



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Touriandi Limited RACS ID: 0270

Approved Provider: Touriandi Limited

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 13 October 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 10 March 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 20 April 2015 to 20 December 2018.

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

13 October 2017

Accreditation expiry date

20 December 2018



Australian Government

Australian Aged Care Quality Agency

Touriandi Limited

RACS ID 0270
Borah Road
BINGARA NSW 2404

Approved provider: Touriandi Limited

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 20 April 2018.

We made our decision on 10 March 2015.

The audit was conducted on 03 February 2015 to 04 February 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Touriandi Limited 0270

Approved provider: Touriandi Limited

Introduction

This is the report of a re-accreditation audit from 03 February 2015 to 04 February 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 03 February 2015 to 04 February 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:	Maggy Franklin
Team member/s:	Debra Smith

Approved provider details

Approved provider:	Touriandi Limited
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Details of home

Name of home:	Touriandi Limited
RACS ID:	0270

Total number of allocated places:	28
Number of care recipients during audit:	29
Number of care recipients receiving high care during audit:	16
Special needs catered for:	Secure dementia unit

Street/PO Box:	Borah Road	State:	NSW
City/Town:	BINGARA	Postcode:	2404
Phone number:	02 6724 2199	Facsimile:	02 6724 0169
E-mail address:	anne@touriandilodge.com.au		

Audit trail

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

Interviews

	Number		Number
Manager	1	Care recipients/representatives	7
Care manager	1	Catering staff	1
Registered nurses	2	Laundry staff	1
Care staff	3	Cleaning staff	1
Clerical assistant	1	Maintenance staff	1
Activities staff	1		

Sampled documents

	Number		Number
Care recipients' files	6	Medication charts	10
Care plans	8	Personnel files	4
Resident agreements	5		

Other documents reviewed

The team also reviewed:

- Activities records and calendars
- Booklet – staff of Touriandi Limited, Touriandi information pamphlet
- Clinical directives, procedures and policies
- Continence records
- Contracts, service agreements insurance documentation, certificates of currency
- Controlled drug registers and medication reference resources
- Diet lists, fluid intake records, supplement and texture modification guidelines
- Education attendance records, education evaluations, competencies
- Exercise and manual handling guides
- Incident reports
- Infection control records and pathology reports
- Maintenance schedule and records, maintenance requests, pest control records, workplace inspection checklist
- Meeting minutes, memoranda, communication books, newsletters
- Menu and food service improvement report, kitchen temperature and other records
- National police history check report, registered nurse registrations
- New employees package including handbook, orientation documentation
- NSW food safety licence and food safety program

- Pharmacy records and facsimiles
- Plan for continuous improvement
- Policies and procedures
- Referral and allied health records
- Resident assessment and clinical reports
- Resident handbook and resident survey
- Resident nutrition guide (preferences and needs)
- Risk management assessment and worksheet, hazard reports
- Role descriptions, duties statements
- Roster
- Shower lists and care routine guidelines
- Staff and resident vaccination records
- Suggestion, comments complaints forms, complaints' documentation
- Wound care records

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas, stocks and supplies
- Fire safety equipment and testing records, evacuation packs, documentation
- Hospitality services in operation, menu
- Infection control documentation, equipment and supplies
- Interactions between staff and care recipients
- Living environment
- Noticeboards and brochures
- Short term observation of care recipients in dementia unit during lunch
- Medication administration and storage
- Palliative care resources

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

Touriandi Limited presented evidence there is a quality management system and the home is actively pursuing continuous improvement. The system is overseen at the home by the manager. The system includes mechanisms for the collection, implementation, evaluation and feedback of continuous improvements to all stakeholders. Quality activities to monitor the four Accreditation Standards are being met include audits and surveys, actioning complaints and suggestions, management observations and maintenance requests. A consultative approach through avenues such as meetings and individual discussions ensures all stakeholders have the opportunity to be involved in improvements. Staff and care recipients/representatives receive feedback via meetings, discussions and education. Continuous improvement activities undertaken in relation to Accreditation Standard One include:

- The manager identified the need to increase the staffing hours and look at the flexibility of the roster as the needs of care recipients changed. There are additional care and kitchen staff hours, registered nurse hours are being monitored and changes have been made in the roster structure.
- To increase the awareness of Touriandi Limited to the public a webpage has been set up and is regularly updated. A new pamphlet "Staff of Touriandi" has been printed which shows the picture and designation of staff to assist care recipients and visitors in getting to know the staff.
- An external company was contracted to carry out an audit of the human resource system. A report has been provided and a number of changes will be implemented such as reviewing contracts and updating staff documents.

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 management has systems to identify and ensure compliance with all legislation, regulatory requirements, professional standards and guidelines. The system involves the identification of changes via subscription to a peak industry body and other aged care and industry organisations, information provided from government bodies, accessing the internet and attendance at professional events. The information is reviewed by the home's management team and changes are made in relevant documentation. Dissemination of the

changes needed to maintain compliance is through meetings, memos and education. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments and observations by management.

Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard One include a system to ensure all staff have up to date criminal record checks and staff attending mandatory education.

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

Touriandi Limited has systems of recruitment, orientation and an ongoing education program that ensures staff have the knowledge and skills to perform their roles effectively. Training needs are identified from discussion with staff, audit results, observation of staff practices, changes in care recipient needs, performance appraisals and if new equipment or processes are introduced. Topics range across the four Accreditation Standards and include internal and external sessions. We sighted staff attendance records including those in mandatory topics. Education sessions that staff and management attended in 2014/15 relating to Accreditation Standard One include the aged care funding instrument validation, how to document better and working together – harassment bullying and victimisation

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

There are systems to ensure all care recipients or their representatives and other interested parties, have access to internal and external complaints' mechanisms. Internal mechanisms include meetings, suggestions, comments, complaints forms, surveys, letters, interviews and discussions with management. We noted information on the internal and external complaints' mechanism was displayed at the home and described in handbooks. Care recipients stated they would feel confident to complain if they felt the need and complaints were noted to be actioned and followed up with the complainant 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's vision, mission and philosophy of care are displayed in the foyer. They are also documented in the resident information handbook and the staff handbook. Staff are introduced to the vision, mission, values and philosophy during orientation.

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

There are systems to ensure sufficient, appropriately skilled and qualified staff are available to provide services in accordance with the Accreditation Standards and to support the home's philosophy and goals. The system involves determining and maintaining appropriate staff numbers based on care recipients' care needs, occupancy, the safety and welfare of staff, current industry standards and staff input. Recruitment is organised through the home including by advertising in the local paper and in conjunction with the local TAFE. The successful candidate then undergoes orientation and buddy shifts as needed. Staff are issued with handbooks, role descriptions and duty statements and there is continuing education, competencies and performance appraisals. Staff are replaced as required from a casual pool or part-time staff. A range of outside specialist services supplement staff skills. Care recipients interviewed stated staff are knowledgeable in their area of work and responsive to their needs.

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

Staff confirmed and we observed appropriate levels of stock and equipment to provide quality care and services to care recipients. Various staff have delegations in relation to ordering stock and said management is responsive to all reasonable requests. Stock and goods are checked on arrival and equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. Equipment undergoes a trial prior to purchase if appropriate and staff are educated on the use of new equipment. Equipment purchased recently includes two comfort chairs, a lifter, mobile shower chairs and an organ.

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

We confirmed the home has a range of effective information systems. Interviews with care recipients and staff indicated there is an efficient flow of information. Staff communication systems include meetings, policy and procedure manual, information from Government departments, handbook, orientation and training, noticeboards, communication book, one-to-one discussions and a range of clinical documentation. A care recipient information system includes administration forms, handbook, residential care agreements, care recipients' meetings, interviews with management and clinical records. We noted care recipient and staff files are securely stored and archived. Computers are password protected and backed up.

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

There are systems and procedures to assist management in the selection of external services that meet the home's needs and quality goals. We viewed up to date service agreements, contracts and associated documentation such as insurances and certificates of currency. Local services are used where appropriate. Management at the home monitors and evaluates the standard of service and changes are made if required. Care recipients and staff have opportunities to provide feedback and indicated satisfaction with the quality of external services provided to 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

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Two include:

- At the suggestion of a registered nurse and care manager massage services are now available to care recipients twice weekly. This is a complimentary service to care recipients who are enjoying its health benefits.
- Through a local health service, a visiting dental service is now available twice yearly. In addition the services of a local dentist have become available. These two measures have greatly improved the accessibility to oral care for assessment and ongoing treatment.
- An external medication auditing company has been engaged to provide regular reviews of care recipients' medications. Recommendations are passed on to the doctors to assist in ensuring care recipients are being given the most appropriate medications. The company also provides education to staff on medication related topics.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to health and personal care. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Two are keeping professional registrations up to date and policies and procedures for unexplained care recipients' absences.

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

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions staff and management attended in 2014/15 related to

Accreditation Standard Two include diabetes, respiratory diseases in the elderly, continence care, foot care and palliative 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

The home has effective systems and processes to implement and monitor clinical care, including assessment, care planning, monitoring and reporting. Assessment commences from pre-entry including gathering information from external health services, medical history, care recipients and representatives interviews. Comprehensive and focussed assessments are completed to inform the development of care plans to guide staff practices. The effectiveness of care is reviewed every three months and if there are changes in health. There is a clinical care team consisting of the registered nurses, the care manager and the general practitioner who care and staff practice. There are sufficient resources to provide the planned care and staff are informed of changes through daily handover, directives and communication books. Care recipients/representatives are satisfied with the clinical care offered and provided to care recipients.

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 effective systems and processes to assess and implement specialised nursing care such as diabetes, complex wound care and pain management. Specialised nursing care is managed and reviewed by registered nurses with the support of allied health professionals and the clinical care team. There are focussed assessment tools completed during entry and when there is a change in care needs. Care plans are developed to guide staff practices and care recipients and/or their representatives are involved in care planning. Staff are informed of changes through handover processes, care plans, directives and communication books. Staff are trained in specialised nursing care requirements and have access to education resources when needed. Care recipients/representatives are satisfied with the specialised nursing care offered to care recipients.

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

The home has effective systems and processes to access and implement other health and related services such as physiotherapy, podiatry, dietitian, dental care, wound care and hearing services. The clinical care team assess and monitor care recipients’ needs during the entry period and on an ongoing basis when changes are identified. Care directives and plans are developed to inform staff. Future appointment dates are coordinated to ensure care recipients attend planned appointments. Documentation is maintained to reflect assessments and to monitor the progress of recommended care regimes. Care recipients/representatives

are satisfied with the specialist health and other related services offered and provided to care recipients.

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 processes to ensure care recipients’ medication is managed safely and correctly. Medication regimes are prescribed by the general practitioner and monitored by an external consultant pharmacist. Pharmacists and registered nurses check that prescriptions are provided appropriately and are in line with the original medication orders. Where possible, medications are packed in blister packs and non-packed items are kept in the original packaging with the prescription label attached. There are assessments and review processes to identify if care recipients are capable of self-medicating and to manage medication safely over time. Registered nurses monitor the administration and storage of medications including variable dose medications and controlled drugs. Staff who give out medications complete competency based education annually. Care recipients/representatives are satisfied with the management of care recipients’ medications.

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 processes for ensuring all care recipients’ pain is assessed and monitored to offer optimal pain management. Verbal and non-verbal pain assessments are completed during entry and on an ongoing basis, including when pain may be suspected. Care plans reflect individualised pain management strategies and where medication is required, the use of analgesia and ‘as required’ medication is monitored for effectiveness. Staff receive training in pain management and have knowledge of alternative strategies that may be implemented to promote comfort. Alternative strategies include massage, repositioning and exercise. Care recipients are satisfied with the pain management they receive and representatives consider staff manage the care recipients’ pain symptoms.

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

The home has a range of processes to ensure care recipients’ comfort and dignity is maintained during the end of life period of care. The clinical care team have a consultative approach towards identifying when palliative care is implemented. Care recipients and representatives are encouraged to offer their preferences for advanced health planning and specific requests for palliative care are discussed where possible. Care staff are informed of changing needs through handover processes, directives and communication books. Resources are available to support care on site and staff are aware of the actions to take

when palliation is planned. Correspondence from family members indicates there is satisfaction with how the home manages palliative care.

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 and processes to support care recipients’ to maintain adequate nutrition and hydration. Assessment commences from pre-entry and comprehensive and focussed assessments are completed over time. Care plans and dietary records are developed to guide staff and catering services, including dietary and fluid preference, modified equipment, food texture and supplements if required. Care plans and dietary records are reviewed by the clinical team every three months and additional assessment or referral to health professionals occurs if there are changes in health status. Staff are informed of changes through handover, menu choices and communication systems. Registered nurses monitor care recipients’ intake and weight variances over time and staff offer additional fluids during hot weather. Care recipients/representatives are satisfied with the support care recipients receive to maintain nutrition and hydration.

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 to support care recipients to maintain optimal skin integrity. Assessment commences from pre-entry and comprehensive and focussed assessments are completed over time. Care plans and wound care records are developed to guide staff, including preferences, hygiene regimes, nail and hair care, use of moisturisers and pressure management. Registered nurses review the effectiveness of skin care plans every three months and additional assessment occurs when changes are identified. The clinical team monitor care recipients’ skin integrity over time and report changes to care staff through handover processes, directives and communication books. Care recipients/representatives are satisfied with the support care recipients receive to maintain their 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

The home has systems and processes to support care recipients’ achieve optimal continence management. Continence assessments are completed to determine preferences and urinary and bowel patterns. Care plans, toileting programs and continence aid records are developed to guide staff. Changes to care regimes are communicated through continence records, handover processes and communication books. Registered nurses, key personnel and a continence specialist review the effectiveness of continence management regimes every three months and additional assessment occurs if there are changes in needs. Bowel

records are monitored to identify occasions where interventions may be required. Staff have knowledge of individual care plans and offer additional fluids, diet and exercise when indicated. Care recipients/representatives are satisfied care recipients' continence is effectively 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

The home has processes to guide staff with effective behaviour management. There is a secure environment for care recipients who have memory loss or who require one to one controlled environment. Behaviour assessment commences from pre-entry and focussed assessments are completed over time. Care plans are developed to guide staff and include information such as triggers, interventions and options for behaviour management strategies. The clinical team review the effectiveness of behaviour management every three months and additional assessment occurs when changes are identified. Changes in care strategies are discussed at handover and through progress notes and communication books. Referral to a specialist services occurs where indicated and care plans are amended with the specific recommendations. Care recipients/representatives are satisfied with the home's approach to behaviour management.

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

The home has systems and processes to manage care recipients' mobility, dexterity and rehabilitation needs. Assessment commences from pre-entry and focussed assessments and falls risks are completed over time. The clinical team assess and monitor mobility requirements and refer to physiotherapy services where indicated. Care plans are developed to guide staff and include information such as mobility aids, exercise regimes, level of assistance required and preferences. The effectiveness of care plans is reviewed every three months and additional assessment occurs when changes are identified. Changes in care strategies are discussed at handover and recorded in progress notes and communication books. Staff have knowledge of individual strategies and have received education on mobility, equipment, manual handling assistance and mobility related topics. Care recipients/representatives are satisfied with the mobility support and care the care recipients receive.

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

The home has processes to guide staff with supporting care recipients' oral and dental health. The care recipients dental history is collated during the entry process and oral assessment are completed. Care plans are developed to guide staff and include information

such as preferences, denture management and oral hygiene patterns. Care staff ensure oral care products are available. Local dental services are accessed either on site or in the community and planned appointments are coordinated with family or staff. The clinical team review the effectiveness of oral and dental care every three months and additional assessment occurs when changes are identified. Changes to care routines are communicated during handover processes and are recorded in progress notes and communication books. Care recipients/representatives are satisfied that staff assist care recipients to maintain their 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 to guide staff with supporting care recipients’ with identified sensory loss. The care recipients’ history of sensory loss is collected during the entry process. Care plans are developed to guide staff and include information such as preferences, likes and dislikes, equipment aids and hearing aids or spectacles management. The clinical team review the effectiveness of the sensory loss care every three months and additional assessment occurs when changes are identified. There are progress notes, communication books and a handover process to inform staff of changing needs. Referral to relevant health professional services occurs where indicated and care plans are amended with the specific recommendations. Staff have knowledge of individual strategies and care recipients/representatives are satisfied with the home’s approach to managing care recipients’ sensory loss.

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

The home has systems and processes to guide staff with supporting care recipients’ to achieve an optimal sleep pattern. The care recipients’ sleep history is collated during the entry process and sleep assessments are completed over time. Care plans are developed to guide staff and include information such as preferences, strategies to control the noise, temperature control, comfort and pain management. Registered nurses review the effectiveness of strategies for managing sleep every three months and additional assessment occurs when changes are identified. There are progress notes, communication books and a handover process to inform staff of any changes to the care routines. Referral to a general practitioner occurs where indicated and care plans are amended with the specific recommendations. Staff have knowledge of individual strategies and care recipients/representatives are satisfied with the home’s approach to managing care recipients’ sleep.

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

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Three include:

- Due to some problems with heat at the previous year’s Christmas celebrations a twilight gathering was arranged for 2014. Feedback, both verbal and written, was positive on the more casual outdoor gathering which included a cold rather than hot meal and entertainment. The “friends of Touriandi’ also initiated giving each care recipient a gift which was very well received.
- Staff identified the need for a wheelchair accessible vehicle to enable more care recipients to enjoy outings. Funds have been growing from donations with a successful spring fair raising a significant amount. It is hoped to purchase a vehicle later in the year.
- As a result of observations by management and comments from an unannounced assessment contact a review of the activity program has been undertaken. A number of strategies are being introduced to make the most effective use of present staff and increase the activities in the dementia wing.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to care recipient lifestyle. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Three are staff signing confidentiality statements as part of their employment agreements, the home having a system for compulsory reporting in accordance with regulatory requirements and care recipients signing a resident agreement.

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

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2014/15 related to Accreditation Standard Three include dementia, elder abuse and discussions of activity staff with an external consultant who was looking at improving practices at the home.

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

The home has a range of processes to support new care recipients adjust to living in the care environment. Emotional needs are identified during the entry assessment process and support mechanisms are discussed with the care recipient and their representative. Key personnel spend time with the new care recipient, complete assessments and encourage them to join into the home's routines. Registered nurses, care staff and activities staff offer one to one support on an ongoing basis and where the need for additional support is identified. Referral to a general practitioner or professional support service is arranged if indicated. Staff are informed of individual emotional needs through care plans, progress notes, communication books, one to one instructions and handover processes. Care recipients/representatives are satisfied with the emotional support offered by staff.

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

The home has processes to support care recipients to maintain independence and connections with family, friends and the community. Potential for maintaining independence is identified during the entry process and support mechanisms are discussed with the care recipient and representative. Key personnel complete assessments and encourage care recipients to join in with the home's activities and outings where possible. Recreation staff plan activities and outings to the community and host events within the home that attract family and community members to visit. Staff are informed of strategies through care plans, progress notes, activity calendars, communication books, noticeboards and handover processes. Personal preferences are recorded in care plans, including options for shopping, maintaining personal finances where possible and respecting voting rights. Care recipients/representatives are satisfied with the home's approach to offering support to care recipients' to maintain an optimal independence.

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

The home has a range of processes to support care recipients to maintain their privacy and dignity. The care recipients' individual preferences for dignity and privacy are identified during the entry process and through ongoing discussions with staff over time. Key personnel spend time with care recipients, complete assessments and record preferences on care plans. Staff are aware of the individuals' preferences and respect these during daily routines, such as knocking on doors, closing doors for privacy, maintain confidentiality, using appropriate dress and using appropriate terms of acknowledgement. Confidential information is discussed discreetly and there is controlled access to personal information. Staff receive education relating to privacy and dignity and the home has policies and procedures to guide staff practices. Care recipients/representatives are satisfied that staff respect the care recipients' privacy and dignity.

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

The home has processes to encourage and support care recipients to participate in activities that are of interest to them. Recreation staff meet with care recipients to determine and record what activities are of interest for them. Care recipients' preferences are used to assist in the development of weekly activities calendars and staff monitor participation to guide planning of future activities. Records of activities and preferences are maintained and calendars for planned programs, notices, communication books and care records are used to inform staff to provide assistance as needed. Care recipients/representatives are satisfied with the activities program offered that are of interest to the care recipients.

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

The home has processes to foster care recipients' individual beliefs, cultural and ethnic preferences. The care recipients' individual preferences are identified during the entry process and through the ongoing discussions with staff over time. Key personnel spend time with care recipients, complete assessments and record cultural and spiritual preferences on care plans and activities records. Staff are aware of the individual preferences and they demonstrate respect during daily routines. Ministers of religion support care recipients with their religious preferences, conduct services and staff offer access to other religious groups if it is needed. The home has access to the internet if there is a need to access specific cultural information or interpreters. Cultural and spiritual theme days are promoted through the activities program as a measure of respect for care recipients' religion, personal values and other cultures. Care recipients/representatives are satisfied that staff show respect for the care recipients' cultural and spiritual preferences.

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

The home has processes to offer each care recipient and/or their representative the opportunity to participate in decision making regarding their care and services. The care recipients' decision maker is identified prior to entry and consent is obtained prior to commencing care. Care recipients and/or their representatives are offered information to support their understanding of their rights and responsibilities. Individual choices and decisions are discussed at meetings and when care is reviewed, including the right to determine advanced health directives. Specific choices are recorded in care recipient files and care plans to guide staff practices. Staff offer care recipients choice in participating with daily routines and changes in preferences are reported through handover, communication books and progress notes. Care recipients/representatives are satisfied with the home's approach to ensuring care recipients' choices and decisions are respected.

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

The home has procedures to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. On entry to the home, management provide information to care recipients and/or their representative, regarding the entry conditions, rights and responsibilities and service options. A service agreement is formulated including information for care recipients/representatives about complaints handling, fees and charges, security of tenure and the process for termination of the agreement. Care recipients/representatives are satisfied with the information the home has provided regarding' security of tenure and care recipients' 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

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Four include:

- As an infection control improvement all the carpet floor coverings in the care recipients’ rooms in the main stream wing have been replaced with vinyl. These coverings are easier to maintain, keep clean and it is more cost effective
- Staff identified the difficulty of storing care recipient’s individual continence aid bins between changes. A storage shed is being built to house these between the regular contracted emptying.
- An external nutritional auditing company was engaged to review and audit the food service delivery system. A number of changes are been made as a result of their report such as increasing the protein level of the evening meal, the terminology used in some documentation and the presentation of texture modified food.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to physical environment and safe systems such as on outbreak management. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Four include displaying safety data sheets (SDS) near stored chemicals, the home having a food safety program and a licence from the NSW Food Authority.

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

For details of the home’s systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2014/15

related to Accreditation Standard Four include, fire safety, infection control, food handling and manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Systems and procedures have been established to guide management and staff in the provision of a safe and comfortable environment to meet care recipients' needs. Care recipients have single rooms with ensuites. Care recipient rooms in the mainstream wing open both to an internal corridor and to outside balconies giving direct access to the landscaped gardens. There is a dining room, a lounge room, an activity room and a hairdressing salon in the mainstream wing. The dementia unit has its' own servery, dining and lounge areas and a secure outdoor area. We noted the home to be clean, odour free, with well-maintained equipment and furniture and to be at a comfortable internal temperature. A range of environmental checks is carried out in addition to regular maintenance.

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

Touriandi Limited has a workplace health and safety (WHS) system in place that operates to provide a safe working and living environment that meets regulatory requirements. There is a trained WHS committee and regular WHS meetings. WHS forms part of orientation and ongoing education in such areas as manual handling and fire safety. Chemicals are securely locked away and SDS and personal protective equipment are available. Equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. We noted documentation relating to safe practices displayed and observed safe practices in operation.

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

There is a range of systems, procedures and equipment in place to minimise fire, security and emergency risks. There is ongoing compulsory education of staff in fire safety procedures and staff interviewed were knowledgeable about fire safety systems at the home. We observed reports confirming equipment is regularly tested. Documentation relating to fire safety and other emergencies such as evacuation plans and care recipient evacuation data is easily accessible and exit routes are clearly marked. The home has equipment such as sprinklers, smoke detectors, hydrants, hose reels and fire blankets. There are fire and emergency plans and evacuation packs. There is a security system in operation including

key pads on the dementia wing, alarmed doors, a lock up procedure, video surveillance at the front door and a nurse call system.

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

Touriandi Limited has an effective infection control program. This includes staff orientation, ongoing education, hand washing competencies, observation of staff practices, the availability of policies and procedures including information on outbreak management and outbreak stores. Infection data are collected and these and other infection control issues are discussed at meetings. We noted infection control procedures such as colour coded equipment, personal protective equipment and monitoring of temperatures in use. There are processes for the removal of waste and spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work such as the separation of clean and dirty areas in the laundry. Staff confirmed they had undertaken education in this area. There is a care recipient and staff vaccination program in operation.

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

Care recipients interviewed were happy with the catering, cleaning and laundry services. Dietary information including special requirements and preferences is held in the kitchen and updated as required. Meals are fresh cooked on site with a four week rotating menu and care recipients have choices at meals. Mechanisms for feedback on catering and other hospitality services are available and include meetings, surveys, complaint forms and verbally with staff. There is an internal laundry operating five days a week and cleaning is carried out by staff from the home. Infection control procedures ensure hospitality services are provided in accordance with health and hygiene standards and staff were able to describe and demonstrate application of these procedures to their work.