

The home has documented systems and practices in place to identify, act upon and provide feedback to staff, residents and their representatives on improvement initiatives or opportunities which ensures residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors. Improvements undertaken in the home include the installation of a fire sprinkler system that provides additional safety for residents and staff, the introduction of staff portfolios in the areas of occupational health and safety, infection control and manual handling, and the development of a designated chapel on site to provide church services in a consistent and quiet environment.

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 has mechanisms in place to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines thereby ensuring residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors. Regulatory changes pertinent to this Standard include the updating of the infection control manual by an infection control specialist, and the updating of material safety data sheets.

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

Systems are in place to ensure management and staff have the knowledge and skills to perform their roles effectively, which ensures residents live in a safe and comfortable environment. Education completed by staff that is reflective of this Standard includes occupational health and safety training, infection control training, fire safety training, no-lift manual handling training, food safety, bullying, hazard identification, and the operation of commercial washing machines.

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 are accommodated in single rooms, which they are supported and encouraged to personalise with their own furnishings and belongings. Residents have access to protected internal courtyards and multiple lounges and dining areas, and communal living areas are thermostatically controlled. Residents and representatives expressed satisfaction with the internal and external living environment and said they feel comfortable, safe, and secure. The home utilises their continuous improvement system to monitor the internal and external living environment and its equipment, and to gain feedback from stakeholders. Residents have access to call bells, pendant alarms and building security systems ensure perimeter protection after hours.

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

The care manager works with specially trained occupational health and safety representatives, and undertakes regular environmental monitoring to identify and manage actual or potential hazards. This contributes to a safe living and working environment and ensures that equipment is routinely maintained through the corrective and preventative maintenance system. Staff interviewed confirmed routine education in the area of occupational health and safety, the provision of personal protective equipment, and work practices observed in the home verified effective hazard management processes. Incident reporting processes include investigation, action and analysis of issues and trends, and the corporate occupational health and safety department assists in the management of workplace risk.

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

There are documented emergency management procedures, inclusive of evacuation, that are reflective of all types of emergencies and disaster. The home is fitted with a fire panel, sprinklers, fire and smoke detectors, fire fighting equipment, alarms, emergency lighting, and fire and smoke doors, which are tested and maintained according to Australian Standards by appropriately qualified professionals. The continuous improvement system monitors emergency management procedures, and annual staff education ensures all staff and onsite contractors routinely undertake fire safety training. Staff have access to duress alarms, undertake evening security procedures, and have perimeter security systems in addition to after hour's security patrols. Chemicals are stored in locked areas that are clearly labelled and material safety data documentation was observed by the team.

4.7 Infection control

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

Team's recommendation

Does comply

Staff interviewed were knowledgeable of preventative and corrective infection control procedures, and confirmed the organisation provides routine education in this area. The team confirmed the home has access to an infection control consultant and infection control policies and procedures, which guide all levels of staff within their specific work area on preventative and reactionary work practices. Antibiotic treated infections are reported and tracked, and the data analysed and discussed at a corporate infection control committee to assist in the identification of trends and improvement opportunities. The team sighted adequate hand-washing, protective equipment, containment processes and equipment monitoring systems.

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

An external contractor prepares residents' food offsite and meals are then transported to the home in thermostatically controlled vehicles prior to service. The external contractor operates a food safety program and meets with residents and management regularly to consult about menus and cater for residents' individual needs and preferences. Staff manage residents' personal laundry and an external contractor maintains flat linen, and the team observed residents' clothing to be in good repair. A regular cleaning schedule ensures the home's living environment is maintained to a satisfactory standard. Residents expressed satisfaction with the home's catering, cleaning and laundry services. Staff confirmed education, equipment and work instructions result in effective cleaning, catering and laundry services for residents, which enhances their work environment.