



Aged Care
Standards and Accreditation Agency Ltd

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 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 9 October 2015.

We made our decision on 3 September 2012.

The audit was conducted on 24 July 2012 to 25 July 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

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 24 July 2012 to 25 July 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 24 July 2012 to 25 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Tamela Dray
Team member:	Helen Fitzpatrick

Approved provider details

Approved provider:	Rising Dune Pty Limited as trustee for Wynwood Trust
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Details of home

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

Total number of allocated places:	73
Number of residents during audit:	61
Number of high care residents during audit:	58
Special needs catered for:	Secure unit.

Street:	9 Brown Street Long Gully	State:	Victoria
City:	Bendigo	Postcode:	3550
Phone number:	03 5449 2400	Facsimile:	03 5442 3373
E-mail address:	lilleylodge@risingdune.com.au		

Audit trail

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

Interviews

	Number		Number
Director of Nursing	1	Residents/representatives	14
Chief executive officer	1	Deputy director of nursing	1
Registered/enrolled nurses	7	Director of care/quality manager	1
Care staff	4	Hospitality staff	3
Student care staff	1	Maintenance contractor	1
Allied health staff	1		

Sampled documents

	Number		Number
Residents' files	10	Medication charts	5
Summary/quick reference care plans	10	Personnel files	6
Resident agreements	6		

Other documents reviewed

The team also reviewed:

- Activity attendance records and evaluations
- Allied health referral registers
- Annual contractor police certificate requirement check
- Audits, surveys, schedules and results
- Comments/complaints register and reports
- Communication books and daily diary books
- Consent forms
- Corrective action request forms and registers
- Education documentation
- Fire and emergency plans and procedures
- Food safety plan
- Handover sheets
- Have your say forms and register
- Human resource information
- Leisure and lifestyle assessments and plans
- Maintenance documents
- Mandatory reporting registers

- Material safety data sheets
- Meeting terms of reference and minutes
- Newsletters
- Occupational health and safety documentation
- Police checks and statutory declaration records
- Policies and procedures
- Powers of attorney
- Preventative and corrective maintenance records
- Quality improvement register
- Residents agreements
- Residents' handbook, information package and surveys
- Risk assessments and restraint forms
- Rosters
- Staff appraisals
- Staff qualification records including nursing registrations
- Volunteer information and orientation packages.

Observations

The team observed the following:

- Activities in progress
- Archives and confidential files destruction processes
- Building safety certifications
- Chemical storage
- Clinical stock
- Equipment and supply storage areas
- Fire and emergency equipment, egress routes, evacuation kit and fire panel
- Hard copy file storage
- Interactions between staff, residents and representatives
- Internal and external living environment
- Kitchen, laundry and cleaner's areas
- Meal services
- Mechanisms for safety and security
- Noticeboards and brochure displays including external comment / complaint information, advocacy brochures and suggestion boxes
- Notification to stakeholders of re-accreditation audit
- Nurses' stations, staff room and associated resources
- Staff and resident interactions
- Visitor and resident sign in/out registers.

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 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 findings

The home meets this expected outcome

Management ensures there are systems and processes to support continuous improvement. Management identifies opportunities for improvement through review of scheduled audits, comments, complaints, suggestions, incident report data, meetings, educational needs, surveys and corporate strategies. Quality plan forms record and monitor the progress of improvement activities. An electronic quality activities log registers improvement plans and the review of documentation confirms these processes occur in a timely manner and they are generally evaluated. The management committee and the quality, occupational health and safety and infection control committee consider audit results, trend data and improvement activities. Staff report they are encouraged to contribute to the quality improvement process and are kept updated with changes as a result of improvements. 'Have your say' forms and suggestion boxes located around the facility show accessibility for stakeholder contribution to quality improvement. Residents and representatives said they are informed of improvements through meetings, informal discussions and newsletters

Recent improvements relevant to Standard 1 include:

- A review of the registered nurses' workbook occurred to ensure it was up to date and addressed all relevant clinical tasks. The evaluation of this review and subsequent updates indicates that the systems are working well and very efficient.
- In response to the findings following a fire in a nursing home in New South Wales, management reviewed the fire and emergency policies, procedures and systems to ensure they were efficient and met regulatory compliance requirements. Management has introduced a new fire and evacuation folder to support timely monitoring of emergency systems and to support staff in an emergency.
- Management has introduced two extra three-hour shifts in the mornings and afternoons as the result of discussions at the management committee meeting in July 2012. Management feels the extra shifts will benefit residents during personal care routines and especially at meal and toileting times.

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 organisation has systems to identify, monitor and ensure compliance with relevant regulatory requirements and professional guidelines. Subscriptions to legislative update services and industry associations and notifications from government departments provide relevant information and inform the home about relevant changes. Audits and management observations monitor the home's performance and ongoing compliance with regulations and guidelines. Management monitor and review policies and procedures for compliance and there is a system to ensure they are adapted when regulations or guidelines change. Relevant information and changes to regulations or guidelines are actioned by management and information regarding the changes disseminated to staff, residents and representatives through newsletters and at relevant meetings. The review of documentation verified this.

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 ongoing knowledge and skills to perform their roles effectively. The home has an education program responsive to requests from staff and the needs of residents. Identification of training needs is through a variety of sources including changing resident needs and staff requests. Staff are notified of education opportunities through an education planner which is available on the staff room noticeboard. The home has a mandatory training program in place and monitoring and evaluation of staff attendance at education sessions occurs. The home also encourages and supports staff to attend outside training which is deemed of benefit to the home. Staff expressed their satisfaction with the education available to them. Residents and representatives are satisfied staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training provided in relation to Standard one include:

- Staff orientation program
- Team work
- Protecting older people from abuse.

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 findings

The home meets this expected outcome

Management ensures information about complaints mechanisms for internal and external complaints is accessible for all stakeholders. Comments and complaints information is on display throughout the home and includes information about the external complaint resolution

service. Information is also contained in the resident information pack and residential agreement. Suggestion boxes and 'have your say forms' are located throughout the home. Management report and documentation confirmed the systems are used by all stakeholders with investigations, actions and feedback occurring in a timely and confidential manner. Documentation review verified stakeholder complaints are generally resolved. Interviews with residents and representatives confirmed they feel comfortable making suggestions or raising a complaint and response from management is generally appropriate and usually well received.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented vision mission and values statements that include the home's commitment to quality care and services. This document is on display within the home and is included in strategic documents and information packages provided to 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 findings

The home meets this expected outcome

Management demonstrates there are processes for identifying the number of appropriately skilled and qualified staff required to deliver quality resident care and services. The home has recruitment and selection policies and procedures guiding management in the selection of appropriate staff in relation to the home's needs. On recruitment, staff receive information packages with position descriptions, duty lists and orientation information. Staff skills and professional development monitoring is ongoing through audits, annual performance appraisals and competency testing. There are processes to manage planned and unplanned staff leave. Management and staff said the home alters staffing levels and mix to meet residents' changing needs and the home's needs. Residents and representatives expressed satisfaction with access to staff, the skills and knowledge of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home ensures there are sufficient stock supplies to meet residents' needs. The home orders goods through their preferred suppliers, ensuring effective ordering and stock rotation processes are in place. The home has an effective maintenance request system for unexpected equipment breakdown and the contracted maintenance staff member manages this. A preventative maintenance schedule is in place, electrical tagging and testing occurs

and records are kept. Staff and residents state there are adequate supplies of goods and equipment to meet their needs and are satisfied maintenance completion is in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has both electronic and paper based information systems. There are processes for document review and control including password protection and back up of electronic information. Secure storage, archiving and destruction of confidential documents are available. A system of regular meetings, audits and surveys, together with organisational reporting and monitoring processes, supports the home's information systems. Management communicates with stakeholders verbally and through letters, newsletters, telephone calls, consultative meetings and noticeboards. Observations and interviews confirm information is available and maintained appropriate to the needs of stakeholders. Staff advised they are informed and receive information relevant to their roles. Residents and their representatives generally confirmed access to appropriate information to assist them in making decisions about their personal care and leisure activities.

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

Management ensures there are effective processes to ensure the ongoing quality and responsiveness of externally sourced services. Regular contract reviews and performance monitoring through audits, stakeholder input and regular management reports and meetings assist the home to ensure the services provided meet the home's needs and quality requirements. There is an approved suppliers list and contract service agreements which document the expected services and regulatory compliance requirements. The contract management systems include processes to ensure that contractor police checks, insurances and professional registrations remain current. Contractor sign-in and identification processes are in place in the home. Residents, representatives and staff said they are satisfied with the home's externally sourced services and goods.

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 findings

The home meets this expected outcome

The review of continuous improvement documentation confirmed ongoing improvements in resident health and personal care occur. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement system and processes.

Recent improvements relevant to Standard 2 include:

- A review of the system for administering anticoagulant medication occurred in response to concerns expressed by staff about the safety of the existing system. Two registered nurses will check the dosage before administration and management feel this will ensure residents' safety.
- To support a collaborative approach to resident care assessment, planning and evaluation, management has introduced a system of consultative meetings with residents and representatives. Management said they feel this system has had a positive response from families and it will assist them in proactively addressing quality of care issues before they arise.
- In response to a suggestion from staff, management has purchased an air mattress to provide comfort for residents who are in palliative care. Staff evaluations indicate they feel the new mattress enhances resident comfort.
- Management purchased an extra large sling for the lifting machine in response to a suggestion made at a staff meeting. Staff felt this would provide extra safety precautions for some residents. This initiative is relatively new and therefore an evaluation has not occurred.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system and processes.

Management demonstrated the home is compliant with regulatory requirements pertaining to health and personal care. Appropriately qualified staff provide care and there are systems to monitor nursing registrations. Medication management complies with regulatory requirements and there are processes for reporting and documenting the unexplained absence of a resident.

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

The home ensures its systems and processes adequately monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. Refer to expected outcome 1.3 Education and staff development for further details on the home’s education system and processes.

Examples of education and training provided in relation to Standard two include:

- Support for seven staff to attend a three day dementia course
- Caring for a person after a stroke
- Urinary continence management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Registered nurses assess residents’ needs upon entry to the home and then develop plans of care around these needs. Review of resident care occurs regularly through the resident of the day program and as changes in health status require. Staff communicate changes in residents’ care verbally at handover and document changes. Progress notes generally document changes in residents’ condition, interventions used and consultation with doctors, allied health professionals and representatives. Registered and enrolled nurses provide clinical care to residents according to their assessed needs and preferences. Residents and representatives confirm their satisfaction with the clinical care provided by the home. Staff confirm they are aware of residents’ needs and state appropriately qualified staff provide care.

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 findings

The home meets this expected outcome

Registered nurses manage and review residents’ specialised nursing care. Staff contact specialist nurses from outside the home for such things as specialised wound care management, palliative care and foot care. Specialised care needs include medication management, diabetes care, wound care, catheter care, blood pressure monitoring and colostomy care. A registered nurse is rostered on all shifts and staff have access to policies, procedures and contact details for medical assistance in case of emergencies. Residents confirmed staff attend to their specialised care needs.

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 findings

The home meets this expected outcome

The home has access to a range of health specialists and generally refers residents according to their needs. Residents have regular access to doctors, a physiotherapist and a foot care nurse. Other services available include podiatrist, dietician, speech pathologist, wound care specialist, eye care, dental services, in-reach services from the local hospital and aged care mental health team. Registered nurses review residents' changing needs and consult doctors for referrals. Residents and representatives confirmed staff refer residents to specialist services.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Registered nurses manage and administer medication safely and correctly from dose administration aids. Residents' medication charts have a photograph for identification, note any known allergies and identify how to administer medication to residents when there is difficulty swallowing. Pharmacy reviews of medication occur. The team observed general medications are stored securely and controlled drugs are stored with additional security. Residents and representatives confirm staff administer medications in a safe and timely manner.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Registered nurses assess residents' pain management on entry and review this regularly as part of the resident of the day program and care plan reviews. Registered nurses direct pain management strategies such as pressure area care and repositioning as well as the use of heat packs. Interventions used by staff to help manage pain include use of heat packs, massage, repositioning and 'as necessary' medication. Progress notes document any 'as necessary' medication used to treat pain and the effectiveness of the medication. Residents and representatives confirmed staff generally manage residents' pain appropriately.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Registered nurses consult residents and representatives on entry to the home for their palliative care wishes and document these on an 'advanced care directives' form. Palliative care provision occurs in conjunction with the residents' own wishes with input from pastoral

care and the visiting ministers or priest if a resident desires. Care planning includes pain management, skin care, mouth hygiene, pressure area care, nutrition and hydration as well as spiritual needs. The home holds memorial services in its chapel if a family desires. Staff receive education in palliative care and have access to specialist services for advice and consultation. Representatives state they are supported in the last phase of their loved one's life.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home ensures the adequate management of residents' nutrition and hydration needs. Assessment of nutrition and hydration needs occurs on entry to the home and care plans and catering information ensure the delivery of these needs. When assessing nutrition and hydration, staff consider allergies, preferences, clinical, religious and cultural needs. Consultation with the contracted dietician and speech pathologist ensures optimal management. Weighing of residents occurs regularly in line with their individual weight management plan. Weight management programs, which may include the use of supplementation, manage losses and gains in weight. Staff are generally aware of residents' requirements for texture-modified diets and thickened fluids and residents say they are happy with the food provided.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home assesses and cares for residents in a way that promotes skin integrity. Assessment of residents' skin integrity occurs on entry and plans of care are developed around these needs. Promotion of skin integrity occurs through the application of a barrier cream as well as attendance to pressure area care. Further enhancement of skin integrity occurs through the provision of pressure relieving devices such as furniture, mattresses and cushions. Assistance for residents to maintain their skin, hair and nails in a healthy state is given and a visiting foot care nurse and hairdresser help them maintain their nails and hair. Monitoring of skin tears and wounds occurs, with records of care provided reflected on charts. The home has policies and procedures for wound assessment and management and specialised consultation is available if further advice is required. Residents are satisfied with the home's approach to maintaining their skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home has processes to ensure the effective management of residents' continence needs. The nurses assess residents' continence needs on entry to the home and develop continence care plans around these assessed needs. Assessments take into consideration

the staff assistance levels required by the resident and any continence aids needed. The home's approach to continence management encourages promotion of resident independence and dignity. Staff discreetly maintain residents' continence needs and verify they have access to sufficient continence aids for residents' needs. The home has a dedicated nurse responsible for the continence portfolio to help manage residents' continence requirements. Residents are satisfied with the management of their continence needs.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Staff practices ensure the effective management of residents' challenging behaviours by the home. The resident population includes some residents with dementia related illness, cognitive decline and psychiatric illness. The home refers residents to an outreach psychiatric service to help in the management of residents' behavioural challenges if required. Residents reported the management of challenging behaviours is 'good' and the challenging behaviours of other residents generally does not disturb their sleep or impact on their own wellbeing.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home provides care promoting residents' mobility and dexterity. Assessment of each resident's mobility and dexterity needs occurs upon entry to the home and the provision of mobility aids is available if needed. Physiotherapy services are utilised to assess all residents' mobility and dexterity upon entry to the home and to prescribe an exercise schedule. Care staff conduct the prescribed mobility exercises. Assistive devices, such as those for eating, are available and their use promoted. Our observations and confirmation by staff indicate adequate mobility and dexterity aids to cater for residents' needs. Residents reported staff support their mobility and dexterity as needed and staff encourage them to support and maintain their independence in this area with the assistance of aids if required.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home provides care that helps residents to maintain their oral and dental health. Assessments for oral and dental needs and preferences occur on entry and include details about assistance required and daily care of teeth, mouth and dentures as appropriate. Referrals for residents to attend dentists and dental technician services occur if required. Staff assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. The home formulates specific strategies for residents with swallowing

difficulties and may include texture modified diets and staff assistance with meals. Residents confirm staff generally provide assistance with their swallowing, oral and dental hygiene.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home ensures the assessment and management of residents’ sensory losses. Assessment of residents’ sensory deficits occurs upon entry to the home and staff develop plans of care around these needs. Assistance is available for residents to attend appointments with their own preferred provider or the home accesses specialist providers when required for such things as hearing and vision assessments. Staff generally assist residents with their sensory aids including hearing aids and glasses. The home has good lighting, adequate handrails and accessible signage. Staff are aware of individual needs and generally assist residents who require help with care, maintenance, fitting and cleaning of aids and devices. Residents’ state staff assist with their sensory loss needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home ensures residents’ are able to sleep in a natural and non-invasive way. Assessment of normal sleep and wake patterns for the individual residents occurs on entry to the home and as practicable the home supports these pre entry patterns through the care planning process. Various methods utilised help to promote sleep and include the use of medication as required. Review of documentation confirms staff respect residents’ wishes regarding sleep. Residents state the home is quiet at night, staff respect their preferred wake and sleep times and they generally sleep well.

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 findings

The home meets this expected outcome

The review of continuous improvement documentation confirmed ongoing improvements in resident lifestyle occur. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Recent improvements relevant to Standard 3 include:

- In response to a suggestion from residents and staff, management purchased a new barbecue with a lid. Regular use of the barbecue has occurred and staff report the residents are very satisfied with the food they receive from it.
- As the result of a review of the home’s suggestion box systems, management decided to expand the system into each of the five wings to provide residents, representatives and staff with more opportunities to provide feedback or make a complaint. We observed suggestion boxes and ‘have your say’ forms in the five wings.
- In response to a suggestion from the catering manager, the home has introduced a high tea for two residents and their families. The high teas occur approximately every two weeks and feedback from residents and families who have participated has been very positive.
- In response to a suggestion from residents, the home has introduced an annual memorial service to celebrate the lives of residents who have passed away in the previous twelve months. Management said the service is well attended and residents have provided positive feedback.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

Management demonstrated the home is compliant with regulatory requirements pertaining to resident lifestyle. Demonstration of compliance is through the privacy and dignity policies and practices, security of tenure in the residents’ agreement, the maintenance of mandatory reporting elder abuse registers and processes and the display of residents’ rights and responsibilities.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home ensures its systems and process adequately monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents' lifestyle. Refer to expected outcome 1.3 Education and staff development for further details on the home's education system and processes.

Examples of education and training provided in relation to Standard three include:

- Sexuality and the older person
- Meaningful activities for dementia
- Cultural diversity.

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 findings

The home meets this expected outcome

Management and staff provide support for residents to adjust to their new environment when moving into the home and on an ongoing basis. On entry to the home, assessments and a social profile capture the resident's emotional status and needs. Leisure and lifestyle staff develop 'recreational, social and human needs, cultural and spiritual well-being plans' in consultation with residents and/or representatives. Residents' emotional needs are monitored through daily observation and reporting by care and lifestyle staff. Evaluations and review of plans occurs regularly or as needed. Management and staff said referrals to mental health services are available if required. Residents and representatives said the home supported and met the residents' individual needs and preferences in an appropriate and compassionate manner.

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 findings

The home meets this expected outcome

Management and staff support residents to achieve and maintain their independence. Assessment and care planning processes generally identify and plan for maintaining the residents' individual level of physical, social, cognitive and emotional independence. Care plans generally include strategies to maximise independence, which are appropriate for each resident's needs and preferences. Staff support residents to maintain friendships within the home and visitors are encouraged and welcome. We observed residents using mobility aids and where appropriate, moving independently around the home. Interviews and satisfaction surveys confirmed residents and representatives were mostly satisfied staff supported and respected residents' independence.

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 findings

The home meets this expected outcome

Management and staff demonstrated a commitment to ensuring residents' right to privacy, confidentiality and dignity. Residents and/or their representative sign consent forms in relation to sharing personal information and the use of photographs. Access to residents' files and other confidential information is restricted to authorised staff and computers are password protected. Interviews with staff and observations of staff practice confirmed staff respect and support residents' privacy and dignity. Residents and representatives said staff were polite and conscious of the residents' privacy and dignity needs. Representatives said residents always appeared appropriately groomed and their dignity supported and maintained.

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 findings

The home meets this expected outcome

Consultations with residents and their representatives contribute to the development of a lifestyle profile and care plan, which includes the residents' lifestyle preferences and choices based on past and present interests. Lifestyle staff and volunteers facilitate the activities program. Activities include word games, visiting entertainers, bus trips, visiting pets, craft, and music. Residents who have dementia receive support to join in the activity groups. One to one lifestyle staff and volunteer contact with isolated residents or residents who prefer not to join in the group activities provides opportunity for interaction to meet the residents' individual interests and needs. Interviews with residents and representatives confirmed they are generally satisfied with the quantity and variety of leisure activities available to the residents.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to practice and express their spiritual and cultural beliefs and customs. Care and lifestyle assessment processes identify residents' cultural and spiritual backgrounds and practices that are of significance to them. The home facilitates residents' preferred practices including regular on-site church services. Staff confirmed their understanding of residents' cultural and spiritual needs and provide support as required. The home monitors and evaluates the effectiveness of their processes through surveys, feedback and observation. Residents and their representatives are generally satisfied with the home's management of residents' cultural and spiritual interests and beliefs.

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 findings

The home meets this expected outcome

Management and staff demonstrate they recognise and respect resident choices and their decisions. The resident agreement and information handbook include information about residents' rights and management explains these at the time of entry. Consultation about residents' individual preferences generally takes place on entry to the home and these are reviewed regularly. An authorised representative provides decision making support to residents presenting with reduced decision-making capacity. There are systems supporting residents to provide feedback either as a group or on an individual basis. Interviews with staff verified staff endeavour to empower and support residents to make their own decisions and choices. Residents and their representatives confirm residents generally have input into the care and services residents they including personal care, meals and level of participation in activities.

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 findings

The home meets this expected outcome

Management supports new residents and their representatives to understand the resident's security of tenure, rights and responsibilities, financial obligations and services to be offered. An information handbook and formal agreement include policies on termination of occupancy and strategies to deal with harassment and victimisation. Management said consultation occurs in the event of the need to move a resident to another room or to a more appropriate home. Power of attorney information is on file in most residents' records and staff receive education on elder abuse and mandatory reporting. The home has an open door policy to discuss any concerns and newsletters inform residents and representatives of any relevant changes. Residents and their representatives said they feel secure in the resident's tenancy and understand resident's rights and responsibilities.

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 findings

The home meets this expected outcome

The review of continuous improvement documentation confirmed that ongoing improvements in physical environment and safe systems occur. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Recent improvements relevant to Standard 4 include:

- In response to identified occupational health and safety issues caused by the use of a domestic dishwasher in the kitchen, the home purchased an industrial dishwashing machine. Catering staff say this has improved time management, occupational health and safety for staff and infection control.
- To create a more homelike environment, management purchased six wooden fireplaces with overmantels for the communal areas. These include an electric imitation flame providing the ambience of a wood fire without the heat. We observed residents and representative sitting and conversing around the fireplaces and residents confirmed they are very pleased with the ‘cosy feeling’ the fireplaces provide.
- In response to discussions held with an assessor during an assessment contact visit in May 2012, the home has purchased a smokers’ apron, which is located in the designated smoking area. The apron ensures resident safety when smoking.
- Management identified there was a need to purchase a separate refrigerator for clinical specimens to meet infection control requirements. This refrigerator is now in place and a system to monitor temperatures implemented. The home meets infection control requirements.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

Management demonstrated the home is compliant with regulatory requirements in relation to physical environment and safe systems. Regular audits and daily site checks ensure the maintenance of a safe environment for staff and residents. There are policies, procedures and systems for regular checking and auditing that fire and emergency systems and process meet the required regulations. Occupational health and safety policies and requirements, infection control guidelines and food safety programs are in place.

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

The home ensures its systems and process adequately monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for further details on the home's education system and processes.

Examples of education and training provided in relation to Standard four include:

- Fire and safety
- Manual handling
- Bullying and harassment

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 findings

The home meets this expected outcome

The home provides a safe and comfortable living environment for residents and has effective systems to ensure the environment is consistent with resident care needs and individual preferences. Private and communal living areas are of a comfortable temperature, clean and well maintained. There are a number of internal and external living areas for residents to use and residents and support given for residents to personalise their rooms. Staff employ appropriate practices to ensure the safety and comfort of residents. Residents are satisfied the home is safe and comfortable.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Regular audits and daily checks monitor potential hazards. There is evidence of follow up of required actions identified during audits, surveillance checks and daily work and the results from these actions are discussed at regular meetings. A nominated representative ensures staff have a point of contact if needed. Staff confirmed they attend mandatory education pertaining to occupational health and safety, including manual handling techniques and bullying and harassment. Staff said they feel the home is well maintained, the work environment is safe and they confirmed appropriate equipment and policies and procedures are available to guide safe practice.

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. Fire and emergency training is mandatory for all staff on an annual basis. Essential services, auditing and a preventative maintenance schedule ensure the home is safe and secure for residents, representatives and staff. Fire and other emergency policies and procedures guide staff practice in the event of an emergency. Current resident evacuation lists, evacuation plans, fire detection and fire fighting equipment, clear exits and signage are in place. Staff are aware of their responsibilities in the event of an emergency and residents and representatives confirmed they are aware of what to do if an alarm sounds.

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's infection control program ensures there is an appropriate system for educating staff and other stakeholders to maintain effective practices to minimise spread of infection. The infection control program includes policies and procedures, education and monitoring of infection rates and infection control forms part of the mandatory training program. Regular clinical and environmental audits include temperature control checks. Staff demonstrate they have the appropriate levels of knowledge to minimise the risk of infection spread. Outbreak kits, spill kits, sharps containers, personal protective clothing and equipment and hand hygiene facilities are available throughout the home and processes are in place for the disposal of contaminated waste. Catering staff comply with food safety guidelines, laundry staff ensure the separation of contaminated clothing and cleaning staff use a system of cloths and mops to ensure infection prevention.

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 findings

The home meets this expected outcome

Hospitality services support residents' quality of life and enhance the environment for residents and staff. Catering staff have access to resident dietary information including specific dietary requirements and food preferences. A dietician reviews the rotating seasonal menu and alternative meals and snacks are available. Processes ensure safe work practices and compliance with the food safety program and third party audits occur. Staff implement appropriate labelling and storage of food and stock rotation. Schedules ensure the regular cleaning of resident rooms, communal areas, hospitality areas and staff facilities and occur in accordance with chemical safety and infection control guidelines. The laundering of linen and residents' clothing occurs on site by in house staff. The laundry has separate clean and dirty areas and a labelling system to minimise lost items. Staff confirmed they receive training in food safety, infection control and chemical and manual handling appropriate to their role.

Residents are able to provide feedback through meetings, surveys, forms and informal discussions and confirmed they are satisfied with the home's hospitality services.