



Australian Government

Australian Aged Care Quality Agency

Three Tree Lodge

RACS ID 0501
2a Cole Drewe Drive, PO Box 3015
South Bowenfels NSW 2790

Approved provider: Three Tree Lodge Lithgow Limited

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 20 November 2018.

We made our decision on 19 October 2015.

The audit was conducted on 15 September 2015 to 16 September 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

Expected outcome	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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Audit Report

Three Tree Lodge 0501

Approved provider: Three Tree Lodge Lithgow Limited

Introduction

This is the report of a re-accreditation audit from 15 September 2015 to 16 September 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 15 September 2015 to 16 September 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

Team leader:	Barbara Knight
Team member:	Hiltje Miller

Approved provider details

Approved provider:	Three Tree Lodge Lithgow Limited
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Details of home

Name of home:	Three Tree Lodge
RACS ID:	0501

Total number of allocated places:	54
Number of care recipients during audit:	53
Number of care recipients receiving high care during audit:	35
Special needs catered for:	Those living with dementia

Street/PO Box:	2a Cole Drewe Drive, PO Box 3015
City/Town:	South Bowenfels
State:	NSW
Postcode:	2790
Phone number:	02 6354 2666
Facsimile:	02 6354 2665
E-mail address:	operations@threetreelodge.com.au

Audit trail

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

Interviews

Category	Number
Operations manager	1
Care coordinators	2
Registered nurses	2
Care staff, enrolled nurse, team leader	8
Physiotherapist	1
Medical officer	1
Administration coordinator	1
Care recipients/representatives	12
Board members	2
Leisure and lifestyle officer	1
Laundry staff	1
Cleaning staff	1
Catering staff	2
Maintenance coordinator	1

Sampled documents

Category	Number
Care recipients' files	8
Wound charts	10
Medication charts	15
Personnel files	5

Other documents reviewed

The team also reviewed:

- "We value your feedback" and feedback management forms
- Asset register, preferred service provider register, preventative maintenance schedule, maintenance request book, equipment service records and reports including pest control and thermostatic mixing valves

- Clinical care documentation including bowel charts, blood glucose level monitoring, continence management, meals and drinks, weight monitoring, wound management/dressings, pain diary, warfarin charts and case conferences.
- Clinical indicator data, audit results and actions taken
- Communication book
- Compliance and reporting schedule
- Continuous improvement log register and work plan
- Contractor files including service agreement, license and insurance documentation
- Criminal record check register
- Leisure and Lifestyle documentation including photos of residents attending activities, Melaleuca activities folder, residents activity log, case conferences, spiritual support, consent for activities and confidentiality forms and residents meetings.
- Maintenance request register
- Mandatory reporting register
- Medication management documentation including medication management and administration policy, drugs of addiction register, medication care plans, medication incidents, medication refrigerator temperature records and incident reports.
- Meeting minutes
- Newsletter
- NSW Food authority license and audit report, food safety manual, cleaning, temperature and sanitising records consistent with hazard analysis critical control point (HACCP) requirements
- Organisational chart
- Physiotherapist documentation including assessments, manual handling guides, treatment sheets and pain assessments
- Policies and procedures
- Position descriptions and duty statements, performance appraisals
- Professional staff registration records
- Resident agreements
- Resident handbook
- Resident information package “welcome pack”
- Self-assessment report for re-accreditation

- Staff education and training matrix and attendance records
- Staff handbook

Observations

The team observed the following:

- Activities, entertainment, activity program on display; care recipients participating in activities, photographs of past events and activity resources
- Dining environments during midday meal service, morning and afternoon tea, including care recipient seating, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals in their rooms
- Equipment and supply storage areas and equipment in use
- Fire panel, annual fire safety statement, fire equipment, contingency plan, emergency flip charts, emergency evacuation kit
- Infection control resources including hand washing facilities and hand sanitisers, spills kits, sharps containers, contaminated waste disposal, personal protective and colour coded equipment, outbreak kit
- Information noticeboards and brochures displayed including external complaints and advocacy brochures
- Interactions between staff and care recipients/relatives/visitors and staff answering call bells in a timely manner
- Living environment internal and external
- Medication administration
- Menu
- Mission, Vision and Values and Privacy Statement displayed
- Notices regarding re-accreditation audit
- Resident survey box
- Staff work areas

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 care recipients, 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

Three Tree Lodge has recently reviewed and redeveloped the systems and processes in place to ensure that they support the organisation's commitment to continuous quality improvement. The strategic priorities that demonstrate this commitment are articulated in the Strategic Plan of April 2015. Opportunities for improvement are identified through comments and complaints, results of audits, incident reports, meetings, observation and informal feedback from staff, care recipients and representatives. A continuous improvement committee meets regularly to consider and progress all issues. Feedback to key stakeholders including staff, care recipients and family members is through meeting minutes, memoranda, noticeboards and newsletters.

Continuous improvement activities undertaken in relation to Accreditation Standard One – Management Systems, Staffing and Organisational Development include:

- Review of policies and procedures demonstrated that they were out of date and not reflective of current practice. Current policies are now consistent with the new organisational structure and reflect the organisations strategic priorities.
- Redevelopment of the roster and redistribution of care hours consistent with the new model of care and to meet increasing care recipient need.
- Upgrade of information technology systems to ensure that the network supports the needs of the organisation. This includes back up facilities, increased security and improved access to data
- Introduction of electronic systems for asset management and preventative maintenance. This has improved the administration of these systems and ensures equipment is in good condition and fit for service.
- Purchase of clinical equipment to meet increasing care recipient need such as electric beds including low/low, king single and bariatric beds

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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Information is obtained through peak industry bodies, circulars and bulletins from government and non-government departments and professional organisations. Regulatory issues and updates are communicated to staff through memoranda, meetings and education sessions. Staff state they are made aware of regulatory issues and that they have access to information regarding legislative and regulatory requirements.

Examples of the monitoring and compliance with regulatory requirements relevant to Accreditation Standard One are:

- A system to ensure criminal history checks for all staff remain current and the maintenance of a criminal history check register.
- A system to ensure compliance with legislation regarding the compulsory reporting of assaults.
- Notification to care recipients/representatives of the accreditation site audit and their right to speak to the assessment team.

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

Three Trees Lodge has reviewed and revised the education program to ensure that, in line with the new organisational structure and strategic direction, both management and staff have appropriate knowledge and skills to perform their roles effectively. Education needs have been identified through a staff survey and the performance appraisal system. There is an orientation program and ongoing education includes mandatory requirements and in- service training provided by the care coordinator responsible for education. A training matrix is maintained detailing staff attendance at education sessions and skills assessments undertaken.

Education relevant to Accreditation Standard One includes:

- Law for Aged Care Managers
- Elder abuse and mandatory reporting

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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

There are systems to ensure that care recipients, their representatives and other interested parties have access to internal and external complaints mechanisms. Internal mechanisms include meetings, feedback forms, and discussions with management. Information on external complaints mechanisms is available and detailed in the Resident Handbook and Resident Agreement. Interviews with care recipients/representatives confirm they are aware of internal and external complaints mechanisms and that concerns are promptly addressed at local level.

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, mission and values of the organisation are documented, displayed in the home and detailed in the handbooks. In developing the Strategic Plan of April 2015, the Board took the opportunity to review the organisational structure and management systems and processes to ensure that they support the vision, mission and values and provide a sustainable basis for the future.

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

Three Trees Lodge has systems and processes to ensure there are sufficient staff with the appropriate knowledge and skills to provide care and services to the care recipients. There are recruitment and selection processes, an orientation program, ongoing education and a performance management system. Position descriptions and duty statements guide staff in their duties. Staff interviewed advise that they work together as a team to ensure care and service delivery and have the opportunity to provide feedback on staffing levels and increased care needs. Care recipients/representatives interviewed are satisfied that there are appropriately skilled and qualified staff available to meet their needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Three Tree Lodge has systems to ensure there are stocks of appropriate goods and equipment available for the delivery of quality services. These include purchasing and asset management procedures, a system to check goods on delivery, preventative and reactive maintenance programs to ensure equipment is safe for use and a system to ensure appropriate storage and timely use of perishable items to avoid spoilage and contamination. External contractors ensure essential services such as fire panel and fire equipment, are maintained. Observation, management and staff interviews demonstrate there are appropriate levels of stock and equipment including medical supplies, food, chemicals, furniture and linen, to provide quality care and services to care recipients.

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 systems in place to manage the collection of data, the development, storage and destruction of records. Mechanisms in place generally support the flow of information between staff, care recipients and family members. Information technology has been upgraded to enable more staff to have access to information electronically. Information is also distributed to management, staff and care recipients/representatives through information packages and brochures, handbooks, newsletters and meeting minutes. Observation demonstrates care recipient and staff files are securely stored and appropriately archived.

Care recipients/representatives report they are satisfied that they have access to appropriate 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 findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the home's needs and service quality goals. External service providers have contracts/agreements in place with certificates of currency, licenses and insurance as appropriate. There are mechanisms in place to monitor and ensure service providers' compliance through the comments and complaints mechanisms, care recipient/representative and staff feedback. Staff and care recipients/representatives interviewed express satisfaction with current external services.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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

For details of the continuous improvement system refer to expected outcome 1.1 Continuous improvement in this report. Examples of continuous improvement activities relevant to Accreditation Standard Two include:

- Following an increase in medication incidents the home contracted an external provider to undertake a comprehensive audit. This has resulted in
- a reduction in the number of emergency medicines held on site in line with regulatory requirements
- review of all medication charts to ensure they include current care recipient photographs
- changes to the processes for ordering and storing nurse-initiated, non-packed and emergency medications
- changes to the labelling of non-packed medications
- introduction of prn (when necessary) stickers in progress notes to ensure the effectiveness of the medication is monitored

A compulsory meeting was held for all staff administering medications to ensure they are aware of their responsibilities. A further audit will be undertaken in November 2015 to determine the effectiveness of these measures

- As the result of feedback the home has purchased modified crockery and cutlery to meet increasing care recipient need. This has supported care recipients to maintain their independence with nutrition and hydration needs.

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 also in this report to expected outcome 1.2 Regulatory compliance for details about the home’s systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines.

Examples of compliance with regulations relevant to Accreditation Standard Two include:

- A system to ensure the currency of professional staff registrations
- A system to manage unexplained absences of care recipients in accordance with regulatory requirements.

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 also in this report to expected outcome 1.3 Education and staff development and expected outcome 1.6 Human resource management.

Examples of education relevant to Accreditation Standard Two include:

- Managing care recipients with swallowing difficulties
- Dementia care
- Oral and dental care
- Nutrition and enteral feeding

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Three Tree Lodge provides care recipients with appropriate clinical care through initial assessments, care planning and evaluation processes. The home has systems that enable care recipients/representatives to exercise control over the care they receive and to provide input into care recipients' care planning. The care managers and registered nurses review care

recipients' individual plans of care every three months or when required. Relevant staff are informed of any alterations/exceptions to the usual care required by the care recipient through handovers, progress notes, meetings, communication diaries and verbally. Care recipients' weights, vital signs and urinalysis results are recorded monthly or as ordered by the medical officer. An accident and incident reporting system is in place for the reporting of incidents, such as falls, skin tears and behaviours of concern. Staff demonstrate knowledge of care recipients' care needs ensuring that care recipients' clinical care is being met. All care recipients/representatives interviewed are satisfied with timely and appropriate assistance given to care recipients by care staff.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officer input when required. Three Tree Lodge has adequate staffing skill mix to ensure care recipients' specialised nursing care needs can be met by appropriately qualified and skilled personnel. This includes the care coordinator, who is a registered nurse, input into assessment, management and care planning for care recipients. The home currently provides specialised nursing care for care recipients requiring dementia care, diabetic management, wound care, peg feed and pain management. Staff are provided with education in specialised nursing procedures. Staff confirmed they have access to adequate supplies of equipment for the provision of care recipients' specialised nursing care needs. Care recipients/representatives are satisfied with the level of specialised nursing care offered to care recipients by nursing, medical and/or other health professionals and related service teams.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrates timely referrals for care recipients are arranged with appropriate health specialists as required. The care coordinator/registered nurse have regular access to a physiotherapist, podiatrist, speech pathologist, optometry, community clinical nurse consultants and a palliative care team. Regular review and evaluation of care recipients' health and well-being and referrals are carried out by the registered nurse in collaboration with care staff and doctors. Co-location of a specialist medical centre on the campus facilitates access to specialised health professionals. Effective monitoring is achieved through handover of key care recipient information to relevant staff. When required, care recipients' medical officers are alerted and consulted. Care recipients/representatives stated care recipients are referred to the appropriate health specialists in accordance with care recipients' needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients’ medication is generally managed safely and correctly. These include policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal/external audits. Staff administer medication using prepacked packs and the registered nurse oversees the home’s medication management system and processes. Review of care recipients’ medication profiles show current medical officers’ orders are recorded and information includes medication identification sheets, care recipients’ photographic identification, allergies and medication allergy status. All staff who administer medications are assessed according to the home’s medication policy through annual skills based assessments or as required. Care recipients/representatives said they are satisfied with the home’s management of care recipients’ medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

All care recipients are assessed to identify their pain history on entry to the home with the medical officer input in determining the effectiveness of interventions. A multidisciplinary approach involving the care recipient’s medical officer, nursing staff and activity officer supports the care recipient’s pain management program. Staff are knowledgeable about the many ways of identifying care recipients who are experiencing pain. Pain management strategies include pharmacological reviews, various non-pharmacological interventions and treatment in liaison with care recipients’ medical officers. Care recipients are repositioned, assisted with movement and exercise, given gentle heat therapy, massage, and are involved in distraction therapy. Care recipients say the care provided at the home relieves their pain or it is managed so they are comfortable.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Three Tree Lodge has a suitable environment and culture to ensure the comfort and dignity of terminally ill care recipients is maintained. Where possible, care recipients' end of life wishes are identified and documented on entry to the home or at an appropriate time thereafter, through the assessment process. The home has specialised clinical and comfort devices to ensure and maintain care recipient palliation needs and preferences. The home provides pastoral support to provide emotional and spiritual support. Staff receive ongoing education and describe practices appropriate to the effective provision of palliative care.

Care recipients/representatives said the home’s practices maintain the comfort of terminally- ill care recipients.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has processes to provide care recipients with adequate nourishment and hydration. Care recipients are assessed for swallowing deficits and other medical disorders, allergies, intolerances, food likes and dislikes, as well as cultural or religious aspects relating to diet. Provision is made for care recipients who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. The information is recorded on a care recipient’s nutrition and hydration form and sent to the kitchen. Care recipients are provided with assistance at meal times and assistive cutlery and crockery are available. The home monitors nutrition and hydration status through staff observations and recording of care recipients’ weights with variations assessed, actioned and monitored. Care recipients are referred to a dietician and/or speech pathologist when problems arise with nutrition. Care recipients/representatives are satisfied they are able to have input into menus and care recipients’ meals.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients’ skin integrity is consistent with their general health. Initial assessment of the care recipient’s skin condition is carried out along with other assessments relating to and influencing skin integrity. Care recipients have access to nutritional support, podiatry, hairdressing and nail care according to their individual needs and

choices. Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts. The home's reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in clinical indicator data collection. The home has a range of equipment in use to maintain care recipients' skin integrity. Care staff help to maintain care recipients' skin integrity by providing regular pressure care, by applying skin guards and by using correct manual handling practices. Care recipients/representatives are satisfied with the skin care provided to care recipients and report that staff are careful when assisting them with their personal care activities.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Three Tree Lodge has a system for identifying, assessing, monitoring and evaluating care recipients' continence needs to ensure their continence is managed effectively. Processes are in place for the distribution of care recipients' continence aids and informing staff of care recipients' continence aid needs. Care recipients are assisted and encouraged to maintain or improve their continence level in a dignified and supportive manner. Care staff have access to adequate supplies of continence aids to meet care recipients' needs and they provide care recipients with regular toileting programs as indicated. Bowel management programs include daily monitoring and various bowel management strategies. For example: regular drinks, aperient medications if necessary and a menu that contains high fibre foods such as fresh fruit and vegetables and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home's continence supplier provides ongoing advice and education for staff and care recipients. Feedback from care recipients/representatives shows satisfaction with the continence care provided to care recipients.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of care recipients with behaviours are managed through consultation between the care recipient/representative, staff, medical officers and allied health professionals. Care staff and the activity officers implement a range of strategies to effectively manage care recipients with challenging behaviours. The care recipients' challenging behaviours are monitored and recorded with referrals made to their medical officer and/or external health specialists as appropriate. Staff are able to recognise the triggers and early warning signs exhibited by some care recipients and put in place appropriate strategies to manage behaviours. The team observed the environment to be calm and care recipients well groomed. Care recipients' representatives said staff manage care recipients' behaviours well.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients are assisted to maintain their mobility, dexterity and independence for as long as possible. Clinical assessments on entry identify the assistance required by care recipients for transferring and mobility. Care recipient’s mobility status and falls risk are assessed by a registered nurse when the care recipient moves into the home, after a fall and as their needs change. This is followed by a physiotherapy review if necessary. Individual treatments include massage, heat treatments and exercises. Falls prevention strategies include the completion of risk assessments. Interventions noted include group exercises and the provision of specialised equipment such as mobility aids, ramps and handrails. Staff are able to discuss individual care recipients’ needs and were seen assisting care recipients to mobilise within the home. Care recipients said they are satisfied with the program and assistance they receive from staff.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ oral and dental health is maintained. Care recipients’ dental needs are identified through assessment and consultation with the care recipient/representative on a care recipients’ entry to the home and as their needs change. Appropriate dental health is planned and staff are informed of the care recipients’ needs. The care recipient’s medical officer is consulted if there are any needs and referral may be made to a specialist, dentist or dental technician if needed for further assessment or treatment.

Ongoing care needs are identified through care recipients’ feedback, staff observation of any discomfort, or reluctance to eat and weight variances. Care recipients are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. Care recipients/representatives said they are satisfied with the oral and dental care provided to them.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home assesses care recipients’ eyesight and hearing initially on entry and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken when assessing care recipients’ nutritional needs, dexterity and interest in activities. These are documented on care recipients’ care plans to prompt and instruct staff on how to care for and engage care recipients appropriately. The home’s activity program features activities to stimulate care

recipients' sensory functions. Staff described types of group and individual activities which encourage active participation from care recipients with sensory deficits. Staff said they employ various strategies to assist care recipients with sensory deficits. These include positioning, utilising and adapting materials and equipment to enhance care recipients participation, adapting the environment to ensure it is conducive to maximising care recipients' enjoyment and participation in the chosen activity. Care recipients/representatives said they are satisfied with the home's approach to managing care recipients' sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Three Tree Lodge assists care recipients to achieve natural sleep patterns through a sleep assessment, care planning, choice of time for going to bed and rising, and staff support at night. Staff are able to explain the various strategies used to support care recipients' sleep. For example: offering warm drinks or snacks, appropriate pain and continence management, comfortable bed, repositioning and night sedation if ordered by the medical officer. Care recipients can use the nurse call system to alert the night staff if they have difficulties in sleeping. Care recipients state they sleep well at night. Care recipients/representatives are satisfied with the home's approach to their sleep management.

Standard 3 – Care recipient lifestyle

Principle: Care recipients 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

For details of the continuous improvement system, refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvement activities relevant to Accreditation Standard Three include:

- In association with the upgrade of information technology (see expected outcome 1.1 Continuous improvement) a computer has been installed in one of the sitting areas to enable care recipients to send and receive emails and to Skype.
- Following feedback from a volunteer the home has purchased musical instruments for use in the special needs unit. This has enhanced care recipient participation in activities in this unit.
- See also expected outcome 2.1 Continuous improvement for improvements supporting independence.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

Refer also in this report to expected outcome 1.2 Regulatory compliance for details about the home’s systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines.

Examples of compliance with regulations relevant to Accreditation Standard Three include:

- Care recipients/representatives are provided with information on prudential arrangements and sign agreements on or before entry to the home.
- Residents’ handbook and agreement detail security of tenure arrangements and charter of residents’ rights and responsibilities, which is also displayed.
- There is a system to ensure compliance with legislation regarding the compulsory reporting of assaults.

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 also in this report to expected outcome 1.3 Education and staff development and expected outcome 1.6 Human resource management.

Examples of education relevant to Accreditation Standard Three include:

- Privacy and confidentiality
- Design for Dementia Program
- Training and support for lifestyle officer in planning small group activities

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients/representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Staff ensure care recipients are introduced to each other and other staff and explain daily happenings at the home. Staff encourage care recipients to join in with social activities as they feel comfortable to do so. Care recipients are able to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and say they feel welcomed by staff. Staff interviewed reported knowledge of strategies used for meeting individual care recipients' emotional needs. Care recipients say they are happy living at the home and the staff are kind and caring.

Observations of staff interactions with care recipients during the re-accreditation audit showed warmth, respect and laughter.

3.5 Independence

This expected outcome requires that "care recipients 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 care recipients to achieve maximum independence, maintain friendships and participate in the community. The home-like environment provides a welcome place for visiting care recipient representatives with care recipients being afforded opportunities to exercise independence and choice on a daily basis. A range of individual and general strategies implemented to promote independence, including the provision of services and equipment for care recipient use, a leisure activity program and regular mobility and exercise regimens. Participation in the local community is promoted through outings and visiting entertainment. Care recipients can have radios and televisions in their rooms. Staff describe strategies to maintain care recipients' independence in accordance with individual abilities. Care recipients say they are encouraged to maintain their independence and contact with the local community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff of the home protect the privacy and dignity of care recipients and ensure the confidentiality of care recipients' personal information. Care recipients sign consent forms for the release of information to appropriate parties and staff sign confidentiality

agreements. The home's environment promotes privacy with care recipients accommodated in single rooms with their own ensuite bathroom and two bed rooms with shared bathroom. Shift handovers are conducted away from visitors to the home. Staff demonstrate an awareness of practices which promote the privacy and dignity of care recipients. These include closing care recipients' doors and window curtains when providing personal care. Care recipients say staff are polite, respect their privacy, knock on doors prior to entering and close doors and curtains during care provision.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients 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 has systems to ensure care recipients are encouraged and supported to participate in interests and activities of their choice. The individual interests and preferred activities of care recipients are identified on entry. Each care recipient has an individualised care plan that identifies specific care recipient needs. Information obtained from resident meetings and one-on-one discussions is also used to plan suitable group and individual activities. The activity program is displayed and includes a range of options such as physical exercise, mental stimulation and general social interaction. Some activity programs are evaluated via care recipients' feedback, meetings and review of activity attendance records. Care recipients told us there are a variety of activities provided and whilst they are encouraged to participate their decision not to do so is respected.

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 through which care recipients' cultural and spiritual needs are valued and fostered including the identification and documentation of care recipients' interests, cultural needs, and religions. The menu is flexible and can accommodate the preferences of care recipients from culturally and linguistically diverse backgrounds when required. Specific cultural days such as Australia Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. Care recipients' birthdays are recognised and celebrated.

Freedom of choice with religious and cultural beliefs is respected. Pastoral care is delivered by various religious denominations providing services. This is also personalised through one to one contact. Care recipients/representatives are satisfied with the home's approach to the cultural and spiritual program and the support provided to them.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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 encourages care recipients to exercise choice and control over their lifestyle through participation in decisions about the services each care recipient receives. Care recipients are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes use of preferred name, personal care regimes, diet preferences, bed times and whether to participate in activities. Staff were observed providing care recipients with choices in a range of activities of daily living. There are mechanisms for care recipients/representatives to participate in decisions about services including access to management, meetings, case consultations and complaint processes. Where care recipients are unable to make choices for themselves, management said an authorised decision maker is identified for the care recipient. Care recipients' choices are recorded where relevant and are accommodated whenever possible. Care recipients/representatives say they speak up without hesitation and the home enables care recipients to make choices of importance to them.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Three Trees Lodge is able to demonstrate that care recipients have secure tenure within the home and understand their rights and responsibilities. A resident service agreement and resident handbook is provided for all care recipients. The agreement outlines information on security of tenure, charter of residents' rights and responsibilities, fees/bonds, privacy matters and specified care and services. Noticeboards and brochures provide information for care recipients/representatives including on internal and external complaints mechanisms.

Care recipients/representatives interviewed state they are satisfied with the information that was provided pre entry and on entry to the home and on an ongoing basis.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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 also in this report to expected outcome 1.1 Continuous improvement. The home’s continuous improvement activities include systems to check the home provides a safe and comfortable environment consistent with care recipients’ care needs.

Examples of continuous improvement activities include:

- Purchase of new furniture to enhance the living environment and improve the ambience of the home
- Total review of the meal service delivery including a new dietician approved menu, amended meal times at care recipients request, purchase of new crockery and changes to table settings and meal presentation including individual menus at each table. Care recipients are very happy with the current dining experience
- Upgrade to general garden areas and revamping of the gardens surrounding the special needs unit to engage care recipients and improve safety and security

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 also in this report to expected outcome 1.2 Regulatory compliance. There are systems to ensure compliance with regulations relevant to care recipients’ quality of life and provision of a safe environment.

Examples of regulatory compliance relevant to Accreditation Standard Four include:

- A system to ensure compliance with food safety requirements including a food safety program and NSW Food Authority license
- A system to ensure compliance with fire safety regulations and building safety codes
- A system to ensure compliance with infection control requirements and minimise the risk of infection for staff and care recipients.

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 also in this report to expected outcome 1.3 Education and staff development. The home demonstrates that staff have the knowledge and skills required for effective performance in relation to physical environment and safe systems.

Examples of education and training programs relevant to Accreditation Standard Four include:

- Infection control and hand hygiene
- Fire safety training – evacuation and awareness
- Manual handling

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Three Tree Lodge provides accommodation for care recipients in mainly single rooms with ensuite bathrooms and a small number of double rooms with sitting room area and ensuite. Rooms are located in separate wings with dining and lounge areas and smaller more private sitting areas. There are well maintained garden areas which provide care recipients with the opportunity to observe and enjoy the local wildlife. Preventative and reactive maintenance programs are in place to ensure a safe and comfortable environment. Care recipients/representatives interviewed are happy 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

Three Tree Lodge has systems and processes which enable it to demonstrate there is a safe working environment that meets regulatory requirements. The Work Health and Safety Committee has been reconvened with representatives from each category of staff. Education provided at orientation and on an ongoing basis includes manual handling, fire safety awareness, infection control, and hazard and accident/incident reporting. Lifting devices, personal protective and other equipment is available for the protection of both staff and care recipients. Accident/incident data are reviewed at meetings, and a program of safety

inspections and environmental audits has been re-established. Preventative and reactive maintenance programs are in place. Staff interviewed are aware of their responsibilities regarding work health and safety.

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 are systems to ensure the provision of a safe environment that minimises fire, security and emergency risks. Fire safety and emergency response is covered at orientation and included in annual mandatory training. Fire detection and firefighting equipment is inspected regularly by a fire safety contractor. All visitors are required to sign in and out to ensure staff are aware of who is in the building in the event of an emergency. There are procedures for locking the building after hours and CCTV cameras monitor entrances/exits. There is a contingency management plan, and emergency flip charts are located across the home. An evacuation pack is available in case of emergencies. Staff are able to describe the training provided and demonstrate a good knowledge of emergency procedures. Care recipients state they feel safe and secure within 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

There is an effective infection control program at Three Trees Lodge which includes processes to manage, prevent, monitor and minimise the risk of infection to staff and care recipients. Infection data are collected, evaluated and reported at meetings. Infection control and hand washing competencies are included in staff orientation and on an ongoing basis. The team observed staff practices including the use of personal protective equipment, hand washing and colour coded equipment being used in the kitchen and during general cleaning. There is a regular pest control program. An outbreak management box is maintained, stocks of personal protective equipment are available and there are care recipient and staff immunisation programs. Staff interviewed demonstrate a good knowledge of the home's infection control practices and outbreak management procedures.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Three Tree Lodge has policies and practices to enable them to demonstrate that the hospitality services provided enhance care recipients' quality of life and staff working arrangements.

Cleaning staff perform their duties guided by daily schedules and other regular cleaning programs. Staff receive training in the use of equipment, infection control and outbreak management procedures, manual handling and safe use of chemicals. Staff interviewed demonstrate knowledge of infection control practices and the safe use of equipment. The home presents as clean, fresh and well cared for.

All laundry services are provided on site. The commercial grade laundry operates five days a week and has well defined clean and dirty areas with separate entrances/exits. Chemicals are dispensed automatically into washing machines which are programmed according to the load to be washed. There are well defined processes for the sorting and return of clean laundry. Staff are aware of infection control and manual handling requirements.

The home received an A rating in the NSW food authority audit in March 2015. A four week rotating menu is in place. The menu has been developed in consultation with care recipients and a dietician. There is a process for identifying care recipients' individual requirements and preferences, such as specialised or modified diets and these are forwarded to the kitchen. A food safety program is in place and catering practices and documentation were observed to be consistent with hazard analysis critical control point (HACCP) requirements. A project to enhance the entire dining experience has been undertaken and care recipients were observed enjoying their mealtimes and were eager to express their satisfaction with the services provided.