



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Tyler Village

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

The Agency has decided that the period of accreditation of Tyler Village is three years until 6 November 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:	Tyler Village		
RACS ID:	8056		
Number of beds:	75	Number of high care residents:	52
Special needs group catered for:	<ul style="list-style-type: none"> • Dementia care 		
Street/PO Box:	320 Westbury Road		
City:	PROSPECT	State:	TAS
		Postcode:	7250
Phone:	03 6343 2757		Facsimile:
			03 6343 4684
Email address:	info@elizapurton.com.au		

Approved provider

Approved provider:	Eliza Purton (Tyler) Village Pty Ltd
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Assessment team

Team leader:	Gayle Heckenberg
Team member/s:	Gerard Velnaar
Date/s of audit:	3 August 2009 to 4 August 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
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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Does comply
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Agency findings
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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.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Tyler Village
RACS ID	8056

Executive summary

This is the report of a site audit of Tyler Village 8056 320 Westbury Road PROSPECT TAS from 3 August 2009 to 4 August 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 Tyler Village.

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 3 August 2009 to 4 August 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:	Gayle Heckenberg
Team member/s:	Gerard Velnaar

Approved provider details

Approved provider:	Eliza Purton (Tyler) Village Pty Ltd
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Details of home

Name of home:	Tyler Village
RACS ID:	8056

Total number of allocated places:	75
Number of residents during site audit:	74
Number of high care residents during site audit:	52
Special needs catered for:	Dementia care

Street/PO Box:	320 Westbury Road	State:	TAS
City/Town:	PROSPECT	Postcode:	7250
Phone number:	03 6343 2757	Facsimile:	03 6343 4684
E-mail address:	info@elizapurton.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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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
Acting chief executive officer	1	Residents/representatives	16
Facility manager	1	Catering coordinator	1
Nurse Manager	1	Laundry staff	1
Quality manager	1	Cleaning staff	3
Registered nurses	2	Maintenance staff	1
Enrolled nurses	1	Care staff	4
Physiotherapist	1	Senior Administration Officer	1
Chef supervisor	1	Administration assistant	1
Team leader diversional therapy	1		

Sampled documents

	Number		Number
Residents' files	15	Medication charts	12
Interim care plans	3	Personnel files	7
Care plans	7	Asset register	1
Service provider agreements	3	Audits	13
Wound charts	6	Restraint charts	25
Observation/weight charts	51	Blood glucose level charts	12

Other documents reviewed

The team also reviewed:

- Activities attendance records
- Activities evaluation reports
- Activities plan - Occupational/Diversional/Other therapies

- Administration and information policy
- Annual practicing certificate database
- Application for employment
- Approved suppliers list
- As required medication assessment
- Asset management policy
- Audit schedule
- Audit schedule
- Audit summaries
- Behaviour evaluation
- Behaviour identification chart
- Bladder trial management chart
- Blood sugar monitoring form
- Bowel/hygiene chart
- Care of residents with diabetes policy
- Care plan consultation with resident or representative form
- Care plan review form
- Checklist for new employee pack
- Checklists of interests
- Chemical register
- Cleaning and laundry procedures
- Clinical Governance Committee meeting minutes
- Clinical indicators
- Continuous improvement plans
- Communication assessment
- Communication book
- Complaint records
- Compliments and Complaints folder and register
- Compulsory reporting register
- Continence assessment
- Detail sheet
- Dietary profile
- Documentation list
- Draft strategic plan
- Drug calculations
- Eating and drinking assessment
- Education evaluation report
- Education evaluation sheet
- Electrical testing and tagging records
- Electronic human resource management database
- Electronic police check database for contractors, volunteers and allied health personnel
- Emergency evacuation folder
- Employee contracts/letters of employment
- Employment process for staff flowchart
- Equipment maintenance schedule
- Equipment manuals
- Equipment trial comment sheet
- Evacuation drill records
- Exit interview
- Exposure injury management policy
- External foods safety audit report
- Facility manager monthly reports
- Falls risk assessment form

- Financial management policy
- Fire safety and emergency equipment maintenance records
- Food safety plan
- Food safety records
- Functional assessment
- General Staff meeting minutes
- Head lice management policy
- Heat pack application form
- Housekeeping orientation and introduction program buddy manual
- Human resource management policy
- Human resource manager letter re police checks and orientation
- Improvement logs and register
- Improvement plans
- Incident checklist
- Incident report form
- Incident reporting policy
- Induction checklist new staff employee
- Infection control data collection form
- Infection control log
- Infection control policy
- Influenza fact sheet
- Influenza management policy
- Internal food safety audits reports
- Leave application form
- Legislative update emails
- Maintenance record
- Maintenance request forms
- Management team staff development calendar
- Manual handling instruction card
- Material safety data sheets
- Medical communication
- Medication assessment
- Medication incident report
- Monitoring of infections
- Monthly activity calendar
- Multi-resistant staphylococcus aureus policy
- Nurses registration certificates
- Nutrition screening tool
- Nutrition/hydration study
- Observation neurological
- Office equipment policy
- Oral and dental care assessment
- Orientation and induction booklet
- Orientation checklist
- Orientation checklist for contractors
- Outbreak management policy
- Pain assessment tool
- Payroll policy
- Personal hygiene profile
- Personal protective equipment list
- Pest sighting report
- Physical restraint checks
- Physiotherapy assessment

- Police certificates policy
- Police certificates-pay authorisation form
- Policy and procedures
- Position descriptions
- Preventive Maintenance folder
- Preventive maintenance folder
- Preventive maintenance records
- Probation review
- Product evaluation
- Purchasing policy
- Quality activity reports
- Quality Risk Management meeting minutes
- Registered Nurse/Enrolled Nurse meeting minutes
- Resident - Relative meeting minutes
- Resident accident and incident flow chart
- Resident agreements
- Resident handbook
- Resident incident register
- Resident orientation pack
- Residents own teeth list
- Restraint assessment/authorisation and review form
- Restraint risk assessment
- Ring worm management policy
- Risk assessments
- Rosters
- Seek and find task sheets
- Self medication agreement
- Sensory room care plans
- Service provider self induction
- Service reports
- Skin assessment
- Skin integrity/wound management log
- Sleep and settling assessment/charting
- Social and Leisure profiles
- Specialised equipment service records
- Spiritual and cultural needs assessments
- Staff appraisal policy
- Staff appraisals
- Staff development attendance list
- Staff development calendar
- Staff handbook
- Staff incident form
- Staff incident register
- Staff orientation induction handbook
- Staff selection policy
- Statutory declaration
- Stock control list
- Supplier evaluation
- Supra pubic catheter site record
- Technical/specialised nursing procedures charting
- Toileting profile
- Toothbrush replacement schedule
- Training records

- Transfer and mobility assessment
- Treatment chart
- Uniform policy
- Unresolved wounds report
- Urine incontinence charting
- Volunteer orientation pack
- Waste disposal list
- Weekly activity calendar
- Workers compensation by position graphs
- Workers compensation insurance
- Workplace safety audit records
- Workplace safety audit schedule
- Wound report

Observations

The team observed the following:

- Activities in progress
- Chapel area
- Coffee shop
- Continence supplies
- Dining area
- Display of residents craft and paintings throughout home
- Dressing trolley
- Drug and treatment room
- Electrocardiograph machine
- Emergency trolley
- Equipment and supply storage areas
- Extra outbreak management supplies
- Eye drops and creams with opened dates
- Hairdressing salon
- Hand washing areas
- Imprest stock
- Infectious waste bins locked
- Interactions between staff and residents
- Internal and external living environment
- Intranet
- Library area
- Lifting equipment
- Lounge
- Lunch time meal in progress
- Medical stores area
- Medication packs
- Medication round
- Medication trolleys
- Multi-sensory room
- Narcotic register
- Nurses stations
- Outbreak kit
- Oxygen storage area
- Polite interaction between residents and staff
- Resident laundry
- Residents rooms
- Secure unit

- Sharps containers
- Sitting areas and kitchenettes
- Staff feeding residents meals
- Toiletries in residents rooms

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

Tyler Village has systems and processes that support its’ continuous improvement and quality processes. Various members of the senior management team from the organisation’s head office regularly provide support to the Tyler Village. The home’s continuous improvement plans are used to record the progress of new initiatives. Actions are taken in response to staff and resident suggestions, internal and external audits and the review of performance indicators. The home is introducing a new auditing program. A range of meetings are held to address issues, review performance data, and provide information and feedback. Staff and residents said that they have ample opportunity to make suggestions.

Improvements completed or in progress in relation to Standard One include:

- Successful introduction of a computer based human resources management program
- Completion of a new resident handbook
- A draft strategic plan, now due for ratification by the board of management
- Development of a human resource manual
- Occupational health and safety manual, in the final stages of implementation

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home receives legislative information through membership and liaison with industry and government bodies, and subscription to a legislative update service. The management team review this information to determine any impacts on service delivery or existing systems. Information on regulatory requirements is incorporated into policies, procedures and staff practices. The auditing program measures compliance with a variety of regulatory issues. The staff orientation process includes provision of information on relevant legislative issues. Staff said that they are informed about their legislative responsibilities.

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 homes systems ensure management and staff have appropriate knowledge and skills to perform their roles. Support is provided for staff in attending internal and external education programmes which cover all areas of the four Accreditation Standards. Training needs are determined through staff appraisals, staff surveys, results of care concerns raised at meetings, audit results, general discussion, staff requests on improvement forms and results of regulatory requirements. A twelve month projected calendar is provided to staff for information on training to be conducted and additional education may be added throughout the year as required. All new employees attend a formal orientation and induction program that provides an overview of compulsory topics and all staff attends annual compulsory training. Competencies are conducted annually for registered and enrolled nurses. All training attendance records are kept, evaluations of all training held is completed by staff and forwarded to management and an evaluation report is provided. Education offered in Standard one includes:

- Workplace bullying and harassment
- Accreditation
- Conflict management and problem solving
- Customer service
- Information technology skills
- Leadership
- Motivation at work
- Teamwork

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

Information on how to make internal and external complaints is displayed at the home, and is included in the resident information package. Complaints can be raised verbally, in writing, or at resident and relative meetings'. A compliments and complaints folder is maintained and includes the actions taken in response to the complaints. Residents knew how to make complaints, and many said they talk directly with management or staff to raise and resolve minor issues.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's recommendation

Does comply

The organisation has documented the home's vision, mission, philosophy, objectives and commitment to quality. This information is recorded in staff and resident handbooks'. A draft strategic plan has been developed and includes key action areas

aimed at improving the quality of services provided at the home. Executive, management and quality risk management meetings are held regularly to monitor and review the operations of the home.

1.6 Human resource management

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

Team's recommendation

Does comply

The broader organisation key personnel are responsible for staff recruitment policies and procedures and the facility manager and nurse manager determine the skills of staff required and undertake the recruitment and selection process. The home has generous and flexible rostered hours to accommodate both resident care needs and an effective working environment for staff and a mixture of permanent, permanent part time and casual staff is available across all disciplines. An orientation and induction program is provided and new employees are placed with staff on a number of 'buddy' shifts. The nurse manager stated that agency staff are rarely rostered. All staff have current national police checks' and all registered and enrolled nurses are registered with the state nurse's regulatory authority. Staff interviewed expressed their satisfaction in working at the home and that management are supportive.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has processes in place to ensure stocks of appropriate goods and equipment for quality service delivery is available at all times. The nurse manager orders clinical supplies through the organisations approved supplier's providers and fortnightly orders replace stock effectively. Designated staff ensure that non clinical and chemical supplies are also regularly ordered through preferred suppliers and that effective stock rotation and systems meet the services needs and goods are stored safely in secure areas. An asset register has been developed and equipment is serviced and maintained through regular schedules and preventive maintenance is carried out by contractors and the maintenance officer according to a planned program with day to day repairs and maintenance requests attended to quickly. Replacement of capital equipment occurs as necessary and for new purchases a trial is implemented before final decisions are made to ensure staff feedback is reviewed. Staff said they are provided with adequate supplies of goods, and also said that any necessary equipment repairs are carried out promptly.

1.8 Information systems

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

Team's recommendation

Does comply

Management and staff have access to relevant information regarding resident care. The home has partially introduced a computer based assessment and care planning program. Management collect and analyse a range of other data such as incident and

infection rates. Staff said that they receive information to assist them in performing their duties effectively. All staff and resident files are stored in secure locations. Residents said that they are kept up to date with events through meetings, the regular newsletter and by talking with staff and management.

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 has entered into agreements that note the organisation's needs and quality goals. Agreements are reviewed periodically, dependant on the terms and conditions of the contract. Supplies and equipment arriving at the home are checked against quality requirements. Staff said that they are satisfied with the quality of services provided by external contractors.

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

Tyler Village has systems and processes that support its' continuous improvement and quality processes. The senior management team from the organisation's head office help review the home's care systems, and provide support to the care team. The home has successfully implemented a computer based care and assessment system. A clinical governance committee meets and reviews clinical data from the home. A range of other meetings are held and address relevant care related issues. Staff and residents said that they have ample opportunity to make suggestions regarding care and health related issues.

Improvements completed or in progress in relation to Standard Two include:

- Introduction of a more detailed oral and dental health care plan and checking systems of all residents
- Improved communication to families regarding the risks associated with the use of any restraint
- Development of a wandering policy and associated procedures in response to unexplained resident absences legislation
- Purchase of a syringe driver to provide for resident comfort during palliative care

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home receives care related information through membership and liaison with industry and government bodies and subscription to a legislative update service. The management team review this information to determine any impacts on the home's care systems. Information on regulatory requirements is incorporated into care related policies, procedures and staff practices. The auditing program measures compliance with a variety of regulatory issues. Registered and enrolled nurses hold current registration and qualifications. Staff said that they are informed about their legislative responsibilities.

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

A variety of education is offered to staff across Standard Two of the Accreditation Standards. Training needs are determined through staff appraisals, staff surveys, results of care concerns raised at meetings, audit results, general discussion, staff requests on improvement forms and results of regulatory requirements. A number of staff have been supported to up skill including care staff and enrolled nurses. The home also supports the student placement program. Staff commented they are provided with support and internal and external opportunities in accessing education. Education offered in Standard two includes:

- Advance care planning
- Oral and dental care
- Head lice management
- Palliative care
- Drug calculations
- Drugs in depression

2.4 Clinical care

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

Team’s recommendation

Does comply

The home ensures that residents receive appropriate clinical care through processes that include assessment, planning and evaluation of residents care needs on entry to the home and at regular intervals. An electronic documentation system has been partially introduced and the initial entry assessment database captures relevant information to determine care needs and an interim care plan guides care. Comprehensive assessments are conducted over a four week time frame after a settling in period of one week. Results from assessment provide an account of residents’ health care needs. Care plans are then formulated and reviewed three monthly by registered nurses. Consultation takes place with residents and representatives’ during the entry phase and as care needs alter. General practitioner’s are generally reliable and visit residents routinely and residents commented they are satisfied with the responsiveness of staff to their clinical and care needs and that they feel well cared for in the home.

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

Registered nurses are available in the home to ensure that residents’ specialised nursing care needs are assessed planned and evaluated regularly. Reports, progress notes and charts reviewed by the team highlight that any treatments prescribed are monitored and evaluated. Staff are supported in their clinical practice by policies, procedures, structured education and links to evidence based practice information to ensure that contemporary care is delivered. Appropriate specialised equipment and

medical supplies are provided and were sighted by the team. Referrals occur to external providers and include a speech pathologist, palliative care team, stoma therapist, diabetic podiatry clinic and wound clinic. Staff interviewed confirm external clinical expertise is sourced as required and documentation reflects these services are sourced.

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 engages a variety of health professionals to provide services to residents internally and externally as required and includes a physiotherapist, podiatrist, dementia behavioural support services and occupational therapist; staff providing activities are qualified and deliver diversional therapy programs. The home consults with other practitioners for residents if required such as an optometrist, dentist, dental technician and audiologist. Staff support residents’ with external appointments when representatives cannot assist. General practitioners are made aware of any referrals and consulted before appointments are made and representatives are kept informed. Progress notes and reports reflect that services are accessed, that the general practitioner and residents representatives’ are made aware of any recommendations or new treatments.

2.7 Medication management

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

Team’s recommendation

Does comply

There are systems in place that ensure residents’ medication is stored safely, securely and correctly by the home in accordance with regulatory requirements. A single dose seven day pack administration process is used by the home and residents’ capable of self medicating are assessed as competent to do so and reviewed six monthly. Residents requiring assistance have their medication administered by registered and enrolled nurse’s medication endorsed. There is access to a pharmacy service at all hours of the day and night and an independent accredited pharmacist conducts medication reviews annually and recommendations are forwarded and discussed with the general practitioner; the home participates in a medical advisory committee quarterly. Medication incidents are reported on monthly, analysed and discussed at clinical and quality meetings. Medication charts reviewed indicate resident allergies, weight, have current photographs and are generally signed appropriately by registered and enrolled nurse’s medication endorsed. Residents commented they are satisfied with the management of their medications and that they receive their medications on time.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents entering the home are assessed regarding their history of pain experienced and any current pain affecting their quality of life. Three monthly reviews occur, and as new pain is reported by residents or noted by staff at which time residents are

reassessed. Charting of pain and the assessment tool used assist in determining the type of pain experienced, intensity of pain, duration of pain, location of pain and any treatments that assist with relieving pain. A non verbal pain assessment tool is also used for residents who cannot communicate their pain experiences to staff. Effectiveness of pain management treatments is monitored to ensure residents' comfort is maintained. Alternative approaches to pain management are explored and include exercise programs, walking programs, heat packs, tens machine use, massage and aromatherapy. Comments from residents reflect that they are satisfied with the strategies and treatments they are receiving in order to relieve 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

Residents' wishes and preferences regarding palliation are discussed on entry to the home with residents and their representatives'. Any cultural, spiritual and religious needs are identified and are respected and implemented by staff. Consultation with the general practitioner occurs to assist with plans of care for residents' and if required an external palliative care team provide advice and services to the home to address complex care needs and pain management regimes. Representatives are communicated with at all times and are provided with on site emotional support from local clergy. The nurse manager attends relevant external training to assist with contemporary delivery of care and specialised equipment is available to assist with promoting the comfort and dignity of residents. Records reflect that staff receives education in palliative care.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

An assessment covering residents' special dietary requirements, likes and dislikes is conducted on entry to the home to ensure that residents' receive adequate nutrition and hydration. The need for the use of assistive devices is also ascertained at this time and all relevant details are documented on a care plan to provide guidance to staff. Resident's weight is monitored monthly and if there any significant decreases or increases in weight are noted they may be monitored more frequently. A nutritional risk screening tool provides guidelines for staff to follow to assist with implementing supplements and any changes are forwarded to the kitchen. The team observed regular fluids offered to residents throughout the day and residents are assisted with their meals and drinks as required; intake is monitored through observation by staff. Referrals to a speech pathologist occur if resident's are identified with swallowing difficulties and recommended changes to diet or food consistencies are communicated to the kitchen and representatives'. There are systems in place to monitor and respond to residents' satisfaction with meals and beverages through surveys and meetings and the menu is reviewed by a dietitian regularly. The team observed well presented meals and in general residents provided positive comments regarding the variety and quality of food provided.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin integrity is assessed on entry to the home, at regular intervals and as anomalies are reported by staff using a skin assessment and a risk rating tool. Information is then documented on to a care plan detailing strategies of care to be provided. Registered and enrolled nurse’s monitor staff care practices and audits are conducted to ensure skin related deterioration is captured. A wound assessment and management plan is completed as necessary and the nurse manager maintains an individualised log that is reviewed monthly to track current and resolved wounds. The team observed equipment and wound products in plentiful supply in order for staff to provide contemporary wound management and to promote residents’ skin integrity. Incident reports are completed for skin tears, bruising and pressure ulcers and statistics are gathered and reported on incidents and wound infections; results are analysed and reported on monthly. The team observed one resident referred to an external clinic for sutures and resident’s reported that they receive regular skin care treatment.

2.12 Contenance management

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

Team’s recommendation

Does comply

On entry to the home a detailed continence history is gathered and a continence assessment including charting over a number of days is conducted. Once a pattern has been established continence management plans are developed indicating individual toileting requirements and the type of aids allocated. Two carers’ assist the nurse manager with evaluations and the allocations of continence aids. Plans are reviewed and altered according to each resident’s needs as new concerns arise reported by residents or observed by staff. Statistics are gathered on urinary tract infections and are monitored and reported on monthly; outcomes are discussed at relevant clinical meetings. Preventative measures are encouraged and includes increased fluid intake. An effective bowel management program is in place to promote the prevention of constipation resulting in no use of suppositories or enemas for residents; this has enhanced the dignity and comfort for residents. Staff confirm and the team observed adequate supplies of continence aids and residents reported they are assisted with their toileting programs.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has a twelve bed secure dementia unit and residents identified with challenging behaviours of concern are accommodated in this area. Behaviour assessments and charting are conducted on entry to the home and as concerns are identified that may be new to the resident. Outcomes from the assessments are evaluated a range of strategies are explored and implemented in consultation with resident representatives’, general practitioner’s and staff. Activities and programs are provided for residents throughout the day including the late afternoon. Restraint is

monitored and reviewed regularly and is implemented in consultation with the general practitioner, staff, residents and representatives. Incident forms are completed for some behaviours of concern including physical aggression and reported on monthly; a compulsory reporting register is maintained and policies are in place for elder abuse and missing persons and education records and staff confirm they have received education in elder abuse. The team observed interaction between staff and residents to be kind in their approach to residents who exhibit challenging behaviours of concern and successful with their strategies when applied.

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

The home has a visiting physiotherapist providing a service weekly and residents' mobility and dexterity is initially assessed on entry to the home and reviewed six monthly. Programs are then documented for staff to follow including exercises and walking. If there are any particular dexterity concerns referred to an occupational therapist for advice will occur. Mobility equipment is sourced by the facility manager, trials are arranged for new equipment and education is provided as necessary. Compulsory manual handling training is provided annually and manual handling cards are completed for every resident indication the transfer or lifting techniques to be followed. Falls risk assessments are conducted, falls are monitored and reported through incident forms monthly and are analysed and discussed at relevant clinical meetings. There is access to a variety of assistive devices and equipment to promote residents safe mobility and a safe working environment for staff. The independence and rehabilitation of residents is promoted and encouraged to an appropriate level. Staff report they are well equipped and confident in using their equipment and that they have attended compulsory manual handling training.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home conducts an oral and dental assessment on entry to the home and reviewed regularly. Care plans provide guidance to staff indicating the level of assistance residents require to attend to oral hygiene. The team observed appropriate containers for dentures, toothpaste and toothbrushes in resident's bathrooms and oral care toiletries are replaced three monthly in accordance with a schedule. A specialised dental product is used to assist the cleaning of teeth for residents with a cognitive impairment who may be resistive to oral care. Residents experiencing ill fitting dentures or oral hygiene concerns are referred to a dentist or dental mechanic and the home supports residents to attend external appointments. If residents experience difficulties with eating and swallowing, a referral is made to a speech pathologist. Residents' reported they are supported by the home to attend appointments with the dentist and that staff assist with 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

On entry to the home residents’ sensory losses are identified and assessed using a tool that includes all senses and is regularly reviewed. Care plans reflect detailed information for the care of reading and other glasses, battery replacement and management of hearing aids and strategies regarding effective communication. The home has access to an audiologist and an optometrist and residents are encouraged and supported with external appointments and general practitioners provide treatment of wax build up as required. Residents are provided with large print books and the home is sensitive to any cultural requirements with large print notices displayed in other languages. The activities program includes cooking and crafts that assist with taste, smell and touch and residents confirm that staff assist with the fitting, cleaning 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

On entry to the home information is gathered on residents’ sleep patterns by conducting a sleep and retirement assessment including charting over a number of nights. Current patterns and any specific routines are identified and results and strategies to be implemented are documented on the care plan and are reviewed regularly. Routines are noted and respected as much as possible particularly in the secure unit to assist in reducing anxiety and agitation. Warm drinks are offered prior to settling, snacks are provided overnight, repositioning attended, pain management monitored, noise, temperature and warmth of the environment is addressed. Residents commented that they feel safe and secure at night and that they generally 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

Tyler Village has systems and processes that support its continuous improvement and quality processes. The senior management team from the organisation’s head office help review the home’s lifestyle systems, and provide support to the lifestyle team. Resident meetings are held in order to respond to and discuss emerging issues, pass on information, and seek feedback. Staff and residents said that they have ample opportunity to make suggestions regarding lifestyle related issues. Residents said that they have the opportunity to make suggestions on improvements to the activities program.

Improvements completed or in progress in relation to Standard Three include:

- A major focus on art classes for residents
- Renovation of the ‘Chuckles’ coffee shop, including display of art work created by the residents
- The ‘Rouges Gallery’ - a wall in the activities room filled with pictures of residents displayed in frames made by volunteers and 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 home receives lifestyle related information through membership and liaison with industry and government bodies and subscription to a legislative update service. The management team review this information to determine any impacts on the home’s lifestyle systems. Information on regulatory requirements is incorporated into lifestyle policies, procedures and staff practices. The auditing program measures compliance with a variety of regulatory issues. Residents are provided with written information relating to privacy legislation and the charter of residents’ rights and responsibilities is displayed in the home. Staff are aware of their responsibilities regarding privacy and confidentiality issues.

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

Diversional therapy staff within the home are encouraged to participate in the education program and hold appropriate qualifications. One staff member holds a diploma in community services leisure and lifestyle. The home has a number of volunteers who

have participated in an orientation program and receive relevant written matter in order for them to keep well informed. Residents commented favourably regarding staff skills and knowledge to respond to their lifestyle needs. Education offered in Standard Three includes:

- Dignity and depression
- Elder abuse and compulsory reporting
- Cross cultural awareness
- Trauma in the older person

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 provided with an orientation to the home and are usually familiar with the general layout of the home from previous visits. All new residents are encouraged to set out their new room as they wish, with personal items such as photographs and other items of sentimental value. Residents' emotional and preferred lifestyle needs are assessed after a settling in period, and are periodically reviewed. Residents and their representatives have access to support from volunteers. Counselling services are available should that be required. Residents said that the staff and volunteers provide them with adequate support.

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

Care plans take into consideration residents' independence and social needs, and are periodically reviewed. Communal areas are available to residents and their representatives to celebrate social occasions. Residents from the secure dementia area take part in bus trips, and join with other residents in a range of other activities. Residents are supported to maintain their physical independence through physiotherapy and exercise programs. School and other community groups visit the home. Residents said that they are able to maintain a level of independence at the home.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home promotes privacy and dignity through its living environment, policies, procedures, and staff practices. Resident's are accommodated in single rooms with ensuite. There are areas where resident's can meet privately with their families or representatives. Staff knock prior to entering residents' rooms, and talk to residents in a respectful manner. Residents' personal information is stored securely, with access by approved staff only. Residents interviewed were satisfied by the way in which staff

interact with them. Staff were aware of their obligations to maintain residents' rights to 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

Resident social and lifestyle needs are assessed after a settling in period, and a care plan is developed from this information. The plans are periodically reviewed by the activities staff. A monthly and weekly calendar of activities is displayed and provided to the residents. Residents are helped to attend a range of group and individual activities, supported by lifestyle staff and volunteers. Residents said that they are satisfied with the activities provided, and highlighted their enjoyment of the arts and craft 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

Residents' spiritual and cultural preferences are assessed during the admission and settling in period. Care plans include information on residents' spiritual and cultural preferences where relevant. A wide range of cultural events are enjoyed by residents at the home and include Christmas, Easter, Anzac and Melbourne Cup days. Other cultural events such as Bastille Day and Independence Day are also promoted. Various religious denominations run services at the home, and some residents continue to attend religious services in the community. Residents said that their culture and spiritual beliefs are respected by staff at the home.

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

Resident choice and preferences are identified during their first days and weeks at the home. Care plans are developed using this information and are periodically reviewed. Preferences in a wide range of areas are documented, including personal hygiene, food and drinks, oral and dental hygiene, and sleep. Residents can take part in decisions about the services provided, and air their opinions and suggestions at resident and relative meetings. Residents say that they are able to participate in decision making and that staff respect the choices they make.

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 enter into an agreement with the home that includes information on areas such as security of tenure, rights and responsibilities', complaint mechanisms and fees and charges. Administration and management staff explain this information to residents and their representatives during the pre-entry and admission phase. Other information on services provided at the home is included in the resident handbook and orientation pack. Residents stated that they were aware 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

Tyler Village has systems and processes that support its continuous improvement and quality processes. The senior management team from the organisation’s head office help review the home’s safety systems, and provide support to the staff at Tyler Village. A range of other meetings are held and address relevant safety, infection control and food safe issues. Actions are taken in response to staff and resident suggestions, internal and external audits and review of incident, accident and infection control data. Staff and residents said that they have ample opportunity to make suggestions regarding safety related issues.

Improvements completed or in progress in relation to Standard Four include:

- Compliance with food safety legislation
- Update of infection outbreak kit
- Installation of Natural Gas, leading to cost savings
- New equipment purchases that reduce the risk of repetition injury to staff

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 home receives physical environment and safety related information through membership and liaison with industry and government bodies and subscription to a legislative update service. The management team review this information to determine any impacts on the home’s safety systems. Information on regulatory requirements is incorporated into safety policies, procedures and staff practices. The auditing program measures compliance with a variety of regulatory issues. The staff orientation process includes provision of information on food safety, workplace safety, infection control and fire and emergency safety. Staff said that they are informed about their legislative responsibilities.

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

The home provides an effective health and safety education program for staff across all areas of operations and includes infection control. Compulsory training for all staff is held in manual handling, fire and safety, food safety and chemical handling. Staff interviewed are knowledgeable in the areas of occupational health and safety, infection

control and fire and emergencies and confirm they have attended compulsory education and feel confident in performing their roles effectively. Education offered in Standard Four includes:

- Working safely at heights
- Infection control
- Fire and emergency procedures
- Food safety
- Restraint

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 said that they are pleased with cleanliness and comfort of the building and surrounding grounds of the home. A preventive maintenance program is followed and any necessary repairs are completed promptly. Residents are encouraged to furnish their own rooms and have access to call bells to alert staff to requests for assistance. The home has a number of communal areas that allow residents and representatives' to socialise. The dementia area incorporates a secure external courtyard.

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 home has policies and practices that support the provision of a safe working environment. An occupational health and safety manager oversees the organisation's safety program. Staff orientation covers a wide range of safety information and includes an orientation DVD and 'seek and find' task sheets. A process is in place for the reporting of incidents and hazards. A quality risk management committee meets monthly and addresses safety issues. Staff attend mandatory training on fire safety, manual handling, infection control, food safety and chemical safety.

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

Staff have a good understanding of their roles and responsibilities in the event of an emergency situation. Regular fire safety drills are held and any identified issues are actioned. Fire and emergency training is compulsory and is included in the staff orientation program. External contractors service the home's fire detection and suppression systems. The home's emergency evacuation manual has been amended due to the installation of natural gas supplies. A resident evacuation list is contained in the manual, and is regularly updated. Security lighting is provided in relevant areas and staff conduct security checks during the evening.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program that includes surveillance and monitoring and the nurse manager has the responsibility for the program. The program includes waste management, cleaning, body fluid management, sharps management, hand washing, provision and use of personal protective equipment and education. The team observed an outbreak management kit, a good supply of personal protective equipment, designated hand washing areas and pump action bottles of anti-bacterial hand wash solution on entry to the home and in a variety of locations. Infection control is included in the orientation and induction program for new employees; infection data is collected and reported on monthly and discussed at relevant meetings. There are policies and procedures in place for 'outbreak management' for gastroenteritis, influenza, scabies, head lice, intestinal worms, whooping cough and multi-resistant organisms. A staff and resident vaccination program is in place for influenza. An external contractor provides pest control management for the home and a food safety program has been implemented. Staff interviewed have knowledge and understanding of infection control and outbreak management and confirm they have attended training.

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

The group catering manager coordinates the organisation's catering program, which is provided to Tyler Village residents under the direction of the chef manager. The hospitality services provided match residents' individual needs and preferences. Internal and external audits ensure that standards are maintained. The home's food safety program has been certified by a registered external auditor. Cleaning staff are rostered to clean the home seven days per week, and follow a rotational cleaning schedule. There are effective systems for the storage, identification, laundering and delivery of linen and resident personal clothing. Staff have access to appropriate equipment and are trained in its use. Residents stated that they were satisfied with hospitality services provided at Tyler Village.