



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Yallambee Lodge

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

The Agency has decided that the period of accreditation of Yallambee Lodge is three years until 6 May 2014.

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:		Yallambee Lodge			
RACS ID:		0352			
Number of beds:		40	Number of high care residents:		1
Special needs group catered for:			<ul style="list-style-type: none"> • Nil 		
Street/PO Box:		1 Binalong Street			
City:	COOMA	State:	NSW	Postcode:	2630
Phone:		02 6452 1669		Facsimile:	02 6452 1779
Email address:		Yallambee@exemail.com.au			
Approved provider					
Approved provider:		Cooma-Monaro Shire Council			
Assessment team					
Team leader:		Carol Lowe			
Team member/s:		Barbara Knight			
Date/s of audit:		8 February 2011 to 9 February 2011			

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
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Does comply

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

Accreditation decision

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

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Yallambee Lodge
RACS ID	0352

Executive summary

This is the report of a site audit of Yallambee Lodge 0352 1 Binalong Street COOMA NSW from 8 February 2011 to 9 February 2011 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 Yallambee Lodge.

The assessment team recommends the period of accreditation be 3 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 8 February 2011 to 9 February 2011

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:	Carol Lowe
Team member/s:	Barbara Knight

Approved provider details

Approved provider:	Cooma-Monaro Shire Council
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Details of home

Name of home:	Yallabee Lodge
RACS ID:	0352

Total number of allocated places:	40
Number of residents during site audit:	38
Number of high care residents during site audit:	1
Special needs catered for:	Nil

Street/PO Box:	1 Binalong Street	State:	NSW
City/Town:	COOMA	Postcode:	2630
Phone number:	02 6452 1669	Facsimile:	02 6452 1779
E-mail address:	Yallabee@exemail.com.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
Manager	1	Residents/Representatives	20
Clinical Care Coordinator/Registered Nurse	1	Recreational Activities Officer	1
Care staff	3	Laundry staff	1
Administration Coordinator/Fire Officer/Infection Control Coordinator	1	Cleaning staff	1
Cook/Handyman	1	Volunteer	1

Sampled documents

	Number		Number
Staff files	6	Wound charts	6
Residents' files including assessments, care plans, progress notes	8	Medication profiles, summaries and signing sheets	8

Other documents reviewed

The team also reviewed:

- 355 committee information
- Accident/incident forms and register
- Activities survey responses and results
- Activity and lifestyle assessment forms, individual lifestyle care plans
- Activity attendance sheets
- Advanced care directives
- Annual fire safety statement
- Certification information folder (Standard 4)
- Communications diary
- Confidentiality and consent for photographs and outings forms
- Daily menu selection forms
- Dietary assessment and daily dietary choice forms
- Dietary notes and personal meal preferences folder

- Falls risk assessments
- Family survey results
- Fluid balance charts
- General purpose financial statement for the year ending 30 June 2010
- Hazard report folder
- Leisure and lifestyle continuous improvement program folder
- Maintenance book
- Mandatory reporting register
- Medication incident forms
- Medication reviews
- Meeting minutes staff, residents and council occupational health and safety committee (OH&S)
- Monthly activities program
- NSW Food Authority licence
- Observation charts including blood pressure, weight, doctors visits, referrals, pathology
- Pest control folder
- Plan for continuous improvement
- Police check register including checks for staff and volunteers
- Policies and procedures
- Position description folder
- Pre-admission information package
- Registered nurse registrations
- Resident assessment checklist
- Resident newsletters
- Residential agreement
- Residents' information handbook
- Residents' vaccination lists
- Roster
- Schedule eight drug register
- Service reports on thermostatic mixing valves and fire safety systems
- Site audits and risk management folder
- Staff orientation information
- Temperature records for the catering services
- Three month staff induction and training program information
- Weekly handover sheets

Observations

The team observed the following:

- Activities in progress including hoy, tai chi, ceramics/craft group
- Broadband for seniors internet access
- Complaints posters and brochures
- Daily menu and activities displayed on whiteboards
- Equipment and supply storage areas
- Fire evacuation plans, fire fighting equipment, emergency lighting and exit signs in each building
- Hand sanitisers, hand washing posters, personal protective equipment
- Home's mission and vision statement in each house and administration building
- Interactions between staff, residents and resident representatives
- Living environment including Japanese friendship garden
- Locked safe in wardrobe for self medicating residents
- Noticeboards in each house
- Nurses handover at change of shift
- Residents' award winning ceramics in display case
- Sharps containers, spills kits, outbreak box, clinical waste disposal

- Storage of medications including schedule eight drug cupboard and medication round
- Whiteboards in kitchen

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a quality management system, which utilises suggestions from residents and staff as well as ideas from a wide range of journals, industry newsletters, monthly checks and audits to drive improvements. Staff members advised that they feel able to speak to the manager about any suggestions they may have. Issues can be raised in the staff meetings, at which a range of topics are discussed. Improvements are also driven by feedback from residents through their monthly meetings. The manager reports improvements being made at the home as well as other topics to an advisory committee which in turn reports to the council on the management of the home. Improvements undertaken by the home in relation to Accreditation Standard One include the following examples:

- The council is planning to extend the premises. This will provide the home with a new secure records room; provide a staff room and training area; create an administration office and treatment room and extend the residents’ dining room and staff sleep-over room, as well as enclose the verandah to provide residents with a larger activities area. As part of the development the council is to enlarge the kitchen and provide a walk-in cool room. The manager advised that the plans for the development had been sent to council for approval.
- The council’s general manager decided after a review at the home that there was a need for a staffing restructure. This has resulted in changes in management responsibilities which came into effect in November 2010. The clinical care coordinator is now able to focus on clinical care matters rather than overseeing operational and ancillary staff. The administration coordinator now takes responsibility for the day to day management of ancillary staff as well as the centralised ordering system for these areas. The manager believed that this has improved the lines of communication between management and staff in the various areas.
- In November 2010 the manager reviewed the complaints system at the home and introduced a new system to ensure the open and transparent resolution of any complaints received at the home. The manager advised that complaints are received in a variety of formats. Written complaints will receive a written response. Complaints received via the monthly resident meeting are responded to via a resident memo as well as feedback at the next meeting. A copy of the memo is provided to each resident to ensure that they are kept informed about any issues, even if they do not attend the meeting. The manager advised that all complaints received at the home as well as resident meeting minutes and subsequent memos are referred to the “355 committee”. This advisory committee includes community representatives and has an advisory role in reporting to the council.
- A new filing system has been established at the home to manage residents’ clinical documentation more effectively.

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has a system in place to identify changes to legislation and regulations. The manager advised that information on legislative changes is received through a variety of sources. These include seminars, industry newsletters as well as information disseminated from Commonwealth and State government bodies through letters and emails to the home. The home also participates in a commercial legislation update service which routinely forwards hard copies of updated legislation as well as sending information via emails. The manager advised that the home is currently undergoing a review of the home's policies and procedures to ensure that they include any changes to legislation as well as complying with the council requirements. Information is referred to staff or residents and their representatives through meetings or through education sessions or memos to staff members. Staff members across a range of work areas confirmed they are provided with information on legislation changes through staff meetings as well as at education sessions when required. The manager reports to the "355 committee" on a monthly basis. This committee, as per Section 355 of the NSW Local Government Act, performs an advisory role for the home and reports regularly to the council.

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 an education program in place to ensure management and staff members have appropriate knowledge and skills to perform their roles. Staff are recruited and selected according to the required skills and knowledge for each role. The manager advised that the education program utilises information obtained from a range of external education program calendars including accessing education provided by companies providing services to the home. A training survey was also conducted with staff members in April 2010. A new orientation program has been introduced for all new staff, which covers a wide range of topics including the home's vision and mission, fire safety, OH&S, mandatory reporting and infection control. Competencies have been introduced as part of the orientation program to ensure that new staff members have the appropriate skill and knowledge mix. The manager advised that these are to be expanded to cover all staff members. Staff members advised that they were kept informed about any education sessions or training courses on offer and felt that they could approach the manager about any training requests. Information on education courses from a variety of training providers is displayed on the noticeboard in the staff area.

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

Interviews with residents and resident representatives confirm that the home has a system to ensure access to both internal and external avenues to resolve complaints or concerns. Information on the various avenues to use is included in the resident handbook which is

provided to residents and their representatives as part of the entry information to the home. Information is also on public display in the administration area as well as on the noticeboards in each of the five houses. The manager advised that the home has introduced a new process to manage complaints to ensure that these are managed effectively (refer to comments under expected outcome 1.1 Continuous improvement). Resident and representative interviews confirmed that they can talk with the manager if they have any concerns and that they felt confident that any issues would be resolved. They also mentioned that the home holds regular resident meetings which provide a forum in which residents and resident representatives can raise issues or concerns. Residents confirmed that they do receive feedback on any of the issues they have raised through this process. The team noted that a folder is used to record all complaints received at the home and that action has been taken to resolve the concerns that have been raised.

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 team observed that the home's mission and vision are on public display in the administration building and in each of the five houses. The home's commitment to quality is also disseminated to residents, their representatives and staff by referring to the mission and vision in the resident handbook as well as being discussed as part of the staff orientation program. The manager advised that council receives a regular update on the home through the meetings with the "355 committee".

1.6 Human resource management

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

Team's recommendation

Does comply

The home has a system in place to ensure there are appropriately skilled and qualified staff members to ensure that services are delivered in accordance with the home's philosophy and objectives. The manager advised that feedback from staff members about their workloads, comments from residents as well as changing resident care needs are used as indicators for staffing levels at the home. The manager advised that the home has undertaken some changes to staff hours to ensure they have sufficient time to complete their tasks. Staff indicated that they had sufficient time to complete their tasks. The manager advised that the council is taking a greater role in the employment process for new staff members. Processes are in place to advertise vacant positions and interview applicants. The manager advised that a representative from the human resource department of the council attends the interviews. They advised that they endeavour to identify and employ staff members who have the required work skills as well as empathy with older people. The manager advised that the council also ensures that police checks are current before the new staff member commences duty.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems in place to order stocks of equipment and goods for the home and ensure that adequate supplies are available. The manager advised that the home is currently utilising feedback from staff to alert them to the need for additional items. Staff members advised the team that there are sufficient supplies of equipment and goods to provide appropriate care and services to the residents. Key staff members explained the process for ordering stocks and ensuring adequate supplies are in place. The manager advised that the local council is currently undertaking control of the management of contracts with tradesmen and has a listing of approved tradesmen that the home can access for any repairs or maintenance.

1.8 Information systems

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

Team's recommendation

Does comply

The home has systems in place to ensure that relevant information is referred to staff, residents and representatives when required. Information is disseminated to residents, resident representatives and staff through a variety of avenues including information displayed on notice boards, meetings and education sessions. Communication diaries, handover sheets and verbal handovers are used to pass on information to staff members on different shifts. The manager advised that the home has reviewed the archiving system and set up secondary clinical files to hold current residents' clinical documents that are not currently required. Archived documents are sent to the council offices and destroyed securely, as and when required by the council. Access on computers is secured via passwords. Refer to expected outcome 2.4 Clinical care regarding the management of clinical information.

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

The team confirmed through a review of relevant documentation and interviews with management and staff that the home has a system in place to ensure that externally provided services and goods meet specific requirements. The manager advised that contracts are being progressively reviewed by the council. The home has a listing of approved council tradesmen to contact if work is required. Staff members advised that there were always adequate supplies and that these and the equipment provided were good quality items. The manager explained the process for dealing with poor service provision by local tradesmen and companies. As part of this process contracts are terminated with companies or tradesmen and alternate suppliers sought if needed. As part of the food safety program the home manages the provision of services from the designated catering suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- The manager advised that the home purchased and installed black toilet seats to assist male residents in more clearly distinguishing the toilet. The manager advised that the idea had come from an article in an aged care journal. Feedback from residents and staff indicates that the seats are working effectively with bathrooms remaining cleaner for longer.
- The manager advised that with changes to senior staffing roles the clinical care coordinator has been able to improve assessment and clinical documentation. A closer relationship is also being developed with the local mental health service. This has resulted in accessing a specialised mental health for older person's practitioner when required for those residents with behavioural issues.
- Water coolers have been purchased and installed in each house to improve residents' access to cool water to drink and improve residents' hydration, especially through the summer months.
- As a result of experiencing a long wait to get pathology results the home has liaised with the local pathology company to arrange access to results on-line. The manager advised that the home has a password to access records when needed. This enables results to be forwarded to the doctor in a timely manner and the earlier use of antibiotics if needed.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisations' system to ensure that the home complies with legislation and regulations relevant to residents' health and personal care. The manager advised that the registered nurse and endorsed enrolled nurses provide the manager with a copy of their updated re-registration paperwork. The home also has internet access to the Australian Health Practitioner Regulatory Agency (AHPRA) to verify registrations if needed. The manager advised that as part of the council's employment procedures new staff members are required to have a police check prior to commencing duties at the home. The manager maintains a copy of the police check register and routinely checks the register to ensure staff members are reminded to complete the necessary paperwork in a timely manner. A review of the register indicated that all staff currently have a valid police check.

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

Refer to expected outcome 1.3 Education and staff development for a description of how the home identifies, develops and provides training and education to ensure staff members have appropriate skills and knowledge. Education records for 2010 reviewed by the team noted that education relating to Accreditation Standard Two Health and personal care has been provided to staff. Staff members have attended an external course on better oral care run by the Department of Health and Ageing. Other education sessions include pain management, drugs and alcohol training and an education session by Vision Australia. The manager advised that future education sessions include update training as part of the renewal of staff members’ first aid certificates and key staff members are to attend an ACFI training session.

2.4 Clinical care

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

Team’s recommendation

Does comply

Yallambee Lodge has in place systems and processes to ensure that residents receive appropriate clinical care. Information is obtained pre-entry and on entry to the home and initial care needs are identified. After the resident has settled in, comprehensive assessments are undertaken by a registered nurse and a care plan is developed. This is regularly reviewed and updated as care needs change. Care is planned in consultation with the resident, their family members/representatives, the general medical practitioner and allied health professionals. Information is regularly reviewed and updated and included in the nurses’ handover reports at change of shift. Changes to shift times have allowed staff to have adequate time for handover and for discussion of any issues concerning resident care. Staff interviewed are knowledgeable about individual resident needs. Residents/representatives are satisfied with the care provided and commented particularly on the skills, knowledge and empathy of the staff providing 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 recommendation

Does comply

There are systems in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Specialised nursing care needs are overseen by the clinical care coordinator who directs and meets needs for example, for complex wound management, diabetic management, oxygen therapy and care of indwelling catheters. There is liaison with external services such as wound consultant, continence advisor and palliative care team if necessary. Staff confirmed that there are adequate supplies of stores and equipment to meet specialised care needs. Residents are satisfied that their specialised nursing care needs are met.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Documentation including resident files, demonstrates that appropriate referrals are made to health specialists including medical and allied health practitioners, such as physiotherapist pathologist, podiatrist and optometry and audiology services. There is access to dental care and other specialist services such as palliative care and psychogeriatric teams. Referrals are made in consultation with the resident, family members and the resident’s medical practitioner. Providers of specialised services may visit the home or alternatively residents are assisted to attend external appointments. Residents confirm that they have access to specialised services as required.

2.7 Medication management

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

Team’s recommendation

Does comply

There are systems and processes in place to ensure that residents’ medication is managed safely and correctly. This includes the prescription, dispensing, storage and administration of medications. Medication management is overseen by the clinical care coordinator and medications are administered by appropriately trained staff, who undertake regular competency assessments. Observation and discussion with staff demonstrates that medications are stored and administered in accordance with legislative requirements. Medication reviews are conducted by external pharmacists and regular medication audits conducted by staff identify any deficiencies, which are promptly addressed. Residents who may wish to self medicate are assessed by registered nurses and their general medical practitioner as competent to do so, and their medications are stored in a locked safe in their room. A medication advisory committee meets six monthly and reviews and advises on medication management. Residents are satisfied that their medications are managed safely and correctly.

2.8 Pain management

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

Team’s recommendation

Does comply

Yallambee Lodge has systems in place to ensure all residents are as free from pain as possible. Initial and ongoing pain assessment includes verbal and non-verbal indicators and interventions are monitored and evaluated on an ongoing basis. There is an holistic approach to managing pain with consultation between staff, residents/representatives, allied health and medical practitioners. Alternatives to analgesia such as active and passive exercises, massage, heat packs, pressure relieving equipment and repositioning are used to manage residents’ pain. Staff confirm that they understand and practice alternative methods of pain management, and residents are satisfied that there is a timely response to their requests for pain control.

2.9 Palliative care

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

Team’s recommendation

Does comply

Residents who are terminally ill are enabled to remain at Yallambee Lodge for as long as their care needs can be met. Processes are in place to ensure that their comfort and dignity can be maintained. End of life wishes are discussed with residents and their families and some residents have advanced care directives in place. Staff are aware of and respect resident wishes. The local palliative care team is available for advice and support and the provision of specialised equipment enables residents to remain in their home for as long as possible. Pastoral care services and ministers of religion are available to provide spiritual and emotional support at the request of residents and families.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ nutrition and hydration status is assessed on initial entry to the home to ensure their intake needs will be adequately met. Documentation demonstrates that assessments include the need for special diets, food preferences, physical limitations such as swallowing difficulties, oral and dental deficiencies, sensory loss and mobility and dexterity issues. Modified crockery and cutlery is available to assist residents maintain independence with eating and drinking. Resident needs and preferences are identified and communicated to catering staff. Residents’ food and fluid intake and weight gain/loss is monitored; with referral to the general medical practitioner should there be a weight gain or loss of more than two kilograms per month. Nutritional supplements are provided for those residents with identified weight loss. Water coolers are available in each house and residents are encouraged to increase fluid intake particularly during hot weather. Fresh fruit is available on a daily basis. Residents have the opportunity to provide feedback on meals during the monthly residents’ meeting and any issues and concerns are actioned. Residents interviewed are generally satisfied with the meals provided and stated that their preferences are recognised and alternatives provided.

2.11 Skin care

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

Team’s recommendation

Does comply

The assessment of residents’ skin integrity is included in the initial assessment process and monitored on an ongoing basis. Care staff monitor residents’ skin integrity during daily care processes and report any changes for ongoing assessment, review and referral as appropriate. Residents are encouraged to maintain skin integrity through continence management, use of non-soap washes for fragile skin, moisturising creams, and nail care. Wound care is overseen by the registered nurse with advice and support from the community wound care specialist. Should residents require pressure relieving devices to maintain skin integrity these can be accessed through community health services. Incidence of skin tears and pressure related wounds is monitored and appropriately actioned.

2.12 Continence management

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

Team’s recommendation

Does comply

There are systems in place to ensure that residents’ continence is effectively managed. Documentation demonstrates that continence assessments are included in the initial and ongoing assessment process and management strategies are developed in conjunction with staff and residents/representatives. The community continence nurse is available to provide advice and support for the registered nurses including continence management and issues related to in-dwelling catheters. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. Data on urinary tract infections are collected and appropriately followed up.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Yallambee Lodge has systems and processes in place to effectively identify and manage the needs of residents with behaviours of concern. Initial and ongoing assessments identify residents’ behaviour management needs and care plans are developed and implemented. Behaviour management strategies include identification of the triggers that initiate behaviours of concern and activities to avoid their onset. A psychiatrist and psychogeriatrician will visit on request and family members are involved in the development of strategies to address identified issues. Staff are aware of the triggers that initiate behaviours of concern and the strategies to mitigate them. Documentation confirms that the incidence of such behaviours is minimal and that that each reported incident is appropriately addressed.

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

Systems and processes in place ensure that each resident is assessed on entry to Yallambee Lodge and that plans of care are developed to ensure optimum levels of mobility and dexterity are achieved and maintained. Residents may be referred to a physiotherapist or occupational therapist as necessary for assessment of assistive devices to enable them to maintain maximum mobility and independence. Exercise and Tai Chi classes are held regularly and walking groups are included in the activities program. Incidence of falls is recorded, falls risk assessments conducted and strategies implemented to minimise the risk. Residents interviewed confirm that they are encouraged to retain their independence and supported through the programs in place at the home.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The oral and dental health of residents is assessed on entry to the home and regularly thereafter. The clinical care coordinator has attended the oral and dental “train the trainer

course” and provides ongoing education for the staff. Staff assist residents to maintain oral and dental health through mouth and denture care and observe any associated pain and/or discomfort. Residents may be referred to a dental practitioner and/or a dental technician Staff ensure that residents have an appropriate diet and fluids to maintain oral health.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Documentation and interviews confirm that residents’ sensory losses are identified on entry to Yallambee Lodge and included in the care planning process. Referrals are made where appropriate to specialist services including optical and audiology services. Staff ensure that resident’s sensory aids are well maintained. The home has changed to bright coloured solid block tablecloths to provide better contrast for the vision impaired and black toilet seats for male residents to improve toilet access. Large print and talking books are provided and the monthly newsletter is printed in large type for those who require it. Included in the activities program are activities suitable for those with sensory deficits, and that increase the tactile experience. Residents with vision impairment are encouraged to join in the ceramics and craft classes and the team observed many examples of their work. Taste and smell is enhanced by food cooked fresh on site.

2.17 Sleep

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

Team’s recommendation

Does comply

Resident sleep patterns are assessed on entry to the home including preferred sleeping times and any history of night sedation. Barriers to natural sleep including pain, continence, hunger, emotional state are considered when planning care. Residents are accommodated in single rooms and can determine their bedtime preferences such as watching television or listening to music. Staff report that the change in shift times enables them to spend more time with the residents during the “settling down” period and provides a greater opportunity for one to one interaction.

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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Three include:

- In May 2010 the home accessed a singing teacher after residents indicated their interest in starting a choir. Approximately eight to ten residents attend a singing lesson each Thursday. As well as providing an activity for resident the singing is relaxing and provides gentle beneficial breathing exercise for residents. The residents also perform at the monthly concert held at the home.
- The manager advised that one of the residents had been involved in the creation of a regular senior citizens concert in the nearby town of Berridale. In discussions with the resident, manager and recreational activities officer a decision was made to hold the concert at the home. This provides a range of benefits. The resident is still able to be actively involved in organising the concert; frailer residents are able to attend the concert at the home; there is improved interaction between members of the community, residents of the nursing home and residents at Yallambee Lodge; the singing group are provided with an opportunity to perform and; the home is able to fundraise for various projects.
- In November 2010 the recreational activities officer developed and submitted a submission to the Australian Government to apply for computers under the “Broadband for Seniors” program. The home received two computers which have been set up in the home. At present small groups of residents have been introduced to the computers and assisted in using them. A further improvement will be to provide education to residents to enable them to send emails to family and friends.
- A mobile whiteboard was purchased in December 2010. This enables quiz sessions to be held in each house. This also improves resident access to these activities, as those residents who may be reluctant to move up to the activities area in the administration room can attend the activities in their house.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to residents’ lifestyle. The manager advised that the home has linked with an external company which provides residential agreements. This ensures that the home utilises versions of the agreement which have been updated as changes to legislation occur. As part of the staff induction process staff members are required to sign the council’s code of conduct. The manager advised that a mandatory reporting register is managed at 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

Refer to expected outcome 1.3 Education and staff development for a description of how the home identifies, develops and provides training and education to ensure staff have appropriate skills and knowledge. Education records for 2010 confirmed that education provided and planned relating to Accreditation Standard Three included sessions on elder abuse. The recreational activities officer has recently completed a Certificate III course in Lifestyle and Leisure. In early 2010 a representative from The Aged Care Rights Service (TARS) provided education sessions to residents and staff on residents' rights.

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

Yallambee Lodge has systems in place to ensure residents receive appropriate support in adjusting to life in the new environment and on an ongoing basis. A pre-entry interview and tour of the facility enables residents and their representatives to identify and discuss any issues or concerns they may have. Referral to the specialist mental health for older persons service (SMHOPS) is available to assist with the transition process and has been well received by residents using the service. On entry to the home an assessment is undertaken which identifies previous lifestyle and social preferences, emotional, cultural and spiritual needs and any activities the resident would like to continue such as club membership. A new assessment form has recently been introduced which provides a more comprehensive assessment and a greater depth of information to assist staff to support residents and their families. Residents interviewed are very happy with the emotional support provided and the understanding and empathy of all staff.

3.5 Independence

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

Team's recommendation

Does comply

Residents are assisted and supported to achieve maximum independence and maintain active control over their lives throughout the entry processes and thereafter. Strategies to enable residents' independence to be maximised are identified and included in the care planning processes. Tai Chi, exercise classes, walking and handicraft activities assist residents to maintain their mobility and dexterity. Residents' choices and preferences in relation to a range of activities of daily living and lifestyle are identified and each resident is encouraged to maintain links with the outside community. Some residents have motorised wheelchairs or scooters which they use to maintain independence within the home or to undertake trips to town. The home has a weekly bus trip to town to enable residents to do their own shopping or visit their bank. A canteen operates at the home to allow less mobile residents to purchase items such as toiletries and confectionery. Yallambee Lodge is a registered polling station for local, state and federal elections, and electoral officers assist residents to undertake their civic responsibilities if they so wish. Residents interviewed are satisfied with the opportunities to maximise their 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 recommendation

Does comply

All residents/representatives interviewed expressed satisfaction with the way individual privacy, dignity and confidentiality is recognised and respected by staff at the home. Residents are accommodated in single rooms with ensuite bathrooms which facilitate privacy as required. The home's privacy statement and Charter of Residents' Rights and Responsibilities are included in pre-entry information. Written consent is obtained from residents for the disclosure of personal or clinical information and the display of photographs. Resident files are stored securely and archived appropriately. Observation of practices and discussions with staff confirm that they are very aware of privacy and dignity issues.

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

Interviews with residents confirm they are satisfied with the variety of activities offered and the encouragement and support given to participate in those of interest to them. Lifestyle assessments identify resident interests, cultural and physical needs and these are incorporated into an individual lifestyle care plan. The recreational activities officer develops a monthly activities program and activities surveys are undertaken to ensure residents' needs are met. The recreational activities officer and a team of volunteers provide a varied program which includes bus trips, card games, bingo, hoiy, a singing group, Tai Chi and exercise classes, craft and ceramics, visiting entertainers and church services. An increase in male residents has introduced more male directed activities including men's group and regular visits to an external men's group. A male volunteer visits for one to one discussion with male residents. Access to the internet is available through the "Broadband for Seniors" project and residents are encouraged to communicate with families who live some distance away and are unable to visit often.

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

Requirements for individual cultural, spiritual needs, customs and beliefs are identified on entry to Yallambee Lodge and are documented in resident care plans. Religious services of various denominations are held regularly for example, a twice monthly Roman Catholic mass, monthly Anglican service and a monthly combined church service which many residents attend. Members from the various churches conduct pastoral care visits and ministers will visit on request. Memorial services are held for past residents and a garden of remembrance is cared for by a resident. "International Cafe Days" are held which celebrate the food, music and activities of different countries which are chosen by the residents. Culturally specific days such as Anzac Day, Melbourne Cup Day, Easter and Christmas are celebrated. Residents interviewed are satisfied that their cultural and spiritual needs are met.

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

The home demonstrates that each resident is enabled to make choices and participate in decisions about services to meet individual lifestyle needs and preferences. Consultation with management and staff and provision of information on entry ensures that residents/representatives are aware of services and choices available at Yallabee Lodge. Resident files demonstrate that residents and their families are involved in making choices and decisions about their care and lifestyle, and that resident choices for example waking and sleeping times, meals in their rooms, participation in activities are documented and supported. Some residents have advanced care directives documented in their files and their wishes are known and respected by staff. Resident meetings are held monthly and provide residents with the opportunity to voice any issues or concerns and participate in decisions about life in their home. At the end of each meeting the recreational activities officer forwards an "issues from the meeting" report to the manager for action and sign off. Each resident receives a written response from the manager explaining how issues have been or will be addressed. All residents interviewed are satisfied that their wishes, choices and decisions are known and respected. They confirmed that they have the opportunity to voice opinions and participate in decisions affecting life in the home through the resident meetings.

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

The home has systems in place to ensure residents security of tenure at the facility. This includes the provision of an information package which includes brochures on the Department of Health and Ageing Complaints Investigation Scheme, The Aged Care Rights Service (TARS), information on accommodation bonds, schedule of fees and charges, various consent forms and an electoral enrolment form. The manager advised that they will also provide a copy of the residential agreement to enable prospective residents or their representatives to seek independent legal advice. The residential agreement covers services provided by the home, and includes information on the complaints resolution process. Residents and representatives stated that they are satisfied with the information the home provides on entry regarding details of tenure as well as the fees and charges.

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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Accreditation Standard Four include:

- The manager advised that the home had developed an outbreak kit which is located in the clinical storeroom. This will provide staff with resources such as gowns, gloves, masks and signage in the event of an outbreak of gastroenteritis or influenza.
- The home has developed a food safety program as a result of an audit by the NSW Food Authority. This ensures that the staff members monitor the delivery, storage, preparation and service of meals to the residents.
- The home is liaising with a dietician in Canberra to review the menu and provide education to staff on diets and nutritional needs of residents.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. The manager advised that as part of this system is the routine checking and testing of fire fighting equipment and fire alarm systems. The contract for these services is to be monitored by the council from June 2011 as part of their management system. The home also has systems in place to ensure compliance with the NSW Food Authority requirements for the food safety program.

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

Refer to expected outcome 1.3 Education and staff development for a description of how the home identifies, develops and provides training and education to ensure staff have the appropriate skills and knowledge. Education records for 2010 confirmed that education was provided and planned relating to Accreditation Standard Four such as fire safety, infection control and food safety. The administration coordinator advised that they are booked to attend an infection control course in September 2011. An external company is also due to attend the home to provide education to staff on infection control.

4.4 Living environment

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

Team's recommendation

Does comply

The team identified through interviews with various staff members, residents and resident representatives and through a review of documentation that the home has systems in place to ensure a safe and comfortable environment for residents. The manager and handyman advised that qualified tradesmen are contacted when required to attend to various maintenance tasks as well as any planned maintenance of plant or equipment. A maintenance request book is located in the staff office and is used to alert the handyman to any work that is required. Staff advised that residents' feedback on maintenance requirements is also sought at the monthly residents meeting. The home consists of five houses. Each house accommodates eight residents in single rooms with ensuite bathrooms. Each house has a main lounge room and smaller sitting area as well as a dining room with a small kitchen. Residents and their representatives advised that residents are able to bring in personal possessions to decorate and personalise their rooms. Residents and staff advised that residents have their main meal in the main dining room which is located in the administration block with other meals being served in each house. Residents are protected from inclement weather with covered walkways and pathways providing access around the site. The residents advised that they can freely walk around the site with mobility aids as there are ramps leading to all the houses.

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

The home has a system in place to ensure that management and staff members are actively working together to provide a safe working environment. The manager advised that the home falls under the auspices of the council's OH&S committee which meets on a regular basis. The OH&S committee conduct an annual site inspection to review all aspects of safety. The home also has hazard reports which enable staff to report any safety issues to management. Relevant tradesmen are contacted as need to undertake any rectification work, if required. Staff members report any workplace incidents and these are followed up by management. A return to work program is developed for staff members if needed. All accidents and incidents are reviewed to identify any preventative action that could be taken.

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

The home has systems in place to minimise fire, security and emergency risks in the home. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire fighting equipment and internal fire alarm system. The manager advised that the contractual arrangements will be managed by the council effective from June 2011. A random check on various pieces of fire fighting equipment around the site, confirmed they are inspected on a regular basis. The fire officer and manager advised that fire safety is included as part of the orientation sessions for new staff members. Staff

members interviewed by the team on the procedures to be followed in the event of a fire provided the team with a consistent response. Staff members advised that the staff on night duty at the home have a duress alarm which is linked to a security company. Each house is secured and residents have access to the call bell system in their room for any emergency situations. Emergency procedure flip charts are located near telephones to provide staff members with a quick reference in the event of other emergency situations.

4.7 Infection control

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

Team's recommendation

Does comply

The home can demonstrate that there is an effective infection control program in place. Policies and procedures including guidelines for the management of infectious outbreaks are available to guide practice. Staff receive training at orientation and on an ongoing basis including competency assessments. Hand washing facilities and hand sanitisers are available throughout the home and there are supplies of personal protective equipment available. Appropriate equipment is available to manage an infectious outbreak. There are procedures for the management of residents with methicillin resistant staphylococcus aureus (MRSA) or vancomycin resistant enterococci (VRE) and the infection control coordinator from the local hospital is available for advice and support. Data are collected on the number of infections and reported at the appropriate committees. Procedures are in place for handling of linen, disposal of waste and use of spills kits. There is a vaccination program in place for residents, and staff are encouraged to participate. All equipment is appropriately colour coded. Staff interviewed demonstrated their knowledge of infection control procedures, including management of an infectious outbreak, and the team observed that staff comply with infection control practices including the use of personal protective equipment.

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 has systems in place to manage the hospitality services provided to residents. Information on residents' dietary needs and preferences is obtained when the resident moves into the home and referred to the kitchen. Information on residents' special requirements is also recorded on the whiteboard in the kitchen. A food safety system is in place, which ensures that kitchen staff monitor the temperature of the food through the delivery, storage, cooking and serving processes. Staff members advised that the home also has a planned program for the routine cleaning of each house and administration building on a regular basis. The laundering of linen and residents clothing is managed on-site and within each house which reduces the risk of misplacing residents clothing. Residents and their representatives spoke favourably about the catering, laundry and cleaning services being provided at the home.