



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Lionsbrae

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

The Agency has decided that the period of accreditation of Lionsbrae is three years until 10 November 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:	Lionsbrae				
RACS ID:	3134				
Number of beds:	53	Number of high care residents:	38		
Special needs group catered for:	• Dementia Specific Unit				
Street/PO Box:	29 Everard Rd				
City:	RINGWOOD EAST	State:	VIC	Postcode:	3135
Phone:	03 9870 7523		Facsimile:	03 9870 9602	
Email address:	pyorralac@hotmail.net.au				

Approved provider

Approved provider: Ringwood Area Lions Aged Care Inc.

Assessment team

Team leader: Sylvia (Lynne) Sellers

Team member/s: Michelle Benson

Date/s of audit: 13 August 2009 to 14 August 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
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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Does comply
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Agency findings
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Does comply

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	Lionsbrae
RACS ID	3134

Executive summary

This is the report of a site audit of Lionsbrae 3134 29 Everard Rd RINGWOOD EAST VIC from 13 August 2009 to 14 August 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 Lionsbrae.

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 13 August 2009 to 14 August 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:	Sylvia (Lynne) Sellers
Team member/s:	Michelle Benson

Approved provider details

Approved provider:	Ringwood Area Lions Aged Care Inc.
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Details of home

Name of home:	Lionsbrae
RACS ID:	3134

Total number of allocated places:	53
Number of residents during site audit:	53
Number of high care residents during site audit:	38
Special needs catered for:	Dementia specific unit

Street/PO Box:	29 Everard Rd	State:	Victoria
City/Town:	RINGWOOD EAST	Postcode:	3135
Phone number:	03 9870 7523	Facsimile:	03 9870 9602
E-mail address:	pyorralac@hotmail.net.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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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	Residents	18
Director of Nursing/consultant	1	Volunteer	2
Manager	1	Cleaner/Laundress	1
Continuous Improvement Coordinator	1	Chef Manager	1
Operations coordinator	1	Lifestyle coordinator	
Registered nurses	3	Maintenance	1
Care staff	5	Physiotherapist	1

Sampled documents

	Number		Number
Residents' files	8	Medication charts	20
Personnel files	4	Resident agreements	4
Residents' lifestyle care plans	7	-	-

Other documents reviewed

The team also reviewed:

- Action plans and register
- Activities program calendars and resident attendance sheet
- Aged Care Channel schedule
- Agency staff orientation package
- Archiving
- Audit results and reports and schedules
- Audit sheets, programmed maintenance schedules and corrective maintenance records
- Catering equipment

- Certificate of registration-kitchen
- Charter of Residents' Rights and Responsibilities
- Chemical supply inventory and material safety data sheets
- Cleaning schedules and procedures
- Cleaning
- Communication diary
- Contactors service agreements and contractor induction checklist
- Diabetic management charts
- Employee handbook
- Employment contracts
- Entry information package for residents and their families
- Evacuation list
- Exercise regimes
- Falls audit report
- Falls data and analysis
- Fire and emergency procedure manual
- Food safety folders and certificates
- Food safety program and Food safety audit certificate and results
- Gastro outbreak kits
- Incident reports
- Incident reports and Incident surveillance analyses
- Infection control reports
- Job descriptions
- Kitchen hygiene and cleaning schedules and temperature charting
- Laundry cleaning training manual
- Management and clinical procedures manuals
- Master roster
- Material safety data sheets
- Medication competencies
- Medication dangerous drug register, incident procedure and management procedures
- Medication storage
- Meeting agendas and minutes
- Memoranda
- Menus
- Newsletters
- Nutrition and hydration records
- Oxygen checking documentation
- Pest control records
- Policies and procedures
- Recruitment policies and procedures
- Registered nurses register
- Resident agreements
- Resident list
- Resident scrap books
- Report from clinical consultancy
- Residents handbook and information brochures
- Rostering program
- Schedule of fees and charges
- Selected committee terms of reference
- Staff handbook
- Staff memorandum
- Staff satisfaction surveys
- Wound charts

Observations

The team observed the following:

- Activities in progress including quilt making and painting
- Chemical storage areas
- Equipment and supply storage areas
- Hair dressing salon
- Interactions between staff and residents
- Kitchen
- Laundry area
- Living environments internal and external
- Nursing stations
- Professional journals and reference books
- Resident bedrooms and bathrooms
- Staff and resident noticeboards
- Staff memorandums
- Staff room
- Storage of medications
- Storage of oxygen and suction equipment
- Treatment rooms
- Utility rooms
- Wound care products

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

Lionsbrae has a quality system in place and pursues continuous improvement through a variety of forums. Integral to this system is the home’s continuous improvement request form which is used by all stakeholders for comments, complaints, suggestions, improvements, hazards, legislative changes, occupational health and safety issues, education requests, maintenance requests, catering requests and lifestyle comments/requests. Issues raised are captured on a database and register to ensure corrective actions are implemented. Data is collated and analysed to identify any resultant trends. Outcomes are tabled at regular committee meetings for discussion and review. The continuous improvement coordinator oversees the program supported by the facility manager and the director of nursing. Audits are allocated to relevant staff according to a schedule. The home audits its practices through review of its management and clinical procedures manuals where the continuous improvement approach is integrated through the procedures contained within these manuals. Staff and residents interviewed said they are aware of continuous improvement and are informed through meetings, newsletters and information posted on notice boards.

The continuous improvement system has resulted in improvements in Standard One including the following:

- During 2008, Lionsbrae transitioned from a low care model to a mixed care facility accommodating high and low care residents. During this transition management introduced additional personal care hours and specific education pertinent to the role of the team leader and clinical education to meet the changing clinical needs of high care residents.
- Staffing levels have been continually reviewed both informally and formally by the management and continuous improvement committee and modified to reflect the changing needs of residents.
- A review was conducted of the continuous improvement system and appropriate education provided to allow selected staff to conduct internal audits.
- Reviewed the terms of reference for all committees.
- Enhanced Lionsbrae's education program including the introduction of a commercial televised education channel that provides staff with a range of modules across the Accreditation Standards.
- The committee of management is made up of community members and recently negotiated the transfer of the Approved Provider status and the committee of management status of the Lionsbrae site from the Maroondah City Council to the home.

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

Management receive extensive and varied information relating to legislative changes impacting on all aspects of its operation through membership with peak bodies to identify changes to relevant legislation, regulatory requirements, professional standards and guidelines. Changes are communicated to staff, residents and representatives through various meetings and memoranda. Regulatory Compliance is a standing item on all meeting agendas. Hard copies of legislation and regulatory requirements are located in management and staff offices, staff have access to these documents. Internet access to statutory authority and government sites for current standards, regulations and legislation is also available. The audit program monitors compliance with legislative requirements. Staff commented that they are aware of the location of legislative information and are informed of changes through the meeting and memorandum processes.

Examples of responsiveness to regulatory compliance in Standard One include:

- Introduced procedures and education in respect to Mandatory Reporting of Elder Abuse.
- Introduced procedures to ensure compliance with the legislative requirements in respect to police checks for aged care staff and volunteers and extended this to contractors.
- Reviewed the missing person’s procedure to capture legislative changes related to reporting to the Department of Health and Ageing 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 systems and processes in place to ensure that staff have the knowledge and skills required for effective performance in relation to the Accreditation Standards. An education calendar is developed annually from various sources such as performance appraisals, quality system results, staff surveys and requests, residents’ needs and any legislative changes. Mandatory training and other education opportunities are offered throughout the year with staff attendances monitored. Internal and external education sessions are assessed as appropriate and competencies and audits are used to ensure staff maintain their skill levels for effectiveness and identify opportunities for improvement. Suitably qualified staff are orientated into the home following recruitment, and a formal process of induction is carried out. Management encourages staff to continue in their professional development by offering traineeships, time off for study and to attend external education and or industry seminars relevant to the aged care industry. Staff commented that they are well supported by management to improve their skills and satisfied with the education and training provided and that management encourages professional development.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Information regarding external and internal complaints mechanisms is included in the residential information package, resident agreements, and staff handbooks and the complaints procedure is discussed with residents and their representatives on entry to the home. Copies of continuous improvement forms are located in the entrance of the home. with forms and brochures relevant to external systems displayed and accessible. A suggestion box is provided to ensure the opportunity for anonymous complaints to be lodged. The continuous improvement coordinator checks and empties the mail box on week days. Any issues raised over the weekend are reported to either the director of nursing or the chief executive officer. All forms are timetabled with achievable closing dates and progress is reviewed at the monthly continuous improvement and management meeting. Complaints are treated confidentially; each complaint or suggestion is acted upon appropriately and in a timely manner and followed through to a satisfactory resolution. Staff were able to discuss their role in handling residents and representatives' complaints. Residents interviewed stated they are aware of the complaints process but usually raise issues informally to staff or management and confirmed that issues are addressed and feedback is provided to them.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The management group has reviewed and changed its philosophy that mirrors a change in the direction and how the management team want to achieve appropriate quality care for residents. The philosophy of "live simply, love generously, care deeply and speak kindly" is an integral component of caring for residents. The homes' philosophy statement is recorded in a range of documents including staff and resident handbooks and these are clearly displayed within the home. A strategic plan is in place to guide the homes direction for the future. The homes commitment to the provision of quality throughout the service is maintained via all components of the well developed quality management system. Management has demonstrated its commitment to quality through the provision of resources that have resulted in improved outcomes for residents.

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

Management has processes in place to ensure that there are sufficient, appropriately skilled and qualified staff to deliver care and services at the home. The home has recently re-developed their human resources system to cater for a changing resident profile and is now catering for residents with higher care needs. The new structure is designed to enable services to be delivered that meet the changing needs of the residents. There are current position descriptions, duty statements, policy and procedure manuals and charts available to define individual responsibilities and other requirements. Management monitors staff

allocations within the home to ensure an appropriate mix of skills and attributes to deliver service requirements. Staff are selected according to organisational needs; and new staff participate in an orientation program that includes a buddy shift. An appraisal is completed after a three-month probationary period followed by annual reviews. Staff interviewed confirmed that management is responsive to staffing level changes and needs. Residents interviewed said that staff provide "individual" and "respectful" care. All residents interviewed are satisfied with staff response times to their needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Policy and procedures are in place for the purchase and maintenance of equipment and goods. Purchasing of goods and equipment is managed through the operations coordinator. Regular preventative maintenance for essential services is scheduled with authorised external providers. Preventative and corrective maintenance programs are in place that are coordinated and overseen by the operations coordinator and maintenance personal. The program ensures that equipment is maintained and is fit for its intended purpose. The program incorporates a 24 hour on-call system. Supplies and equipment are evaluated to ensure that they meet the homes requirements and new equipment can be trialled before it is purchased. Established ordering systems ensure that an uninterrupted supply of stock is available at all times. Supplies are stored appropriately according to safety and accessibility issues. Residents and staff reported that appropriate supplies of goods and equipment are available at all times that meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has a document control system to ensure that only the most current version of information is in circulation. Information is sought through a variety of mechanisms, such as audits, surveys meetings and the complaints system. Assessment and care planning documentation in residents' care files provides adequate information to enable staff to meet resident care needs. Resident information and files are stored to ensure resident confidentiality is maintained. Confidential material is stored securely with access available to authorised personnel only including financial information required pre and post admission. Archived documents are stored in a secure area until the end of the required time limit and then destroyed appropriately as per legislative requirements. The homes monitoring process monitor compliance with privacy issues through the review of procedures to ensure appropriate and up to date information is being distributed. Residents and staff reported they have ready access to information relating to their needs.

1.9 External services

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

Team's recommendation

Does comply

External contractors and services are identified and are approved to ensure they meet the requirements of the home. All external service providers who are sourced by the home are

accredited or professionally certified. Service agreements are formulated specifying the home's needs including regulatory requirements and specific services required and preferred supplier lists are in place. The agreements are reviewed three yearly to ensure that appropriate qualifications and registrations remain current. Any dissatisfaction is raised with the contractor and if resolution is not found other suppliers are sought. External providers and contractors are orientated to the home and are required to record entry and exit to the building. Management and staff stated they are satisfied with the services provided by the homes current contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has established continuous quality improvement systems that are overseen by the continuous improvement coordinator supported by the director of nursing. Management pursues continuous improvement which is activated through a range of forums that demonstrates improvement in resident health and personal care. The management team identified that clinical audits have not been conducted according to the schedule. Refer to additional information. For a description of the home's system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of recent improvements in Standard Two include:

- Employed the services of a Commonwealth pharmacist to review medication management.
- Changed pharmacy contracts as a result of resident and staff complaints.
- Formed a Palliative Care Committee. Management were supported by the bank in providing the funds to purchase a syringe driver.
- Appointed a dementia consultant, to provide ongoing advice on the care of residents experiencing dementia.

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

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to clinical care. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard Two include:

- The home has met compliance with Nurses Board of Victoria Code of Practice for indirect supervision of staff administering medication to high care residents. Compliance was confirmed in a letter from the Nurses Board of Victoria dated 28th March 2008.
- Management monitor registered nurses registration requirements annually through the website of the Nurses' Board of Victoria and has a register to track compliance.
- There is a registered nurse division one on duty across all shifts to oversee resident care and the medication system.

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

An education program is offered that encompasses a broad range of training opportunities for clinical staff. Systems and processes are in place to ensure that staff are suitably qualified and maintain ongoing clinical competencies, refer to expected outcome 1.3. Education and staff development. Training opportunities provided over the past twelve months include:

- Pain management
- Depression, Delirium and dementia
- Sensory loss
- Advanced care planning
- Psychological changes.

2.4 Clinical care

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

Team’s recommendation

Does comply

As a result of a recent review it was identified that significant work was required to ensure that the paperwork reflected current clinical practices. The director of nursing and other senior staff are implementing systems that support ongoing review and consistent monitoring of residents clinical care. All residents undergo assessments of their clinical needs soon after admission and following these assessments a care plan is developed that is based on these assessed needs and individual preferences. All residents have their clinical care needs assessed and monitored by appropriately skilled and competent staff.

A number of other allied health services are available for residents on a regular basis including medical reviews and referrals to other specialist health practitioners. Residents and their representatives said that they feel confident in the clinical care residents receive, and that staff always keep them informed of any changes that are occurring.

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

There are processes and systems in place to ensure that all residents requiring specialised nursing care are managed by appropriately qualified staff. Residents and their representatives said they are confident in the skills that staff have to manage residents specialised care needs. Some of the needs of residents at the home include diabetes management, complex pain management, and wound management. The home accesses external specialist health practitioners as required and any suggestions and recommendations made by them are incorporated into residents’ care plans. Staff were able to describe their individual roles and responsibilities in managing specialised nursing care.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents are provided with information both before and after entering the home about what health services will be provided to them and the associated costs. The home has a number of other health services that are utilised regularly; this includes podiatry, physiotherapy, hairdressing, ophthalmology, dentistry and aged psychiatry services. Residents, staff and documentation confirm that specialist referrals are made as required and that any resulting changes to residents’ care are acted upon. Residents said they are confident in the care provided by other health providers and that they are assisted to access these services as required.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has processes in place to provide safe medication management for its residents. The home’s medication management is underpinned by medication policies and procedures that are overseen by the medication advisory committee. Auditing processes are in place to monitor performance, and results are discussed at the medication advisory committee meetings and staff meetings. Registered nurses division one have overall responsibility for delivery of medications at the home and the home uses endorsed division two registered nurses, and competent personal care staff to administer medications. Medication management is reviewed and evaluated by a pharmacist regularly and any suggestions for alterations are forwarded to the residents’ doctors for their consideration. Competency checking for all staff administering is completed annually. Residents said they are very happy with medication management at the home, and staff are always on time to give them their medications.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has systems in place to ensure that all residents are as pain free as possible. Staff were able to discuss how they identify and manage pain for residents. All residents are assessed on entry for pain and pain related conditions, and a management plan developed. A range of contemporary and alternative treatments are used including, analgesia, massage, heat packs, exercise programs, physiotherapy and spiritual care. Complex pain management strategies can be managed at the home including the use of subcutaneous analgesics for residents in palliation. External assistance is utilised when necessary for pain management including palliative care services and pain management clinics. Residents and their representatives said that the staff attend to resident pain needs promptly.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home has a palliative care committee that oversees the homes policies and procedures in relation to palliative care. All residents and their families are provided with the opportunity to discuss their end of life wishes, and these wishes are documented. The majority of residents are able to spend their last days of life at the home and receive all the care and services they require. External specialist services are accessed if required such as palliative care, wound management, pastoral care and medical practitioners. The home embraces different celebrations of spirituality and the home has a “celebration of life quilt” made by the residents that is used in residents last days of life. When a resident dies a butterfly lamp is turned on at the front entrance of the home to inform residents and visitors that a resident has passed away.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Food is seen as a daily celebration at the home, and an important component of residents overall wellbeing. As such, the unique catering service provided includes fresh fruit and vegetables from the home’s own kitchen garden (as available). Residents are regularly consulted about their food preferences and are actively encouraged to make changes, to suit their changing needs. All residents’ dietary needs and preferences are assessed on entry and formal communication processes are in place with the kitchen to ensure that residents’ allergies, preferences, meal size, texture and special requirements are catered for. Residents’ weights are regularly monitored, and those who require review are referred to their doctor, a speech pathologist or a dietician, as indicated. A range of nutritional supplements are provided to those residents who require them. Residents said they enjoyed all the food provided, and the many celebrations they have with food.

2.11 Skin care

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

Team’s recommendation

Does comply

All residents undergo an assessment of their skin on admission to the home to identify if they are at risk of skin breakdown, or have an existing skin condition. A management plan is developed by registered nursing staff and incorporated onto the residents care plan and reviewed regularly. Any resident who has a wound is monitored more frequently by trained and competent staff. Wound consultants are contacted as required to provide expert opinion on treatments, and there is a large range of products available to dress wounds. Hairdressing and podiatry services are regularly available and specialist equipment is utilised and maintained such as pressure relieving devices. Staff said they monitor the condition of residents’ skin while they are undertaking personal care tasks such as showering, and residents said they are very satisfied with the care that staff provide them in relation to their skin.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence management needs are assessed on entry and care plans are developed to promote continence or maintain social continence. Continence programs are trialled and regularly reviewed to identify the most suitable strategies or aid for each individual resident. Assistive devices used include continence pads, raised toilet seats, and commode chairs. Residents are assisted to ensure that they have enough fibre and fluids to aid with bowel management, and a range of interventions both pharmacologically and nutritionally are used to promote regularity and prevent constipation. Residents said that staff are always helpful with their continence needs and attend to them in a dignified and private manner.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The philosophy of the home’s “live simply, love generously, care deeply and speak kindly” is an integral component of caring for residents with challenging behaviours at the home. A number of residents have had complex social lives and require this philosophy of care in order to gain trust with staff. Any resident identified as having challenging behaviours undergoes an assessment process to assist the staff to identify triggers to behaviours and determine the best management plan for their needs. The home has a secure special care unit to cater for residents who may require closer supervision and intervention. A broad range of interventions are used, and assistance is readily sought as required from aged psychiatry services and training organisations. A number of programs developed by the lifestyle staff are in place to assist residents to be involved in a variety of activities suitable to their abilities. Residents said that the home is usually very quiet, and confirmed that staff attend to residents with challenging behaviours very attentively and respectfully.

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

All residents are assessed on entry to the home by the physiotherapist to determine their level of mobility and dexterity and what type of assistance they may require. Safety assessments are conducted through the admission process and falls are monitored, analysed and actioned. Residents are advised about appropriate footwear and environmental audits monitor risks. Residents confirmed that they have a wide variety of exercise options available to them, including specialised exercise equipment and daily exercise programs. Walking aids and wheelchairs are maintained and assistive eating devices are available as required.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral health needs and preferences are assessed on entry, and individual care needs and preferences are recorded on residents’ care plans. These care plans are reviewed regularly to ensure that the documented care remains the same. Any residents identified with painful teeth or ill-fitting dentures are referred to appropriate services for review. The home accesses a visiting dental service as needed, and residents commented that staff manage their teeth or denture cares well and in accordance with their preferences.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The home has a well developed and integrated system for managing residents with sensory losses. During the admission process residents’ cognition, communication, and sense of touch, smell, vision and hearing are assessed. The level of assistance and any special aids required by residents is determined. Care plans reflect the assessments and are regularly reviewed. Optometry services visit the home, and have provided detailed information on individual care requirements. Audiology services can be contacted as required. The lifestyle program incorporates a range of activities to stimulate residents’ senses and residents can access beautiful gardens within the grounds. Many residents choose to participate in the gardening, and the care of the “chooks”. Residents say that staff assist them to maintain their sensory aids in accordance with their preferences.

2.17 Sleep

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

Team’s recommendation

Does comply

On entry to the home, residents’ sleep, settling and rising times and preferences are recorded. If any resident is identified as having sleep difficulties a more comprehensive assessment is completed to identify residents’ individual patterns, and if any specific interventions need to be trailed. Sleep care plans are developed and identify specific strategies to assist residents in achieving natural sleep patterns. Some residents said that they use medications to help them sleep, and that staff are always on time to give them this medication when they request it. Residents stated that the home is quiet, and the staff respond quickly to their needs during the night.

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 improvements in the areas of resident lifestyle. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard Three include and are not limited to the following:

- Completely reviewed and remodeled the lifestyle program by increasing lifestyle hours.
- The introduction of a resident's kitchen garden, baking, preserve and beer making groups.
- The emphasis of the program is strongly focused on de-institutionalisation and encouraging people to continue their domestic lives. This program has received national media coverage as an exemplar of an alternative model for aged care. Residents said they are very involved in the program and enjoy the homelike environment.
- The Introduction of a new lifestyle and social history document for all residents inclusive of recreational preferences, lifestyle program plan, activity evaluation and attendance records.
- Introduction of a men's Group (including woodworking and discussion of war trauma) and beer making.
- The integration of animals into the environment. Residents assist to look after the chickens and collect eggs.
- The introduction of a quilt making group involving residents (including residents with advanced dementia) making their own quilts. Residents have made approximately 16 quilts and are continuing to make them. A photograph album has been developed to maintain a pictorial history of the quilts made.
- The purchase of a home theatre style televisions and subscription to Foxtel in both of Lionsbrae's care units.
- The home was donated a bus to take residents on more regular outings. The bus has a hoist so that residents with impaired mobility or wheel chair bound are able to participate in the outings.
- Funding has been obtained through the horticultural society for a sensory garden to be established in the courtyard of the secure unit. The gardener advised the project is due to start within the next few weeks,

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

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements,

professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance related to Standard Three include:

- Review of the mandatory reporting requirements including recent changes in 2009 to the missing resident reporting procedure.
- Each resident or their representatives are offered a residency agreement that is signed prior to or on entry to the home.

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

An education program is offered that encompasses a broad range of educational opportunities to ensure that resident's lifestyle and civil rights is upheld as much as possible. Systems and processes are in place to ensure that staff are suitably qualified and maintain ongoing educational opportunities relevant to resident lifestyle, also refer to Expected outcome 1.3 Education and staff development. Training opportunities over the past twelve months include:

- Secret men's business workshop
- Privacy and Dignity
- Cultural diversity workshop
- Resource making for activity staff.

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 processes in place to ensure that each resident receives the support they need to adjust to life in the home. Prior to admission the residents and representatives are provided with detailed information about the home and services provided and a tour of the home. As part of the admission process residents are introduced to fellow residents, care staff, hospitality staff and lifestyle staff and are familiarised to the home and surroundings. During this process assessment of each resident's clinical and social needs is completed and care plans are developed to record individual needs in consultation with residents and representatives. Residents are encouraged to personalise their own living space with items familiar to them and supported to maintain friendships and social contact in the community, significant dates are celebrated. Emotional support is very much part of palliative care at Lionsbrae with a holistic approach adopted to providing support for residents in the last stages of life. Residents expressed a high level of satisfaction with the support they received upon entry to the home and on an on-going basis.

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

A variety of systems are in place to assist residents to maintain their independence. Residents' lifestyle needs and preferences, such as social, cultural and community interests, health and personal care needs, are assessed on entry to the home and reviewed regularly. Care files record the level of support and assistance required and identifies residents who require an authorised person to act for them. The resident handbook outlines the residents' rights and responsibilities. Information is provided outlining the residents' right to take leave and discusses services to support their needs. Physiotherapy and activities programs assist residents to maintain social and physical independence. Relatives, friends and community visitors are encouraged to visit and management provides open and flexible visiting. Lionsbrae offers many opportunities for community involvement through regular outings. Residents confirmed they participate in their daily choices and decisions regarding their personal care needs, food preferences and lifestyle program and are supported to be as independent as possible.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has systems in place to ensure residents privacy and dignity is maintained. Policies and procedures along with monitoring of staff practice and the orientation process provide residents with privacy and dignity. Staff were observed knocking before entering rooms and meal time demonstrated that staff speak quietly and sit beside residents they are assisting. Clothing is discreetly labelled and residents were observed to be dressed appropriately for the weather and clean at all times. Resident files are stored away from public access and handover is undertaken in private rooms to ensure confidentiality of information. Residents and representatives said staff treat and speak to them with respect.

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

Resident interest past and present are assessed on entry to the home in a consultative process with residents and representatives. Individualised care plans are developed to record resident's limitations and abilities and these are reflected in the delivery of individual and group programs. Lionsbrae offers a wide range of interests and activities. The lifestyle program is flexible to reflect the changing interests of residents. The home's philosophy embraces flexibility in the managements approach to individual desires. Residents' satisfaction with and desired changes to the lifestyle program are captured through surveys, the continuous improvement system resident's meetings, one-to-one discussions, and through the participation evaluation process. Each day activities are provided in the secure unit and whilst the activity program is structured it is modified on a daily basis depending on the moods and desires of the residents. Residents interviewed said they are very happy with activities offered to them and they are never bored as there is so much to do.

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 processes to identify individual customs and beliefs to ensure that all cultural and ethnic customs are fostered. Assessment of individual needs is conducted on entry to the home. Care files provide specific information for individual needs; changes are made as required. Regular religious services are conducted in the home including communion for those who wish to participate. Visiting clergy provide room visits for residents who do not attend communal services if requested, particularly for those receiving palliative care. The home has a cultural care kit and can provide assistance to residents with identified religious needs outside those provided in the home to access groups. Management and staff said residents are encouraged and assisted to celebrate significant anniversaries and events. Residents and representatives interviewed said they are satisfied with the support provided to enable them to maintain their cultural and spiritual interests.

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 and their representatives are very satisfied management and staff encourage and support them to exercise choice in relation to deciding aspects of their daily care and lifestyle. The homes' comments and complaints systems is reinforced and the resident meeting provides a forum for consultation and information sharing so residents and representatives can have input into their care and individual routines. The home further promotes residents and representatives' right to choice and decision making via case conferences, the resident communication board and folder, newsletters, resident and representative forums, care and lifestyle planning processes and regular surveys.

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

Prospective residents and their representatives are provided with an extensive tour of the home and comprehensive information including an information package that sets out terms of residency and information about services offered and fees and charges. An accommodation agreement is offered which contains information about residents' rights and responsibilities, specified care and services, methods of making complaints and are properly executed. Residents and their representatives are consulted about room changes if they are required. The resident handbook provides residents with general information about the home and its rules of residency. Resident's rights and responsibilities are clearly displayed within the home. Internal audits are conducted to ensure compliance. Most residents interviewed understand their rights regarding security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a system that demonstrate ongoing improvements in the area of physical environment and safe systems. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard Four include and are not limited to the following:

- A review of the occupational health and safety processes and committee has been conducted. As a result, the committee terms of reference has been amended. It was agreed that all committee members will participate in the reviewing and auditing of procedures and that at least one audit would be conducted at each meeting.
- Occupational health and safety meetings are now conducted monthly rather than bi-monthly to allow sufficient time to complete tasks and discuss outcomes.
- The home has introduced systematic workplace inspections that are conducted to monitor the safety of the environment.
- The creation of a separate high care unit, which included a new office and the ability to segregate residents into smaller or larger groups depending on their needs and activities.
- The introduction of in-house catering and the appointment of an experienced Chef/Manager that has resulted in the development of a strong partnership between residents and catering staff. The catering service responds to and respects individual resident choice.
- A deep fryer has been purchased at the request of residents to provide quality fish and chips on a Fridays.
- The introduction of weekly cooked breakfast for residents.
- The purchase of a small freezer in the secure wing to store icy poles and ice creams for residents so they can be accessed whenever they want.
- The introduction at resident's request of fabric dinner napkins and tablecloths rather than paper serviettes.
- Change in fire safety education to ensure that all staff have the opportunity to receive education within a twelve month period.
- The purchase of new equipment and beds for resident's comfort and the health and safety of residents and staff.
- An increase in all laundry and cleaning hours to reflect the changing needs of the resident mix.
- Key padding of doors to ensure the safety and security of residents.
- The achievement of a Commonwealth water grant to establish a rain water harvesting system and to upgrade the existing irrigation system.
- Change of chemical supplier as residents and management dissatisfied with former products.

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

Processes and systems are in place to identify and ensure that the home is compliant in relation to the physical environment and safe systems. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard Four include:

- Management demonstrates evidence of compliance with food safety, occupational health and safety, building certification and fire and safety regulations, legislation and guidelines.
- Evidence includes internal and external audit results including third part audits of the kitchen.

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

An education program is offered that encompasses a broad range of training opportunities for ensuring the safe and comfortable environment for all residents and staff. Systems and processes are in place to ensure that staff are suitably qualified and maintain ongoing training relating to the environment and safety. For details regarding these processes, see Expected outcome 1.3 Education and staff development. Training opportunities over the past twelve months include:

- Fire and safety
- Chemicals and hand washing
- Infection control
- Incident reporting
- Manual handling
- Food hygiene.

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

Systems are in place to ensure that the residents' living environment is safe, clean and well maintained. Currently residents are accommodated in single rooms with en-suites. Bedrooms are personalised, spacious, and clean and furnishings are provided appropriate to resident's individual needs. Communal areas around the home are tastefully decorated and provide areas for meetings with families and friends. The home maintains a comfortable environment with effective heating and cooling systems. The outside courtyards and garden areas are

well maintained. Regular monitoring of the safety and suitability of the environment is conducted through audits, hazard reporting systems, scheduled preventative and corrective maintenance programs, occupational health and safety, cleaning and environmental audits and general awareness of surroundings. Residents and representatives said they feel the living environment is well maintained and meets their needs.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

There is an effective system in place for identifying, evaluating and rectifying incidents and hazards. The orientation program and annual education calendar for staff includes compulsory training in safe systems. Maintenance routines ensure that the environment is safe and that equipment is fit for its intended use. Occupational health and safety is raised at all meetings where issues and outcomes are discussed. Incidents and hazards are reported, collated and analysed monthly. The home has an occupational health representative who attends scheduled meetings. Regular audits are conducted and they indicate no systemic trends for workplace hazards or incidents. Staff interviewed demonstrated an understanding of occupational health and safety issues.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

Emergency procedures are documented in procedure manuals and evacuation procedures are displayed. Staff are required to attend mandatory fire and safety training annually and are orientated to the safe systems during induction. Fire safety systems are in place and regularly monitored and maintained by contracted fire professionals. An evacuation kit and resident evacuation lists are located next to the main fire panel in the entrance of the home. Designated fire exits are clearly signed and free from obstruction and are connected to the fire panel to disengage in the event of an emergency to ensure quick and effective evacuation. The home has a smoke free environment with allocated smoking areas provided external to the building. The outside perimeter of the building is clear of dangerous material that may contribute to a fire hazard. Chemicals are appropriately stored with material safety data sheets available in all areas where chemicals are stored. Staff interviewed by the team described the emergency and evacuation procedures confidently.

4.7 Infection control

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

Team's recommendation

Does comply

Data on infections is collected, analysed and acted on when necessary. Information is reported and discussed at relevant meetings. Infection control training is mandatory for all staff working at the home, and must be completed annually. Competencies are assessed regularly, including hand washing; and staff demonstrated awareness and knowledge of appropriate procedures. An immunisation program is offered to residents; management reported that the majority of residents have annual flu vaccinations. A gastroenteritis outbreak kit and blood skills kits are accessible to staff. Cleaning, catering and laundry infection controls are implemented including such items as colour coded cloths and mops,

personal protective equipment and temperature records are kept. External food safety audits are complete, and contaminated waste is appropriately handled.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home provides hospitality services in a way that enhances the residents' quality of life and strives toward making the residents experiences of these services as best as they possibly can be. The catering service encompasses a philosophy of celebrating the importance and celebration of food along with the social aspects of getting together. The food provided includes fresh fruit and vegetable from the residents own kitchen garden, and fresh eggs from the homes chook shed (depending on seasonal availability). The kitchen adjoins the dining room and the chef and kitchen staff are involved regularly with the residents about their changing preferences. Residents all commented positively on the food, and said how nothing ever seemed to be any trouble to the kitchen staff. A dietitian reviews all menu's to ensure they meet residents' needs; and regular audits are conducted both internally and from external auditors.

The home provides cleaning and laundry services which are exemplary; all residents gave effusive praise of how clean the home was and the caring relationships they have developed with the cleaning and laundry staff. Many residents saying that staff providing these services go above and beyond the requirements. Cleaning and laundry staff perform their duties guided by documented schedules and wear protective equipment when required. Chemicals are stored and used according to safety guidelines with staff completing training about their handling and use.