Reconsideration Decision

Tarragal House RACS ID: 2794

Approved Provider: Thompson Health Care Pty Ltd

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on	8 December 2017
Reconsideration Decision	An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 9 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 21 July 2015 to 21 April 2019.
Reason for decision	Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits. |
| This decision is effective from | 8 December 2017 |
| Accreditation expiry date | 21 April 2019 |

Tarragal House

RACS ID 2794
107 Karalta Road
ERINA NSW 2250

Approved provider: Thompson Health Care Pty Ltd

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 21 July 2018.

We made our decision on 09 June 2015.

The audit was conducted on 05 May 2015 to 07 May 2015. 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		Quality 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		Quality 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		Quality 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		Quality 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

Audit Report

Tarragal House 2794

Approved provider: Thompson Health Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 05 May 2015 to 07 May 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality 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 Quality Agency conducted the re-accreditation audit from 05 May 2015 to 07 May 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Annette Fitzpatrick
Team member/s:	Sindhu Summers

Approved provider details

Approved provider:	Thompson Health Care Pty Ltd

Details of home

Name of home:	Tarragal House
RACS ID:	2794

Total number of allocated places:	102
Number of care recipients during audit:	102
Number of care recipients receiving high care during audit:	102
Special needs catered for:	N/A

Street/PO Box:	107 Karalta Road	State:	NSW
City/Town:	ERINA	Postcode:	2250
Phone number:	02 4365 5066	Facsimile:	02 4365 5085
E-mail address:	swarby@thc.net.au		

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Care recipients/representatives	18
Deputy director of nursing	1	Care staff	6
Quality manager - organisational	1	Laundry staff	1
Educator/fire officer/infection control coordinator	1	Cleaning staff	2
Clinical nurse specialist	1	Maintenance manager	1
Human resource manager and coordinator - organisational	2	Chef and catering staff	3
Administration officer	1	Physiotherapist	1
Work health and safety coordinator/registered nurse	1	Physiotherapy aides	2
Registered nurses	7	Hairdresser	1
Pain masseuse/registered nurse	1	Lifestyle manager and recreational staff	3
Wound coordinator/registered nurse	1	Aromatherapist	1
Aromatherapist coordinator - organisational	1		

Sampled documents

	Number		Number
Care recipients' files	12	Medication charts	15
Personnel files	7	Residential agreements	12

Other documents reviewed

The team also reviewed:

- Activity programs (monthly and weekly), social and recreational profiles, life story, activity participation and evaluation records, social and recreational manuals, in-house movie channel schedule, records of individual resident's activities and care requirements

- Cleaning and laundry schedules, chemical lists and material safety data sheets

- Clinical guidelines for admission, ongoing assessment and treatment records including behaviours, continence, falls risk, mobility and dexterity, pain, oral and dental, nutrition and hydration, skin integrity, sleep, sensory loss, weights

- Clinical risk screening for allergies, falls risk, wandering and swallowing difficulties

- Comments and complaint register, feedback, compliments and suggestion forms

- Continuous improvement documentation including audits, surveys, clinical indicators and continuous improvement register, action plans, incident reports and meeting minutes

- Daily record folder which alerts assistants in nursing to care required such as daily walks, massage, pressure area care, limb/hip protectors, aromatherapy

- Fire and emergency documentation including current annual fire safety statement, emergency evacuation plan, emergency flipcharts, fire equipment service records, emergency folder and emergency contingency plans and resident evacuation documents

- Food documentation including current NSW Food Authority Licence, food safety program, food delivery records, kitchen cleaning schedules, menus, menu choice forms, resident detail forms, temperature record checks, calibration records, sanitising records, meeting minutes, pest control reports and skills assessments

- Human resource documentation including confidentiality agreement, criminal record certificate listing, registration listing, performance development program, position descriptions, duty lists, rosters, allocation sheets, staff handbook

- Infection control resource folder, monthly clinical indicators, meeting minutes, infection reports, vaccination listings and monthly management reports

- Maintenance program records including preventative maintenance schedules, service reports, maintenance breakdown reports, pest control register, contracts, police certificate reports and insurance documents

- Mandatory reporting incident register, incident forms and associated documents

- Policies, procedures and flowcharts, staff communication books, appointment books, admission checklists, meeting minutes and the home's self assessment kit

- Scheduled drug registers, medication refrigerator temperature monitoring

- Specialised nursing plans and progress notes, weight records, care plan reviews and resident of the day schedule, behaviour monitoring, pain charts, catheter care, bowel management, diabetic management, dietary needs, continence system, advance care plans and directives, therapeutic massage

- Staff learning and development documentation including yearly calendar, attendance lists, evaluation forms, mandatory training report, skills assessments, orientation and induction program, and training resources

- Volunteer handbook, orientation, and criminal record certificate listing

- Wardrobe care plan summaries, manual handling chart, continence aide information and precautions regarding methicillin-resistant staphylococcus aureus (MRSA) and vancomycin-resistant enterococci (VRE)

- Work health and safety documentation including notices, site safety action plans, standard operating procedures and safe work practices, and workplace inspection reports, environmental audits, incident and hazard reports

- Wound care program including assessment, unresolved wounds program, record of minor skin tears and wounds, photographic evidence, record of pressure area care, limb protectors list

Observations
The team observed the following:

- Activities in progress

- Chemical storage, register and safety material data sheets

- Cleaning in progress, associated equipment, supplies and storage

- Comments and complaint forms and suggestion boxes available for use

- Displayed notices including re-accreditation audit notices, aged care complaints scheme and advocacy brochures, Charter of residents' rights and responsibilities, and the organisation's vision, values, philosophy and objectives statement
- Electronic and hardcopy record keeping systems – clinical and administration
- Equipment and supply storage areas
- Fire safety equipment and exit lighting, fire panel, emergency supplies, evacuation maps on display and assembly points
- Infection control resources including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, outbreak resources, personal protective and colour coded equipment and waste management bins
- Information noticeboards throughout the home
- Interactions between staff, resident and their representatives including meal service and short group observation
- Living environment and service areas
- Meal delivery and assistance
- Medication rounds, storage of medications, expiry dates process, medication refrigerator contents and temperature monitoring system
- Secure storage of residents documents and archive storage
- Visitors' 'sign in and out' book at the front of the home

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 care recipients, 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

Tarragal House follows an organisational quality framework system which enables the active pursuit of continuous improvement and the monitoring of the home's performance across the Accreditation Standards. Areas for improvement are identified through monthly audits, feedback mechanisms, meetings, surveys, and analysis of incidents and accidents. Strategies are developed and documented in a plan for continuous improvement. Staff, residents and representatives are able to provide suggestions through approaching senior staff, meetings, feedback forms and surveys. Staff are aware of continuous improvement processes and confirmed the home's commitment to quality. Residents and representatives were aware of recent examples of improvements at the home and spoke highly of the management team's 'open door policy' to discuss any concerns they may have.

Examples of recent improvement activities relevant to Standard 1 Management systems, staffing and organisational development include:

- An organisational initiative for leadership training designed for registered nurses has been held over three sessions during October, November and December 2014. The sessions were held at various times to accommodate all staff and work routines. A guest motivational speaker conducted the sessions. As part of the session staff were given the opportunity to complete small projects. One group's project was so successful the home implemented the project. The project, an admission checklist is a quick overview of the resident's immediate care needs, and is now routinely completed by the director of nursing when a new resident enters the home. The checklist is then distributed to the registered nurses and care staff and used as a quick guide to resident care needs. Staff gave positive feedback regarding the education session and the checklist.

- To improve the continuity of senior staff rostered in all wings and every shift the roster has been reviewed and revised. After consultation with staff members it was decided, where possible to roster senior staff permanently in wings, or over the duration of their shift period during the fortnight. Management said this has resulted in an improved skill mix across the home, less sick leave and continuity of care for the residents.

- The organisation has improved the elder abuse flowchart to make it clearer for staff to understand the process of reporting and to improve the continuity of completing incident reports. All staff completed education on the flowchart. The flowcharts have been placed in all care stations to ensure staff have easy access to the information. Staff gave positive feedback regarding the improved charts.

- As a result of a catering meeting and education in November 2013 and April 2014 the home implemented changes with the food safety program. All documents were reviewed and many were simplified and rewritten as the previous documents were repetitious and confusing the chef said. The home implemented the new plan in late 2014 and has recently received an A rating from the NSW Food Authority.

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 has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The group's head office distributes information from legislation review services, government departments and are a member of an industry body which provides ongoing information about aged care sector issues and regulatory changes. The management monitors the home's adherence to regulatory requirements through audit processes and observation of staff practice. Communication to staff about changes in policies and procedures occurs through meetings, notice boards, memoranda and staff education programs. Management and staff stated they receive timely information regarding regulatory requirements relevant to their roles.

Examples of regulatory compliance relevant to Standard 1 Management systems, staffing and organisational development are listed below:

- Residents and their representatives were advised in writing of the re-accreditation audit within the specified time frame. Notices were also on display to advise residents, representatives and staff that the re-accreditation audit was taking place.

- There is a system to monitor criminal record checks for staff, volunteers, allied health and relevant contractors.

- Information is provided to residents, their representatives and staff about internal and external complaints mechanisms.

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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Staff education needs are determined by a yearly training needs analysis, performance development program and skill assessments, audit and clinical indicator results, regulatory requirements, organisational directives and the care needs of residents. Education is delivered in orientation sessions, through in-service training, tool box talks and a televised aged care education program. Annual mandatory training sessions for staff cover topics including fire and evacuation, food handling, infection control, manual handling, prevention of elder abuse, and work health and safety issues. The educator monitors attendance at training and follows-up with staff members to ensure attendance at mandatory sessions is completed. The knowledge and skills of staff are evaluated on an ongoing basis through assessments and observations by senior staff and through the analysis of incidents and audit results. Staff said they are provided with relevant training opportunities and encouraged to pursue higher qualifications applicable to their work.

Examples of recent education and staff development topics relevant to this Standard are listed below:

- front line management
- customer service
- leadership days for registered nurses
- aged care funding instrument

1.4 Comments and complaints
This expected outcome requires that "each care recipient (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

Information about internal and external complaints' mechanisms is provided to residents and representatives on entry to the home through the resident handbook, in the resident agreement and as part of the resident's orientation to the home. Information is also communicated on a regular basis through resident meetings and via information displayed throughout the home. Staff are made aware of these mechanisms through orientation training and in staff meetings. Feedback forms are displayed in the home's reception area and secure suggestion boxes are available at the home. Brochures about external complaints and advocacy mechanisms are also displayed. A feedback register is maintained and reviewed regularly by management. Residents and representatives said management was very responsive to issues raised and that actions are implemented in an effective and 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 organisation's vision, values, philosophy and objectives statement is displayed within the home and included in the resident handbook which is given to all new residents. The material is also documented in the staff handbook and discussed during the staff orientation program and meetings.

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

Tarragal House has a system in place to ensure there is sufficient staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. Staffing requirements are reviewed by management to ensure the sufficiency of human resources. The home has a flexible rostering system that is responsive to changes in residents' needs. There are

systems in place for staff recruitment, orientation, ongoing education and performance management. Part-time and casual staff replace any vacant shifts and registered nurses are on-site 24 hours, seven days per week. Human resource management is monitored through analysis of audits, clinical indicators and stakeholder feedback. Staff said they are able to complete their duties on shift. Residents and representatives expressed a high level of satisfaction with the care provided by staff and said staff are caring.

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 has sufficient and appropriate stocks of goods and equipment to support quality service delivery. The organisational procurement staff and the home's designated managers are responsible for maintaining adequate stock levels and ensuring such stock meets required quality standards. Appropriate storage is provided to guarantee the integrity of stock and stock is rotated as required. Assets and equipment are maintained according to preventative program maintenance schedules and external contractors are used for specialised equipment service and repair. There is a system for maintenance requests and hazard notification, as well as regular inspections and environmental audits. Residents and staff said there are sufficient supplies of goods and equipment including food, continence and medical supplies, linen and cleaning chemicals.

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

Tarragal House has an effective information management system in place. Communication mechanisms include the home's intranet, meetings, resident and staff handbooks, newsletters, policies and procedures, notice boards, training sessions, memoranda, an electronic care system and management's 'open door' policy. There is a system for storage, archiving and destruction of records. The home has policies covering relevant regulatory requirements for management of information and records, including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised personnel and staff sign a confidentiality agreement as part of their conditions of employment. Staff are satisfied with the availability of information relevant to their roles and residents and representatives said they are kept well informed.

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 has systems to ensure that externally resourced services meet organisational and site-specific quality requirements. The organisation and the home's work health and safety coordinator manages service contracts and agreements for external service providers who

are required to have current police certificates, insurances and licences. External service contractors provide fire safety, pest control, allied health and trade services at the home. Service provision is monitored on an ongoing basis through inspections, audits and feedback and suppliers/service providers are changed if they do not meet quality requirements. Residents, representatives and staff reported satisfaction with the external services currently provided at the home.

Standard 2 – Health and personal care
Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 an overview of the home's continuous improvement system.

Recent examples of improvement activities implemented at the home relating to Standard 2 Health and personal care include:

• To improve the storage of vaccinations the management have purchased a vaccination fridge. The refrigerator automatically displays the temperature and staff members monitor the temperature daily. Previously the vaccines were stored with other medications in a general purpose medication refrigerator. The clinical nurse specialist said this refrigerator ensures vaccines are stored following best practice guidelines.

• The monitoring of schedule eight medication patches has been improved after a suggestion was raised at a registered nurses meeting. The registered nurses have sourced the patch application monitoring charts from the medication suppliers and are now completing the charts daily. The registered nurses said they were visually checking to ensure the patches were intact on each resident daily, however had no documentation system in place to demonstrate this. They said the system is working well.

• Due to increasing episodes with some residents who were exhibiting challenging behaviours in the afternoons the management have implemented a new activity program. The program is designed for small groups with one staff member and a volunteer in attendance. The activity program runs over an hour and a half and includes art, games, and craft. The program is now twice weekly but has been so successful the management said they hope to increase the hours.

• Improvements have been made for residents accessing dental care with management sourcing the services of a mobile dental van to visit the home. The management offered the service to all residents and letters were distributed to residents and next of kin notifying them of dates, cost and the requirement to sign a consent form. The home has had three visits so far and the service has been very successful.

• To improve the mobility and transferring of residents, the home has purchased a mechanical chair mover. The mechanical mover sits under the dining room chair making it easier for staff to manoeuvre the resident and chair when positioned at the dining room tables. Staff said previously they had to manually push the chairs around to face the tables and this equipment reduces this manual handling process.

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 an overview of the home's processes for identifying and ensuring regulatory compliance.

Examples of regulatory compliance relevant to Standard 2 Health and personal care are listed below:

- A record of registrations is maintained for registered staff working within the home.

- A registered nurse supervises residents' specialised nursing care needs.

- The medication system is regularly audited and staff complete medication skills assessments

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 for an overview of the home's processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of recent education topics relevant to this Standard are listed below:

- foot care

- oral care

- massage therapy

- dementia care.

2.4   Clinical care

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

Team's findings
The home meets this expected outcome

There are systems and processes in place within the home to ensure residents receive appropriate clinical care. Assessments are undertaken on entry to the home and in response to identified clinical needs. Care plans are developed by the registered nurses and care strategies regularly monitored and reassessed. Reviews of individual care plans are undertaken three monthly, annually or in response to changing needs; care conferences are conducted as required. Staff are kept informed of changes to care and treatments through formal handovers, emails, communication diaries and specific care books. Clinical care is monitored through a clinical indicator program. Policies and procedures are available to guide care delivery. Medical officers are informed of any changes to residents' health status

and a local ambulance service is organised should transfer to hospital or emergency treatment be required. Clinical and care staff demonstrate appropriate knowledge of individual care requirements and clinical procedures. Residents and representatives confirm the care received is appropriate to the resident's needs and is in accordance with their preferences.

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

Team's findings
The home meets this expected outcome

The home has operational systems and processes in place to ensure the specialised nursing care needs of residents are identified and appropriately delivered. Specialised nursing care is assessed, regularly reviewed, and documented by the registered nurses under the direction of the home's clinical nurse specialist and in consultation with other health professionals. A range of specialised nursing care needs are managed effectively at the home including: complex pain and wound management, oxygen therapy, catheter care, palliative care and diabetic management. Advice from clinical nurse consultants regarding complex clinical matters can be accessed through the aged care service emergency teams (ASET) and the acute post-acute care (APAC) specialist nurses. Clinical staff have access to relevant policies and procedures. Residents, representatives and staff confirm that the resident's specialised nursing care needs are assessed and managed by appropriately qualified staff.

2.6   Other health and related services
This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings
The home meets this expected outcome

Residents and representatives confirm they are satisfied that referrals to other health specialists are in accordance with resident needs. Appropriate systems are in place to refer residents to relevant health specialists as required including medical, dental and allied health services. A range of other health services are offered such as a geriatrician, dental treatment, physiotherapy, podiatry, speech therapy, pathology, dietary and the behavioural aged services emergency team (ASET). Following these referrals staff document and implement any changes to the residents' care schedule. Staff interviews confirm that a wide range of other health and related services are available and can be readily accessed. Review of the documentation confirms residents' needs are assessed and they are referred to other health services as clinically indicated.

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

Team's findings
The home meets this expected outcome

The home has systems and processes in place to ensure the supply, storage, administration, and monitoring of medications, including controlled drugs, is managed in accordance with policy and legislative requirements. A dose administration system is employed whereby

medication is pre-packed by the pharmacist and administered predominantly by registered nurses. We observed medication administration where residents were identified properly, medicines administered as prescribed and the ingestion of medicines monitored. General practitioners review residents' medications regularly and their medication regimes are also reviewed by a medical review pharmacist. Medication management processes are monitored through internal and external audit and data analysis systems. Clinical indicators are reviewed regularly by management and further monitored by the medication advisory committee. Residents and representatives confirm they are satisfied with the home's management of resident medication.

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

Team's findings
The home meets this expected outcome

The home has systems and processes to ensure residents' pain management needs are regularly assessed, monitored, reviewed and documented. The initial and ongoing pain assessments are undertaken on entry to the home, at regular intervals and according to changing care needs. The care plan is generated from the assessment information and communicated to relevant staff. A comprehensive pain management program is in place that includes a range of pharmacological and non-pharmacological pain management strategies. These include such interventions as analgesic medications, positional change, transcutaneous electrical nerve stimulation (TENS), exercise and an extensive therapeutic and aromatherapy massage program. Staff demonstrate an ability to recognise and report pain, including instances of nonverbal and behavioural signs of pain among residents with communication and cognitive deficits. Residents and representatives confirm that staff regularly monitor resident comfort and that the resident is maintained as free as possible from pain.

2.9   Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill care recipients is maintained".

Team's findings
The home meets this expected outcome

Systems and processes are in place within the home to ensure the comfort and dignity of terminally ill residents is maintained. These are identified during assessment, care planning and review, and undertaken in partnership with residents and their representatives. End of life wishes, as part of the advance care planning process are respected. The home has access to external palliative care expertise through the palliative care team, visiting general practitioners and the interdisciplinary team. Appropriate analgesia, as well as other pain relief and symptom management measures are available to optimise comfort and reduce resident distress. The environment provides quiet areas and facilities are available at the home to enable family members to stay onsite during the terminal phase. Spiritual and cultural support is sourced according to individual preference. Residents and representatives confirm the home maintains the resident's comfort and dignity.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure that residents' nutrition and hydration needs and preferences are met in partnership with the resident and their representatives. Initial and ongoing assessment of residents' dietary requirements is undertaken in response to personal choice and changing needs. The care plan is developed, regularly monitored and evaluated. Staff report that special dietary needs are catered for appropriately including diabetic diets and nutritional supplements. This is supported by communication between the clinical, care and catering staff to ensure food allergies and current dietary needs are understood. The menu offers choice in meal selection and there was evidence that individual preferences are catered for. Residents' weight is monitored monthly or according to clinical directives, and out of range weights identified and responded to in a timely manner. Residents and representatives report they are satisfied with the home's approach to meeting the resident's nutrition and hydration needs.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to ensure residents' skin integrity is maintained in a manner consistent with their current health status. Skin care requirements are assessed, planned, monitored and evaluated on entry to the home, and on an ongoing basis. This process includes consultation with the resident/representative, care staff, general practitioner and the other relevant health professionals. A range of pressure relieving mechanisms are available to assist maintain skin integrity such as pressure relieving mattresses and cushions. There is a comprehensive evidence based wound management program in place. Internal nurse specialist expertise is available for program coordination, treatment and professional advice regarding wound management. The home's clinical management team monitor accidents and incidents, including wound infections and skin tears, and act appropriately on identified issues. Residents and representatives interviewed say they are satisfied with the care provided to the resident in relation to skin integrity.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

There are systems and processes within the home to monitor and effectively manage residents' bladder and bowel continence and constipation. Continence is assessed on entry to the home in consultation with the resident/representative. Care strategies are formulated, planned, implemented, and ongoing needs monitored. Where appropriate a toileting program is implemented, regularly reviewed and evaluated; additional fluids and dietary changes are employed as necessary. A disposable continence aid system, coordinated by the deputy director of nursing is available for residents with intractable incontinence. Observation and staff feedback confirm there are adequate supplies of continence aids. Residents with

identified bowel dysfunction are assisted to maintain optimal bowel care through individually designed management regimes; these are monitored to ensure the effectiveness of planned interventions. Residents and representatives expressed satisfaction with the way the resident's continence is managed.

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

Team's findings
The home meets this expected outcome

Residents and representatives are satisfied that behaviours of concern are addressed by staff in a manner that enhances the resident's quality of life. Behaviour assessments are conducted in consultation with residents and representatives and other health professionals as required. Care plans are generated from the assessment information and include reference to unmet needs such as toileting, pain or discomfort. Staff interviews, and observation of staff/resident interaction, confirm staff are familiar with suitable strategies to reduce resident distress. The home was noted to be generally peaceful with staff actively reducing competing noise and unnecessary stimulation during meals and when residents were unsettled. The restraint policy provides direction for staff. There was evidence of restraint risk assessments, medical authorisation and resident/representative consent and ongoing monitoring and review of restraints. The home has strategies in place to assist residents with the behavioural and psychological symptoms of dementia.

2.14 Mobility, dexterity and rehabilitation
This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all care recipients".

Team's findings
The home meets this expected outcome

Residents are assisted to attain optimum levels of mobility and dexterity. New residents are screened on entry to the home by the registered nurse and assessed by the physiotherapist. A management plan is developed by the physiotherapist and individualised strategies implemented and monitored by the physiotherapy aides. These include the use of a range of therapies, mobility aids where appropriate and manual handling guidance for staff. The physiotherapy assistants conduct Tai Chi classes and exercise groups twice weekly. Passive exercises are undertaken during spa treatments for identified residents. An accident and incident reporting system includes the collation of falls data and analysis of trends, leading to appropriate mitigation strategies to reduce falls risk. Manual handling equipment is available to staff and they receive training on the safe and appropriate use of equipment; a structured manual handling competency process is also in place. Residents and representatives are satisfied that the resident's level of mobility and dexterity is optimised.

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

Team's findings
The home meets this expected outcome

Residents and representatives say they are satisfied with the oral and dental care provided to the resident by the home. There is a system of initial and ongoing assessment,

management and evaluation of residents' oral health to ensure their dental health is maintained. Residents' dental history, preferences related to the management of their teeth and dentures as well as other oral/dental care needs, are identified on entry to the home. Referrals to dentists and dental technicians are arranged in accordance with residents' needs and preferences. Residents' individual care plans outline their required day-to-day oral care which is undertaken by the assistants in nursing. Appropriate resources are available including specialised dental care supplies for identified residents and those who are palliating. The home has policies and procedures to assist staff maintain residents' oral and dental health.

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

Team's findings
The home meets this expected outcome

The home has systems and processes in place to assess, plan, monitor and evaluate residents' sensory losses to ensure they are identified and managed effectively. Residents' means of perception such as sound, sight, touch, smell and taste are assessed by medical, allied health and registered nursing staff as appropriate. Care staff assist with the maintenance of visual and auditory aids and the care plan summary informs this process. Residents who require assistance related to sensory deficits, such as the cleaning and fitting of glasses or hearing devices, have management strategies documented in their plans of care. Hearing aid batteries are changed on a weekly basis. Assessment by a speech therapist is arranged when necessary and residents are referred to other specialist health providers as required. Residents and representatives are satisfied that the resident's sensory needs are managed effectively.

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

Team's findings
The home meets this expected outcome

There is a system to ensure residents are able to achieve natural sleep patterns through initial and ongoing identification of night care requirements. Sleep assessments are undertaken, and treatment strategies planned and implemented with ongoing monitoring and review. Care planning includes reference to the resident's preferred sleeping times and any pre-existing patterns. Care plans are individualised to ensure they reflect resident's needs and preferences. Non-pharmacological approaches to optimise restful sleep are also employed which include sleep-promoting techniques such as temperature control and reduced noise levels in the evening. Snacks, drinks, massage, company and late night television are also available in accordance with individual preferences. Residents and representatives confirmed the resident is assisted to achieve natural sleep patterns where possible.

Standard 3 – Care recipient lifestyle
Principle: Care recipients 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 an overview of the home's continuous improvement system.

Recent examples of improvement activities implemented at the home relating to Standard 3 Care recipient lifestyle include:

• Due to a suggestion raised by the recreational activity staff members the home has purchased a digital photo frame. The recreational activity staff initially provided photo albums in the coffee shop to display photographs of residents and activities held at the home which visitors could view at any time. However, to offer an alternative to the albums the digital frame was purchased. Management said they have received positive feedback from residents and representatives.

• Organisationally, the electronic lifestyle assessments have been revised as they were previously found to be unmanageable and difficult to track. Meetings were held with staff across all sites to help devise an improved system. The management team said the system has been streamlined to limit repetitious reporting as was previously required. The recreational staff said the system is user-friendly and the resident's individual activity preferences were now clearly documented.

• The organisation has purchased a new bus which provides improved comfort and is more streamlined to display the company's logo and local flora and fauna. As a result of the new bus purchase, the home has arranged for extended day outings to enhance residents' links with the community. Residents provided positive feedback regarding the outings.

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 care recipient lifestyle".

Team's findings
The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for an overview of the home's processes for identifying and ensuring regulatory compliance.

Examples of regulatory compliance relevant to Standard 3 Care recipient lifestyle are listed below:

• Residents and their representatives are informed about the Charter of residents' rights and responsibilities in information provided at the time of the resident's arrival and as displayed in the home.

- Residents' right to security of tenure is upheld. All residents are offered a resident agreement which provides a cooling off period, information on the care and services provided and other related information.

- There is a system to meet regulatory obligations regarding mandatory reporting requirements.

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 for an overview of the home's processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of recent education topics relevant to this Standard are listed below:

- cultural awareness

- end of life decisions

- laughter therapy

- certificate IV in lifestyle and leisure.

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

Team's findings
The home meets this expected outcome

Residents and representatives feel the residents are supported by staff in adjusting to life in the new environment and on an ongoing basis. Each resident receives pre-entry information to ensure a smooth transition to residential care, and there is ongoing emotional support throughout the care assessment process. During the entry period, the new resident is introduced to staff and other residents, as well as provided with an orientation to the home. This initial period is enhanced by social profiling and assessment of each resident's health, care, social, cultural and spiritual needs to gain an all-inclusive understanding of each resident's individual requirements and wishes. Visiting hours are open during the day and residents are encouraged where possible to participate in outings, maintain existing social connections and develop relationships with others within the home.

3.5 Independence
This expected outcome requires that "care recipients 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

Residents and representatives expressed satisfaction that residents are assisted to achieve maximum independence, maintain friendships and participate in life within and outside the home. Residents' specific preferences and abilities, in relation to lifestyle and activities of daily living, are identified during the assessment process. Strategies to support residents optimise their independence are documented in the care plans; these are regularly monitored, reviewed and updated. The home welcomes visits from family, and residents have access to a number of indoor common areas, pleasant balconies as well as attractive outdoor gardens where they can entertain guests. The foyer has a coffee shop with tea and coffee making facilities available to residents and representatives. Mobility and continence programs assist residents to achieve optimal levels of independence. There are opportunities for residents to participate in life within the home and the wider community through the continuation of existing external activities, bus trips, the internet and leisure activities.

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

Team's findings
The home meets this expected outcome

Residents are supported to retain their right to privacy and dignity with policies to guide staff in this process. Information on residents' rights and responsibilities is on display and also given to each resident on entry to the home. Observation of staff practices show these are consistent with the home's privacy and dignity related policies and procedures. Staff were generally observed considering residents' privacy by knocking on doors before entering and residents said the staff care for them in a respectful manner. Staff address residents by their preferred names and shift handover reports occur in a manner that ensures privacy of information. Staff sign confidentiality statements when they commence working at the home and again during the annual staff appraisal period. Personal information is stored securely. Interviews with residents and representatives and observations demonstrate residents' privacy, dignity and confidentiality are recognised and respected.

3.7 Leisure interests and activities
This expected outcome requires that "care recipients 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

Residents are encouraged and supported to participate in a range of activities of interest to them. Residents' needs and preferences in relation to leisure and lifestyle are assessed, in partnership with the resident/representative, through a social profiling process on entry to the home. This information is used to plan individualised lifestyle strategies aligned to the resident's cognitive and functional abilities, areas of interest, cultural and spiritual preferences. The care plan is regularly evaluated and resident feedback is sought in line with their changing needs and interests. The home's activity calendars are displayed on

communiqué boards within the home and residents have the opportunity to evaluate the programs regarding their continuation and frequency. A range of activities are offered at the home that include bus outings, cultural theme days, BBQs, day and ferry trips to the Hunter Valley, Sydney, Newcastle, Brisbane Waters, poetry reading, Delta pet therapy, carpet bowels and seasonal gardening sessions. Residents and representatives are satisfied that residents are enabled to participate in a wide range of lifestyle options.

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

Residents and representatives confirm that the resident's cultural and spiritual needs are recognised and supported. The home has systems in place including assessment of the residents' specific needs and preferences on entry to the home. Their individual interests, customs, beliefs and cultural backgrounds, as well as spiritual needs, are documented to assist the design of individualised care plans. Activities reflect residents' cultural preferences and provision is made for the celebration of culturally and spiritually significant events where friends and family are encouraged to participate. These include Easter, ANZAC day and regular national servicemen league's visits, St Patricks Day, Christmas and family events. Residents are actively encouraged and supported to maintain cultural and spiritual links within the community including hosting regular religious services. Monthly church services are offered across a range of denominations and in-room communion is available.

3.9   Choice and decision-making
This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

There are systems in place to ensure that each resident or their representative participates in decisions about the services received. They are enabled to exercise choice and control in their lifestyle, especially in relation to continuing existing activities within the community, while not infringing on the rights of other people. Residents are kept informed and given opportunities to provide input into the home through care conferences, comments and complaints mechanisms and resident and relative meetings. Management maintain an open door policy. Residents are provided with choices involving activities of daily living, clinical care, cultural and spiritual choices and lifestyle options. The feedback from residents further indicates they are able to express views about the provision of care and services and their comments will be considered.

3.10 Care recipient security of tenure and responsibilities
This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

Tarragal House has processes to ensure residents have secure tenure and are assisted to understand their rights and responsibilities. The director of nursing discusses security of tenure and rights and responsibilities with residents and/or representatives prior to entry to ensure awareness of these issues. Documentation provided to all new residents and/or representatives includes an information package, handbook and the resident agreement. This agreement explains the services provided by the home, resident rights and responsibilities, 'cooling off' periods, conditions of occupancy and payable fees. Management holds discussions with residents and/or representatives in the event of residents requiring a room or accommodation change. The Charter of residents' rights and responsibilities is displayed in the home and also included in the resident handbook and resident agreement. Residents and representatives said they are satisfied with the information the home provides regarding the residents security of tenure and rights and responsibilities.

Standard 4 – Physical environment and safe systems
Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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 an overview of the home's continuous improvement system.

Recent examples of improvement activities implemented at the home relating to Standard 4 Physical environment and safe systems include:

- To improve residents' comfort and living environment management has installed new lighting and air conditioning. The home has removed the sky lights from hallways and alcoves and installed new LED lighting to maximise the lighting of the areas as much as possible, as previously it was a problem. To improve the temperature control in the Central wing, ducted air conditioning has been installed in corridors and service areas. Staff said the air conditioning has been beneficial especially during the hot weather.

- To ensure power availability in the event of blackouts the management have purchased re-chargeable mobile power source equipment. This ensures that electric bed and chairs can be adjusted in the event of power outages. The power equipment has also been installed at the front entry doors to ensure when the fire alarms are activated the doors remain closed until staff assess the emergency.

- Motorised medication trolleys have been purchased to improve the manual handling issues with staff manually pushing the heavy medication trolleys on the carpeted floors. The registered nurses were given education regarding using the trolleys and they said the trolleys are easy to manoeuvre.

- As a result of ongoing damage and repairs to service doors across the home by wheelchairs, trolleys and other equipment, maintenance staff has installed a protective material attached to the lower half of the doors. The management team said this has resulted in less repainting and repairs to the doors.

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 an overview of the home's processes for identifying and ensuring regulatory compliance.

Examples of regulatory compliance relevant to Standard 4 Physical environment and safe systems are listed below:

- The home has a current annual fire safety statement.

- The home has a current NSW Food Authority licence and a food safety system.

- There is a staff work health and safety committee which ensures relevant work safety issues are raised.

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 for an overview of the home's processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles.

Examples of recent education topics relevant to this Standard are listed below:

- manual handling

- emergency response and fire training

- infection control and hand hygiene

- food safety.

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 care recipients' care needs".

Team's findings
The home meets this expected outcome

Tarragal House provides residents with a secure and comfortable living environment. The home is comprised of communal dining, lounge, quiet areas and activity areas. Residents are accommodated in single bed or two bed bedrooms with ensuite bathrooms and are encouraged to personalise their room/space. Appropriate and sufficient furniture is provided for residents and internal lighting, temperature, ventilation and noise levels are maintained at comfortable levels. Residents also have access to safe outdoor, garden courtyards and balcony areas. There are security measures and maintenance programs to promote residents' comfort and safety. The safety and comfort of the environment is monitored through audits, hazard reporting mechanisms and direct feedback from staff, residents and representatives. Residents expressed a high satisfaction rate with the safety and cleanliness of the home's environment and said repairs are carried out in a prompt manner.

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

Management and staff at the home are actively working to provide a safe working environment that meets regulatory requirements. Staff are provided with information on work health and safety processes and risks during orientation, annual mandatory training sessions, at regular meetings and via emails and notices. There is a site work health and

safety (WHS) committee with representatives from different work areas. The home has a range of safety monitoring processes including environmental audits, electronic hazard reporting and workplace inspections. Staff said they have access to appropriate equipment which assists them to minimise the risk of workplace injury.

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

Tarragal Housed has established practices to provide an environment that minimises fire, security and emergency risks. Fire evacuation plans, exit signs and fire equipment are located throughout the building. Regular monitoring and maintenance of all fire equipment is undertaken and service reports provided. Fire safety and evacuation training for staff is included in the orientation program and there are mandatory annual update sessions. Resident evacuation information - including photographic identification and details of residents' medical diagnosis, allergies, emergency contacts and treating doctor is regularly updated by an administration officer and kept in an accessible location near the fire panel. The home has a supply of emergency equipment and supplies to use in the event of an evacuation or an electricity breakdown. Residents and staff said they feel safe and secure in the home.

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 with a system for identifying, managing and minimising infections. This includes staff education, audits, use of colour coded and personal protective equipment and provision of sufficient hand washing facilities. The infection control system also includes outbreak management plans, a food safety program, a vaccination program for residents and staff, pest control and waste management processes. The educator is the infection control coordinator at the home. Staff complete mandatory training in infection control and hand washing. Staff said they are given ongoing education on infection control and have access to sufficient stocks of personal protective equipment.

4.8 Catering, cleaning and laundry services
This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings
The home meets this expected outcome

Residents of Tarragal House and their representatives reported a high satisfaction with the catering, cleaning and laundry services provided at the home. There are processes to identify residents' dietary preferences and requirements on their arrival at the home and to review this information on an ongoing basis. Meals are prepared on site by the home's staff using a four week rotating seasonal menu. This menu has been reviewed by a dietician, provides choices for residents and caters for special diets. Cleaning and laundry services are undertaken by the home's staff in accordance with scheduled routines and are monitored on

a regular basis. The home monitors its hospitality services and staff practises through regular audits, surveys, meetings and other feedback mechanisms.