



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Lilley Lodge Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Lilley Lodge Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Lilley Lodge Nursing Home is three years until 9 October 2012.

The Agency has found 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 the home will undertake continuous improvement measured against the Accreditation Standards.

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Lilley Lodge Nursing Home		
RACS ID:	4096		
Number of beds:	43	Number of high care residents:	42
Special needs group catered for:	• N/A		

Street/PO Box:	9 Brown Street Long Gully				
City:	BENDIGO	State:	VIC	Postcode:	3550
Phone:	03 5449 2400		Facsimile:	03 5441 7798	
Email address:	duaneger@optusnet.com.au				

Approved provider

Approved provider:	Rising Dune Pty Limited
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Assessment team

Team leader:	Donald McMonigle
Team member/s:	Elizabeth Baillie
Date/s of audit:	14 July 2009 to 15 July 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Lilley Lodge Nursing Home
RACS ID	4096

Executive summary

This is the report of a site audit of Lilley Lodge Nursing Home 4096 9 Brown Street Long Gully BENDIGO VIC from 14 July 2009 to 15 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Lilley Lodge Nursing Home.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 14 July 2009 to 15 July 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two 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:	Donald McMonigle
Team member:	Elizabeth Baillie

Approved provider details

Approved provider:	Rising Dune Pty Limited
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Details of home

Name of home:	Lilley Lodge Nursing Home
RACS ID:	4096

Total number of allocated places:	43
Number of residents during site audit:	43
Number of high care residents during site audit:	42
Special needs catered for:	

Street/PO Box:	9 Brown Street Long Gully	State:	Victoria
City/Town:	BENDIGO	Postcode:	3550
Phone number:	03 5449 2400	Facsimile:	03 5441 7798
E-mail address:	duaneger@optusnet.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Lilley Lodge Nursing Home.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Contracted pharmacist	1
Director of nursing	1	Residents/representatives	16
Registered nurses	3	Volunteers	1
Administration/care coordinator Registered nurse division two	1	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Catering staff	1	Visiting dental health technician	1

Sampled documents

	Number		Number
Residents administrative files	6	Medication charts	6
Care plans and assessments	12	Staff personnel files	6
Progress notes	12	-	-

Other documents reviewed

The team also reviewed:

- Activities calendar
- Audits
- Care assessment and assessment documentation
- Care plan review schedule
- Cleaning schedules
- Cleaning schedules
- Clinical competency documentation
- Clinical referral documentation
- Clinical risk assessment documentation
- Comments/complaints register
- Communication and referral diary
- Comprehensive medical assessment documentation
- Compulsory reporting resource folder for infection outbreak management
- Continence aids register

- Continence management manual
- Corrective action forms
- Cultural awareness folder
- Diabetic medical officer review register
- Dietary preferences register
- Dietitian's documentation regarding review of menu
- Dietitian's menu assessment documentation
- Doctors' visit register
- Education attendance register
- Education calendar and promotional material
- Education session evaluation form
- Elder abuse identification brochure
- Elder abuse resource folder
- Falls investigation documentation
- Fluids preferences register
- Guidelines for the management and control of influenza and gastroenteritis
- Ideas for action forms
- Incident reporting documentation
- Infection control audit schedule
- Infection control surveillance data
- Legislation folder
- List of medications not permitted to be crushed / chewed
- Mandatory reporting folder
- Medication administration policies, procedures and guidelines
- Medication reference publications
- Medication temperature monitoring records
- Meeting minutes
- Newsletter
- Nurse initiated medication list
- Nurses' registrations
- Nutrition and hydration management documentation'
- Oral health assessments by dental health technician
- Orientation day program
- Pain assessment and management documentation
- Palliative care plan
- Physiotherapy individual assessments and exercise programs
- Police check register
- Policies and procedures
- Position descriptions
- Priority action workplan
- Quality audit calendar
- Quality plan register
- Recruitment policies and procedures
- Resident agreements
- Resident medication management review register
- Resident of the day review documentation
- Resident's clinical and lifestyle surveys and results
- Resident's hand and foot care management folder
- Resident's menu
- Resident's vaccination register
- Residents dietary needs and preferences profile
- Residents' handbook
- Residents' information package
- Restraint authorisation documentation
- Restricted medication administration register
- Staff handbook

- Staff handbook
- Staff handover sheet
- Staff orientation program and checklists
- Staff rosters
- Staff workplace hygiene guidelines
- Surveys
- Vision, mission and values statement
- Weight management register
- Wound care management and resource folder
- Wound care plans

Observations

The team observed the following:

- Activities in progress
- Clinical care supplies
- Dental health technician consulting with staff and resident
- Equipment and supply storage areas
- Gastro enteritis management outbreak box
- Hand washing facilities
- Hypoglycaemia management kit
- Influenza management outbreak box
- Interactions between staff and residents
- Living environment
- Medication fridge and trolley
- Medication storage
- Notices regarding accreditation visit
- Notices relating to infection control and influenza outbreak
- Overhead tracking in some areas
- Pharmacist consulting with staff
- Privacy screens in use
- "Reflection" area
- Resident's breakfast and lunch
- Sensory garden
- Sharps disposal unit
- Sign in/out register
- Spill kits for blood and chemical incidents
- Staff room/education room
- Syringe driver preparation set up equipment
- Talking books
- Telephone with large numbers in use
- Volunteers providing company and support.
- Wound treatment trolley

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 actively pursues continuous improvement and demonstrates recent examples of improvement activities related to standard one. Quality tools include surveys, audits, quality plan register, improvement forms, staff education and training, monitoring of comments and complaints and incident reporting. The director of nursing is the quality coordinator and quality activities are monitored and reported at a combined quarterly quality/occupational health and safety meeting. The home systematically evaluates and obtains feedback from stakeholders in relation to the services the home provides. Stakeholders state that they are encouraged to contribute to the home’s pursuit of continuous improvement through meeting forums and staff and resident feedback forms.

Recent examples of continuous improvement activities include the following:

- The home implemented the aged care channel to complement the existing education and training schedule, providing a greater range of educational opportunities for staff
- Management has purchased a range of new equipment including a new shower chair as well as furnishing and fittings for the newly opened activities room
- The home, as part of its audit schedule, completed audits as per the Agency’s thirteen assessment modules leading to a range of improvements arising from outcomes
- Management has reviewed the home’s computer system which has led to newly installed network systems for all stakeholders (with internet access and printing machines) and which has provided computer access for medical practitioners visiting the home
- Management has implemented a new system for monitoring the aged care funding instrument to assist staff in recording care needs and assessments which has led to more accurate recording data which impacts upon funding levels
- The home has developed a range of staff competencies including hand washing, medication management, bowel management and monitoring of blood pressure and blood sugar levels.

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 subscribes to industry peak bodies for identifying relevant legislation, regulations and guidelines relating to updates and legislative changes. The home’s policies and procedures include reference to relevant legislation, standards and codes of practice. Changes to legislation are recorded and staff informed of changes through meetings, newsletters, internal memos and staff education. Matters relating to regulatory compliance are reported at the home’s quality meetings. Personnel records confirm that staff and relevant contractors have obtained police checks as per legislative requirements.

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 has mature processes in place to ensure that staff have appropriate knowledge and skills to perform their roles effectively. Staff are appointed against key selection criteria and position descriptions outline the skills required. All staff are provided with a formal orientation to the home and are provided with a comprehensive staff handbook. The education program is developed through information obtained from the annual staff education survey, staff appraisals, feedback from the incident reporting system and in response to the changing needs of residents and organisational requirements. The home has the facilities, equipment and resources to meet the education requirements of staff. Recent examples of education provided relevant to standard one include topics on the accreditation process, continuous improvement and leadership.

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

Residents and their representatives are provided with information regarding both internal and external complaint mechanisms through handbooks, resident agreements as well as brochures located throughout the home. Stakeholders are able to forward a comment/complaint through the home's suggestion box, verbally at resident meetings or directly to management. The effectiveness of the complaint management system is reviewed through the resident/relative satisfaction survey and all comments and complaints are logged, actioned and reported on a monthly basis as part of the home's quality system. Residents and staff stated that they were familiar with the complaints process and felt confident in raising issues either directly with management or through the home's quality system and indicated that actions and feedback occur following a comment/complaint.

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

Management has developed a mission, vision and values statement as part of the provider's strategic plan. The statement is displayed prominently in the home's reception area and is documented in the staff and resident handbooks as well as the home's quality documentation. Management conducts an annual planning day with residents and staff to identify key quality activities and improvements to be achieved in the coming year. The home's commitment to the provision of quality is reflected through a well developed quality management system which monitors, evaluates and reviews the care and services provided and through the provision of resources that have resulted in improved outcomes to all stakeholders.

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 appropriately skilled and qualified staff to enable the delivery of care and services in accordance with the facility's philosophy and objectives. Staff are selected

according to their qualifications and experience and position descriptions state the requirements of each role. A registered nurse division one is rostered on duty for every shift and is supported by other registered nurses, qualified care staff and administration support. Catering, laundry and cleaning duties are undertaken every day and the lifestyle program is also provided over a seven day period. The home currently draws on its own staff bank, when required, and, at this time, does not access an external staffing agency. Residents confirm their satisfaction with staffing levels and staff stated they are pleased to work in a well resourced home.

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

The home has systems in place for the effective ordering of all supplies to help ensure appropriate stocks of goods and equipment. The team observed adequate supplies of goods, including appropriate storage for clinical needs, cleaning, laundry and catering. Equipment is stored appropriately avoiding hazards to residents and staff while ensuring accessibility. Residents and staff stated that there is adequate and appropriate provision of supplies and equipment to enable delivery of care including continence aids, linen and cleaning chemicals. Observations of all electrical equipment confirmed that it is tested and tagged and new equipment is assessed for suitability prior to purchase. Routine and preventative maintenance records confirm effective maintenance of equipment and staff stated that management is proactive in providing equipment and resources as well as service and repairs to maintain a safe working environment.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information management systems in place including resident and staff handbooks, newsletters, noticeboards, staff memoranda and a range of meeting forums for all stakeholders which include agendas and recording of minutes. Systems are in place to ensure compliance with information management including archiving, storage of resident and staff files, security of electronic data, password protection and computer backup. All stakeholders stated that there was effective feedback from management and that they are kept well informed through the various means of communication within the home. Management regularly informs and consults stakeholders of developments relating to the extension of the new facility due to open in 2010.

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

Externally sourced services are provided in a way that meets the home's service quality goals and needs. The home holds details of service providers, agreements, insurances and qualifications, which are reviewed on an annual basis. The chief executive officer conducts an evaluation of each external service prior to renewal of contracts. All external suppliers complete an induction process prior to commencement of contract. Staff and residents stated satisfaction with the quality of services sourced externally including allied health providers, pest control and food suppliers.

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's quality system ensures continuous improvement in regard to residents' health and personal care through a range of quality activities including surveys, audits, education and training, competencies, data collection and trend analysis. Audits and surveys assist in identifying staff compliance with care standards, and where non-compliance is identified, action plans are developed including staff education and training. The home's quality plan register and quality reports demonstrate a commitment to continuous improvement in the provision of health and person care. Residents and their representatives/relatives spoke positively of the level of care provided in the home.

Recent examples of continuous improvement activities include the following:

- Nursing management has developed a new skin care plan for each resident with improved documentation and recording of interventions with improved outcomes for residents
- Nursing staff have commenced using photographs to assist with monitoring of wounds leading to improved recording and monitoring of wound care
- The home has recently completed a review of risk assessments for all residents leading to improvements in resident safety
- The home accessed the services of an optometrist and dentist who now provide regular visits to the home providing improved allied health services to the residents
- Nursing management has implemented a new system for monitoring those residents on warfarin with details of symptoms to be noted by staff included in resident care plans to help provide a prompt response to any adverse effects.

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

Care staff are informed of any relevant changes to regulations or acts at staff meetings, education sessions, internal memos and handover. Staff memos and notices were found to contain information regarding changes to legislation. Personnel records confirm that nurse registrations are updated annually. A medication advisory committee monitors procedures relating to medication management and to ensure compliance. The medication advisory committee reviews issues related to medication management and monitors procedures to help ensure compliance. Residents/representatives are informed of specified care and services and clinical care documentation confirms that a registered nurse division one oversees and manages care plans and assessments of high care residents.

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's education program includes training related to standard two. The home conducts annual clinical competencies in the areas of medication management, hand washing, blood sugar level monitoring and vital signs. Recent education sessions have been provided in the

areas of pain identification and management, nutrition and hydration, urinary catheter management, falls prevention and sensory loss. The home has recently supported four registered nurses division one to attend a seminar on wound management and an additional four registered nurses division one have undertaken an accredited palliative care course. Care staff told the team they are encouraged to undertake further training and to attend in service sessions adding they feel confident to provide the level of care required by residents.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home identifies each resident’s clinical, psychological, emotional, spiritual and social needs through initial and ongoing assessments. Individualised care plans are developed in consultation with the resident, their family and other members of the health care team. Regular reviews of assessment information and care plans are conducted each month through the resident of the day program and also take place in response to changing needs. Care requirements are communicated through staff handover which occurs every change of shift and various clinical communication diaries. Residents are very complimentary about the standard of care they receive.

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

Residents’ specialised nursing care needs are identified through a series of assessments conducted on entering the home. The registered nurse division one assesses the clinical requirements of every resident and develops the resulting care plan in consultation with the resident, their family and other members of the health care team. The home’s internal auditing system monitors the effectiveness of these assessment and care planning processes and results indicate that care is provided in accordance with the identified needs of the resident. Specialist nursing services are readily available and nursing practice is supported by clinical policies, procedures and guidelines. Residents confirm their specialised nursing care requirements are met.

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

The residents’ need for review by other medical specialists and health care providers is identified and appropriate referrals are arranged as required. The home’s initial and regular ongoing assessment processes are utilised and all referrals are arranged through the resident’s own medical officer in consultation with family members. The home has access to a wide array of medical specialist and allied health providers, staff maintain records of referrals and monitor the timeliness of appointments. Relevant resident documentation accompanies the resident when reviewed by outside practitioners and feedback from consultations is included in the medical record. Residents confirm they are satisfied with the range of specialist medical care and allied health services available and appreciate the assistance they receive from staff to access these services.

2.7 Medication management

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

Team's recommendation

Does comply

The home's medication system is managed only by registered nurses division one who each complete an annual medication competency assessment. Medications are stored securely in a locked medication room, within a locked trolley and scheduled medications are also stored and checked appropriately. Medications are administered by registered nurses division one from appropriately identified blister packs. Staff have access to relevant policies, guidelines and resource materials and the home's medication advisory committee and internal auditing processes monitor the effectiveness of the system. Each resident has a residential medication management review conducted by the pharmacist and the pharmacist also provides an emergency after hours service if required. Residents stated that they are very satisfied with the way in which their medications are managed.

2.8 Pain management

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

Team's recommendation

Does comply

A pain assessment is completed with each resident on arrival at the home and takes place over a period of three weeks. If indicated, further specific assessments are conducted and at all times there is consultation with the resident, their family and other members of the health care team. An individualised care plan is developed and the effectiveness of strategies and interventions is regularly reviewed. The effectiveness of pain management processes is evaluated through the home's clinical auditing system and through the home's communication processes. Results indicate that residents receive care that reflects their assessed needs. Staff have received recent education relating to the identification and management of pain and have access to the necessary equipment and supplies to alleviate pain and discomfort. Residents confirm they are as free as possible from pain.

2.9 Palliative care

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

Team's recommendation

Does comply

Residents are encouraged and supported to discuss their wishes regarding end of life care and the involvement of family is integral to this process. The home has the facilities to provide overnight accommodation for family members who wish to be close to the resident at this time. Staff receive regular education relating to grief and loss and a number of registered nurses have also obtained palliative care nursing qualifications. The home can also draw on the expertise of the local palliative care service which provides additional resources and clinical expertise. No residents currently require this level of care; however, the team reviewed the medical record of a deceased resident and noted that care had been provided in accordance with the resident's palliative care plan.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' nutrition and hydration needs and requirements are assessed on entry to the home. The home subsequently uses a system of regular review to evaluate the effectiveness of strategies and interventions documented on the individualised care plan. The home's menu has been reviewed and approved by the dietician and residents' nutrition and hydration intake is monitored with specific assessment tools if the need is identified. Residents are weighed each month, or more regularly if indicated, and staff have been provided with reportable weight parameters to guide their practice. Care staff are present during meals times to offer

support, care and encouragement and catering staff are provided with information related to food allergies, likes, dislikes, food consistency and preferred portion sizes. Residents stated that they are very satisfied with the quality and quantity of food and fluid available.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has processes in place to assess and monitor the residents’ skin integrity. Specific risk assessment tools are utilised on arrival at the home in conjunction with more general assessment documents and the findings contribute to the development of an individualised care plan. The effectiveness of strategies and interventions is regularly evaluated through the resident of the day process and also as staff are providing assistance with general nursing care. Skin and wound care is coordinated by the registered nurse division one and the home’s processes to maintain skin integrity are monitored through the internal clinical auditing system. The home has access to external wound consultants and staff advised the team that they receive education relating to wound management and have the necessary supplies and equipment to provide the level of care required. Residents confirm their satisfaction with this area of care.

2.12 Contenance management

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

Team’s recommendation

Does comply

The home has processes in place to regularly assess, monitor and evaluate each resident’s continence requirements. The home’s continence program is managed by a registered nurse division one who works in consultation with the resident and other members of the health care team to develop an individualised care plan. The effectiveness of strategies and interventions is evaluated regularly and the management of continence needs within the home is reviewed through the clinical audit system. Nursing staff may access the local continence clinic if needed, and education relating to trends in continence management is provided. Staff have access to sufficient supplies to provide the required level of care and the incidence of urinary tract infections is monitored through the home’s infection surveillance system. Residents stated that they appreciate the care they receive to address their continence requirements.

2.13 Behavioural management

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

Team’s recommendation

Does comply

An assessment of the resident’s behaviour patterns is conducted on arrival at the home. A general assessment tool is initially utilised and if indicated a suite of specific behaviour assessments is conducted to establish the resident’s particular needs. The effectiveness of strategies and interventions is evaluated at regular intervals and the care plan is adjusted as requirements change. Psychiatric and geriatric specialists consult as required and the home has access to a wide array of relevant clinics and services. The home’s facilities, design and staffing levels all combine to provide a calm and supportive environment for residents. Residents stated that they feel safe and secure within the home and enjoy the warm and friendly atmosphere.

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

Each resident's level of mobility and dexterity is assessed on arrival at the home. In addition to the initial assessments, a physiotherapist reviews each resident as part of the entry process and develops a specific exercise program reflecting the needs of the resident. Risk assessment tools are also utilised and the home monitors and investigates every incident involving a fall which has led to a reduction in the incidence of falls within the home. The internal auditing system is used to review the home's performance regarding the provision of an environment and clinical care to promote mobility and dexterity. Care staff receive regular education regarding falls prevention and the home has sufficient assistive devices, mobility and transfer equipment to meet residents' requirements. Residents stated that they are encouraged and supported to be as active as possible.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation

Does comply

Oral and dental health assessments are conducted when the resident arrives at the home. Regular ongoing assessments and review of care plan interventions occurs through the resident of the day program and as needs change. A dental health technician also conducts regular assessments and staff arrange for referrals to dental practitioners in consultation with the family and the resident's medical officer. Staff state that there are sufficient supplies available to provide the level of care required by the residents. The home has processes in place to ensure that dental care equipment is clean, stored appropriately and replaced regularly. Staff confirm their satisfaction with this area of care.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

Residents' sensory losses are identified upon entering the home. Separate assessment tools are used to elicit information relating to all the senses and to identify the need for referral to external health services. In consultation with family and other members of the health care team, an individualised care plan is developed. There is regular ongoing evaluation of the effectiveness of strategies and interventions to ensure residents' needs are met and the system is monitored through the home's quality audit program. Clinical staff receive education relating to sensory loss and the physiological changes associated with ageing and are supported by external services who can provide specialised equipment and resources. Residents stated that they enjoy participating in the life of the home and taking part in the many social activities.

2.17 Sleep

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

Team's recommendation

Does comply

Each resident has a sleep pattern and settling routine assessment conducted when they arrive at the home. In consultation with family and other members of the health care team, an individualised care plan is developed which describes the resident's preferred settling and rising routines and rituals. The effectiveness of strategies and interventions is reviewed regularly and changes are made to the care plan as necessary. The home's clinical audit and communication systems monitor the effectiveness of strategies to promote a natural night's sleep. Two registered nurses provide care overnight and conduct regular rounds of all residents. Residents confirm they sleep well overnight knowing they are safe and well cared for.

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 actively pursues continuous improvement activities in relation to supporting and enhancing residents’ lifestyle. Suggestions forwarded by residents at resident/relative meetings and through lifestyle surveys conducted in the home are included by lifestyle staff in reviewing the program and improve the range of activities responsive to resident needs. Residents and their representatives state they are encouraged to identify areas for improvement. The home’s resident newsletter circulated to residents/relatives details a broad range of information relating to quality activities, the lifestyle program and choice and decision making.

Recent examples of continuous improvement activities include the following:

- The home has recently refurbished the manager’s flat into a new residents’ activities room which has provided an additional location for resident activities
- The home has established a quiet, reflection area which contains a noticeboard with names of residents who have deceased in the previous twelve months and is the venue for an annual service of thanksgiving attended by relatives and staff
- New signage has been placed on all resident doors improving resident privacy and dignity
- A new pergola and external area has been developed for outdoor activities providing an additional venue for activities during the summer period
- The home has developed a secure sensory garden which can be accessed by stakeholders as an area for quiet and relaxation.

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

Residents and their representatives receive a copy of the residential agreement prior to their entry into the facility and those paying an accommodation bond complete an additional accommodation bond agreement. Resident agreements include details of specified care and services. Staff were able to demonstrate their understanding of the home’s policy with regard to residents’ privacy and dignity. Stakeholders are informed of internal and external complaints mechanisms as per regulations through various means including brochures, handbooks and resident and staff meetings. The Residents’ Charter of Rights and Responsibilities is prominently displayed throughout the facility and included in handbooks and information brochures. Specified care and services are detailed in resident agreements.

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’s education program includes training related to standard three. Staff are provided with information relating to residents’ rights, privacy and confidentiality through their staff handbook, at orientation and through ongoing meetings and forums. The lifestyle program is

coordinated by a registered nurse division two who is also a qualified diversional therapist. Recent education has been provided on the topics of mental health (dementia, depression and delirium), men in aged care and privacy and dignity. The home has also supported two members of the care staff to attend lifestyle and leisure training through the local regional training organisation.

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

The home has systems and processes in place to support residents as they adjust to living in the new environment and throughout their stay. Information regarding the home, its facilities and services is provided before residents arrive and an invitation is always extended to tour the facility and meet staff. On arriving at the home, the resident's social, religious and cultural requirements are assessed and an individual care plan is developed in consultation with family and friends. Staff provide orientation for the resident and their family and also assist by escorting the resident to meals and activities and providing introductions to other residents. The home monitors resident satisfaction with the emotional support provided by staff through the lifestyle resident satisfaction survey, regular resident meetings and ongoing informal communication with residents and their families. Residents stated that they appreciate the efforts made to help them feel at 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

Assessment processes are used to identify and meet every resident's particular social and civic interests, to maintain their independence and support their community associations. Assessments identify where additional care and support may be necessary to achieve maximum independence and care plans are developed reflecting the strategies and interventions required. The home encourages the involvement of family and friends and welcomes community and church groups. Care staff support residents to complete daily living tasks according to their preferences and capabilities and provide assistance should the resident wish to attend community based functions or enjoy outings with friends and relatives. Residents are involved in the planning of the care and services they require and stated that their independence is encouraged by supportive care staff.

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

Residents and relatives are advised of the home's commitment to privacy, dignity and confidentiality during the entry process and it is reinforced throughout their stay. Processes exist to ensure the resident's privacy and dignity is maintained and confidentiality is respected. The home monitors the effectiveness of these processes through its internal audit system and through feedback received via the resident satisfaction survey, resident meetings and ongoing informal communication. Staff receive education regarding the resident's right to privacy, dignity and confidentiality through the orientation program, the staff handbook and through the education program. Residents confirm their right to privacy, dignity and confidentiality is respected.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents' interests, preferred activities and lifestyle preferences are identified and recorded upon entry to the home. Following completion of the social/human needs assessment, a leisure and lifestyle program is then developed for each resident and formally assessed on an ongoing basis. The program is designed to accommodate for individual needs. A variety of activities is offered to cater for creative, cognitive, social spiritual and special needs. Attendance records are maintained and degree of participation monitored and the team noted that the program includes one on one activities for those unable, or who choose not to participate in group activities. Residents and their representatives confirmed they are happy with the range of activities offered to them.

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

The home has systems in place for identifying and recording residents' individual cultural and spiritual needs. Personal beliefs, religious affiliation and days of cultural significance are documented and observed in accordance with residents' wishes. The lifestyle program incorporates cultural celebrations and theme days and clergy and representatives from a range of religious traditions provide pastoral visits and worship services. The home has resource materials available for staff reference in relation to specific cultural needs including a cultural care kit, terminal wishes and customs for end of life wishes. Residents and their representatives expressed satisfaction with the cultural and spiritual support given by the home.

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' personal preferences and needs are identified upon entry to the home. Residents (and their representatives) are encouraged to exercise choice and control in decisions relating to their care and lifestyle appropriate to the resident's needs and preferences on an ongoing basis. Examples of exercise of choice and control include development and review of the residents' care plan, participation in activities, furnishing of room and right to refuse treatment. Residents and relatives confirm their participation in decisions about care and services and their right to exercise choice. The Charter of Residents' Rights and Responsibilities are displayed prominently throughout the home.

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

Residents are offered a resident agreement which clearly documents security of tenure as well as residents' rights and responsibilities. The home encourages each resident to nominate an enduring power of attorney. The Charter of Residents' Rights and Responsibilities is

displayed in the home's reception area and brochures from residential care rights readily available. Residents and their representatives confirm they are aware of the resident's rights and responsibilities within the home and have access to external advice agencies.

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 conducts continuous improvement activities relating to physical environment and safe systems as part of the home’s quality system. Improvement activities have been initiated in response to findings arising from surveys, audits, workplace inspections and the monitoring of infections rates and incidents reports. The home continues to make adjustments and improvements to the delivery of services in light of feedback received through meetings as well as outcomes identified in audits and surveys. Residents/relatives confirmed that they contribute to the review of services through surveys and resident meetings.

Recent examples of continuous improvement activities include the following:

- Management has developed gastro outbreak and influenza outbreak kits to assist staff in the event of an outbreak or pandemic which has been complemented with staff education in managing such events
- The home has installed gates at stairs connecting two wings of the home to prevent residents at risk from accessing stairs instead of using the ramps
- The home has purchased new linen skips to assist with manual handling and infection control
- In response to a recent bushfire near the home, management has implemented a new policy and procedure for evacuation of the home in consultation with local authorities.

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 has systems in place for identifying relevant legislation, regulations and guidelines relating to physical environment and safe systems including occupational health and safety, fire and emergency procedures and handling of hazardous substances. Staff have received compulsory education and training in fire and emergency procedures and training sessions are also provided in infection control and manual handling. Staff are informed of changes to legislation through the home’s information systems. The approved provider’s kitchen is registered by the local council and a food safety plan is in place and approved by the relevant authority. Records confirm that essential safety measures are inspected as per legislative requirements.

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’s education program includes training relevant to standard four. Staff receive information relating to infection control, occupational health and safety, manual handling, fire, safety and emergency procedures at orientation and regularly throughout the year. Fire and

evacuation training is provided, attendance is mandatory and staff are also required to complete a self-directed learning module. Recent staff education has been provided in the areas of infection control: influenza outbreak, safe manual handling for care staff, safe use of chemicals and the prevention of the transmission of infection. Staff have also participated in practical demonstrations provided in the clinical areas relating to the theoretical management of a gastroenteritis outbreak and manual handling.

4.4 Living environment

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

Team's recommendation

Does comply

Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home consists of three wings and buildings, grounds and garden areas are well maintained and provide attractive and secure recreational areas for residents and relatives. The home is currently undergoing a 30 bed extension due to open in 2010. The home's fittings and furnishings are sufficient and appropriate for residents' needs. Central heating and cooling systems provide comfortable temperatures in resident's rooms and public areas. Residents and representatives state that the living environment is comfortable and that they feel safe and secure.

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

Management is actively working to provide a safe working environment that meets regulatory requirements. A trained on-site occupational health and safety representative assists the director of nursing in the oversight of matters relating to occupational health and safety. Occupational health and safety data and trends are reported and monitored at the quality forum which meets on a quarterly basis to monitor incidents and hazards as well as monitoring of trends and residents with multiple incidents to determine strategies to minimise incidents. Education and training records confirm that staff attend training in no lift and workplace inspections and incident reports are used to identify and address safety related issues and concerns.

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

Procedures are in place to provide guidelines to all stakeholders in the management of fire, security breaches and other emergencies. Fire and emergency training is mandatory for all staff upon orientation and on an annual basis. Evacuation plans and procedure charts are located throughout the facility. Accredited external contractors monitor and maintain the safety and functioning of the fire alarm and security system. Training records confirm that staff have participated in several fire drill and evacuation procedures. Staff and residents expressed satisfaction with the training provided and were able to outline required response to fire and emergency as per the home's procedures. Recent upgrades of fire procedures include revised procedures in the event of a bushfire as a result of a bushfire threatening the home early in 2009.

4.7 Infection control

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

Team's recommendation

Does comply

The infection control program is managed by a registered nurse division one and the home has appointed a designated infection outbreak coordinator. Infection control issues are reported to the home's quality forum and the home has an infection surveillance program in place. Staff practice is supported by infection control policies, procedures and guidelines and facilities are provided for hand washing. Infection prevention and control equipment is available in the form of personal protective equipment, sharps disposal units, spill kits for both bodily fluid and chemical spills and infection outbreak boxes. All staff receive education regarding infection control during orientation, through clinical competency assessments and as part of the home's education program and staff involved in food preparation hold current qualifications. The infection control system is monitored through the home's internal auditing system and through trending and analysis of infection data. Residents can choose to receive vaccinations provided by their medical officer and the home provides vaccinations for staff.

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

Services relating to catering, cleaning and laundry are monitored through the home's continuous improvement program. Meals are prepared in the home's kitchen. Residents' nutritional requirements, preferences and allergies are documented and there is a system in place for monitoring changes. A dietitian reviews the menu as required. Residents' personal laundry, as well as linen, is laundered at the home's central laundry. Cleaning schedules are in place to monitor cleaning of the living environment. Residents express a high degree of satisfaction with hospitality services in the resident survey conducted within the home.