



The **Aged Care**
Standards and Accreditation Agency Ltd

Decision to Accredit Aldersgate Village

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

The Agency has also decided that the period of accreditation of Aldersgate Village is 3 years, until 1 October 2010.

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

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

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

Lorraine Baker
Assessment Manager
Victoria and Tasmania

Information considered in making an accreditation decision

The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

Service and Approved Provider Details

Service Details

Service Name: Aldersgate Village
RACS ID: 8059
Number of beds: 66 Number of High Care Residents: 58
Special Needs Group catered for: Dementia and related disorders

Street: 3 Tallentire Road
City: Newnham State: Tasmania Postcode: 7248
Phone: 03 6323 8200 Facsimile: 03 6344 1807
Email address: g Crawford@aldersgate.com.au

Approved Provider

Approved Provider: Aldersgate

Assessment Team

Team Leader: Cheryl Shannon
Team Member: Sylvia (Lynne) Sellers

Dates of audit: 10/07/2007 to 11/07/2007

Executive summary of Assessment Team's Report

Accreditation Decision

Standard 3: Resident Lifestyle

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

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the service's compliance with the Accreditation Standards are set out below. Please note the Agency may have made findings different from these recommendations.



The **Aged Care**
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	Aldersgate Village
RACS ID	8059

Executive summary

This is the report of a site audit of Aldersgate Village RACS ID 8059, 3 Tallentire Road, NEWNHAM TAS 7248 from 10 July 2007 to 11 July 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 25 July 2007.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Aldersgate Village.

The assessment team recommends that the period of accreditation be 2 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 3 support contacts during the period of accreditation and the first should be within 6 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Please note the Agency may have made findings different from these recommendations.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 10 July 2007 to 11 July 2007.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of 2 registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the *Quality of Care Principles 1997*.

Assessment team

Team Leader:	Cheryl Shannon
Team Member:	Lynne Sellers

Approved provider details

Approved provider:	Uniting Aged Care
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Details of home

Name of home:	Aldersgate Village
RACS ID:	8059

Total number of allocated places:	66
Number of residents during site audit:	65
Number of high care residents during site audit:	58
Special needs catered for:	Dementia and related disorders

Street/PO Box:	3 Tallentire Road	State:	Tas
City/Town:	Newnham	Postcode:	7248

Phone number:	03 6323 8200	Facsimile:	03 6344 1807
E-mail address:	g Crawford@aldersgate.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 3 support contacts during the period of accreditation and the first should be within 6 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Please note the Agency may have made findings different from these recommendations.

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Executive director	1	Diversional therapist, manager	1
Acting facility manager	1	Regional director of nursing	1
Regional manager	1	Catering staff	4
Care coordinator	1	Residents	15
Human resource advisor	1	Relatives	3
Registered nurses	4	Administration receptionist	1
Enrolled nurses	3	Cleaning staff	2
Care staff	4	Maintenance staff	2
Activities worker	1	Aromatherapist	1

Sampled documents

	Number		Number
Residents' files	14	Medication charts	8
Resident agreements	5	Personnel files	8
Fluid intake charts	5	Lifestyle care plans	8

Other documents reviewed

The team also reviewed:

- Activity program and associated documents
- Allied health assessments
- Annual practising certificates for registered nurses and enrolled nurses
- Building certification inspection report
- Circulars/newsletters
- Clinical and non-clinical audit data and auditing schedules
- Clinical assessments, data and care planning documentation
- Clinical indicator reports (falls and infections)
- Comments and complaints reports
- Continuous improvement information, data and planning documentation
- Data analysis reports
- Education calendar
- Education programme for 2006 and 2007
- Equipment, electrical tagging stocks, lists, contracts
- Essential service log books/external service provider/ contracts
- Fire panel, fire safety equipment and tagging dates and fire inspection records
- Fire safety plan and evacuation procedures, resident lists
- Handover documentation
- Hazard forms and reports
- Incident/injury reports
- Incoming goods records
- Infection control data and audits
- Infection control policies and procedures
- Job descriptions
- Location and maps of emergency exits
- Maintenance preventative and corrective schedules
- Memoranda and master folder
- Menu
- Minutes of meetings
- Mission, vision values and objectives statement
- Mobility, transfer and risk assessments
- Occupational health and safety reports and associated documents
- Organisational chart
- Policies and procedures
- Progress notes
- Recruitment policy and orientation documents
- Referrals to allied health and other professionals
- Resident agreements
- Residents dietary information and choices
- Residents' information handbook
- Residents' information package
- Residents' information package and surveys
- Rosters charts and information
- Specialised nursing management charts and information
- Staff allocation documentation
- Staff Handbook
- Strategic plan and continuous improvement documentation
- Temperature records, kitchen and laundry
- Training records for 2006 and 2007
- Treatment advice from allied health and health professionals
- Volunteer program and associated documents
- Weight monitoring and assessment charts
- Wound management charts

Observations

The team observed the following:

- Living environment
- Activities in progress
- Archiving room
- Storage of medications
- Equipment storage areas
- Displayed residents rights and responsibilities information
- Displayed vision and mission statement
- Linen storage areas
- Noticeboards, offices, staff room, public area
- Kitchenettes
- Meal delivery
- Interactions between staff and residents
- Nurse pager system in operation
- Equipment and supply storage areas
- Food storage areas, refrigerators, freezers and dry storage areas

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has recently introduced additional documented policies, procedures and quality and risk assessment tools that interface with existing data collection processes, to pursue continuous improvement. Opportunities and initiatives for improvement are identified through staff and resident suggestions and feedback, observations about care and services, issues from meetings, incident and accident reports, internal and external audits and clinical data. Issues are logged through the quality system and tracked for milestones, outcomes and evaluated. Each expected outcome is audited according to a schedule of self assessment and continuous improvement. Management discusses improvement initiatives at meetings and obtains feedback from all stakeholders. Service and clinical data is collected and analysed for trends. Staff interviewed demonstrated awareness of the quality processes, however staff stated and management acknowledged that the system is time intensive and contains numerous data collection forms and documents. Quality responsibilities are outlined in staff position descriptions.

Feedback is analysed for trends and corrective actions are put in place to address specific issues. Meetings of minutes are made available on noticeboards to display issues discussed and actions taken. Residents and relatives can participate in these systems through the resident meetings and surveys and through the comments, complaints and compliments system.

Executive management stated, and documentation confirmed an external review of the quality systems and processes within the home and across the organisation. A reform of corporate governance structure has occurred and the organisation is in the process of reviewing quality processes in line with report recommendations. The executive director informed the team that report recommendations will be implemented and that a regional meeting is scheduled. Currently regional committees with specified roles and responsibilities consolidate the continuous improvement approach and guide site application of quality processes.

Improvements in the last 12 months include:

- The home has developed an annual performance development review schedule to ensure that all staff undertake an appraisal process every year.
- Archiving review with the development of a dedicated archiving room and labelling process for ease of data and document retrieval.
- Distribution of a staff educational needs analysis in December 2006 with the data logged and analysed to assist in the development of a staff up skilling education and training calendar.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place that ensure information related to changes in legislation, regulatory compliance and other standards and guidelines are made available to staff, residents and relatives. The national office receives notification of changes in legislation, guidelines and standards through membership to peak bodies. Information is forwarded electronically and by facsimile to the homes’ management team. Policies and procedures are updated to ensure they are in line with legislative requirements. Compliance with regulatory requirements is supported through the homes internal communication systems and staff education program. There is a system to ensure all staff and volunteers have current police checks. The home’s audit program monitors compliance with legislative requirements. Relevant regulatory information is held on site and is readily accessible to staff. Staff interviewed stated they are aware of the location of legislative information.

1.3 Education and staff development

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

Team’s recommendation

Does comply

The home promotes a positive learning environment to ensure staff have the appropriate knowledge and skills to perform their roles effectively. Staff development programs are based on information gathered through an annual staff learning needs questionnaire, appraisals, audit results, skills required and skill deficits. Management encourage participation in both internal and external professional development opportunities and have an affiliation with a training organisation. A new system has been developed to facilitate short sessions at the daily handover. Topics are identified through the continuous improvement system. Attendance records are maintained and training sessions are evaluated annually to ensure they are meeting organisational and individual staff goals. Staff are required to attend mandatory sessions relevant to their roles and competency testing is conducted. The education folder, training records and staff files confirmed attendance to these sessions. Staff feedback indicates management is very supportive of their educational requirements.

Education plans and training records reflect topics and areas that include the outcomes of this standard such as:

- Strategic planning
- Anti discrimination awareness
- Audits and benchmarking
- Quality improvement and risk management
- Quality benchmarking workshop
- The coroners act
- Legal issues in residential aged care
- Superannuation funding
- Criminal checks in aged care
- Performance appraisals.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Information regarding external and internal complaints mechanisms is included in the resident information package and staff handbooks and is discussed with residents and relatives on entry and complaints brochures are displayed in reception. "Feedback forms" are available throughout the home and locked suggestion boxes are located in the foyer and individual units to enable confidential lodgement of complaints. Management stated, and documentation confirmed that privacy and confidentiality is maintained, and that each complaint or suggestion is acted on immediately and responded to personally and where appropriate formally by letter. Staff were able to discuss their role in handling resident's and relative's complaints. Residents and relatives stated that they were aware of the avenues of complaint but would usually make complaints informally to staff or management and were confident that any issues raised would be addressed.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The mission and values statement is displayed in the foyer of the home, outlined in the resident and staff handbooks, and includes reference to choice, equity, capacity building and community development with the focus on quality outcomes for individuals and the community. A consolidation of the organisation, and a governance restructure has included the development of an executive board of management with a regional operating plan including key result areas with reporting accountabilities to the board and executive.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has comprehensively documented systems and practices in place for the recruitment, orientation, and education of staff and ongoing monitoring of staff practices. Rosters ensure the appropriate skill level and numbers of staff are available to provide services that meet residents' needs and reflect the homes philosophy and objectives. Staff are supported by a structured orientation and induction program that includes a 'buddy system'. Position descriptions reflect current duties and form the basis of the selection process to ensure that staff are employed on the basis of skills and experience required for a particular role. The facility manager is supported by registered nurse's division one, enrolled nurses, extended care assistants and

designated administration, lifestyle, catering, cleaning and maintenance staff. Planned and unplanned vacancies are usually backfilled with staff familiar with the home and in the event these are not available guidelines are available for agency and new staff employed. Feedback from residents and staff indicates that staffing levels are generally adequate for staff to provide the care and service for residents.

1.7 Inventory and equipment

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

Team's recommendation

Does comply.

Policy and procedures are in place for the purchase and maintenance of equipment and goods. Equipment is recorded on an assets register, which is periodically updated. Maintenance of essential services is scheduled with external providers. The corrective maintenance program is coordinated and overseen by external maintenance personnel and is actioned daily and incorporates a 24 hour on-call system. Staff, residents and relatives confirmed corrective maintenance requests are completed in a timely manner. The team observed sufficient supply of equipment and staff confirmed that they are trained in the correct use of equipment with designated staff responsible for the ordering of supplies and equipment to ensure adequate stocks are available through ordering and rotation systems. Residents stated that they are satisfied that the goods and services supplied for their care and lifestyle options meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

Key information and records are collected as needed to meet the requirements of management, staff, residents and other stakeholders. Information is provided to residents and relatives that assist them in making informed decisions about their care and lifestyle, communicated through resident and staff information packages, meeting minutes, noticeboards and memoranda. Privacy statements are included in the resident agreement and discuss the issues of disclosure of personal information. Documentation is stored securely with access to confidential material available to authorised personnel only, password protected computers and obsolete documents are systematically archived and then disposed of appropriately. Residents, relatives and staff reported that they have access to information related to their needs. The team noted that although the home has a document control system it is not consistently monitored to ensure documents within the system are approved through the quality system.

1.9 External services

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

Team's recommendation

Does comply

External contractors and services are identified and sourced to ensure that they meet the requirements of the home and have appropriate qualifications and registrations. Currently the home has established service agreements with most external providers that are routinely reviewed and define the service to be delivered, and the expected outcomes from the service delivery. The facility manager monitors performance to ensure the best outcomes relating to services provided. Any dissatisfaction is raised with the contractor and if resolution is not negotiated then other suppliers are sought. Contractors are orientated to the home at the commencement of service and record entry and exit to the building and are required to wear a visitor's badge. A preferred suppliers list is maintained by the home. Management residents, relatives, and staff reported that they are satisfied with the services provided by the home's current contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home collects clinical data that is logged through an automated quality management computer program system. Initiatives for improvement are identified through stakeholder suggestions and feedback, clinical monitoring data, observations about care and services, meetings, incident and accident reports, internal and external audits and clinical data. Issues are logged through the quality system and tracked for milestones, outcomes and evaluated. Each expected outcome is audited according to a schedule of self assessment and continuous improvement. Feedback is analysed for trends and corrective actions are put in place to address specific issues. Meetings of minutes are made available on noticeboards to display issues discussed and actions taken. Staff interviewed demonstrated awareness of the quality processes.

Recent improvements under this standard have included:

- Introduction of resident of the day clinical audit system with brief daily staff meetings to capture changes in each residents clinical condition and update care planning documentation and clinical assessment.
- Appointment of a clinical care coordinator to monitor clinical care, staff practices and resident outcomes.
- Development of a sensory stimulus room after a literature search and data analysis with positive one to one interactions with residents and staff.
- Development of clinical guidelines for palliative care to provide guidance for staff in the management of palliation.

2.2 Regulatory compliance

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

Team’s recommendation

Does comply

The service has systems in place that ensure information related to legislation, regulatory compliance and other standards and guidelines are made available to staff. Registered nurses provide management with their annual registration information. Medication incidents are followed and regular medication meetings are convened to discuss any issues that have been identified and ensure corrective actions are implemented. Relevant regulatory information is held on site related to standard two and clinical care and is readily accessible to staff. The home’s audit program monitors compliance with legislative requirements to standard two and clinical care.

2.3 Education and staff development

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

Team’s recommendation

Does comply

The home promotes a learning environment to ensure staff have the appropriate knowledge and skills to perform their roles effectively. Staff development programs are based on information gathered through an annual staff learning needs questionnaire, appraisals, audit results, skills required and skill deficits. Registered nurses are required to undergo annual medication management training and competency testing. The home provides self directed learning packages in some clinical areas such as continence management. Staff feedback indicates management is supportive of educational requirements and state they are provided with training opportunities.

Education plans and training records reflect topics and areas that include the outcomes of this standard such as:

- Symptom management
- Pain management and pain scale
- Colostomy care
- Cardio pulmonary resuscitation
- Infection control including competency testing
- Palliative care
- Dementia in the elderly and related pain and behaviour
- Swallowing difficulties
- Rashes and creams
- Skin care and pressure relief
- Documentation
- Medication used in pain management
- Stomal therapy
- Wound management.

2.4 Clinical care

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

Team’s recommendation

Does comply

Individual clinical needs and preferences are assessed and documented on entry to the home, as care needs change and annually with a full care plan review. Care plans are reviewed two monthly with care planning conferences with staff input via week day clinical meetings. Clinical interventions, alterations in clinical condition and observations are documented in progress notes by allied health, care staff and medication practitioners. Registered nurses and enrolled nurses supervise and guide care staff in care delivery and monitor staff practices. Clinical staff, including the care coordinator demonstrated knowledge regarding the care preferences and needs of residents. Management stated and residents and relatives confirmed consultation regarding care planning processes and expressed satisfaction with care delivered.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

Registered nurses assess residents on entry with regular reviews to determine specialised nursing care requirements. Care staff identify changes in residents’ condition and variances are conveyed to registered nurses through formal and informal processes such as the handover or nursing notes for action. Policies, procedures articles of best practice and care planning documentation guide care staff in the management of specialised nursing needs including diabetes management, catheter care, complex wound management and enteral feeding. Residents’ files demonstrate external referral in the management of complex care. Relatives expressed satisfaction with the specialised care residents receive.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents have access to allied health and medical professionals as required. Podiatry and physiotherapy services are routinely scheduled for residents within the home. Specialist referral is available to optical service providers, dietetics services and speech pathology where clinical indicated and staff are aware of assessment, documentation, provision and review and evaluation of health needs and the referral processes to health professionals. Documentation of the advice, treatment orders and prescriptions are documented in the files to enable staff to implement required treatment and residents and relatives confirmed that residents are enabled to access specialists as required and that treatment is provided or facilitated by the home.

2.7 Medication management

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

Team’s recommendation

Does comply

Medication is administered from a single dose package system by registered nurses and endorsed nurses from locked drawers in residents rooms. In the dementia specific area medication is administered from a medication trolley securely stored in a room with electronic keypad access when not in use. Documented procedures direct staff practice with audits monitoring compliance with safe a medication management system. Medication charts are identified with allergies, special considerations, instructions for administration and indications for use of “as required” medication, however documentation regarding residents that are assessed for self administration is not consistently managed. A reporting process monitors medication incidents with mechanisms operational to collate, analyse and address issues in a timely manner. Staff interviewed demonstrated skill and knowledge of safe medication practice.

2.8 Pain management

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

Team’s recommendation

Does comply

Pain assessments, including documentation to assess pain and discomfort in residents with dementia are undertaken on entry. Care evaluation meetings held every two months ensure that the strategies implemented to manage pain remain effective. Staff were able to describe manifestations of pain and discomfort in residents and effective management strategies. Medication charts identify various preparations and administration routes for analgesia and ‘as required’ analgesia is evaluated for effectiveness. Resident confirm that pain levels are well managed and that care staff are responsive to clinical needs. Various pain management strategies are implemented including the use of aromatherapy, positional changes, analgesia, diversional therapy strategies and heat packs.

2.9 Palliative care

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

Team’s recommendation

Does comply

Where the objective of care changes from active management to palliation, care conferences with families and medical practitioners with advanced care planning is undertaken for terminal care wishes. Individual needs and preferences are discussed with the resident and/or representative and end of life information is obtained to outline care directives and ensure that end of life choices are documented and actioned. The home has introduced palliative care documentation to guide care staff in the evaluating clinical documentation to ensure that comfort needs are met, appropriate analgesia and sedation and oral hygiene, pressure area care and comfort needs are addressed and reviewed. Residents and relatives confirm that dignity and choice are maintained and

that care staff are supportive in care delivery evidenced through correspondence to the home. Appropriately qualified and trained staff manage complex pain management interventions, with the home providing education on palliative care strategies to care staff. Resources are available for staff, residents and relatives including bedding for relatives to stay over and sensory and spiritual resources.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

On entry to the home residents nutritional and hydration requirements and preferences are assessed. Care plans are developed from assessed information and reviewed two monthly with evaluations and weight monitoring. Referrals are managed as required to dietetic and speech pathology services. Nutritional requirements including texture, fortified supplements, like and dislikes, assistive devices, allergies and assistance required are noted, however, the information is not consistently managed. Residents and relatives report general satisfaction with meals and catering staff responsiveness to requests. Nutritional supplements are available for residents requiring additional support.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin integrity and the potential for skin breakdown are assessed on entry to the home and on an ongoing basis. Individualised care plans detail interventions to maintain or improve residents’ skin integrity, including hygiene information, nail care, pressure area care with positional changes and equipment, use of emollients and wound management strategies. Wound management charts are in place, which record the management and frequency of treatment and details of wound review, although the information is not consistently managed. Wounds are dressed and evaluated by registered nurses division one or enrolled nurses.

2.12 Continence management

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

Team’s recommendation

Does comply

Functional toileting requirements and continence support needs are assessed on entry to the home and individualised continence management care plans are developed. Information in care plans includes strategies such as regular toileting times, dietary and hydration strategies and the management and prevention of constipation and urinary infections. Evaluations of care interventions are undertaken two monthly and where changes are noted in the continence patterns of residents’ reassessment is commenced although information is not consistently completed. Adequate levels of linen and continence support aids were observed within the home and the home was

noted to be odour free. Residents and relatives expressed satisfaction with the support provided and resources available.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Behaviour assessments are conducted with challenging behaviours identified with interventions recorded and evaluated for effectiveness with referral to external specialist services as required. Although triggers are not consistently documented, care staff are able to describe and identify basic triggers and strategies to minimise and manage specific behaviours. Staff were observed to interact with residents in a calm and respectful manner and staff report effectiveness with aromatherapy and sensory stimulation room interventions. Challenging behaviours are identified and individual interventions recorded are evaluated for effectiveness with referral to specialist services as required for review. A secure unit caters for residents with dementia who are ambulant and privacy ribbons were noted across bedroom doors to minimise the impact of wandering residents. Procedures relating to usage, review and evaluation for chemical and physical restraint for behaviour management are in place and staff are aware of the processes. Education has been provided to care staff in relation to the management of residents with dementia and other challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Mobility, safety needs, effective transfer strategies, manual handling issues and dexterity are assessed on entry to the home and as care needs change. A physiotherapist attends for review and assessment of residents, and care plans reflect resident’s level of mobility with interventions to maintain and maximise independence that care staff implement. Residents are encouraged to mobilise and attend meals and activities in the communal dining and sitting rooms, and were observed walking with ambulatory aids. Falls are monitored, tracked for trends and causative factors, with strategies implemented to prevent and minimise recurrence and injury as required. Residents and relatives confirmed satisfaction with staff assistance to enable mobility and aids available including assistive devices such as modified cutlery for meals.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral and dental health, including hygiene practices and dental history are assessed on entry and reviewed regularly and as required. Care plans identify individual assistance requirements to maintain oral hygiene and support required for dental review and interventions. Residents are supported to access their own dentist or

dental technician as required. Relatives report satisfaction with the support of staff in achieving the oral and dental care needs of residents.

2.16 Sensory loss

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

Team’s recommendation

Does comply

On entry to the home residents’ communication needs and sensory losses are identified with sensory aids utilised documented on care plans. The care plan includes care of sensory aids such as frequency and type of assistance with management and communication strategies to maximise residents functioning are noted and evaluated for effectiveness. Resident, relatives and documentation confirmed that referral to appropriate health professionals are facilitated by the home and glasses and hearing aids observed to be clean and well maintained.

2.17 Sleep

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

Team’s recommendation

Does comply

Sleep and settling patterns and preferences are assessed and documented on entry to the home. Preferred settling times and routines are noted, however daily rest periods are not consistently identified. Regular care reviews identify any disturbances to normal sleep patterns, and strategies that are effective including positional changes, settling habits and preferences and choice of rising and settling time are recorded. Non-pharmacological interventions and strategies are promoted, including the use of aromatherapy and prescribed medication as clinically indicated. Residents report that the home is generally quiet at night, and staff attend promptly as required.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home collects data that is logged through an automated quality management computer program system. Initiatives for improvement are identified through stakeholder suggestions and feedback, clinical monitoring data, observations about care and services, meetings, incident and accident reports, internal and external audits and clinical data. A family member chairs the monthly residents and relatives meeting and discusses concerns with management and reports back to the committee. Issues are logged through the quality system and tracked for milestones, outcomes and

evaluated. Each expected outcome is audited according to a schedule of self assessment and continuous improvement. Feedback is analysed for trends and corrective actions are put in place to address specific issues. Meetings of minutes are made available on noticeboards to display issues discussed and actions taken.

Recent and ongoing improvements under this standard have included:

- Staff have requested disposable face washers to attend to resident hygiene after meals. A trial product was sourced and the evaluation process indicated that the washers were unsuccessful, management stated that the home is sourcing different washers which would also be evaluated for use and effectiveness.
- Velcro tabs with attached ribbons have been placed on doors in the dementia unit to enhance privacy and reduce the impact of wandering residents in response to feedback. The use is yet to be formally evaluated, however staff report that the strategy is effective.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Current information about legislative and regulatory compliance relating to resident lifestyle is maintained and readily accessible to staff. The team observed the resident agreement, which included the care and services specified under the *Aged Care Act 1997*. Information relating to the internal, external complaints mechanisms is documented in the residential information package and is displayed at reception and throughout the home. Residents and relatives interviewed stated that they had been informed about the complaints mechanisms and are ware of their rights and responsibilities.

3.3 Education and staff development

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

Team’s recommendation

Does comply

The home promotes a learning environment to ensure staff have the appropriate knowledge and skills to perform their roles effectively. Staff development programs are based on information gathered through an annual staff learning needs questionnaire, appraisals, audit results, skills required and skill deficits. The lifestyle staff attend monthly diversional therapy meetings that include education sessions. Staff feedback indicates management is very supportive of their educational requirements and state they are provided with excellent training opportunities.

Education plans and training records reflect topics and areas that include the outcomes of this standard such as:

- Dementia in the elderly
- Sensory therapy
- Experiencing dementia

- Elder abuse
- Person centred care
- Legal issues in diversional therapy.

3.4 Emotional support

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

Team's recommendation

Does comply

Emotional support to the resident and representatives begins with a pre admission visit. Residents' emotional needs are assessed on entry to the home and on an ongoing basis. Care plans outlining effective methods of providing support are formulated and regularly reviewed and updated as required. The home provides extra support to the resident during the settling in period and on an ongoing basis, through orientation and introductions, one to one communication, access to chaplaincy support services and referral to health providers if appropriate. Residents and representatives state they are very happy with the emotional support they receive at the home.

3.5 Independence

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

Team's recommendation

Does comply

Residents' lifestyle needs and preferences, such as social, cultural and community interests, are assessed on entry to the home and regularly reviewed. Care files record the level of support and assistance required and identifies residents who require an authorised person to act for them. The resident handbook outlines the residents' rights and responsibilities and discusses services to support their needs. The residential agreement outlines the residents' right to take leave and discusses services to support their needs. Physiotherapy and activities programs assist residents to maintain social and physical independence and staff assist residents who choose to undertake their own laundry by providing access to the laundry. The home encourages and supports residents to maintain previous links with in the community and organises bus outings. Visiting times are open and flexible. Residents and relatives confirmed that they are supported to be as independent as possible.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Systems are in place to ensure residents' privacy and dignity is maintained. Care plans document residents' wishes regarding preferences and privacy issues. Staff follow procedures that ensure residents privacy and dignity is not compromised while assisting with hygiene routines, application of treatments and discussing resident's individual needs. A 'do not enter sign care in progress' is displayed outside rooms

when staff are assisting residents. The team observed staff to be respectful of resident's privacy by knocking on doors before entering rooms. All residents or their representatives are offered the opportunity to sign a consent form to authorise the use of photographs. Residents' specific and cultural needs are also respected and valued. Documentation of a confidential nature is stored and accessed only by appropriately designated personal. Residents were observed to be well groomed and those interviewed stated that they felt their privacy and dignity was respected by management and staff.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents' life style and leisure needs are assessed in consultation with residents and relatives, preferences are documented on the lifestyle plan and are reviewed two monthly. Changes are made as required. Information is collected from residents and relatives from the date of entry and extensively over the next 28 days. Lifestyle staff visit the resident daily to provide emotional support and gain as much information as possible. A range of individual and group activities are offered through a flexible program over six days. The program caters for social interaction, and physical activities and also makes provision for residents who have mobility and cognitive issues as well as multicultural needs. The secure unit has specifically designed activities including sensory therapies. Activity session attendance records are maintained and evaluations are completed. A volunteer program is maintained and provides assistance for residents to attend activity programs. Residents and relatives are able to input into the program through, meetings, surveys and directly to management and staff. Residents and representatives reported that they are satisfied with the activities program and stated that it supports their needs.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents' are assessed on entry to the home for their cultural and spiritual needs the information is used to formulate a care plan providing specific information for individual needs. Management and staff encourage residents to celebrate significant anniversaries and events and assist them to do so. Regular religious services are conducted in the home and a pastoral care worker visits regularly. Local churches also provide for residents' spiritual needs. The home ensures that religious and other significant dates are celebrated according to the customs and beliefs of the resident. Staff interviewed were sensitive to the resident's cultural and spiritual needs. Residents reported that they are satisfied with the way their spiritual needs are met and are assisted to attend church services as required.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents' choice and preferences are identified through the admission and assessment process and care plans are formulated with individual choices. Various forums, such as regular meetings, family conferences and satisfaction surveys provide opportunities for residents and relatives to actively participate in choices in all areas including lifestyle, care and input into the menu. Residents and relatives are informed about the internal complaints mechanism and external advocacy services. Orientation and care planning consultation provide information and regular evaluation of care plans confirm that resident's wishes are followed through ensuring individual choices are met. Residents and relatives interviewed reported that they are satisfied that staff respect their choices and that they are supported in choice and decision making.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Accommodation agreements are provided on entry to the home. The residential service agreements contain information on security of tenure, rules of residency, rights and responsibilities, prudential compliance arrangements, leave entitlements, complaint resolution and specified care and services. Although the team noted that there is not a formal process to provide residents and relatives with written verification on specified care and services when care needs change from low to high care, management stated that a care consultation form is utilised to ensure correspondence with the family regarding changed care needs and relatives confirm awareness of goods and services provided by the home. Residents and relatives are also provided with information through meetings and information on noticeboards.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's recommendation

Does comply

The home has recently introduced additional documented policies, procedures and quality and risk assessment tools that interface with existing data collection processes, to pursue continuous improvement. Opportunities and initiatives for improvement are

identified through staff and resident suggestions and feedback, observations about care and services, issues from meetings, incident and accident reports, internal and external audits and clinical data. Issues are logged through the quality system and tracked for milestones, outcomes and evaluated. Each expected outcome is audited according to a schedule of self assessment and continuous improvement. Management discusses improvement initiatives at meetings and obtains feedback from all stakeholders. Service data is collected, including infection control information and analysed for trends. Staff interviewed demonstrated awareness of the quality processes, however staff stated and management acknowledged that the system is time intensive and contains numerous data collection forms and documents.

Recent activities undertaken or in progress relating to the physical environment and safe systems include:

- Replacement of floor coverings in some bed rooms in the dementia wing to provide a more suitable surface in response to continence management issues identified.
- Relocation of oxygen cylinders from the staff office to a secure areas with appropriate signage and ventilation to improve storage safety.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home identifies changes in safety, infection control and hospitality legislation through information received from professional associations. Current fire safety certification and essential services certification are available and demonstrate compliance with regulatory requirements. The home has systems in place to monitor staff attendances at mandatory training. There are policies and procedures for occupational health and safety, infection control, fire safety and regular internal and external audits monitor compliance with legislative requirements in these areas. Staff were able to describe their roles in monitoring compliance through incident reports, infection control and work practices.

4.3 Education and staff development

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

Team’s recommendation

Does comply

The home ensures staff participate in training and education programs that ensure residents and staff are safe. These programs provide staff with information about the safety systems related to the building, and how to respond in the event of a range of emergencies. Mandatory training, assessments and staff competencies are conducted for manual handling, as well as fire and emergency procedures for staff, chemical training, infection control, food safety and occupational health and safety training. Assessments are conducted, and opportunities to strengthen staff knowledge and skills are identified and acted upon. Staff feedback indicates management is supportive of

their educational requirements and state they are provided with excellent training opportunities.

Education plans and training records reflect topics and areas that include the outcomes of this standard such as:

- Manual handling
- Operating instructions for lifting machines
- Preventative injury planning strategies
- Fire and emergency training
- Fire warden training
- Mock evacuation training
- Food safety information sent to all families in relation to bringing food into the home
- Infection control and associated competency.

4.4 Living environment

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

Team's recommendation

Does comply

The purpose built home accommodates residents in single rooms with private ensuite facilities. The home is divided into wings, each with a dining and lounge area and an enclosed courtyard. Communal facilities are available including a library, chapel, resident laundry, spa bath room, hairdressers salon, activity room and a sensory stimulation room in the dementia area. Residents and staff confirm that maintenance issues are addressed in a timely manner and that the home is well maintained. Centrally controlled heating and cooling is available and residents commented on the suitable temperature of the home. Regular environmental audits are conducted to identify potential and actual hazards and environmental issues.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

There is an effective occupational health and safety system within the home with systems in place to identify, evaluate and action incidents and hazards. Audits, surveillance programs, and observation are all used for data collection. Issues are entered onto into the home's electronic data system. Results are analysed and trended, outcomes are evaluated and reports are tabled at regular meetings for, staff and residents. Occupational health and safety is included as an agenda item at all meetings where issues and outcomes are discussed. The orientation and education program include information regarding compulsory training in safe systems. The homes occupational health and safety representatives have all completed a training course and monitor compliance, through environmental audits, undertake investigations and involve staff in corrective actions as required. These processes and maintenance routines ensure that the environment is safe and that equipment is fit for its intended use. Staff interviewed demonstrated an understanding of occupational health and safety issues.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

Emergency procedures are documented in policy and procedure manuals and evacuation procedures are displayed. The home's orientation program includes information about fire and safety procedures. The home meets the requirements of the current certification score and the team observed fire safety systems to be in place and regularly monitored and maintained by contracted fire professionals to ensure that fire fighting equipment and detection system are checked, tested and maintained regularly. Chemicals are stored safely with material safety data sheets. Designated fire exits are clearly signed and obstruction free. Staff confirmed that they receive emergency fire training annually and are able to explain the evacuation procedures. There are designated smoking areas external to the building. Staff interviewed had a good understanding of the procedures and practices to follow in the event of a fire or emergency situation.

4.7 Infection control

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

Team's recommendation

Does comply

Polices guide care staff in infection surveillance data collection and collation and outbreak management. A manual infection control monitoring system is operation with registered nurses documenting infections with and without pathology and antibiotics. Infection data is analysed for trends and actions are implemented as required to address issues with discussion of data at staff meetings and referral to the quality management committee as required. A pest control program, sharps and waste disposal processes are operational. Staff confirm the availability of personal protective equipment, a vaccination program and mandatory education and demonstrated their responsibilities in relation to hand washing and use of blood spills kit.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The residents are informed of the homes hospitality services on entry and residents' dietary needs and preferences are documented with a copy provided to the contracted catering service. Meals are prepared off site at a sister facility and transported in appropriate food storage containers daily. A cook chill method is used with meals heated on site and documentation confirm that food is chilled and cooked to the required temperatures. The menu has been reviewed by a dietician and provides residents with a nutritionally balance meals with choice and a menu individualised according to resident preferences. The team observed that meals served in the dining room were attractively presented and residents were enjoying their meals and the

company of others. Appropriate cleaning schedules are in place and records confirmed they are consistently carried out. Residents and relatives said overall they are satisfied with the choice of meals provided to them and have the opportunity to comment if they are not happy with the service offered to them.

Laundry services' are completed externally and collected daily. There are two laundries within the home set up for residents use. Staff assist the residents to use these facilities as required. Residents and relatives stated that the laundry service provided to them was adequate for their needs.

External contractors facilitate cleaning of the home and residents' rooms. Cleaning systems are monitored and evaluated through audits, resident surveys and feedback mechanisms. Any gaps identified are actioned in consultation with residents, relatives and staff. The team observed chemicals to be stored in appropriate conditions with material safety data sheets located with the chemicals. The team observed the facility to be clean and well maintained. Residents and families state that they are happy with the cleaning of their rooms and the general areas of the home.