Decision to accredit
Trinity

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

The Agency has decided that the period of accreditation of Trinity is three years until 31 August 2012.

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

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

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

Information considered in making an accreditation decision
The Agency has taken into account the following:
- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Trinity
RACS ID:	7147

Number of beds:	52	Number of high care residents:	20

Special needs group catered for:	Nil

Street:	4-10 Hayman Road

City:	BENTLEY	State:	WA	Postcode:	6102

Phone:	08 6363 6372	Facsimile:	08 6363 6787

Approved provider

Approved provider:	Uniting Church Homes

Assessment team

Team leader:	Emma Roberts
Team member:	Vicki Plummer
Date of audit:	9 June 2009 to 10 June 2009

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome		Assessment team recommendations	Agency findings
1.1	Continuous improvement	Does comply	Does comply
1.2	Regulatory compliance	Does comply	Does comply
1.3	Education and staff development	Does comply	Does comply
1.4	Comments and complaints	Does comply	Does comply
1.5	Planning and leadership	Does comply	Does comply
1.6	Human resource management	Does comply	Does comply
1.7	Inventory and equipment	Does comply	Does comply
1.8	Information systems	Does comply	Does comply
1.9	External services	Does comply	Does comply

Standard 2: Health and personal care

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

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

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.

SITE AUDIT REPORT

Name of home	Trinity
RACS ID	7147

Executive summary

This is the report of a site audit of Trinity 7147 4-10 Hayman Road BENTLEY WA from 9 June 2009 to 10 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

● 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

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 9 June 2009 to 10 June 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:	Emma Roberts
Team member:	Vicki Plummer

Approved provider details

Approved provider:	Uniting Church Homes

Details of home

Name of home:	Trinity
RACS ID:	7147

Total number of allocated places:	52
Number of residents during site audit:	42
Number of high care residents during site audit:	20

Street/PO Box:	4-10 Hayman Road	State:	WA
City/Town:	BENTLEY	Postcode:	6102
Phone number:	08 6363 6372	Facsimile:	08 6363 6787

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Trinity.

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.

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	7
Registered nurse	1	Relatives	5
Executive manager operations	1	Volunteers	1
Care staff	9	Buildings and assets manager	1
Administration assistant	1	Cleaning staff	2
Catering staff	2	Catering manager	1
Senior supervisor	1	Clinical nurse	1
Chaplain	1	Physiotherapist	1
Administration assistant	1	Occupational therapist	1
Therapy assistant	2		

Sampled documents

	Number		Number
Residents' files	9	Medication charts	15
Summary/quick reference care plans	12	Personnel files	6

Other documents reviewed
- Activities calendar
- Activity statistics
- After hours maintenance information
- Agency induction sheet
- Allied health correspondence
- Archiving disposal schedule
- Audits
- Audits file
- Bowel charts
- Business plan
- Care plan prompts booklet
- Charter of resident's rights
- Cleaning schedules
- Clinical incidents
- Clinical policies and procedures
- Comments and complaints file
- Consolidated food safety checklist
- Continuous improvement file
- Continuous improvement plan
- Contractor induction information
- Dietary meals screening forms
- Duty statements
- Emergency file
- Evaluation of activity program
- Falls protocol
- Falls risk assessment tool
- Family conference notes
- Fire maintenance documentation, emergency procedures and evacuation records
- Handover information
- Ideas and complaints progressive register
- Incident reports
- Infection data
- Job descriptions
- Life balance plan
- Maintenance request forms
- Material safety data sheets
- Medical notes
- Medication competencies
- Medication profiles
- Meeting minutes
- Memorandums
- Menu
- Menu development survey
- Occupational therapy assessments
- Oral and dental hygiene learning package
- Pest control file
- Physiotherapy assessments
- Physiotherapy exercise programs
- Physiotherapy participation statistics
- Police clearance and professional registration register
- Policies and procedures
- Preferred supplier list
- Preventative maintenance schedule
- Residents' agreements
- Residents' assessments

- Resident satisfaction survey results
- Resident satisfaction surveys
- Resident/relative updates letters
- Residents' information handbook
- Residents' information package and surveys
- Rosters
- Rowethorpe review monthly circular
- Site induction booklet
- Speech pathology assessments
- Staff appraisal list
- Staff communication diary
- Staff Handbook
- Staff replacement protocol
- Staff survey
- Strategic plan and planning report
- Training and development corporate induction
- Training questionnaires
- Trinity lodge information booklet
- Trinity newsletter
- UCH analysis reports
- Visitors signing in sheets
- Washing/drying procedures
- We really want to hear from you forms

Observations
- Activities in progress
- Chemical storage
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Kitchen, servery and dining areas
- Laundry areas
- Lunch time meal
- Medication round
- Modified cutlery
- Noticeboards and displayed information
- Refurbished residents rooms
- Residents' garden
- Storage of archiving
- Storage of medications

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

Systems and processes are in place at the home to pursue continuous improvement. Improvement opportunities are identified through comments and suggestions 'we love to hear from you' forms, clinical indicators, internal and external audits, surveys, and resident and staff meetings. Management and staff were able to describe the continuous improvement process, and provided examples of recent improvements at the home and within the organisation. Residents, representatives and staff were aware of the mechanisms to identify opportunities for improvement, and stated that management responded to their suggestions in a timely manner.
Examples of continuous improvement activities in relation to Standard One are outlined below.
- The organisation has reviewed information systems in regards to finance and payroll to ensure planned reporting. Various software packages have been reviewed for budgeting and processes for profit and loss. An electronic purchasing system will enable homes to accurately reflect expenditure and enhance budgetary management.
- A review of the payroll system has been implemented as currently homes are not able to give full roster reporting requirements. The organisation will be trialling the new "roster on" system. It is predicted that the new system will identify the right person for the roster to ensure appropriate coverage and skill mix. The pilot process is in place and is currently being trialled and is planned to allow staff access to their roster and payslips and provide more transparency in terms of leave requirements.
- A local school approached the organisation for available student placements. This has had a beneficial outcome providing students with a positive experience working in aged care, with one student hoping to commence as a trainee.

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

Changes to regulations, legislation, standards and guidelines are identified by the chief executive, who receives information from professional organisations and peak bodies, via emails and journals and communicated to relevant personnel. Legislative changes and information is communicated to staff, residents and representatives through newsletters, meetings, memos, education sessions and emails. Staff advised that they are informed of regulatory requirements at orientation, and information on any changes is communicated to them through staff meetings and toolbox education sessions. Management and staff demonstrated awareness of legislation and guidelines relevant to their roles.

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

Team's recommendation
Does comply

The home has recruitment and orientation processes in place to ensure staff have appropriate knowledge and skills to perform their roles effectively. All staff are required to complete a comprehensive three day corporate induction, including mandatory training in areas of fire and emergency, manual handling, infection control, chemical training, elder abuse reporting and food safety. New employees are supervised through a 'buddy' system, and are required to gain competencies and training in areas relevant to their roles. Staff advised they are satisfied with the level of education offered by the home, and they are encouraged, and supported by management, to attend a variety of training opportunities provided by internal and external providers, and are attending regular updates and complete questionnaires. Residents and representatives interviewed stated they are satisfied that staff possess the skills and knowledge to carry out their respective roles effectively.

Examples of education and staff development in relation to Standard One are outlined below.
- Standard One training session
- Software system training
- Advanced and beginners computer training
- Corporate induction

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 systems in place to ensure residents and representatives are informed of internal and external complaint processes. Residents and representatives are given information about the home's comments and complaints mechanisms through displayed brochures, resident's meetings, resident's handbook, and during the admission process. Documentation reviewed confirmed that management collate and analyse all comments and complaints before responding in an appropriate and timely manner. Staff interviewed demonstrated they are aware of the internal and external complaints mechanisms and are able to discuss any concerns directly with management. Residents and representatives expressed satisfaction with the complaints process and are able to approach staff and management with complaints and suggestions.

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 vision and mission statements are documented and displayed throughout the home. Staff and residents are informed during initial introduction to the organisation through the corporate induction for staff and documented information provided for residents. These statements are incorporating the organisation's commitments to providing a high standard of care and the highest possible quality of life for their residents within a Christian philosophy. Staff interviewed demonstrated sound knowledge of the organisation's core values and the team observed staff and resident interactions demonstrating this. A formalised meeting structure with feedback mechanisms for staff and residents, and the organisations "Way Ahead" strategic plan documents plans to ensure the organisation is progressively achieving commitment to quality.

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

Standardised recruitment and selection processes are established to ensure that appropriately skilled and qualified staff are employed. A three day comprehensive organisational orientation and on-site induction is provided to all new staff and covers mandatory training, and the opportunity for staff to buddy with an experienced staff member to become familiar with the home's procedures. Staff take part in responsive appraisals three monthly following commencement of employment and annually thereafter, in order to receive feedback on performance and identify training needs. Role specifications are clearly defined and duty lists, schedules, and policies and procedures guide staff practice with ongoing education, and training opportunities are offered and well attended. Relevant position-specific mandatory training is provided. Staff interviewed confirmed that they are receiving appropriate education to perform their roles effectively and are receiving annual appraisals. Residents and representatives interviewed confirmed that staffing levels are usually sufficient, and that staff are appropriately skilled to provide the care and services they require.

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 processes in place to ensure that adequate stocks of goods and equipment are available for quality service delivery. Corrective and preventative maintenance programs are established and facilitate non-scheduled and scheduled checks and servicing of all equipment as necessary. Regular workplace (hazard) inspections ensure that goods and equipment are maintained at sufficient levels and are correctly maintained, stored and used safely and effectively. Residents, representatives and staff are satisfied with the availability and appropriateness of goods and equipment.

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

Team's recommendation
Does comply

Key information and measures are identified and collected by way of audits and surveys, monitoring of clinical indicators, and recording minutes of staff, resident and occupational health and safety meetings. Staff are advised of privacy issues regarding handling sensitive information during induction, and are required to sign a confidentiality agreement. There is a system in place to ensure appropriate storage and security of archived information. The effectiveness of the information management system is monitored by way of audits and surveys and informal feedback from staff and residents. Staff reported that they have access to sufficient information to guide and instruct their work. Residents and representatives expressed satisfaction with the range of information available to them, and were satisfied that residents' private and personal information is managed appropriately.

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 are established for a number of key suppliers and describe the responsibilities of the relevant parties. Service providers are required to provide details of their

insurance and, where appropriate, their qualifications, and are receiving occupational health and safety information on induction to the site to ensure a safe and secure environment for themselves and residents. The quality of work and/or services of external service providers is monitored through feedback from staff and residents and via audits. Residents and staff reported satisfaction with the quality of service they receive from external service providers.

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

For further information refer to Expected Outcome 1.1 Continuous improvement.

Examples of continuous improvement activities relating to Standard Two are outlined below.

- A staff suggestion has resulted in the development of a mini care plan, kept in residents' rooms to ensure new staff are well informed regarding resident's individual needs. A positive outcome has been achieved with new staff being empowered to locate information independently.
- A staff suggestion raised at a staff meeting, for more information to be available on resident's individual oral and dental needs, has led to the implementation of a new assessment and oral and dental care plan. Feedback from staff has confirmed this has resulted in them now being able to access more appropriate information to guide them in individualised resident's oral and dental needs.

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

Systems are in place to ensure that all legislation in relation to health and personal care is identified and complied with. Allied health professionals employed by the home are required to provide evidence of their renewed registration on an annual basis. Currency of registration is monitored on a matrix, and outstanding registrations are followed up by management. Changes to legislation in relation to this standard are tracked corporately, and staff are alerted to any changes by meetings or memoranda. Staff receive training in relation to mandatory reporting of elder abuse during the organisation's three day corporate induction.

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

For further information refer to Expected Outcome 1.3 Education and staff development.

Examples of education relevant to this Standard are listed below.

- Understanding death and grief
- Senses foundation sight and hearing training
- Nutrition and hydration
- Pain management
- Skin tear management
- Stoma care
- Documentation in nursing notes
- Dysphagia theory and practical sessions

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

Team's recommendation
Does comply

On entry to the home, residents' clinical needs are assessed in collaboration with the family and others involved in their care. The care plan is developed to incorporate their physical and emotional needs. Resident care plans are evaluated six monthly, or as their care needs change, to ensure that treatment needs reflect the ongoing clinical management. A registered nurse is employed two days per week to oversee clinical care and evaluate assessments and care plans as required. Staff have policies, procedures and training to guide their clinical practice. Residents and relatives expressed satisfaction in the way clinical care is delivered.

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

Resident's specialised nursing needs are assessed on moving to the home, and a care plan is developed in consultation with residents/representatives and appropriate health professionals. A registered nurse oversees the delivery of care to residents with specialised nursing needs which includes management of diabetes, catheter care and residents with stomas. Care plans identify specialised nursing interventions and are reviewed six monthly, or as required, if clinical changes occur. The resident's medical officer documents parameters for blood glucose levels and document review confirms that staff comply with monitoring resident's blood glucose levels. Residents and representatives interviewed stated they are regularly consulted and kept informed regarding changes in condition or care 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 employs a physiotherapist, occupational therapist and provides access for residents to other health professionals including a speech pathologist, clinical psychologist and dietician. Resident's care records demonstrated that residents are referred to the appropriate specialists when necessary. Instructions from specialists are incorporated into the care plan as required and communicated to staff through handover and the communication diary. Residents and their representatives confirmed they are satisfied with referrals to specialist services.

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

Team's recommendation
Does comply

The home has policies and procedures in place to guide staff practice relating to the administration of medication. Care staff administer medications and staff practices are monitored by an annual medication competency assessment. Incidents pertaining to medication issues are documented and actioned. Residents' medications are reviewed regularly by their medical practitioner and six monthly by a pharmacist. Those residents deemed competent by their medical practitioner are able self administer medications.

Residents and representatives interviewed stated they are happy with the way medication is managed.

2.8 Pain management
This expected outcome requires that "all residents are as free as possible from pain".

Team's recommendation
Does comply

A pain assessment is conducted for each resident on moving to the home. Chronic and ongoing pain is reviewed regularly and interventions include previous successful methods of pain control. Resident records showed that verbal and non-verbal cues to assess resident's pain are in place, and that staff monitor resident's pain and effectiveness of interventions. Non-medication strategies in managing pain include aromatherapy, heat packs and position changes. Residents and representatives stated that staff ensure their pain is minimised through both medication and non-medication interventions.

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 requiring palliative care are managed in consultation with their wishes and their families' needs and requests. A multidisciplinary approach is utilised in providing palliation and involves the facility staff, the resident's medical practitioner and external palliative services when required. Care plans and progress notes show staff appropriately plan for the comfort and dignity of palliative care residents, and that care and emotional needs are being met. Feedback via letters and cards show that staff meet the needs of the residents and their families require palliation.

2.10 Nutrition and hydration
This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's recommendation
Does comply

The home's menu is based on residents' dietary and nutritional needs and residents' dietary preferences, and is reviewed annually by a dietician. Residents are weighed monthly, and those with significant weight loss or gain are referred to a dietician or speech pathologist as necessary. Alternative meals and nutritional supplements are offered to residents with significant weight loss. Care staff are assisting in the monitoring of food and fluid intake, and physical assistance is given if required. Modified crockery and cutlery is provided to maintain independence for eating and drinking as required. Residents are satisfied with the level of assistance from staff in maintaining a healthy diet appropriate to their needs.

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

Team's recommendation
Does comply

Residents have a skin integrity assessment on admission, and care planning is undertaken to reflect the assessment. There was a minimal number of wounds at the time of the visit. Staff receive ongoing training on wound care and issues relating to skin integrity. The use of emollient or prescribed creams, pressure relieving devices and regular monitoring of skin

breakdowns was noted in the residents' files. Residents are satisfied with the way staff assist them maintain their skin integrity.

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

Team's recommendation
Does comply

Residents' continence is managed through a co-ordinated assessment plan and documented interventions. Staff have training in continence management ant the use of appropriate aids. Care plans have documented individual toileting times and assistance required to toilet residents. External continence advisors are available for consultation and advice when necessary. The home provides a range of continence aids for residents with high care needs. Residents and representatives express satisfaction with the management of continence in a dignified manner.

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

Team's recommendation
Does comply

Staff at the home use processes including assessment, planning and review to manage residents with challenging behaviours. The home has policies and procedures in place to guide staff practice in the management of residents with challenging behaviours. Staff receive training appropriate for care of residents with challenging behaviours, particularly pertaining to residents with dementia. External advice is sought from the Alzheimer's Association, mental health services and clinical psychologists to assist staff in the development of strategies to minimise adverse behaviours. Residents and representatives interviewed expressed satisfaction with the management of residents with behavioural issues.

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' mobility and dexterity is assessed by a physiotherapist and an occupational therapist on moving to the home and care plans developed and appropriate interventions documented. Care plans are reviewed six monthly, or as needs change, and referrals are submitted. An exercise program appropriate for each resident is developed and implemented by the therapy aids under the supervision of the physiotherapist and occupational therapist. Walking groups, balance and weight groups and individual mobility and dexterity were identified in care files. Residents and representatives interviewed expressed satisfaction with the assistance supplied to residents.

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

Team's recommendation
Does comply

Residents' dental needs are assessed on moving to the home and annually, or when dental needs change. Dental services visit the home annually and residents are supported to access external or visiting dentists. Oral and dental care plans are developed in conjunction with the resident or their representative. Staff have received education on providing residents with

good oral hygiene and dental care. Residents and representatives stated they were satisfied with the assistance provided by staff.

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

Team's recommendation
Does comply

Residents' sensory loss is assessed on moving in to the home and a care plan developed to maintain or improve their current level. Residents with sensory loss are monitored and referred to external professionals such as an optometrist and audiologist as appropriate. Care plans are written for residents and are indicating any issues relating to sensory loss, and note aids required by the resident, maintenance of these aids and the level of assistance required to ensure these aids are utilised. The home has a sensory garden where residents are able to visit and help maintaining. Care staff have received education on the sensory needs of residents, including hearing and vision loss. Residents and their representatives interviewed indicated that staff assist them with cleaning, fitting and maintenance of aids.

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

Team's recommendation
Does comply
All residents admitted to the home have a sleep assessment after the resident has settled in to the home. The sleep assessment takes in to consideration the residents previous sleep patterns and their preferred time for rising and settling. Residents care plans include natural sleep inducing practices and the usage of sedative medication. There is food and drinks available overnight for staff to give to those residents unable to sleep. Residents stated that the home is reasonably quiet overnight and they are able to sleep well.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team's recommendation
Does comply

For further information refer to Expected Outcome 1.1 Continuous improvement.

Examples of continuous improvement activities relevant to this Standard are outline below.
- A request from the choir, via a continuous improvement form, has resulted in the purchase of hand chimes. This is resulting in bells being available to be enjoyed by residents and family members at the Christmas carols by candlelight service.
- A sensory garden has been provided for residents to garden in and enjoy. This resulted in the successful cultivation of herbs and vegetables grown by residents to enjoy, and contribute to fundraising activities and maintaining their gardening interest or enjoy a new past time.
- At resident and staff request, a miniature orchard has been planted for residents to participate in and maintain previous gardening interests or the opportunity to develop a new interest. This has resulted in positive resident feedback in regards to be able to pick and enjoy fruits of their choice.

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

Changes in legislation relevant to resident lifestyle are communicated to staff through memoranda and meetings. Staff are provided with education to ensure that they understand the legislated requirements in relation to resident lifestyle. Policy and procedure are made in response to any legislative changes and staff have received training and policy and procedures implemented in relation to the reporting requirements of missing residents. The charter of residents' rights and responsibilities is displayed in the home, and is included in the resident's handbook provided on admission. Staff were observed to be protective of residents' privacy and dignity at all times, and sign a confidentiality agreement on commencement of employment with the organisation. Residents have a tenancy agreement and are informed of any fee changes in accordance with legislation.

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

For further information refer to Expected Outcome 1.3 Education and staff development.

Examples of education relevant to this Standard are listed below
- Dementia training
- Registered nurse and enrolled nurse study day
- Cultural diversity

- Design in dementia
- Dementia development day
- Therapy development day
- Elder abuse training

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

Resident's emotional needs are assessed and documented on admission. The chaplain is notified regarding each new admission, and visits to provide initial and ongoing emotional support. Occupational therapy and care staff spend time with new residents and families to identify support needs and helping in adjusting to the change of their environment. Residents and representatives reported they are happy with life at the home and the support they receive.

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

After residents' entry to the home, the staff identify independent activities within and outside the home that residents wish to maintain, and their ongoing participation is facilitated where possible. The home has adapted the environment for some residents to continue to achieve independence in areas such as personal laundry and gardening. Staff are assisting residents to continue with external activities such as community lawn bowls, attending community functions, and church services. Financial independence is encouraged and access to polling booths is arranged at election time for those wishing to vote. Residents confirmed they are encouraged to maintain their independence and that staff assist with accessing external activities.

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 residents are accommodated in single rooms with en-suite bathrooms, that provide an environment conducive with privacy and dignity for residents. Confidential files are stored securely and safely. Education is provided to staff on residents' rights to privacy and dignity, and staff were observed to be approaching residents in a calm and respectable manner. Care procedures are carried out in private and staff were observed to be knocking before entering resident's rooms. Residents and representatives confirm that staff are respectful, calling them by their preferred name, and ensure privacy and dignity when attending to their needs.

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

Occupational therapy staff consult with each resident or their representative on admission to assess preferred interests and activities, incorporating current levels of ability to participate in these interests. Activities include lawn bowls within the village, a facility choir, gardening, cooking and regular bus outings. The residents are growing produce for the fete and their own consumption during cooking activities. The team observed residents participating in a range of activities over the two days of the visit. The activity program is regularly evaluated to determine residents' participation and satisfaction levels with the activities provided. Residents are happy with the amount and type of activities and feel their interests are captured in the program

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

All residents are assessed using a lifestyle profile to capture their cultural, customs and spiritual needs. Religious and cultural days of significance to the residents are celebrated and a multicultural information manual is available to assist staff in caring for residents from various cultures. Volunteers from various cultures in the community are accessed to provide interaction. An interpreter was being accessed for one resident on the day of the visit. A Uniting Church chaplain works at the home one day a week, and weekly church services are conducted in the chapel for those residents wishing to attend. A catholic accolade visits the home fortnightly to provide communion and spiritual guidance. Visiting clergy from other religious denominations are accessible if residents require spiritual needs. Residents and their representatives interviewed confirmed their religious and cultural needs are respected and met.

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

Team's recommendation
Does comply

During the initial assessment phase, information about the resident's individual preferences relating to personal care, food preferences, lifestyle, cultural and spiritual needs are documented. Staff are communicating with residents on a daily basis on their meal choices, when they would like assistance with their personal care, and their preferred settling time. Residents are respected and supported with making decision; particularly those that involve risk taking activities. Care documentation shows that residents are consulted regarding the care and services they receive. Residents stated that they are satisfied with the level of control and decision- making they have regarding their care and lifestyle.

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 informed of security of tenure and their rights and responsibilities prior to admission through an information package that includes the resident handbook. The manager oversees the admission process and provides information about the residents' agreement, fees and charges and security of tenure. The home displays the Charter of Residents Right's and Responsibilities around the home. Documents review noted that residents and their representatives are consulted for room changes within the home. Residents confirmed an understanding of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's recommendation

Does comply

For further information refer to Expected Outcome 1.1 Continuous improvement.

Examples of continuous improvement activities in relation to Standard Four are outlined below.

- Following negative verbal feedback from potential residents the West wing has been refurbished and redecorated. This has resulted in an environment that residents and potential residents are now requesting to live in as it is now brighter, more homely and aesthetically pleasing.
- Following an infection audit, four stained residents lounge chairs have been replaced to enhance the standards of hygiene. This has resulted in the comfortable chairs being well used and enjoyed by residents, with elimination of the risk of infection.
- An opportunity for improvement for the living environment, has led to the installation of three new en-suite bathrooms, and refurbishment and redecoration of residents rooms as an ongoing project. This has led to the provision of en-suite bathrooms for all residents, and an upgraded living environment with positive feedback from residents.

4.2 Regulatory compliance

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

Team's recommendation

Does comply

Processes and systems are in place to identify changes, and ensure that the home is maintaining regulatory compliance in relation to the physical environment and safe systems. Food services, occupational health and safety, emergency planning, living environment, chemical storage, laundry and cleaning services are audited regularly by internal and external auditors. Changes to regulations relevant to Standard four are tabled with the appropriate committees, and policies and procedures are amended accordingly. Staff, residents, relatives and stakeholders are notified of regulatory changes if they will be affected by the changes.

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

For further information refer to Expected Outcome 1.3 Education and staff development. Examples of education relevant to this Standard are listed below.

- Fire training
- Infection control training
- Safe use of chemical awareness
- Catering management session catering services
- No lift training
- Manual handling

4.4 Living environment
This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's recommendation
Does comply

Trinity provides a comfortable and homely environment. Residents reside in single en-suited rooms and have access to communal and private areas, and covered outdoor areas. Call bells and reverse-cycle heating/cooling systems are provided throughout the home. Audits and surveys are used to monitor the living environment. Comfortable ambient temperatures are maintained in communal areas, noise levels are minimised, and the home is free from clutter. Preventative and corrective maintenance schedules are in place to ensure that the building and equipment are well maintained, that furniture and equipment is appropriate to the needs of residents, and that safety issues are identified and managed appropriately. Residents have personalised their rooms with items of furniture and memorabilia. Residents and representatives indicated satisfaction with the living environment, and stated that they feel safe and secure living at Trinity.

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

Systems are in place to enable the home to effectively work towards providing a living and working environment that minimises safety risks. Environmental safety issues are identified through the corrective maintenance program, audits, and hazard identification documented on continuous improvement forms. Accidents and incidents are recorded, investigated and followed up with corrective and/or preventative actions as necessary. Staff indicated that they have sufficient training, supplies and correctly maintained equipment to enable them to work safely in the home. Additionally, staff expressed satisfaction with the way safety issues are identified and managed at the home.

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

Processes for identifying, managing and minimising fire, safety and security risks are in place. The fire safety system comprises of a sprinkler system, fire doors, fire extinguishers, smoke detectors, fire hydrants, emergency lighting and signage, break glass alarms, and a fire panel. Security patrols occur nightly and staff are provided with a duress security system for immediate emergency response. Electrical equipment is checked and tagged. A program of scheduled maintenance of all fire and emergency equipment is established and up to date. Emergency procedure manuals are located throughout the home. Mandatory annual education about fire and emergency procedures is in place and staff attendance is monitored. Chemicals are appropriately stored and material safety data sheets are available on site. Documentation reviewed confirmed that staff and residents received appropriate information in regards to their roles in an emergency situation

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

Team's recommendation
Does comply

There are processes in place for identifying, managing and minimising actual or potential infection control risks. Staff are provided with infection control information at induction, annually and as required. Appropriate infection control measures are in place including stock rotation, pest control, protective equipment and hand washing facilities. Compliance monitoring occurs through environmental audits and analysis of the incidence of infections. Established waste management systems ensure sharps and food waste are disposed of safely, and colour-coded cleaning and cooking equipment is used consistent with the home's policies and procedures. Temperatures of plated food and cold storage units are regularly monitored to ensure food is served and stored at recommended temperatures. Staff utilise duty statements and cleaning schedules to ensure hygiene standards are maintained, and all staff interviewed demonstrated awareness of, and competence in, infection control procedures. Residents and representatives reported satisfaction with the actions taken by staff to control the risk of cross-infection and the cleanliness of the home.

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

There are policies and procedures in place to guide staff in the provision of catering, cleaning and laundry services. Staff are provided with education relevant to their roles and discussed with the team the regulations, safety and hygiene requirements relating to their roles. Personal linen is laundered on site by multi-skilled care staff, and flat linen is provided by a contracted service. Catering, cleaning and care staff receive training relevant to their roles such as food safe training, infection control and chemical handling and follow documented cleaning schedules routinely completing signing sheets. Residents' diet preferences and any special requirements/allergies are completed at the time of residents' admission and are updated as necessary. A four-week rotating menu is in place that offers choices and caters for individual requirements, and residents are given opportunities to comment on the quality and presentation of the meals at meetings, by participating in surveys, or in person. Meals are prepared in the onsite village kitchen and transported and served from the home's servery. Staff practices are monitored by way of audits, surveys and from residents and staff feedback. The home was observed to offer a clean, and homely environment, and residents and representatives interviewed expressed satisfaction with the cleaning, laundry and catering services provided.