



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Lilley Lodge Nursing Home**

RACS ID 4096  
9 Brown Street, Long Gully  
BENDIGO VIC 3550

**Approved provider: Rising Dune Pty Limited as trustee for Wynwood Trust**

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 09 October 2018.

We made our decision on 18 August 2015.

The audit was conducted on 14 July 2015 to 15 July 2015. The assessment team's report is attached.

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

### **Actions Following Decision**

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

## Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 30 October 2015 concerning the home's performance against the Accreditation Standards is listed below.

### Standard 1: Management systems, staffing and organisational development

<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
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

<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
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

<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
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

<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Lilley Lodge Nursing Home 4096**

**Approved provider: Rising Dune Pty Limited as trustee for Wynwood Trust**

### **Introduction**

This is the report of a re-accreditation audit from 14 July 2015 to 15 July 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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.8 Information systems

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 14 July 2015 to 15 July 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

<b>Team leader:</b>	Sarah Lawson
<b>Team member:</b>	Marg Foulsum

## Approved provider details

<b>Approved provider:</b>	Rising Dune Pty Limited as trustee for Wynwood Trust
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## Details of home

<b>Name of home:</b>	Lilley Lodge Nursing Home
<b>RACS ID:</b>	4096

<b>Total number of allocated places:</b>	73
<b>Number of care recipients during audit:</b>	61
<b>Number of care recipients receiving high care during audit:</b>	Not applicable
<b>Special needs catered for:</b>	Care recipients living with dementia
<b>Email address for submission of audit assessment information:</b>	<a href="mailto:gerard@risingdune.com.au">gerard@risingdune.com.au</a>

<b>Street:</b>	9 Brown Street, Long Gully
<b>City:</b>	Bendigo
<b>State:</b>	Victoria
<b>Postcode:</b>	3550
<b>Phone number:</b>	03 5449 2400
<b>Facsimile:</b>	03 5442 3373
<b>E-mail address:</b>	<a href="mailto:lilleylodge@risingdune.com.au">lilleylodge@risingdune.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management/administration	6
Nursing/care/lifestyle staff	10
Allied health	1
Care recipients/representatives	11
Hospitality/environmental staff	6

### Sampled documents

Category	Number
Care recipients' files	12
Residential agreements	5
Medication charts	7
External contractor agreements	4

### Other documents reviewed

The team also reviewed:

- 'Blue' folder
- Audit schedule, audit reports and inspection checklists
- Care recipient and staff information booklets and packs
- Cleaning schedules
- Clinical assessments, charts, plans, forms and documentation
- Comments and complaints documentation
- Communication diaries
- Continuous improvement plan
- Drugs of addiction register and medication refrigerator temperature charts
- Education calendars and attendance records
- Emergency evacuation list

- Emergency procedures including wildfire plan
- Fire and essential services inspection and testing records
- Food safety program, audits, dietary information and menu
- Handover sheets
- Incidents
- Lifestyle calendar and attendance records
- Mandatory reporting register
- Meeting minutes, memoranda, surveys and newsletters
- Mission, vision and philosophy statements
- Police certificate and nursing registration data
- Policies and procedures
- Preventative and reactive maintenance records
- Recruitment and orientation information
- Rosters
- Safety data sheets
- Self-assessment
- Six monthly clinical indicator data and analysis.

## **Observations**

The team observed the following:

- Activities in progress
- Emergency and firefighting equipment, evacuation kit, egress routes and pathways
- Equipment and supplies, storage areas and signage
- Feedback forms, brochures and suggestion boxes
- Information noticeboards
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshment services
- Medication administration and storage

- Short observation conducted in the dining room.

## 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

The home actively pursues continuous improvement across the Accreditation Standards. Management identify improvements through meetings, feedback forms, audits, complaints, corrective actions and informal feedback. Improvements are logged to the continuous improvement plan and prioritised according to risk and impact on care recipients.

Management allocate responsibilities to relevant managers who delegate to department staff. Progress is monitored through the monthly quality meeting and improvements are evaluated.

Examples of improvements implemented by the home relevant to Standard 1 - Management systems, staffing and organisational development include:

- To reduce crowding at the reception desk/nurses' station, management installed a new nurses' desk outside the facility manager's office. This allows staff to complete documentation at an alternative location, reducing crowding and has been well received by staff.
- Management introduced an automated staff log on and off system using a swipe card that links directly with the payroll system to streamline and improve accuracy. This has reduced paperwork and inaccuracies in the recording of work time. Management are continuing to monitor the system.

#### 1.2 Regulatory compliance

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

##### **Team's findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management receive information through legal advisors, peak industry bodies, government departments and external

consultants. Senior management identify required actions and update schedules as required. Management inform staff through meeting processes. Compliance is monitored through observations, audits and automatic alert systems.

Examples of regulatory compliance relating to Standard 1 - Management systems, staffing and organisational development include:

- The home has a system to manage and monitor police certificates and statutory declarations for all staff, volunteers and contractors.
- The home monitors the credentials of registered and enrolled nurses.
- Notification to stakeholders of the reaccreditation audit occurred within regulated timeframes.

### **1.3 Education and staff development**

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

#### ***Team's findings***

The home meets this expected outcome

The home has systems to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. An annual education plan is developed and additional training included as required. Audits, meetings, incident reports, infection monitoring and staff requests identify training needs. Management maintain a matrix to record attendance at annual mandatory education. The home has an orientation program for new staff. The home holds weekly televised education and regular tool box sessions. Staff stated they are satisfied with the education provided internally and care recipients and representatives said staff have the appropriate knowledge and skills.

Recent training and development opportunities relevant to Standard 1 include:

- incident investigation and reporting
- team work – managing conflict
- audits, what they are and why we do them.

### **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

Care recipients, representatives and other stakeholders have access to the home's internal and external complaints systems. Management provide information regarding internal and external complaints mechanisms during entry processes and this is included in the information pack. Feedback forms, suggestion boxes and external complaints brochures are readily accessible throughout the home. Stakeholders may also provide feedback through letters, meetings, surveys and informal discussions. Management meet with complainants to discuss

issues and determine appropriate actions. Complaints are logged and followed up as required. Care recipients and representatives are aware of feedback systems and are confident and comfortable raising concerns.

### **1.5 Planning and leadership**

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

#### **Team's findings**

The home meets this expected outcome

The home has documented its mission, vision and philosophy. This includes a commitment to continually improve and upgrade services with a focus on valuing older people and facilitating them to live with dignity and purpose according to their individual aspirations and needs. Management include the information in key documentation and it is on display in the home.

### **1.6 Human resource management**

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

#### **Team's findings**

The home meets this expected outcome

The home has systems to ensure staff are appropriately skilled and sufficient in numbers to meet care recipients' requirements. Recruitment processes include formal interviews, reference and credential checks. Position descriptions, handbooks, policies and procedures and other relevant resources support staff in their roles. Ongoing monitoring of staff practice occurs and includes observation, competency testing and incident reports. Adequate staffing levels and skill mix is maintained with a registered nurse on duty at all times. Staff stated they have sufficient time to perform their roles. Care recipients and representatives are satisfied with staff skills, knowledge and the manner in which staff provide care and services.

### **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

Systems ensure there are adequate stocks of appropriate goods and equipment to provide quality service delivery. Staff record usage of consumables and management complete scheduled ordering to maintain stock levels. Supplies are used on a rotating system and safely stored in secure areas. There are processes to access emergency supplies if required. Staff follow cleaning programs and maintenance schedules to monitor the condition and maintenance of equipment. Faulty equipment is signed and removed from service and there is a process for the purchase of additional or replacement equipment. New equipment is trialled where possible and suppliers train staff in correct use and maintenance. Staff train their colleagues as required and new equipment is generally added to maintenance schedules.

Care recipients, representatives and staff are satisfied with the quantity and quality of supplies and equipment available.

### **1.8 Information systems**

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

#### ***Team's findings***

The home does not meet this expected outcome

The home does not have effective information management systems in place. Care recipients' clinical documentation is not consistently accurate or current. Staff and stakeholders do not have access to current, accurate and consistent information. Care recipients' information is not consistently kept confidential. Information systems are not being used effectively to inform and identify issues and gaps across the Standards.

### **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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. Management maintain service agreements with all external contractors and ensure contractors are appropriately qualified, insured, registered and licenced and hold current police certificates. Staff refer to preferred provider lists when engaging contractors and management evaluate performance through stakeholder feedback, audits, surveys and observation of performance. Care recipients and representatives are satisfied with the external services provided.

## **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

The home pursues continuous improvement related to care recipient health and personal care. Refer to expected outcome 1.1 Continuous improvement for information regarding the home's systems and processes.

Examples of improvements related to Standard 2 - Health and personal care include:

- In response to feedback the home has purchased two new gel chairs for care recipients. This has reduced reliance on physical restraint and is more comfortable for care recipients.
- To improve staff skills, management commenced 'mini toolbox' education sessions. These are conducted in small groups at various times or at care handover. Staff appreciate this opportunity and management report this is a good opportunity to address issues quickly.

### **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

The home has systems for identifying relevant legislation, regulations, professional standards and guidelines relating to care recipients' health and personal care. For information about the home's systems and processes, please refer to expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 2 - Health and personal care includes:

- Registered nurses plan, supervise and undertake specialised nursing care.
- Medications are stored safely and administered according to legislated processes and guidelines.

## 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

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to their provision of health and personal care. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Recent education opportunities relevant to Standard 2 - Health and personal care include:

- dementia and responding to behaviours
- clinical skills for care staff
- palliative care and pain management
- managing urinary catheters.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive appropriate clinical care. On entry an initial care plan guides staff practice until completion of the assessment period. Staff develop individualised care plans from assessments which generally identify needs, preferences and strategies required.

Nurses regularly review care plans and consult with care recipients or representatives. The monitoring of clinical care occurs by audits, incident reports, clinical data analysis and stakeholder feedback. Staff use appropriate clinical interventions to meet care recipients’ needs. Care recipients and representatives are satisfied with the clinical care 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

Appropriately skilled staff identify and meet care recipients’ specialised nursing care needs. Clinical staff assess, plan and evaluate care recipients’ specialised nursing needs in consultation with appropriate health specialists and general practitioners. Care plans document specialised nursing needs, preferences and strategies required. Specialised nursing needs are monitored by stakeholder feedback, audits and incident reports. Staff have

appropriate knowledge and skills to provide specialised nursing care. Care recipients and representatives said care recipients receive specialised nursing care in accordance with their needs and preferences.

## **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

Referrals to appropriate health professionals for care recipients occur in accordance with their needs and preferences. Staff access allied health services including a speech pathologist, dietitian, physiotherapist and podiatrist. Observation, progress notes and feedback identify each care recipient’s need for referral to appropriate health specialists.

Staff implement and follow health specialists’ recommendations as required. Care recipients and representatives said referrals to appropriate health specialists take place frequently and as necessary.

## **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 management of care recipients’ medication occurs safely and correctly. An assessment of care recipients’ medication administration needs occurs on entry. Medication charts generally document relevant information including special instructions, allergies and photographs for ease of identification. Management monitor medication administration by audits, incident data analysis and staff competency completion. Staff store medications appropriately and assist or supervise care recipients’ medication administration as necessary. Care recipients and representatives said the administration of care recipients’ medications is timely.

## **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

Care recipients are as free as possible from pain. Nurses complete care recipients’ pain assessments. Care plans document strategies required. Consultation takes place with care recipients, representatives and the health care team as needed. Pain management interventions include medication, heat packs and massage. Management monitor care recipients’ pain management by audits and stakeholder feedback. Staff are aware of appropriate pain management interventions to implement. Care recipients and representatives are satisfied with the management of care recipients’ pain.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill care recipients. Care plans reflect palliative care needs and preferences when required and a review of these needs is ongoing throughout the palliative care stages. Staff access general practitioners and palliative care specialists if guidance is required. The monitoring of palliative care occurs by audits and stakeholder feedback. There are sufficient goods and equipment to provide appropriate palliative care and education is provided to staff as required. Care recipients’ representatives expressed satisfaction with how staff accommodate care recipients’ palliative care needs.

## 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

Care recipients receive adequate nourishment and hydration. Care recipients have a dietary assessment completed on entry that informs kitchen staff. Care plans generally identify dietary requirements and the level of assistance staff are to provide when assisting care recipients with meals. Staff monitor care recipients’ weight and referrals to dietitians and speech pathologists take place as needed. Management monitor nutrition and hydration by weight analysis, audits and stakeholder feedback. Staff assist care recipients with meals in an appropriate manner. Care recipients and representatives are satisfied with the home’s approach to meeting care recipients’ nutrition and hydration needs.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Staff assess care recipients’ skin integrity and care plans document needs and preferences, including the level of assistance and equipment required. Progress notes identify breaks in care recipients’ skin and staff initiate follow up care. Wound care charts guide staff practice when wounds occur and access to a specialist wound care nurse is available. Staff have access to appropriate emollient creams and dressings. Management monitor care recipients’ skin care needs by audits, incident reports, observation and stakeholder feedback. Care recipients and representatives are satisfied with the care provided in relation to care recipients’ skin care management.

## **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 processes to ensure staff manage care recipients’ continence needs effectively. Initial assessments and the care plan take into consideration the level of staff assistance required by the care recipient and continence aids if needed. The home’s approach to continence management encourages promotion of care recipients’ independence. Staff said they have access to sufficient continence aids and displayed their knowledge of care recipients’ toileting requirements. Care recipients and representatives are satisfied with continence care provided and the way staff promote care recipients’ independence.

## **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 management of care recipients’ with challenging behaviours is effective. Staff assess care recipients’ behaviours on entry and ongoing. Care plans identify behaviours and interventions needed. Management monitor care recipients’ behaviour needs by audits, incident reports, observation and stakeholder feedback. Staff are educated on appropriate methods for managing care recipients with challenging behaviours. Staff are familiar with individual care recipients’ behaviours of concern and they implement appropriate strategies. Care recipients and representatives are satisfied with the approach to managing care recipient behaviours.

## **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

Management of care recipients’ levels of mobility and dexterity is effective in achieving optimal levels. Care recipients have their mobility and dexterity needs assessed on entry. Care plans identify interventions including aids and equipment needed for mobilisation and the level of assistance required. A physiotherapist visits the home on a regular basis.

Management monitor mobility by audits and stakeholder feedback. Staff have attended education in relation to assisting care recipients with their mobilisation needs. Care recipients and representatives are satisfied with the home’s approach to optimising care recipients’ mobility and dexterity.

## **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 maintenance of care recipients’ oral and dental health occurs effectively. Oral and dental care assessments take place and care plans identify aids, equipment and the level of assistance required. Management monitor oral and dental care by audits and stakeholder feedback. Staff assist care recipients with maintaining their oral and dental hygiene regimes. Care recipients and representatives said care recipients receive assistance as required to maintain care recipients’ oral and dental care.

## **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

Assessment and care planning processes ensure staff identify and manage care recipients’ sensory losses. Staff develop management strategies to minimise any identified sensory loss relating to the five senses. Referrals to audiologists and optometrists occur and devices to assist in sensory loss are acquired as needed. Care plan information includes the level of assistance required and strategies to optimise sensory function. Management monitor sensory loss by audits and stakeholder feedback. Staff said they assist care recipients in maintaining and fitting sensory aids. Care recipients and representatives said they are satisfied with the support and care provided to manage 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

Care recipients are able to achieve natural sleep patterns. Staff identify care recipients’ sleep needs and preferences using entry and ongoing assessments. Care plans document individual preferences including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Management monitor care recipients’ sleep requirements by audits and stakeholder feedback. Staff encourage natural sleep patterns, meeting care recipients’ environmental needs, pain management requirements and continence care. Care recipients said they are able to communicate with staff in relation to their sleep needs.

## 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

The home pursues continuous improvement related to care recipient lifestyle. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s systems and processes.

Examples of improvements related to Standard 3 - Care recipient lifestyle include:

- In response to incident investigation, management has implemented a training program and competency assessment regarding mandatory reporting of care recipient assault. Twenty-one staff have completed training and all staff complete annual competency. New staff are trained at orientation. Management are confident staff are now aware of their responsibilities regarding mandatory reporting.
- To support positive behaviour management, the lifestyle program has commenced a ‘twilight’ program that operates five days per week between 2.30 and 7.30 pm. Staffing was restructured and the program includes a focus on undertaking purposeful activities. Staff report care recipients are wandering less, appear more settled and exhibit more positive self-esteem.

### 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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines about care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Examples of regulatory compliance relating to Standard 3 - Care recipient lifestyle include:

- The home has policies and procedures in relation to privacy and confidentiality.
- The home has procedures for recording and reporting alleged or suspected care recipient assault.
- Residential agreements outline care and services and security of tenure.

### 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

Management and staff have appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for details of the home’s education and staff development system.

Recent education opportunities relevant to Standard 3 - Care recipient lifestyle include:

- elder abuse
- meaningful activities
- sexuality and the older person
- person centred activities.

### 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 systems to support care recipients to adjust to life in the home and to provide ongoing emotional support. Prospective care recipients have opportunity to tour the home and consider a respite stay prior to entry. Management provide written and verbal information about the care and services available. Staff assess care recipients' emotional support needs on entry and pastoral care workers and religious clergy are available as preferred. Lifestyle staff introduce care recipients to others and encourage them to join in group activities. One on one support is available and staff ensure specialist referrals occur as required.

Management and staff invite care recipients to decorate their rooms with cherished items and family and friends are actively encouraged to join in the activities of the home. Care recipients and representatives are satisfied with the emotional support provided.

### 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

Care recipients are assisted to maximise their independence, maintain friendships and participate in the life of the community. Staff assess care recipients' independence in physical and cognitive tasks and identify aids, equipment and individual practical support needs. The home implements strategies to support the maintenance of independence such as exercise sessions, ramps, handrails, mobility aids and adapted equipment for personal and recreational tasks. Visitors are encouraged and community groups and entertainers attend the home. Care recipients have the opportunity to exercise their right to vote and care recipients are supported to participate in community based activities as preferred. Care recipients and representatives are satisfied care recipients' independence is supported and encouraged.

### 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 recognises and generally respects each care recipient's right to privacy, dignity and confidentiality. Management provide care recipients with information about their right to privacy and confidentiality on entry and seek consent to display their names and photographs. Care recipients are accommodated in single or shared rooms with communal bathrooms. Staff knock before entering care recipients' private space, dignity robes are used as required and staff ensure privacy curtains are closed when attending to personal tasks in shared rooms.

There are small lounge areas where care recipients may meet with their visitors in private if they wish. Care recipients and representatives are satisfied staff respect their 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

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Care recipients and representatives complete lifestyle information prior to entry that considers the care recipient's background, interests, personal preferences and cultural and spiritual needs. This forms the development of a care plan that is reviewed monthly. Lifestyle staff meet with the care recipient soon after entry to establish a relationship and encourage participation in the group program. Individual interests are identified and supported. The activity calendar includes a variety of activities that are adapted to meet individual needs and includes the celebration of special days. Staff maintain attendance records and the program is evaluated through informal feedback, attendance, meetings, observation of enjoyment and surveys. Care recipients and representatives said they are satisfied with the lifestyle activities provided by the home.

### **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

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Staff gather information about care recipients' culture, language and spiritual beliefs prior to entry. Staff have access to multicultural resources and community cultural support services as required. The lifestyle program incorporates celebration of various cultures and this includes costume, music, food, quizzes and armchair travel.

Religious representatives visit care recipients as preferred and conduct regular services in the on-site chapel. Care recipients of all denominations are welcome to attend and those who wish to attend community based services are supported to do so. Care recipients and representatives are satisfied with the cultural and spiritual support provided.

### **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

Each care recipient or their representative participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over their lifestyle while not infringing on the rights of others. Management provide information detailing the care and services available prior to entry. Staff consult with care recipients and representatives regarding individual preferences as part of assessment processes and during day to day interactions. Stakeholders also have opportunity to provide feedback and express their opinions through meetings, 'Have your Say' forms and surveys. Care recipients and representatives are satisfied with the opportunities for choice and decision making available to them.

### **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

Care recipients have secure tenure within the home, and understand their rights and responsibilities. Management provides prospective care recipients with information about security of tenure, care and service entitlements and rights and responsibilities. New care recipients are offered an agreement that includes this information and posters are on display. There is a process of consultation and agreement prior to any change of room and management support care recipients and representatives if they choose to move to alternative accommodation. Care recipients and representatives are satisfied the care recipient has secure tenure and are aware of their 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

The home pursues continuous improvement related to the physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s systems and processes.

Examples of improvements related to Standard 4 - Physical environment and safe systems include:

- In response to feedback, the home has introduced insulated plates to maintain the temperature of hot food. Feedback indicates this has been effective and well received by care recipients.
- To enhance the external living environment, management has installed a new garden in the South wing. This is regularly enjoyed by care recipients and their visitors in fine weather and provides additional space for small groups to meet in private.

### **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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines regarding the physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Evidence of regulatory compliance related to Standard 4 - Physical environment and safe systems includes:

- The home has a current food safety program, certification by third party audits and inspections related to food safety.
- The home’s systems ensure monitoring and maintenance of emergency and essential service systems.
- Current safety data sheets are available.

### **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

Management and staff have appropriate knowledge and skills to perform their roles effectively in the physical environment and to ensure safe systems. Refer to expected outcome 1.3 Education and staff development for details of the home's education and staff development system.

Recent education opportunities relevant to Standard 4 - Physical environment and safe systems include:

- manual handling
- occupational health and safety
- chemical safety
- fire and emergency.

### **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

Management and staff actively work to provide a safe and comfortable environment consistent with the needs of care recipients. Care recipients have single or shared bedrooms and bathrooms and there are large and small lounge, dining and activity rooms. Care recipients and visitors may access secure garden areas if they wish. Preventative maintenance is conducted by contracted maintenance officers who visit the home regularly and provide an 'on call' service. Specialised maintenance is attended by specialist contractors. Staff report maintenance concerns and hazards through the corrective action system and these are attended to promptly. Cleaning schedules are in place and staff conduct regular inspections to ensure the environment remains clean and well maintained.

Care recipients and representatives are satisfied with the safety and comfort of the living environment.

#### **4.5 Occupational health and safety**

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

##### **Team's findings**

The home meets this expected outcome

The home provides a safe working environment that meets regulatory requirements. There is a nominated and trained occupational health and safety representative who is responsible for overseeing workplace safety and supporting staff. Staff undertake annual mandatory training in manual handling, infection control and fire and emergency response. Occupational health and safety is discussed at all meetings and management ensure staff have access to personal protective equipment. Staff complete environmental and occupational health and safety inspections and submit corrective action reports as required. Chemicals and equipment are safely stored and staff are satisfied management provides a safe working environment.

#### **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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Staff have access to emergency management policies and procedures and are trained in fire and emergency response during orientation and thereafter annually. Management ensure specialist contractors regularly monitor and maintain fire safety systems and there are evacuation maps and fire-fighting equipment located throughout the home. Emergency exits and assembly areas are clearly identifiable. Security systems are in place to restrict unauthorised entry and the home has a generator to support power blackout. Staff, care recipients and representatives are satisfied with the safety and security of the home.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

The home has an effective system to prevent, identify, manage and contain infections. Infection control education is part of orientation and part of the home's annual mandatory education. Management collect, analyse and trend infection data then identify and implement strategies and interventions. Outbreak guidelines, protective equipment, infectious waste disposal and pest control form part of the infection control program. The home has a food safety program and cleaning schedules in place. Staff stated identification and management of infections occurs quickly and effectively.

#### **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

The provision of hospitality services enhances care recipients' quality of life and the staff's working environment. The home has a rotating menu, offering choices at meal times and prepared in accordance with a food safety program. Care recipients have input into the menu as necessary and at meetings. Staff assist care recipients with their meals in a dignified manner. Cleaners follow a schedule which ensures appropriate cleaning of all areas of the home. Cleaning occurs according to infection control guidelines and personal protective equipment is utilised. The laundering of linens and personal clothing takes place on site and laundry staff also offer a labelling service. Care recipients and representatives said they were satisfied with all of the hospitality services provided at the home.