



**Australian Government**

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**Australian Aged Care Quality Agency**

**Yallambee Lodge**

RACS ID 0352  
1 Binalong Street  
COOMA NSW 2630

**Approved provider: Cooma-Monaro Shire Council**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 06 May 2017.

We made our decision on 20 March 2014.

The audit was conducted on 11 February 2014 to 12 February 2014. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### 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.

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Yallambee Lodge 0352**

**Approved provider: Cooma-Monaro Shire Council**

## **Introduction**

This is the report of a re-accreditation audit from 11 February 2014 to 12 February 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## **Assessment team's findings regarding performance against the Accreditation Standards**

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 February 2014 to 12 February 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

<b>Team leader:</b>	Frances Stewart
<b>Team member/s:</b>	Veronica Hunter

## Approved provider details

<b>Approved provider:</b>	Cooma-Monaro Shire Council
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## Details of home

<b>Name of home:</b>	Yallambee Lodge
<b>RACS ID:</b>	0352

<b>Total number of allocated places:</b>	40
<b>Number of residents during audit:</b>	40
<b>Number of high care residents during audit:</b>	2
<b>Special needs catered for:</b>	Nil

<b>Street/PO Box:</b>	1 Binalong Street
<b>City/Town:</b>	COOMA
<b>State:</b>	NSW
<b>Postcode:</b>	2630
<b>Phone number:</b>	02 6452 1669
<b>Facsimile:</b>	02 6452 1779
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Manager	1
Clinical care coordinator	1
Care staff	5
Catering staff	1
Residents/representatives	11
Volunteers	3
Laundry staff	2
Cleaning staff	2

### Sampled documents

Category	Number
Residents' files	9
Resident agreements	4
Medication charts	12
Personnel files	4

### Other documents reviewed

The team also reviewed:

- Accident/incident forms and data
- Audits and audit schedule
- Catering documentation including calibration records, menu, residents dietary preferences, residents dietary requirements, kitchen hygiene report
- Clinical and care assessment documentation
- Comments and complaints documentation including "We welcome your feedback" forms, family survey folder, monthly operations report
- Communication books for medical officers, physiotherapist, care staff
- Comprehensive medical assessments

- Council list of external services, maintenance - scheduled and preventative, 2014 maintenance plan
- Diversional therapy resident files folders
- Doctor's messages folder
- Dressing chart folder
- Education records including staff training first aid register, 2013 and 2014 education plan for staff
- Falls risk assessments
- Fire and emergency documentation including disaster plan, emergency evacuation plan, fire service records, fire folder
- Human resource documentation including job descriptions, induction checklist, 3 month staff induction and training program, staff handbook, clinical skills competencies, performance appraisals, staff rosters – clinical and ancillary, annual leave book, criminal history check register, professional registration list
- Infection control material including manual, monthly summary and trend data, temperature records for food and equipment, food safety plan, NSW Food Authority License, immunisation records and outbreak management program
- Inventory folder including clinical requirements, mechanical equipment, food, catering and housekeeping supplies, equipment purchase records
- Job descriptions
- Laundry and cleaning schedules
- Management, maintenance and education plans
- Material safety data sheets
- Medication charts
- Medication incidents
- Medication management documents including medication management information and schedule eight drug records, medication policy and procedure
- Minutes of meetings, memorandums, newsletters
- Multipurpose charts folder
- Nursing policy and procedure manual updated 2012
- Plan for continuous improvement
- Policy and procedure



- Regulatory compliance documentation including emails from Department of Social Services, NSW Aged Care legislation service, ANSTAT, Aged Care Services documentation, compulsory reporting guidelines and register, register for unexplained absences for residents, reportable assaults flowchart
- Relatives' meeting minutes
- Resident attendance at DT programs folder
- Resident handbook and resident welcome pack
- Resident lists
- Residents meal survey 2013
- Residents' progress notes
- Restraint folder
- S8 Register
- Staff communication diary and handover sheets
- Staff Handbook
- Staff medication competencies folder
- Work health and safety committee and meeting agenda documentation

## **Observations**

The team observed the following:

- Activities in progress
- Complaints mechanism brochures, notices and forms
- Emergency procedures and evacuation plans on display
- Equipment and supply storage areas
- Firefighting equipment and warning systems
- Hairdresser attending to residents
- House dining rooms during morning and afternoon tea
- Interactions between staff and residents
- Living environment
- Lunch service, main dining room and residents being assisted with their meal
- Kitchen staff practices, environment, selection of foods, food storage areas

- Medication round and storage of medications
- Noticeboards for residents and staff
- Outbreak equipment, spills kits, sharps containers in use
- Residents assisted with meals
- Residents using mobility equipment
- Residents' documentation securely stored
- Staff providing daily care for residents
- Staff work areas
- Vision and values statement on display

## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The home has a quality management system to ensure that continuous improvement is actively pursued. The review of the Plan for Continuous Improvement shows the identification of improvements, a monitoring of the actions taken and the evaluation of completed improvements. Regular auditing, resident surveys and the complaints process are used to identify and monitor the home's progress and compliance in meeting the homes standards. Feedback from stakeholders is gathered through resident and representative meetings, resident forums, surveys and staff meetings which occur regularly. Staff are aware of the systems for continuous improvement and confirm the home's commitment to quality and improvement. Interviews with residents and their representatives and the review of meeting minutes confirms that the home responds and actions improvements for residents.

The home has made planned improvements in relation to Standard One - Management Systems, Staffing and Organisational Development, including:

- The home has undergone extensive renovations commencing September 2013. This includes a new secure records room (current and archives), a medical officers consultation and treatment room, the kitchen has approximately doubled in size to provide for 40 residents (from the previous 24) with mostly new equipment, a larger dining area to accommodate the extra residents for meals without having to cease and pack up activities in progress. The renovations are expected to be completed by the end of February 2014.
- The comments and complaints system was updated in July 2013. The system suggested in the better practice guide provided a much clearer way of tracking complaints through to completion for the complainant and the home. A complaint tracking form allows the manager to ensure that each aspect of the complaint is covered. Letters of explanation and a copy of the new form “We welcome your feedback” have been sent to representatives. Residents have been informed of the new system during residents/representative meetings.
- One trainee care service employee has been employed for 76 hours per fortnight for a twelve month period. The staff member is currently completing Certificate III in Aged Care at TAFE. The staff member is a male and female residents who express a wish to

continue to be showered by a female are granted their choice. Residents/representatives are pleased with this appointment.

- A section of the organisational structure is undergoing consideration by council management. The staff positions reporting directly to the manager are under review with intention to restructure for the better management of 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 findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home subscribes to a number of government and independent information services and is a member of an industry body which provides ongoing information about industry issues and regulatory changes. The management team monitor adherence to regulatory requirements through audit processes. Management ensure changes in policy and procedure are communicated to staff through memorandums, meetings, notice boards and staff education programs.

Examples of compliance with regulatory requirements specific to Standard One - Management systems, staffing and organisational development include:

- A system and processes in place to ensure all staff have a criminal history record check.
- Residents/representatives were notified of the reaccreditation audit in accordance with the Accreditation Grant Principles 2011.
- The provision of information to residents and stakeholders about internal and external complaint mechanisms.

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

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

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

The home meets this expected outcome

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. An orientation program for all new staff is in place and a buddy system is used to support the new staff during their first days of employment. There is an education program which includes in-service training by senior staff, training by visiting trainers and suppliers and access to external training and courses. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals and competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents/representatives interviewed say staff have the skills and knowledge to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard One include such topics as: financial and generalised management - parts 1 and 2, current and future funding (management) and ACFI review training for all staff.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

Residents/representatives are informed of internal and external complaint mechanisms through the resident agreement, information handbook, discussion during orientation to the home, notices and at residents' meetings. Forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available.

Comments and complaints are logged in the continuous improvement system and we noted issues raised are addressed in a timely manner to the satisfaction of complainants.

Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, surveys and informally with management. Residents/representatives say they are aware of how to make a comment or complaint and feel confident concerns are addressed appropriately.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The vision, values and objectives of care are well documented and displayed in each house and in the administration building. This information is available in the resident handbooks and form part of the staff orientation program. Yallambee Lodge has a management "355" committee that meets bi-monthly and reports to the Cooma Monaro Shire Council. The committee is responsible for maintaining and reviewing the homes business plan.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

There are systems and processes for the provision of appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the home's mission and values. Human resource management is provided by the Cooma Monaro Shire Council human resources manager who oversees the recruitment process. The facility manager is involved in the process to select suitable applicants. Staff files are kept at Cooma Monaro Shire Council but the facility manager keeps professional qualifications, training records and other information for quick reference. Job descriptions are given to all successful applicants and orientation and buddy shifts take place in the home. Staff turnover is low and all staff are multiskilled. There is a casual staff pool, sufficient to ensure all vacant shifts are filled. Management report and staff confirm staffing levels are adjusted based upon resident care needs and feedback from residents and staff. Staff are encouraged and assisted to pursue internal and external education. Residents/ representatives stated staff are knowledgeable, responsive to residents' needs and have a caring attitude towards the residents.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

The home demonstrated it has a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. The Cooma Monaro Shire Council enters into service agreements with approved suppliers. The manager has authority to purchase most equipment, very large and expensive matters are referred to Director of Corporate Services at the Council. Equipment is serviced in accordance with a regular schedule and reactive work is completed

in a timely manner. The system is overseen by the manager and monitored through regular audits, surveys, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment at the home. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents.

## **1.8 Information systems**

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

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

The home meets this expected outcome

There are information management systems to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Residents/representatives receive information when they come to the home and through meetings, notices and newsletters. Mechanisms used to facilitate communication between and amongst management and staff are meetings, memos, communication books, handover sheets, feedback and reporting forms, and notices. A password protected computer system facilitates electronic administration and access to the internet and e-mail communication. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives report they are kept well informed and consulted about matters that impact on them.

## **1.9 External services**

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

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

The home meets this expected outcome

There is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into by Cooma Monaro Shire Council with contractors for the provision of services and there is a list of approved service providers who are used on a needs basis. All external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. The services provided are monitored by management through audits and the feedback mechanisms of the home and there is a system for managing non-conformance of service providers. Residents/representatives, staff and management interviewed say they are satisfied with the external services provided.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement.

The home has made planned improvements in Standard Two - Health and Personal Care that include:

- An increase in admissions of residents with diabetes has prompted further specialist education for staff regarding the disease. The consultant pharmacist and Diabetes Australia have visited the home to provide education for staff. With a greater understanding of the disease staff are suggesting better ways to maintain acceptable blood sugar levels and consulting with the registered nurses with solutions to problems.
- The newly constructed medical officers consulting room in the home will be fitted with an examination bed, hand basin and upgraded internet access for medical officers to link wirelessly to their own surgery files. This room will also be used by the registered nurses to dress wounds and attend to clinical matters in a suitable clinical environment.



## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance specific to Standard Two - Health and personal care include:

- The home holds current registration information for all registered health professionals practising within the home.
- An accredited pharmacist undertakes residents’ medication management reviews for the home.
- The home has a policy and procedures for the notification of unexplained absences of residents and maintains a register for recording these incidents.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard Two include: palliative care, meal supplements, diabetes, ear disorders. Five staff recently upskilled to Certificate IV in Aged Care, three staff currently are studying for their Bachelor of Nursing degree. All staff have a current first aid certificate.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and policies to ensure residents receive clinical care appropriate to their needs. A comprehensive program of focused assessments identify their care needs and the information gathered assists in formulation a nursing care plan which is reviewed and evaluated second monthly by the clinical care coordinator and care staff. The visiting medical officer of choice reviews residents care every three months or as required. A review of

documentation and discussions with staff show the home's comment/complaint, accident/incident and infection reporting systems are regularly audited to promote quality care. The results of interviews with residents/representatives show residents and their representatives are very satisfied with clinical care provided at the home.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".*

### **Team's findings**

The home meets this expected outcome

The home has effective systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are regularly assessed and documented by nursing staff and consultation with other health professionals occurs when required. The home's policies and procedures are regularly reviewed and staff reported they have the education, skills and equipment to meet residents' specialised nursing care needs. Staff interviews confirm that appropriately qualified staff is responsible for overseeing specialised care needs of residents. The results of interviews with residents/representatives show residents and their representatives are very satisfied with specialised nursing needs provided at the home.

## **2.6 Other health and related services**

*This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".*

### **Team's findings**

The home meets this expected outcome

The home has systems to support residents to be referred to appropriate health specialists in accordance with the residents' needs and preferences. The transport to the appointments is provided by residents' representatives or as arranged by the home. The home also organises health professionals to visit residents at the home. Feedback from referrals is followed up and incorporated into care plans to ensure residents' ongoing needs are met. Visiting allied health professionals include physiotherapist, podiatrist and palliative care services. A review of residents' care plans, progress notes, assessments and other documentation confirms residents are referred to a range of health care specialist for consultation and treatment.

Residents/representatives interviewed say they are satisfied with the referral system to appropriate health and related specialists.

## **2.7 Medication management**

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

### **Team's findings**

The home meets this expected outcome

The home demonstrates that the management of medication is safe and meets relevant legislative and regulatory requirements and professional standards and guidelines. A pre packed medication system whereby medications are packed by a pharmacist and

administered by appropriate staff is in place. Staff are required to demonstrate competency with medication management, internal audits and review of medication management are conducted. A review of documentation shows accidents/errors in medication administration are reported and followed up immediately. All medications are stored safely and correctly and policies and procedures are available for residents wishing to self-medicate. Residents interviewed said they were satisfied with the way medications are given as the staff member administering the medication waits with them as they take their medications.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

A review of documentation and interviews with staff show residents’ pain is assessed on moving to the home and pain management strategies are developed in consultation with the resident their representatives and others involved in their care. Care staff demonstrate an ability to recognise and evaluate pain, including nonverbal and behavioural signs of pain among residents with communication and cognitive deficits. Alternative strategies to medication interventions for the management of pain are provided. Medications are regularly reviewed by the resident’s doctor for effectiveness and appropriate referrals to specialist services including palliative care made as needed. Residents and their representatives interviewed said staff use a variety of pharmaceutical and other interventions to ensure residents are as pain free as possible.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home can demonstrate that the dignity and comfort of residents who are terminally ill is maintained in consultation with residents and their representatives. Staff at the home receive education about managing the palliative care needs of residents and have access to appropriate health professionals for advice and assistance. Analgesia and equipment such as heat packs are available to minimise resident distress and to ensure residents’ comfort.

Specialised equipment is available for the registered nurse to administer pain relief medication and they consult with residents’ medical officers and palliative care specialists as required. Resident/representative interviews indicate general satisfaction with the care and support provided.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ dietary needs and preferences are documented in care plans and passed on to catering staff. The changing needs and preferences of residents are closely monitored through observation, weight recording, resident meetings, regular surveys and discussions with residents and their representatives. A dietician and speech therapist contribute to menu planning and review menu modifications. All meals are prepared at the home and menus offer meal choice, portion size and presentation. Dietary supplements, special diets and specially prepared food for residents with swallowing difficulties are catered for. A rotating menu is provided. Interviews with residents and their representatives and a review of documentation shows the home attempts at all time to meet the changing needs and preferences of residents.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

The home has practices and processes to ensure the skin integrity of residents’ is maintained in a state consistent with their general health status. Skin care needs are assessed, monitored and evaluated on an ongoing basis in consultation with resident and/or representative, medical practitioner and other health professionals where appropriate. The home has very few wounds or skin tears currently and monitors them closely when they do occur. The staff receive regular training in manual handling which assists the maintenance of residents’ skin integrity. A review of documentation show staff document and manage wounds appropriately and the home has sufficient supplies of wound management equipment. Podiatry and hairdressing services are available at the home.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure that residents’ continence needs are managed effectively. Residents’ continence needs are assessed and continence programs are implemented if required. Residents are referred to specialists and continence advisors and stoma therapists as needed. Staff said each resident’s ability to mobilise, their cognitive ability, privacy and dignity are considered at all times in all aspects of continence care. Staff say there are adequate supplies of continence aids available for residents and staff assist the residents choose the most appropriate product for their needs. Residents/representatives say they are satisfied with the continence management provided by the home.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

The home has effective systems to manage residents’ behaviours. Behaviour management assessments are conducted in consultation with resident/representatives and appropriate other health professionals. Access to the mental health team is accessed when necessary. Other care needs that impact on behaviour such as pain management and sleep are also considered when assessing behaviours. The home has alarms on the external doors of all houses to alert staff if residents are wandering outside in the gardens. Staff interviews and observation of staff/resident interaction confirm staff are familiar with appropriate behaviour management strategies and are aware of the policies and procedures related to absconding/missing residents. Residents/representatives interviewed say they are satisfied with the homes management of behaviour and the care provided.

## 2.14 Mobility, dexterity and rehabilitation

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

### **Team’s findings**

The home meets this expected outcome

The home can demonstrate that each resident’s level of mobility and dexterity is optimised. Regular and ongoing assessments occur in consultation with residents and/or representatives. A physiotherapist is consulted as required to review individual mobility, dexterity needs and preferences. Mobility aids, independent living aids and appropriate activities are available to all residents and are consistent with individual care plans and identified resident need. Residents are encouraged to walk around the facility, join in various individual and group activities and participate in outings in the local community. The home has various external areas for use by residents. Residents/representatives are satisfied with the home’s approach to maintaining the mobility and dexterity of residents.

## 2.15 Oral and dental care

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

### **Team’s findings**

The home meets this expected outcome

Results of interviews with residents and their representatives confirmed that residents’ oral and dental health is maintained. Residents’ clinical and care documentation confirm that each resident’s oral and dental needs are assessed on entry to the home. Dental appointments with a local dentist and dental technician are made in consultation with the resident/representatives and transport arranged as needed. The dentist provides staff education on dental hygiene and care of equipment and staff assist residents who are unable to care for their own oral and dental health. Residents/representatives confirm they are satisfied with the oral and dental care provided by the home.

## 2.16 Sensory loss

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to identify and effectively manage residents’ sensory losses. Assessments of residents’ sensory needs are completed on entry to the home and when a change in the resident’s condition is identified. Staff said they receive training in sensory loss and improvements are continually made to ensure the home is conducive to residents with sensory loss. Corridors are free of clutter, equipment is maintained in good working order, signs are strategically placed to assist residents, lighting is arranged to suit individual need and noise is kept to a minimum. Management reported an optometrist visits the home regularly and referrals to hearing services, speech therapists and ophthalmologists arranged as needed. Residents/representatives confirm that staff assist residents with the care and maintenance of their glasses and hearing devices.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

The home has an environment of single rooms with ensuite, and there is an emphasis on choice of retiring and waking times in accordance with the needs and preferences of residents. Some residents were observed to be enjoying an afternoon sleep. Staff said residents experiencing difficulty sleeping are assessed for pain and their doctor regularly reviews their sleep pattern and only two residents are taking as required (PRN) sleeping sedation. A review of documentation including care plans showing staff assist residents achieve natural sleep patterns including emotional support, snacks, warm milk and additional toileting. Staff said lighting at the home is subdued at night, noise is kept to a minimum and residents are regularly checked throughout the night if required. Residents/representatives are satisfied with the homes approach to sleep management.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement.

The home has made planned improvements in Standard Three - Resident lifestyle including:

- A small mechanical dog which breathes in a realistic fashion is very popular with residents living with dementia. Many residents miss their pets and are very fond of animals. Some representatives state that it is very touching to see the residents interacting with the dog. Animals for therapy visit the home regularly.
- A herb garden was commenced by one of the cooks in unused raised garden beds. The herbs are now flourishing and residents are expressing interest in being involved with the growing and care of the plants. The herbs are used in the kitchen of the home.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulatory requirements relating to Standard Three - Resident lifestyle include:

- Information is provided to residents/representatives in the resident handbook and the resident agreement regarding residents’ rights and responsibilities including security of tenure and the care and services to be provided to them.
- The Charter of residents’ rights and responsibilities is included in the resident handbook and resident agreement.
- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a register of these incidents.

### **3.3 Education and staff development**

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard Three include: dementia workshop, advocacy and residents' rights, privacy and dignity, the orientation program which includes topics such as elder abuse and mandatory reporting.

### **3.4 Emotional support**

*This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".*

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

The home meets this expected outcome

The home has systems to support residents' adjustment to life in the home's environment. The emotional support for the resident and family begins pre entry to the home. A meeting with the manager and a guided tour of the home for the residents and representative highlights their room and services provided by the home. On entry to the home the assessment identifies the emotional state and needs of residents and strategies are implemented to assist with settling or increased anxiety. Individualised care plans are developed that are regularly reviewed and evaluated. Residents/representatives confirm that they are satisfied with the home's management of the settling in period and residents are provided with appropriate ongoing emotional support.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home has systems to assist residents to achieve maximum independence, maintenance of friendships and participation in the community. Individual and general strategies are implemented to promote independence, such as equipment to assist mobility and leisure activity programs which actively seeks the involvement of residents and promotes mobility and independence. Relatives, friends and community groups frequently visit the home and a bus is available to assist residents to undertake activities outside the home. Current reading matter such as newspapers in specific languages is made available to residents who require this service. Residents/representatives confirm they are satisfied with the assistance the home



provides in relation to residents' independence and continuing participation in the life of the community within and outside the home.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has systems and processes to ensure residents' privacy, dignity and confidentiality is recognised and respected. Resident records and personal information are securely stored. All staff sign a confidentiality agreement and receive regular training and supervision in regard to privacy, dignity and confidentiality. Any comments/complaints from residents their representatives and staff and are followed up in a timely manner. Staff interviewed said they always knock on resident's doors before entering and respect the dignity of each resident as they provide daily care. Residents are issued with a 'do not disturb' sign if they do not wish to be woken of a morning or wish to take an afternoon sleep. Observations of staff practices show these are consistent with the home's privacy and dignity related policies and procedures and are undertaken in a manner that promotes residents' confidentiality. Residents/representatives confirm that residents' privacy, dignity and confidentiality is recognised and respected in accordance with individual needs and preferences.

### **3.7 Leisure interests and activities**

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

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

The home meets this expected outcome

The home can demonstrate that residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. The interests and activity preferences of residents are assessed on entry to the home and on an ongoing basis. There is a wide range of activities offered and encourages physical and cognitive activity.

Residents' care plans record group and individual activities of interest to each resident and the monthly activity program and special events program take into account residents' preferred activities and significant days or events. Residents complete an annual lifestyle survey specifically about the activities being offered. The activities program is regularly evaluated to ensure that it continues to meet the recreational and leisure needs of the residents. The staff work closely with residents who choose not to attend group activities and ensure they have projects or activities that interest them. Residents/representatives confirm the home supports resident involvement in activities and interests appropriate to their needs and preferences.

### **3.8 Cultural and spiritual life**

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

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

The home meets this expected outcome

The home has systems that support and values residents' individual interests, customs, beliefs and cultural backgrounds. Residents' individual cultural/spiritual and leisure needs are documented and provision is made for the celebration of culturally or spiritually significant events, and friends and family are encouraged to participate. Catholic and Anglican religious services are conducted at the home monthly and links with other religious denominations and community organisations established and supported. Religious and other significant cultural day are celebrated at the home and residents choose whether or not they wish to participate. Most of the residents go to their own church each Sunday with family and friends. The recreational officer conducts memorial services for residents who have passed away.

Residents/representatives are satisfied with the homes level of support for the interests, customs and beliefs of individual residents.

### **3.9 Choice and decision-making**

*This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".*

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

The home meets this expected outcome

The home can demonstrate that each resident and/or representative participates in decisions about the services provided. Through consultation about their individual needs and preferences residents are able to exercise choice and control over their lifestyle. The manager is always available to speak with the residents and representatives about any concerns or wishes. Information on access to comments and complaints mechanism are available in the residents' agreement and handbook. Residents are able to communicate needs and make requests during the monthly residents meetings. The menu provides choices for each meal, residents' choice of medical officer is respected and participation in activities and which type of activity is the choice of the resident. Residents/representatives interviewed reported they are satisfied with the level of choice and control residents exercise over services and lifestyle at the home and a review of the home's comments and complaints mechanisms show most issues are resolved to the satisfaction of all parties.

### **3.10 Resident security of tenure and responsibilities**

*This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".*

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

The home meets this expected outcome

All residents/representatives are provided with a welcome pack including resident information handbook which outlines the rights and responsibilities of the resident and gives detailed

information about all aspects of life at the home. Residents/representatives are offered an agreement on entry to the home. The resident agreement includes information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. The home's mission statement and the charter of residents' rights and responsibilities are included in the resident information handbook and the resident agreement. Residents say they understand their rights and are satisfied their rights are respected.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement.

The home has made planned improvements relating to Standard Four - Physical Environment and Safe Systems, including:

- Shade sails have been erected outside Houses 1, 2, 3. This protection prevents glare and heat from the sun shining through the windows and provides residents with shade if they wish to sit outside. A pergola has been built outside House 5 which is very popular with the residents wishing to sit outside protected from the sun on warm days.
- With the exception of House 4 which will be operational this year, all Houses have external door alarms to warn staff if residents leave the home during the night. The alarms are turned on at approximately 7.30pm during the evening round and turned off at 6.30am. The alarms are connected to the nurse call bell system and keep residents safe with early intervention if they attempt to wander during the night.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulatory requirements relating to Standard Four - Physical environment and safe systems include:

- The home has a NSW Food Authority licence and a food safety program in place.
- Infection control guidelines are in place and infection control practices and cleaning requirements are monitored to ensure safe practices occur.
- The home provides material safety data sheets with stored and used chemicals.
- Staff attend mandatory fire education annually and fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and Staff Development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training that management and staff attend relating to Accreditation Standard Four include: mandatory training and in-service training on such topics as; fire safety and evacuation, infection control, manual handling, safe chemical handling and hazard reporting.

## 4.4 Living environment

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

### **Team’s findings**

The home meets this expected outcome

The home is actively working to provide a safe and comfortable environment consistent with residents’ care needs. Five separate houses provide resident accommodation and living area. All residents have their own ensuite room which they are encouraged to personalise. The

houses are free of clutter and have a heating/cooling system to maintain a comfortable temperature. Covered walkways lead to a communal dining, activities and reception area.

The living environment is clean, well-furnished and well lit. The home is surrounded by a security fence and there is a procedure for securing the houses at night time. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident/representative feedback, incident/accident reports, audits and observation by staff. Residents/representatives say they are satisfied with the living environment.

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

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

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

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. Cooma Monaro Shire Council has a workplace health and safety (WHS) committee of which the manager of Yallabee Lodge is the aged care representative.

Concerns regarding safety in the workplace are reported to the committee who will then assist with review. WHS policy and procedure are made available to all staff who are expected to be familiar with this information. All staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment and personal protective equipment is available for use by staff to assist with manual handling and infection control. A maintenance program ensures the working environment and safe equipment. The home monitors the working environment and the WHS of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by the management and staff. Staff were observed to be working safely.

#### **4.6 Fire, security and other emergencies**

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

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

The home meets this expected outcome

There is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. Management oversees fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate firefighting equipment and warning systems and these are regularly inspected and maintained. Emergency flipcharts and evacuation plans are displayed throughout the home and a red fire folder holds up to date information and identification tags for all residents to be used in case of evacuation. Security is maintained with a lock-up procedure and staff are supplied with a duress alarm to wear during their shifts which are linked to a security monitoring company. The home has a disaster management plan. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff indicate they know what to do in the event of an emergency and residents say they feel safe in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has a system of infection control, which includes policies and procedures, infection prevention strategies including universal precautions, systems for the management and disposal of contaminated waste, surveillance of infections and staff and resident vaccination programs. The manager oversees the infection control program. The home's laundry and cleaning processes incorporate colour-coded practices to ensure effective infection control to minimise the risk of transmission and cross-contamination. The home is equipped with hand sanitising dispensers throughout all the buildings. The home's education system supports the infection control program through staff training, education and competency assessments. A food safety program is in place in the kitchen. External audits are conducted on kitchen's process as well as staff practices and action plans are developed to address any improvement opportunities. Food in the kitchen is observed to be all labelled by kitchen staff. Temperature checks are conducted routinely on food at various stages from cooking to serving. All staff interviewed demonstrated an understanding of infection control principles and practices related to their roles and were able to describe the preventative measures to be taken to minimise cross infection.

#### **4.8 Catering, cleaning and laundry services**

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

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

The home meets this expected outcome

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. All meals are cooked fresh on site according to a rotating menu that provides variety of meals and choice for residents. The menu has been assessed by a dietician and caters for special diets and for the individual needs and preferences of residents. The home is cleaned by in house cleaners. The cleaning is carried out according to a schedule and the quality of the cleaning is monitored by the management and staff of the home. We observed the home to be very clean and residents/representatives state they are very satisfied with the results. Personal clothing and linen is washed in the individual laundries of each house by laundry staff five days each week. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home.

Residents/representatives say they are very satisfied with the hospitality services provided.