



Aged Care
Standards and Accreditation Agency Ltd

Uniting Aged Care - Strathaven

RACS ID 8760
9 Strathaven Drive
ROSETTA TAS 7010

Approved provider: Uniting Church in Australia Property Trust
(Tasmania)

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 June 2015.

We made our decision on 8 May 2012.

The audit was conducted on 10 April 2012 to 11 April 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Uniting Aged Care - Strathaven 8760

Approved provider: Uniting Church in Australia Property Trust (Tasmania)

Introduction

This is the report of a re-accreditation audit from 10 April 2012 to 11 April 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 10 April 2012 to 11 April 2012.

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

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

Assessment team

Team leader:	Gayle Heckenberg
Team members:	Cassandra Van Gray
	Margaretha (Margaret) Byrne

Approved provider details

Approved provider:	Uniting Church in Australia Property Trust (Tasmania)
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Details of home

Name of home:	Uniting Aged Care - Strathaven
RACS ID:	8760

Total number of allocated places:	87
Number of residents during audit:	77
Number of high care residents during audit:	74
Special needs catered for:	Nil

Street:	9 Strathaven Drive	State:	TAS
City:	Rosetta	Postcode:	7010
Phone number:	03 6208 3208	Facsimile:	03 6208 3209
E-mail address:	sharon.donovan@uacvt.org.au		

Audit trail

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

Interviews

	Number		Number
Management	7	Medical and allied health	1
Clinical/care/lifestyle staff	10	Residents/representatives	15
Hospitality and environment/safety staff	7		

Sampled documents

	Number		Number
Residents' clinical and lifestyle files	17	Improvement register	1
Resident's clinical and lifestyle care plans	17	Quality first forms	6
Medication charts	8	Improvement reports	8
Infection reports	7	External contractor agreements	6
Personnel files	9	Resident agreements	6
Personnel incident/injury records	5		

Other documents reviewed

The team also reviewed:

- Actions for regulatory change reports
- Afternoon tea list
- Allied health professional reports
- Approved companies/regular corrective maintenance
- Audits
- Australian commission on safety and quality in healthcare guidelines
- Blood glucose level medical instruction charts/ diabetes record books
- Care staff and cleaning schedules
- Care, community, hospitality and lifestyle meeting minutes
- Clinical assessment forms
- Clinical refrigerator temperature chart
- Compliments
- Comprehensive care evaluation records
- Confidentiality agreement
- Consent for influenza vaccination
- Contractor overseas statutory declaration letter
- Drugs of addiction register
- Duty lists
- Emails and memorandum
- Emergency response manual
- Equipment management report
- Exercise programs
- Fire and emergency equipment log books
- Fire training evaluation
- Food business registration

- Food safe audit report/food safe certification
- Handover report
- Health practitioner professional register
- Incident records reportable assault/mandatory reporting register
- Induction records
- Infection prevention policies and practice standards
- Job descriptions/letters of appointment
- Lifestyle/social and spiritual assessments/attendance records
- Lifestyle bus outing/food venue evaluation and review appraisals
- Lifestyle program events calendar and flyers/program photographs
- Maintenance job statistics
- Mandatory training workbook
- Manual handling resource guide
- Material safety data sheets
- Medication incident records
- Meetings calendar
- Memorandums/regarding fire equipment isolation permit
- Menu
- Mini nutritional assessments/food and fluid charts
- Monthly infection and risk management summary/infection rates
- Music and memories/harmony day project and brochures
- Music, memory and dance activity survey
- Newsletters
- Occupational health and safety inspection audits and reports/meeting minutes
- Organisational chart
- Performance reviews
- Pest control program and service reports
- Physical/chemical restraint policy/physical restraint assessment and authorisation form
- Practice standards
- Preventative maintenance folder
- Progress notes
- Resident and staff meeting minutes
- Resident dietary requirements
- Resident handbook
- Resident sight charts
- Residential staff learning needs questionnaires
- Residents' information handbook/package and surveys
- Resource folder for agency staff/orientation checklist/buddy check list
- Rosters
- Scheduled education events
- Self assessment application
- Self directed learning packages
- Skin tear register
- Smoking assessments
- Spills kits and oxygen equipment checklists
- Staff competency tests
- Staff development and training folder
- Staff orientation folder/information handbook
- Staff, allied health and contractor police check certification
- Strategic plan
- Sweet memories recipe book
- Temperature records
- Testing and tagging log book

- Training attendance records
- Uniting Aged Care quality framework
- Volunteer register
- Workers compensation documentation
- Wound assessment charts.

Observations

The team observed the following:

- Activities in progress
- Assistive dinner ware and cutlery
- Bus for outings
- Call bell system and staff using phone communication
- Charter of residents rights and responsibilities on display
- Chemical storage
- Cleaner's trolleys/cleaning in progress/cleaning store
- Electronic communication systems and back up system
- Equipment and supply storage areas
- External clinical waste collection bin
- External gardens and outdoor dining areas
- Fire and emergency equipment/fire panel
- Form 56 building certification
- Hairdressing salon
- Hand washing stations/sanitiser dispensers'
- Information brochures on display
- Interactions between staff and residents
- Internal and external complaints forms and information
- Key padded nurses' station
- Kitchen
- Laundry
- Linen trolleys
- Lunch, morning and afternoon tea service
- Medication round
- Personal protective equipment
- Secure documentation disposal bins
- Secure storage of resident files/staff files
- Sharps containers
- Shift handover
- Spills and outbreak management kits
- Staff room
- Staff/representative interaction
- Storage of medications
- Suggestion box.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has processes and procedures to identify opportunities for continuous improvement. Continuous improvement is a standing agenda item at all meetings, with matters discussed at regional, organisational and Uniting Aged Care Board level. Inputs into the home's continuous improvement system include initiatives raised as a result of the homes feedback tools, audits, survey's and meeting minutes. Management review matters in conjunction with relevant senior personnel. The home operates an electronic continuous improvement data base for monitoring and tracking matters to their satisfactory conclusion. Staff demonstrated an understanding of continuous improvement processes and procedures.

Examples of recent improvements include:

- The conduct of staff training needs analysis. Management conducted surveys of all staff to determine their training needs. A review and prioritisation of suggestions occurred by management resulting in a calendar of training topics including dementia and culturally specific care for residents. Management stated there has been good feedback from staff regarding this initiative.
- The introduction of self directed learning packs. Topics include blood glucose management for clinical staff and infection control for all staff members. Linked to the staff performance review processes, staff complete the learning pack prior to meeting with their relevant manager, and discuss outcomes as required. Management stated the initiative has included enhanced staff knowledge as well as consultation.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home's parent organisation subscribes to a range of legislative agencies and peak industry bodies. Communication occurs through the organisations quality division to the manager and/or relevant senior staff responsible for identifying issues and making changes to internal procedures. There are systems to ensure all staff and relevant stakeholders have current police checks and overseas statutory declarations. Notifications of changes occur via memorandums, emails and through staff attendance at a range of meetings, where regulatory compliance is a standing agenda item. We noted residents have access to a range of external complaints agencies and services brochures.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The broader organisation supports management and staff through their commitment to enabling opportunities for learning and development. A wide range of educational topics occur ensuring all staff acquires the knowledge and skills required for their roles. A consultative educational needs analysis allows staff to input ideas for the projected plan for education. Information received through performance appraisals, legislative requirements, altered resident needs and audits and incidents results, assists development of the program. Maintaining records for staff attendance and evaluation of sessions occurs. Organisational scholarships and externally funded training programs further support staff for career enhancement and special projects to occur. Staff stated opportunities for education are available regularly and confirmed their attendance at annual mandatory education sessions. Residents expressed satisfaction with the knowledge and skills afforded to them by staff.

Recent education relating to Standard one includes:

- Budget and finance training
- Duty of care/negligence
- Standards and associated documents
- Performance management.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

The home has mechanisms to support all stakeholders to forward comments, complaints and compliments. Internal and external complaint information is contained within the resident agreement and resident handbook provided to residents upon entry to the home. Further opportunities for comment are available to residents and their representatives at meetings, through the completion of the home's comment forms, annual surveys and audits. The home operates an electronic comment and complaints register. Staff raise issues via a range of mechanisms including the completion of forms and attendance at meetings. Residents and their representatives stated the home provides sufficient opportunities to raise matters, with feedback received in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has a strategic plan. The organisation has a documented vision, philosophy and guiding values. The home demonstrated its commitment to quality through a range of organisational and locally based committees, as well as central office practices and procedures. The organisation has appointed a Director of mission to support the workplace

culture. Staff position descriptions include a commitment to quality and associated information is contained in the staff handbook.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home utilises a centralised roster system to accommodate clinical shifts. The home has a casual pool of staff available as required. Provision exists within the roster to re-assign staff to manage increased resident acuity. There is minimum use of agency staff with the ability to fill roster short falls with staff from within and from sister homes if required. Registered nurse allocation is available 24 hours a day, seven days a week. Registered and enrolled nurse registration monitoring occurs on a routine basis. All staff have a position description. Staff confirmed the hours rostered are sufficient to complete their duties. Residents and their representatives stated the home has sufficient staff to provide appropriate care, lifestyle and service needs and preferences.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home ensures the availability of stocks, appropriate goods, and equipment for quality service delivery. Processes for stock control and replacement occurs through asset and inventory review and capital budget funding allocation. Inspection and checking of goods and equipment upon arrival and as unpacking occurs. The home trials and evaluates new equipment not already used by the organisation. Allocated environments for storage of stock, goods and equipment provide clean, safe and secure areas. Maintenance programs maintain the good working order of equipment. Staff reported the availability of goods and equipment on a regular basis. Residents stated they observed staff safely using various items of equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home ensures their systems afford all relevant stakeholders with effective information. These systems allow staff to execute their roles and deliver quality care efficiently, promote health and well being and safe services. Paper based documentation provides information regarding residents' care. Residents and staff access an integrated communication system. Stakeholders receive information through meetings and minutes, handover and reports, diaries, newsletters, memorandum and notices. Regular back up for electronic information systems occurs regularly through a central point. Confidential information has secure

storage, archiving and appropriate destruction. Staff and residents reported they are satisfied with information they receive from the home and the timeframes in which response occurs.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home's systems allow for all externally sourced service provision to occur in a way that reflects required service needs and quality goals. An approved company's register and written goods and service agreements ensure consistent service provision. Records maintained reflect currency of documentation for police checks to meet regulatory responsibilities. Verbal communication occurs between the home and service providers regarding any concerns related to service provision. Management expressed satisfaction with externally sourced goods and services provided. Staff and residents reported the approach from visiting contractors is polite and considerate.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

The home routinely collects and reviews resident incident and infection related data. The outcomes of the clinical audits and data, in conjunction with feedback received from staff regarding resident care needs contribute to the home's continuous improvement system.

Examples of recent improvements include:

- The introduction of new paper based clinical assessment practice standards. Utilising research gathered from evidence based best practice the aim of the package is to enhance the identification of individual resident complex clinical needs. This initiative has resulted in a person centred approach. Newly admitted residents have participated in the assessments.
- The introduction of a resident pain management program. The home's consulting physical therapist has established a program for relevant residents. Additional resources including the appointment of a registered nurse and a care staff member support the program on a day to day basis. Management stated there has been good feedback from residents including their reporting of enhanced well being, due to the one to one nature of the program.
- The introduction of one to one manual handling training for staff. The home's allocated trainers work along side each staff member to support and promote correct manual handling techniques. The program is competency based and assessed, with re-training occurring, as required. As a result of the training, management stated there is a notable reduction in resident skin tears.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the homes regulatory compliance systems and processes.

All registered nursing staff have current professional registrations in place. Clinical staff participate in annual competency assessments, including medication management to determine their compliance with legislative requirements. Registered nursing staff perform clinical care and medication management activities within their scope of practice. Missing persons and elder abuse information and documentation is available, as required.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development about the home's education systems and processes.

The home offers an extensive range of educational topics for staff related to resident's health and personal care. Incident and clinical data results and complex resident health care needs contribute to additional educational sessions. Memberships and evidence based clinical resource information assists clinical policy development and staff with clinical practice application. Staff expressed satisfaction with educational opportunities provided to them by management. Education records reflect attendance at a variety of clinical education sessions.

Recent education in Standard two includes:

- Depression in the elderly
- Pain identification
- Medication competency package
- Restraint.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Staff follow a comprehensive scheduled assessment checklist to ensure collection of resident information after entry to the home. This data contributes to the development of an individual care plan outlining appropriate clinical interventions. Evaluation of care occurs on a second monthly basis and updated as required. Staff consult with residents or representatives regarding satisfaction with care provision. Residents have access to medical practitioners, specialists and visiting allied health professionals as appropriate. Feedback from staff and residents, observations, audits and incident analysis contribute to the monitoring of care. Residents and representatives stated they are satisfied with all aspects of care delivery by staff.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Assessment and admission documentation identifies the specialised care needs of residents on entry to the home. Registered nurses assess the need for clinical interventions specific to more complex care and develop an appropriate support plan. Evaluation of these needs occurs on a second monthly basis and as required. Referrals occur for specialist advice if needed. Residents requiring specialised care include those with diabetes, urinary drainage devices, those receiving oxygen, wound care and residents prescribed blood thinning

medication therapy. Residents stated they are satisfied their specialised care needs are undertaken by staff with appropriate skills and knowledge.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Health specialists are available to provide extra input into resident care if required. A range of specialist allied health professionals such as podiatry, geriatric physicians, optometrists, audiologists, speech pathology and mental health specialists are available to residents. Specialists either visit the home or support for residents occurs to attend external appointments. Staff include directives from specialist consultants into individual care plans and progress notes. Changes in care needs trigger a new assessment or ongoing referral. Residents and representatives are satisfied with resident access to allied health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Registered and enrolled nurses administer medications according to relevant guidelines and legislative requirements. Monthly auditing of medication management ensures compliance and safety with medication administration. Storage and ordering of medications meets relevant policies and procedures. Staff undertake annual competency testing to maintain current skills and knowledge. Resident assessment of medication needs occurs and residents who self administer undergo appropriate appraisal. An external pharmacist audits medications on an annual basis and consults with medical practitioners. Residents stated that they receive medications in a timely manner and are satisfied with staff skills.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Assessment for pain occurs as part of the admission process. The home has a variety of resources available to address pain, and ensure residents live as pain free as possible. Identification of pain is from verbal and non verbal sources. Documentation indicates interventions are in use including evaluation of the residents’ pain levels post intervention. Whilst pharmacological interventions form part of pain treatment, alternatives to medication such as heat packs, electronic nerve stimulation and massage also alleviate pain. Staff could outline various methods by which they addressed pain management and residents confirmed staff assist them in a timely manner.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Residents, with their representatives, complete advanced care plans either prior to, or soon after entry. Specific wishes detailed on a palliative care plan, guide staff practices when a resident’s health status declines. The care plan documents strategies to maintain resident comfort and dignity once terminally ill. Community palliative care consultants offer guidance and advice as needed. Spiritual and culturally appropriate care occurs and a pastoral carer is accessible to residents and representatives. Staff stated that they have access to specialised equipment, as well as a palliative care box which contains items to maximise resident comfort.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home provides meals and drinks suited to the specific requirements of each resident. Staff assess residents for their dietary needs and preferences and forwards this information to the catering department. Monthly observations monitor residents’ weights with variances analysed as to reasons for losses or gains. Significant loss in weight prompts further assessments and interventions as appropriate. Assistive devices to promote independence reflect resident need. Residents have access to a variety of meals, snacks, drinks and supplements throughout the day. Referrals occur to the speech pathologist as required. Any recommendations or changes transfer onto the care plan, and forwarded to the kitchen. Residents expressed satisfaction with the choice and presentation of the meals.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home uses an accredited risk rated assessment tool to identify any issues in regard to maintaining the residents’ skin integrity. Care plans provide strategies to minimise skin trauma and breakdown, and outline specific treatments. Collection and collation of clinical data in relation to skin tears, wounds and infections occurs and reported on monthly. A variety of equipment is available to assist in the maintenance of skin integrity including air mattresses, gel cushions, sheepskins and preventative dressings. There is sufficient stock to address wound and skin care needs and staff expressed satisfaction with the equipment available.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Following identification of a resident’s needs in regard to continence management, an individualised care plan outlines appropriate continence aids and level of assistance required. Any changes prompt reassessment and care plan updates. A member of the care staff has allocated responsibility for the continence management program. This ensures charting and assessments commence on entry to the home. Monitoring and reports occur monthly in relation to urinary tract infections. General practitioner consultation occurs where treatment issues arise. Bowel management programs promote preventative measures. Staff confirmed, and we observed, appropriate stock levels of continence aids available and stored in a secure and clean area. Residents expressed satisfaction with the assistance provided by staff to meet their needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Staff commence charting to identify any behaviours of concern following a period of settling in. Testing for cognitive impairment and depression occurs. Plans of care, including the behaviour, triggers and successful interventions guide staff practice in managing any behaviour. Information of prior history and consultation with representatives and general practitioners assist with planning. Referrals to specialists and dementia advisory services occur, and recommendations in consultation with general practitioners are recorded and actioned. Staff receive regular input and guidance to assist with the management of adverse behaviours. Monitoring systems alert staff when residents attempt to leave the home ensuring resident safety. Restraint guidelines are available to staff.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home assesses residents’ mobility and transfer requirements on entry to the home. A physical therapist carries out the initial assessment and implements a suitable program to maximise each residents’ potential regarding mobility and dexterity. Qualified staff assess each resident for falls risk. This is repeated following any falls, as well as an assessment on footwear and the environment where warranted. A variety of walking aids, transfer and lifting equipment is available in order to promote and maintain residents’ independence. Management collects data on falls monthly. This information forms part of the auditing process taken to the continuous improvement committee, which identifies any trends. Staff confirmed attendance at annual compulsory manual handling training. Residents expressed satisfaction with the support provided regarding their mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Staff complete an assessment on the resident’s oral and dental status on entry to the home. This information forms the basis for any interventions required in order to maintain acceptable oral and dental health condition. Medical and dental professional reviews occur as necessary. Care staff monitor the residents’ oral/dental status and level of assistance required to manage such care. Records and resources enable staff to monitor the cleaning and replacement of dental equipment. Residents stated that they are satisfied with the assistance provided for oral and dental care.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Assessment to identify any sensory losses occurs as part of the admission process. On completion of a range of assessments, encompassing all five senses, developed care plans reflect strategies to guide staff practices. Details record information for communication strategies, physical capabilities and the care required for a variety of aids. Specialist services such as optometrists and audiology personnel, visit the home to monitor and assist with the management of residents’ sensory needs. Residents access both internal and external appointments supported by staff. The home provides access to large print books and audio books. Residents confirmed their satisfaction with assistance provided by staff for the fitting and care of specific aids.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has strategies to assist residents to achieve natural sleep patterns. There is an assessment system to identify residents’ normal sleep patterns, with this information forming a specific plan of care. Care plans indicate resident needs and reflect a variety of effective strategies including consideration of environmental factors. Residents interviewed advised the environment is conducive for them to achieve uninterrupted sleep. The staff explore alternative strategies other than medication therapy to facilitate natural sleep, including heat packs, continence management and warm drinks. Residents reported they felt safe and secure at night, staff respected their rising and settling routines and they generally slept 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

The home produces a newsletter to aid in promoting improvements. Residents and their representatives stated they were satisfied with the opportunities to provide suggestions and receive feed back regarding the homes improvement initiatives.

Examples of recent improvements include:

- The introduction of a resident internet kiosk. Management stated the aim of this initiative is to provide residents with opportunities for socialisation and to reduce a sense of isolation, away from family and friends. The home consulted with residents, with appropriate equipment purchased. Volunteers support the kiosk which also operates on weekends. Management stated there had been good feedback from residents regarding opportunities to remotely interact with their loved ones.
- The conduct of a cultural exchange program. To celebrate ‘Harmony Day’ residents and members of the Hobart Sudanese community have met on a number of occasions to talk and share their experiences. As a result of this cultural exchange the Sudanese community performed a specifically choreographed dance to express participant stories and experiences. The event also included Sudanese food and craft. Management stated residents embraced the opportunity to experience a different culture and community.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Residents and their representatives receive information regarding the privacy of their information and documentation on entry to the home. Residents are also encouraged to sign a publicity consent form. The resident handbook includes information regarding residents’ rights and responsibilities and the charter is on display at the entry to the home.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development about the home's education systems and processes.

The home provides a variety of educational programs relevant to resident's lifestyle. Opportunities extended to staff for development of skills and knowledge includes the internal and external provider training programs, conferences and seminar attendance, and local networking with other homes. Staff confirmed and attendance records reflect participation and education programs accessed.

Recent education in Standard three includes:

- Palliative care/end of life
- Protecting older persons from abuse
- Creative development-lanterns
- Working with behaviours in aged care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

On entry to the home residents receive support from staff adjusting to their new living environment through orientation and a buddy system involving residents. Discussion occurs regarding activity programs, pastoral support and other services. Information provided by residents and representatives assists completion of an assessment, emotional and spiritual profile and formulation of a care plan. An on site chaplaincy service assists with additional visitation in conjunction with leisure and lifestyle staff on a regular basis. Staff receive effective training to enable them to support residents during critical episodes. A family forum encourages representatives to be involved in the home and assists with consideration of their emotional needs. Staff confirmed they are confident in providing emotional support for residents. Residents advised consideration of their emotional needs occurs regularly and they feel supported.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

The home encourages residents to maintain and maximise their independence and abilities across a range of aspects of their life. Residents have opportunities to continue financial independence and to engage in activities for intellectual stimulation. Programs implemented by a physical therapist and use of mobility aids assists residents in maintaining their mobility. Transport to community events occurs through support from the home to ensure networks

and links continue. Opportunities provided to residents through an evaluation process ensure records reflect preferred choices regarding their care, activities and preferences. Staff provided examples in maximising resident's independence and residents confirmed access to a range of mobility aids relevant to their needs.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management demonstrated systems recognise and respect residents' right to privacy, dignity and confidentiality occurs. A written agreement, resident handbook and detailed package provide information for residents on entry to the home regarding privacy and confidentiality. Privacy statements for residents and staff confidentiality agreements allow access and use of information in identified circumstances, with consent. Residents personalise their rooms according to their preferences. Facilities provide secure storage of resident files. We observed staff knocking on residents' doors prior to entry and using their preferred name during conversation. Residents advised they are satisfied with the way their privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home provides an extensive variety of leisure interests and activities incorporating a person centred approach. Residents participate in activities according to their preferences seven days per week. Community networks include a community men's shed and connection with a local school provide opportunities for residents to facilitate their own programs. Assessments identify prior and current interests of residents and cultural and spiritual preferences in consultation with residents and representatives. The program includes activities consistent with residents needs and considers physical, cognitive, sensory and communication aspects that may limit residents' participation. Residents contribute to the program through meeting attendance, and audit and survey results provide added value to activities. Monitoring for the effectiveness of activities occurs through attendance and participation records. Residents expressed their satisfaction with the support provided to enable the diverse range of activities.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Management demonstrated the homes processes and systems which fosters residents' individual interests and diversity of customs, culture and ethnicity. Information gathered from an assessment and consultation with residents and representatives identifies each resident's beliefs and customs. The onsite chaplain offers support regularly and the chapel provides a

venue for church and funeral services and other commemorative occasions. Multi lingual staff and access to an external resource centre offers support to residents of culturally diverse and ethnic backgrounds. Special events are recognised and celebrated, including residents birthdays, and noted on the events calendar. Residents advised satisfaction regarding recognition of their individual interests, cultural and spiritual beliefs and customs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home's systems and processes empower and enable residents' ability to exercise control over their own lifestyle. Assessments identify the awareness and decision making ability of residents'. Consultation occurs regarding preferences and choices in relation to activities of daily living, service provision, living environment and activity programs. Information packages, the resident handbook and agreement outlines types of services offered and consent for access to personal information. We observed staff providing options to residents including attendance at activities and at morning and afternoon tea time. Residents stated staff respected their choices and decisions, and opportunities to provide feedback regarding their care occurred through monthly forums.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Management demonstrated they provide residents with current security of tenure information during the initial inquiry stage and on permanent entry to the home. The resident agreement and handbook includes written matter on security of tenure provisions, residents' rights and responsibilities and internal and external complaints mechanisms. Consultation regarding relocation internally or externally occurs in conjunction with the resident, their representative and/or advocate. Management reported they provide customer service training for staff to support their awareness and understanding of residents' rights. Residents expressed satisfaction with information provided regarding their rights and responsibilities and they felt secure in their living arrangements.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Staff incident and hazard data, occupational health and safety matters and catering, cleaning and laundry related suggestions contribute to the homes continuous improvement system. The home operates an occupational health and safety committee which meets on a routine basis to review and discuss any related improvement matters. Hospitality staff demonstrated a good understanding of the homes continuous improvement system and opportunities to make suggestions as required.

Examples of recent improvements include:

- The introduction of the resident ‘dining experience’. Designed to enhance resident dining experiences, the home has purchased new decorator items, furniture, fixtures and fittings. New china and insulated dinner wear has been purchased to support the overall ambiance of the area. In addition, a previously unused kitchenette is now a cocktail lounge. Management stated residents meals are a pleasurable experience with the added benefit of increased nutrition and hydration. The cocktail lounge has seen residents who typically self isolate, join in associated activities.
- The development of the external grounds. In consultation with residents and a contracted landscape designer the home has established landscaped grounds, including wide paths, shade, water features, comfortable seating and a ‘men’s shed’. In addition a commissioned ‘tree of life’ sculpture allows for leaf placement on a branch when a resident passes. We noted residents taking advantage of the outdoor areas.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

The home has achieved compliance with the appropriate fire, emergency and building certification codes. The home has a food safe plan and has participated in a third party food safe audit. Staff confirmed they are aware of the processes to follow in the event of a fire and/or emergency, and an infectious outbreak.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development about the home's education systems and processes.

Management demonstrated an effective education program for staff reflecting health and safety is available. An extensive induction/orientation process alongside annual mandatory training provides a variety of relevant topics. Sessions include training on mandatory reporting for elder abuse and absconding clients and manual handling. Staff acknowledged attendance at mandatory training and expressed their knowledge regarding their responsibilities in relation to health and safety, fire and emergency and infection control.

Recent education in Standard four includes:

- Infection control outbreak management
- Chemical handling
- Fire and emergency training
- Food safety aged care/safe food 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 findings

The home meets this expected outcome

Residents' accommodation consists of single rooms with their own ensuite or shared bathroom. The home is spacious and clean with comfortable furniture and well ventilated sitting and lounge areas, including tea and coffee making facilities. Residents' rooms are personalised with items of their choice, with call bells within easy reach. Systems are available for the identification of reactive and preventative maintenance and/or hazardous matters. Residents have access to a range of out door areas and gardens, free of obstacles. Residents and their representatives confirmed a high level of satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home actively pursues occupational health and safety with the aim of ensuring a safe working environment which meets regulatory requirements. There is an occupational health and safety committee representative of a range of staff and management. Their responsibilities include the analysis of incident reports and environmental issues. Staff have access to personal protective equipment to minimise the risk of injury. Material safety data sheets support the safe use of chemicals. Staff interviewed demonstrated a good

understanding of the reporting mechanisms available regarding hazards and incidents and confirmed they receive regular training.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has policies, procedures and regular staff training to assist in providing a safe environment to minimise fire, security and emergency risks. Evacuation plans and emergency procedure folders are located prominently throughout the home and accessible to staff. A range of external contractors monitor and maintain the fire and emergency systems. Safety systems include key pad lock and alarmed doors and evening 'lock down' procedures. Staff, residents and their representatives expressed satisfaction with safety provisions and were able to outline actions in the event of fire and/or emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program supervised by an enrolled nurse team leader. Australian infection control guidelines in conjunction with organisational policies provide direction to staff to control and minimise infection related incidents and outbreaks. Mandatory education and self directed learning packages provides additional support to the comprehensive program. Clinical data collection and monthly reports occur regarding infections with results analysed and discussed through occupational health and safety meetings. A pest control program enables regular services to the home. Management support and fund a staff vaccination program and residents' vaccinations occur in consultation with general practitioners. We observed staff practices in relation to hand hygiene and observed staff wearing and accessing sufficient personal protective equipment. Residents advised they observed staff conducting safe infection control practices.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home operates a four week rotational menu which reflects residents' preferences, likes and dislikes and dietary needs. Audits assist in monitoring resident meal satisfaction, as well as satisfaction surveys and feedback received at meetings and one to one discussions. The home has participated in a third party food safety audit. Cleaning schedules are available and monitored, as required. Staff demonstrated a practical understanding of safe cleaning practices. The home launders resident personal clothing and linen. The home has 'dirty in clean out' processes and procedures.