



Aged Care
Standards and Accreditation Agency Ltd

Blakeney Lodge

Approved provider: Catholic Healthcare Limited

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 27 November 2014. We made the decision on 20 October 2011.

The audit was conducted on 27 September 2011 to 28 September 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Blakeney Lodge				
RACS ID:	0172				
Number of beds:	30	Number of high care residents:	15		
Special needs group catered for:	Nil				
Street/PO Box:	27-29 Carey Street				
City:	TUMUT	State:	NSW	Postcode:	2720
Phone:	02 6947 1993		Facsimile:	02 6947 4607	
Email address:	estanford@chcs.com.au				

Approved provider

Approved provider:	Catholic Healthcare Limited
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Assessment team

Team leader:	Annette Fitzpatrick
Team member/s:	Denise Marianne Touchard
Date/s of audit:	27 September 2011 to 28 September 2011

Principle:

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

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

Principle:

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

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

Principle:

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

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

Principle:

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Blakeney Lodge 0172

27-29 Carey Street

TUMUT NSW

Approved provider: Catholic Healthcare Limited

Executive summary

This is the report of a site audit of Blakeney Lodge 0172 from 27 September 2011 to 28 September 2011 submitted to the Accreditation Agency.

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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 27 September 2011 to 28 September 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Annette Fitzpatrick
Team member/s:	Denise Marianne Touchard

Approved provider details

Approved provider:	Catholic Healthcare Limited
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Details of home

Name of home:	Blakeney Lodge
RACS ID:	0172

Total number of allocated places:	30
Number of residents during site audit:	29
Number of high care residents during site audit:	15
Special needs catered for:	Nil

Street/PO Box:	27-29 Carey Street	State:	NSW
City/Town:	TUMUT	Postcode:	2720
Phone number:	02 6947 1993	Facsimile:	02 6947 4607
E-mail address:	estanford@chcs.com.au		

Audit trail

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

Interviews

	Number		Number
Residential manager/registered nurse	1	Residents	11
Chief operating officer - corporate	1	Activity officer	1
Systems manager – corporate	1	Activity officer/pastoral care coordinator	1
Administration officer	2	Maintenance/fire officer	1
ACFI coordinator/physiotherapy aide	1	Cook	1
Advisory board member	1	Cleaning staff	1
Team leader	1	Personal care assistants	6

Sampled documents

	Number		Number
Residents' care files	8	Personnel files	6
External suppliers contracts	7	Performance appraisals	6

Other documents reviewed

The team also reviewed:

- Accident and incident reports
- ACFI assessment folder
- Activities records: attendance sheets; calendars; evaluations; school student visit roster
- Audits folder, reports and schedule
- Bowel charts folder
- Care communication: daily book; daily changeover sheets; weekend report; physiotherapy book
- Cleaning schedules
- Clinical observations and catheter care folder
- Competencies including medication, manual handling and hand-washing
- Consolidated register of reportable incidents and correspondence
- Contingency plans – boiler, telephone system and nurse call system
- Continuous improvement plan and action forms
- Dementia 'buzz group' records
- Dietary analysis forms
- Disaster management plan
- Electrical tagging check list
- Environmental audits
- Essential services (fire and emergency) work completion and schedule folder
- Food safety plan
- Guide to falls management
- Job descriptions and duty lists
- Key performance indicators including wounds, behaviours, infections, falls, medications
- Kitchen cleaning schedules, temperature records and incoming goods records

- Lists: advanced care directives; resident-medical officers; residents; resident appointments; showers
- Medication audit
- Medication charts
- Meeting minutes and meeting calendar
- Menu
- Orientation and core skills staff workbook and competencies
- Orientation checklists and staff handbook
- Pastoral care records: attendance sheets; memorial service programs; visiting speaker notices
- Pest control schedule and service reports
- Physiotherapy record folder
- Police checks register (staff and volunteers) and statutory declaration register
- Policies, procedures and flow-charts
- Professional qualification records
- Recruitment policies and procedures
- Regulatory compliance folder
- Resident agreement
- Resident information package and handbook
- Resident meeting minutes
- Resident satisfaction survey reports
- Return to work program and correspondence
- Rosters and shift change forms, request for shifts and leave forms
- Schedule maintenance yearly program, logs and service reports
- Staff confidentiality forms
- Staff learning and development program and attendance lists
- Staff lock up procedure
- Staff memoranda
- Thermostatic mixing valve reports
- Wanderers' profiles
- Wound charts folder

Observations

The team observed the following:

- Access to library books, computers and activity resources
- Accreditation notices alerting residents, representatives, volunteers and staff to the Accreditation audit and informing them they can approach and speak with the assessors should they wish to do so
- Activities and exercise classes in progress
- Archive system
- Care staff afternoon handover
- Chair lifts
- Charter of Residents' Rights and Responsibilities and comments and complaints brochures and locked suggestion box
- Chemical storage area and spills kit
- Cleaning in progress including wet floor signage
- Clinical resource and reference materials accessible to staff
- Clinical waste bins (secured)
- Clinical, mobility, activity and pastoral care equipment and supplies
- Communication boards containing memos and resident information, resident meeting minutes, allied health lists
- Emergency kits including evacuation, first aid and gastro kits
- Emergency procedures manual and flip charts
- Fire and emergency evacuation plan and equipment throughout facility

- Fire safety notices in resident rooms
- Fire safety statement
- Food preparation
- Four weekly rotating menus and daily menu
- Interactions between staff and residents
- Kitchen and kitchen storage areas
- Laundry
- Living environment – internal and external areas
- Maintenance store
- Material data safety sheets
- Medication round and medication storage
- Mission, vision and values statement displayed
- Morning and afternoon tea and lunch-time meal service in progress
- New South Wales Food Authority certificate
- Notices, posters, brochures/pamphlets, forms and other information on display
- Organisational computer intranet program
- Personal protection equipment in use and in storage
- Secure storage of resident files
- Security check list and evacuation pack
- Spills kits, sharps containers, and contaminated waste disposal
- Staff and resident computers and printers
- Staff information notice boards, after hour emergency numbers
- Staff work areas

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 demonstrates that continuous improvement is actively pursued in a systematic manner and is a part of their quality, planning and reporting processes. The home follows the organisation’s quality system of management. The home captures improvement opportunities through continuous improvement forms which include comments, complaints and compliments. Other means include resident and representative, staff and management meetings, audits, surveys, and clinical data information. The home uses a plan for continuous improvement register to record improvements and this is updated monthly. Areas identified as requiring improvement are actioned, monitored and evaluated. Feedback is provided to stakeholders through meeting minutes, action plans, newsletters and the memorandum system. Staff said they are actively encouraged to participate in the home’s continuous improvement activities, such as audits and inspections and they contribute to suggestions for improvement. Residents said they prefer to raise suggestions verbally with the residential manager and were able to identify where their suggestions have led to improvements in care and services.

Continuous improvement initiatives taken by the home in relation to Standard One include:

- The organisation developed and implemented a ‘care skills development workbook’ for all new and current staff members. The workbooks are to be completed over a 12 month period for new staff members, with staff mentors assigned to new employees during this period. Current staff members are required to work through the workbooks yearly and complete the applicable competencies related to their work roles. The residential manager said staff comments have been positive since the workbooks commenced in March 2011.
- The home’s administration staff attended a two day organisational education day on professional development. As a result of staff feedback during the course the organisation has developed a ‘core skills and orientation program’ for administration staff. A further initiative is to offer administration staff members an opportunity to complete the certificate 1V in business administration. Both the home’s administration staff members are now enrolled in the course.
- To improve the personnel filing system and allow for easy accessibility of information the home has reconfigured the files. The residential manager said the filing system has been streamlined and now aligns with the organisation’s filing system.
- To improve resident accessibility to information the home installed three notice boards. The notice boards are divided into health, aged care legislation and information and general home information. Residents said the information is informative and the home updates the information as needed.

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 in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Any changes in regulatory requirements and professional standards are monitored by the organisation’s compliance manager. This information is channelled to the home’s residential manager. Other means of receiving information include staff membership of relevant professional organisations and networks and attendance at external education and industry conferences. The residential manager also has access to the intranet and internet. Staff members are advised of regulatory requirements and any relevant changes to them, through policy updates, memos and staff handbooks. Other means include orientation programs, training, education and meetings, as well as information displayed on notice boards. The team sighted relevant legislation and/or legal documentation displayed in various locations in the home. The home’s regulatory requirements are subject to periodic audits to monitor and ensure compliance.

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Standard One, Management systems, staffing and organisational development include:

- As outlined in the *Accreditation Grant Principles 2011* notices were placed in visible, accessible places twenty one days prior to the accreditation visit. These informed residents, their representatives and staff of the accreditation site audit.
- The home provides information to residents, their representatives and staff about internal and external complaints mechanisms.
- All staff, volunteers and external service providers undergo criminal record checks and a register is in place to monitor their ongoing compliance with this requirement
- Policy and procedures are in place for reporting and responding to allegations of assault and for reporting missing residents whose absence has been reported to the police and the Department of Health and Ageing.
- Staff are required to sign employment contracts which include confidentiality agreements to encourage compliance with privacy standards and legislation.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has a range of mechanisms in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. These mechanisms include audits, competencies, performance appraisals and training needs analysis. Delivery of education includes in-services and televised programs, external education and certificated courses. Attendance records are maintained and education is actively encouraged at organisation and local facility level. Management monitor staff compliance with attending mandatory education sessions and a system is in place to ensure all staff do attend the required training. Staff confirmed in interview that they are encouraged and supported to attend education sessions and that professional development is an important component of the home’s philosophy.

Examples of education that has occurred relevant to Standard One include:

- Customer service
- Return to work program
- Code of conduct
- Aged care funding instrument education
- The Aged Care Standards and Accreditation Agency Ltd three day course - Understanding accreditation

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 and their representatives and other stakeholders have access to an effective, timely and visible complaints system. Access is available with forms and material on both internal and external mechanisms available throughout the home. Residents and their representative are advised of the compliments and complaints process on entry via the residents' handbook. Included in the handbook is information on external complaints mechanisms, advocacy services and the Charter of Residents' Rights and Responsibilities. Resident representative surveys contain questions which provide the opportunity for feedback. Comments and complaints is an agenda item at resident/representative meetings. Residents confirmed they are aware of the mechanisms available for them to access both internal and external complaints processes. Residents and staff indicated they are confident in using the home's complaints mechanisms and that complaints are addressed promptly and 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 home has documented its vision, values, philosophy and commitment to quality. This documentation has been made available and communicated to all stakeholders in the home. The documentation includes policy and procedures manuals, resident and staff handbooks and wall plaques. In addition, staff members are made aware of the home's commitment to quality through its staff recruitment, induction, education processes and staff meetings. Interviews with residents and the assessment team's observations indicate that management and staff model behaviours consistent with the home's values and hold a strong culture of care for residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management has effective systems in place to ensure that there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the

Accreditation Standards and the home's philosophy and objectives. The home's organisation provides human resources support and a standardised recruitment process. The home is able to recruit new staff in accordance with its requirements and the changing needs of residents. Staff are provided with position descriptions and duties are clearly outlined before commencement of employment. New employees undergo an orientation, are buddied for at least two shifts, and undergo a probationary period and performance appraisal. Subsequent to this performance appraisals are conducted annually and focus on ongoing education and professional development. Staffing levels are monitored regularly and adjusted in response to changing resident care needs. Residents interviewed by the team said that they are satisfied staff have appropriate skills and knowledge to provide care and services.

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

There is a system in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. Stock levels are managed and maintained by staff in the home. The organisation's procurement manager advises the residential manager on preferred suppliers and new products. The service contracts are tendered, monitored and evaluated through the organisation's head office. New equipment needs are identified through feedback from staff, residents and representatives. Other means include audits, observations and assessment of residents' needs. The home employs a maintenance officer to ensure that preventative maintenance is carried out to provide a safe environment and minimise the occurrence of breakdowns. There is a process for reporting the breakdown of equipment through maintenance requests and hazard alerts. Staff and resident interviews confirmed that adequate supplies of goods and equipment are available.

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

Interviews, documentation review and observation confirmed that the home has effective information systems in place. Residents and their representatives are given a comprehensive range of information such as handbook and agreements on entry to the home. Other ongoing processes include through newsletters, meetings, family conferences, notice boards, letters and discussion. Staff have designated job descriptions and access to policies and procedures in hard copy and through the intranet. They sign a privacy and confidentiality statement on the commencement of employment. Resident information is kept secured and the home has a system for archiving. Care staff members said they have a number of mechanisms available to share information including communication books, progress and medical notes, memos, meeting minutes, education and handover. The home routinely collects information through audits, surveys, documentation of incidents/accidents, medication incidents and infection rates. This information is analysed, actioned and communicated within the framework of relevant meetings. The home's computer system is password protected. Staff and residents said they are satisfied with the information management systems available to them. They said that the home and systems in place keep them informed on the day-to-day operation of the home.

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 and residents' needs and service's quality goals. Management advised that the majority of supplier contracts are sourced and managed from the organisation's head office using their preferred provider list. The home also maintains local suppliers and contractors as appropriate. Maintenance staff said that they monitor the quality of work being undertaken at the home by contractors and this can include supervising work in the home to ensure resident safety. Management advised that staff monitor the quality of goods and services supplied by external contractors and report any changes. Staff and residents expressed satisfaction with the quality of the services currently being provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Two include:

- To improve the transfer of resident information the residential manager has reconfigured the staff handover sheets. This has resulted in updated and current resident details documented on the sheets as a guide for staff to follow.
- To improve the continuity of residents' information over the weekend the residential manager has developed a weekend manager's report. The residential manager said the report is a quick and easy report that captures the weekend events and changes in resident care needs.
- As part of the home's falls prevention program two staff members have attended education on Tai Chi exercises. Resident classes commenced in August 2011 and participation rates are increasing due to the popularity of the sessions.
- To improve the residents' oral and dental care and nutrition/hydration management the home has in cooperation with the regional Division of General Practice been able to recruit a visiting dentist, dental hygienist and speech therapist. The staff members said the service has been beneficial for residents' care needs.
- The home as part of an organisation initiative completed a dementia 'buzz group' learning program. All staff members participated in the training. The focus of the program was to identify individual residents exhibiting behaviours of concerns including restlessness, stress, anxiety and boredom. The staff members then 'brain stormed' strategies to assist these residents. The program is in the initial stages; however staff members said it has assisted in improving resident behaviour patterns.

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

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems.

Examples of regulatory compliance with Standard Two include:

- The home maintains a register of registrations and authority to practice for the residential manager and other health and related service personnel working within the home.
- The home has a system in place to ensure it meets the regulatory requirements for the reporting of unexplained absences of residents.

- Initial and ongoing assessment and care planning for all high care residents at the home is carried out by a registered nurse in line with legislative requirements outlined in the Specified care and services for residential care services in the *Quality of Care Principles 1997*.
- Medications reviews are completed by an external pharmacist as per the home's schedule.

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 a description of how the home provides education and monitors the results to ensure all staff have the appropriate skills and knowledge to effectively perform their roles. Examples of education and training related to Standard Two include:

- Registered nurse professional development day
- Nutrition and hydration management
- Continence management
- Dementia 'buzz' training
- Wound care management
- Tai Chi exercise program
- Medication management

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's findings

The home meets this expected outcome

A system is in place to ensure residents receive appropriate clinical care. Residents are seen by a medical officer when they move into the home. Information about their condition and care needs is gathered prior to entry where possible. More information is gathered when a resident moves into the home to develop an interim care plan. Residents' needs are then fully assessed to develop a full care plan, which is evaluated at least three monthly. Clinical observations are undertaken at least monthly in accordance with medical officer instructions. Staff document in progress notes regularly. Monitoring and assessment charts are used to determine if residents' condition and care needs are changing. There is follow-up of accidents/incidents to ensure emergency care needs are met and prevent a recurrence. Residents are seen by their medical officer as needed. They can also access specialists and allied health practitioners. Residents are satisfied with the care being provided to them.

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

A system is in place to ensure residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Residents' specialised nursing care needs are identified when they move into the home. They are then addressed in the care planning process. Specialised nursing care currently being provided at the home is catheter care and

oxygen therapy. Records show the residents' care needs are being met. Specialised nursing care is guided and/or provided by the residential manager who is a registered nurse. General practitioners also provide guidance around specialised nursing care. Other expertise, such as medical specialists and allied health practitioners, is accessed if needed. Residents expressed satisfaction with the management of specialised nursing care needs.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

A system is in place to ensure that residents are referred to appropriate health specialists in accordance with their needs and preferences. The need for referral is identified by medical officers, the residential manager/care staff, and by residents/representatives. Care staff discuss the need for referral with the resident and their representative. They also assist with organising appointments, transport and escorts. Residents may be referred to medical specialists in the nearest large town. Locally they access dental, dietician, hearing, pathology, podiatry, physiotherapy, speech pathology and vision services. There is evidence of follow-up after medical and allied health appointments, including updated care plans. Residents are satisfied with the assistance provided to access services appropriate to their needs.

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

A system is in place to ensure residents' medication is managed safely and correctly. A medical officer reviews the resident when they move into the home. They then make orders for medications and review those orders on a regular basis. Medication orders are filled in a timely manner. Deliveries of medications are checked by a care staff member for correctness. Medications are mostly administered by care staff using single dose blister packs. Care staff have been assessed as competent to undertake the task. Some residents have been assessed as safe to self-administer their medications. The residential manager is available to provide staff with guidance in relation to medication administration. Medications were observed to be stored safely during the site audit. The medication signing sheets are checked weekly and a medication error form is completed if needed. Medication audits are undertaken twice yearly as part of the home's audit program. A consultant pharmacist undertakes an annual audit as well as individual medication reviews for residents. Residents are satisfied with the assistance provided to them with managing 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 system is in place to ensure all residents are as free as possible from pain. Residents are assessed for pain when they move into the home. Pain relief strategies are developed by the resident's medical officer, residential manager/care staff, and physiotherapist/physiotherapy aide. They are then documented in care plans. Strategies include medications, pressure relieving devices and protective bandaging, and exercise. With physiotherapist/physiotherapy aide involvement they also include heat pads, massage, laser therapy and transcutaneous electrical nerve stimulation. The effectiveness of pain management interventions is being

monitored and additional pain management expertise can be obtained from a palliative care team if needed. Care staff and the physiotherapy aide are aware of how to identify when a resident is in pain, including if the resident cannot communicate verbally. Residents are satisfied with the assistance provided in the area of pain management.

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

A system is in place to ensure the comfort and dignity of terminally ill residents is maintained within the scope and resources of the home. There is discussion with potential residents/representatives about care needs that can and cannot be met at Blakeney Lodge. New residents’ physical, emotional and spiritual end of life wishes are identified through assessment. Those wishes are documented in a care plan and advanced care directive. The care of residents who have begun palliating is guided by the residential manager. Specialised equipment such as pressure relieving devices are accessed as needed. A pastoral care co-ordinator and visiting religious clergy provide spiritual comfort to residents. Staff are aware of residents’ physical, emotional and spiritual needs when they are palliating.

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

A system is in place to ensure residents receive adequate nutrition and hydration. Residents’ dietary needs and preferences are identified when they move into the home. Information is conveyed to the kitchen where a seasonal, dietician approved, four-week rotating menu is in place. Special diets are available including for residents who are diabetic, have coeliac disease, or require pureed meals. Residents’ nutritional status is monitored through at least monthly weighs and observation of their eating patterns. Significant weight fluctuation is brought to the attention of the resident’s medical officer. A referral to a dietician and/or speech pathologist may take place and the care plan updated. Dietary supplements are available for residents who experience weight loss. There is support for residents on weight reduction diets. Drinks are provided to residents with and between meals. They have a water jug in their room and water coolers are in common areas. Care staff are aware of the importance of adequate nourishment and hydration for residents. Residents are satisfied with the provision of meals and drinks.

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

A system is in place to ensure residents’ skin integrity is consistent with their general health. The condition of residents’ skin is assessed when they move into the home. Strategies are documented in the care plan to maintain or improve skin integrity. Equipment and supplies necessary for comfort and to prevent and treat skin breakdowns are available. Staff monitor residents’ skin as part of daily care. They report any changes to the care team leader or residential manager who assess the resident. Wound treatments are developed and implemented by the residential manager or care staff depending on complexity. Additional

expert input can be accessed via the wound care products supplier and/or community nurses. The incidence of skin tears, wounds and pressure areas is monitored. Action is taken to address any increase or trends. A hair-dresser and podiatrist visit the home regularly to care for residents' hair and toenails. Residents also receive hand and foot nail care from care staff. Residents say they are satisfied with assistance provided to look after their skin, hair and nails.

2.12 Contenance management

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

Team's findings

The home meets this expected outcome

A system is in place to ensure residents' continence is managed effectively. Residents' continence management needs and preferences are identified and assessed when they move into the home. Strategies for managing continence are documented in each resident's care plan. Care staff are familiar with the individual continence needs of residents. They prompt and assist residents with toileting and the use of continence aids. A range of strategies is used to maintain optimum urinary and bowel function for residents. They include regular fluids, a fibrous diet, exercise, and medication. Bowel patterns are monitored on a daily basis. There is residential manager involvement where catheters are used and urinary output is monitored. Data on urinary tract infections is collected and included in the home's quality clinical indicators. Residents are satisfied with the assistance provided to manage their continence.

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

A system is in place to ensure the needs of residents with challenging behaviours are managed effectively. When a resident moves into the home behavioural assessments are conducted and a care plan is developed. Triggers for behaviours of concern and interventions to avoid their onset are identified. Staff are aware of factors that can contribute to behaviour management concerns. Referrals to specialists are sought if there is a need for diagnosis or additional behavioural management expertise. There are examples of residents having been seen by a geriatrician and a dementia behaviour management advisory service. Recommendations are followed up and incorporated into care plans with good effect. There is ongoing monitoring of residents' behaviours of concern. Restraint is not used at the home. There is a sensor/alarm system in place to monitor the whereabouts of residents who wander and wanderers' profiles have been developed. Management advised that residents at high risk of absconding cannot be safely managed at the home. During the site audit the home was noted to have a calm environment. Residents are satisfied with the approach taken to managing residents' behaviours.

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

A system is in place to assist residents to maintain or improve their mobility and dexterity. New residents are assessed by care staff and the physiotherapist who visits weekly. Care plans are developed to guide care staff and physiotherapy aide interventions. Corridors are

clear, well lit and have handrails to enable residents to mobilise safely. A range of assistive devices are available to assist residents to mobilise safely. They include grab rails, walking sticks and frames, stair climber chairs and mobility scooters. For residents requiring more assistance there are wheelchairs, slide sheets and belts for safe manual handling. Exercise classes are run six days a week and a walking program is in place. The incidence of falls is monitored and action is taken to prevent falls and/or resident injury from falls. Modified crockery and cutlery is available for residents with reduced dexterity. There is a high level of satisfaction by residents with the assistance they receive in relation to mobility and dexterity.

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

A system is in place to ensure residents’ oral and dental health is maintained. The condition of each resident’s lips, mouth and teeth is assessed when the resident moves into the home. Residents are being assisted to access dentists and dental hygienists. Care staff assist residents with oral and dental care as part of the daily care routine. Care staff also assist residents to look after their dentures. Residents are satisfied with the assistance provided to them in this area.

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

A system is in place to ensure residents’ sensory losses are identified and managed effectively. Residents’ sensory losses are assessed when they move into the home. Strategies to support them are documented in a care plan. Residents are assisted to access relevant health professionals for specialist vision and hearing services. Care staff assist residents to clean their spectacles and hearing aids and change hearing aid batteries. Large print and talking books are available for vision impaired residents. The activities program includes sensory stimulation with crafts and games for tactile experiences. Taste and smell is enhanced as food is cooked fresh on site. Residents are satisfied with the assistance provided to them in this area.

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

A system is in place to ensure residents are able to achieve natural sleep patterns. Residents’ sleep patterns are assessed when they move into the home. Strategies to assist residents maintain natural sleep patterns are documented in their care plan. Residents are accommodated in individual rooms, so disturbance from staff and others is minimised. Residents have a choice of rising and retiring times. A range of strategies are used to assist residents who experience sleep disturbance. These include warm drinks, pain relief and one to one conversation. Care staff are familiar with individual settling routines for residents. Residents say they are generally able to sleep well. They also say that if they have trouble sleeping, a care staff member is available to assist them.

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 information regarding the home’s continuous improvement system.

Examples of recent improvements in relation to Standard Three include:

- As a result of resident suggestions the home purchased a computer and printer for the residents use. Throughout the site audit visit residents were observed to be using the computer. Staff members said the computer is very popular with the residents who prefer to use it and other residents, if interested, have the opportunity to learn.
- To improve the quality and service of resident information including flyers, brochures and newsletters the home has purchased a computer, multi media package and colour printer.
- The home purchased a digital camera and digital photo frame for residents use. The digital photo frame is located in the lounge room and residents commented on the benefits of improved technology with a continual display of photographs to view at any time of the day.
- In cooperation with the local school the home has arranged for school children to visit the home weekly. The residential manager said the program has been a great success and residents gave positive comments regarding the visits.

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

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Standard Three include:

- To ensure confidentiality of residents’ personal information all records are securely stored.
- A document control system is in use for the secure storage and archiving of personal information in accordance with privacy legislation.
- In accordance with the requirements of the *User Rights Principles 1997*, resident care agreements provide clear information regarding security of tenure and financial arrangements. The Charter of Resident’s Rights and Responsibilities is displayed in the home and is also included in the resident care agreements.

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 a description of how the home provides education and monitors the results to ensure all staff have appropriate skills and knowledge to effectively perform their roles.

Examples of education and training related to Standard Three include:

- Leisure and lifestyle workshop
- Protecting people from abuse
- Advanced care planning.

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

A system is in place to ensure each resident receives support in adjusting to life in the new environment and on an ongoing basis. Residents are provided with orientation when they move into the home. They receive extra support from all staff to help them settle in. Each resident's emotional support needs are identified through assessments and a care plan is developed. Any change in a resident's emotional state is recorded, monitored and appropriate follow-up action is taken. This may include review by a medical officer and referral to specialists. Residents receive extra emotional support from staff if they require it. Staff demonstrate a caring approach in their dealings with residents. Residents are satisfied with the emotional support provided to them.

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

A system is in place to ensure residents are assisted to maintain their independence. Strategies for supporting resident independence are identified and documented in care plans. Residents are encouraged to be as independent as possible with their activities of daily living. Some residents assist with tasks around the home. These include collecting the newspaper, gardening, folding napkins, setting up activities and feeding the chooks. There is access to a telephone for residents to remain in touch with family/friends. Visitors to the home are welcomed. Residents keep in touch with the local community in a variety of ways. These include going out to the local shops, school student visits, community radio and local newspapers. Residents are satisfied with the assistance provided by staff to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

A system is in place to ensure residents' right to privacy and their dignity and confidentiality is recognised and respected. The organisation has privacy policies and procedures in place. Staff sign confidentiality agreements, and residents/representatives provide a privacy disclosure form. Equipment, supplies and storage are available to ensure residents' right to privacy, dignity and confidentiality is respected. During the site audit information about residents was securely stored to maintain confidentiality. Residents have privacy in their single rooms some with en-suite bathroom. Residents can also meet with visitors with some privacy in a sitting area or in outdoor areas. Staff are able to provide examples of the ways they respect residents' privacy and dignity. Residents report that staff treat them with respect and safeguard their privacy.

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

A system is in place to ensure residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Residents' interests and activity preferences are identified when they move into the home. This is done using a social profile and leisure/lifestyle assessment and a care plan is then developed. Activity officers are on duty Monday to Saturday morning and implement a planned, well promoted program. Residents have access to activities that are physical, intellectual and sensory in nature. They also have access to celebrations, entertainment and outings. There is scope in the program for one-to-one time to be spent with residents. The focus is on residents who cannot or choose not to participate in group activities. Participation records are kept and satisfaction surveys are undertaken. This information, along with feedback from residents' meetings, is used to evaluate activities and care plans. Residents say they enjoy participating in the activities offered at the home.

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

A system is in place to ensure residents individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Relevant information is gathered from residents and/or their representatives in an initial database and via assessments. A pastoral care co-ordinator is on-site three days per week. They run a group session, undertake one-to-one visits with residents, and organise memorial services. Catholic, Anglican and Uniting Church services are held as they are the predominant faiths practised by residents. The vast majority of residents at the home are non-Indigenous Australians. Cultural and religious events are observed such as Christmas, Easter and ANZAC day. Research would occur if a resident from a different cultural background or faith moved into the home. The activity officer and activity officer/pastoral care co-ordinator say this would assist them to support the resident. Residents confirm that staff show respect for their beliefs, customs and cultural backgrounds.

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

A system is in place to ensure that each resident or their representative participates in decisions and is enabled to exercise choice and control. Decisions and choices are made in relation to care interventions, involvement in activities, meals, and showering times. Key decisions and choices are documented in care plans where relevant. Residents are able to have control over matters that affect them. This occurs through discussion with management and staff, participation in resident meetings, and suggestions/complaints. Review of residents' files shows good communication with representatives about medical and health care decisions. Staff are aware of the importance of enabling residents to exercise choice. Residents confirm they can make decisions and exercise choice about the services they receive and their lifestyle.

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

A system is in place to ensure that residents have secure tenure and understand their rights and responsibilities. The resident handbook and agreement are provided to each new resident. They include information about security of tenure provisions and residents' rights and responsibilities. The Charter of Residents' Rights and Responsibilities is on display in the home. Room moves only occur after consultation with the resident and/or their representative and with their consent. If a resident is asked to leave their rights in relation to security of tenure are observed. This includes assistance being provided to find suitable alternative accommodation. Residents did not raise any concerns in relation to their rights or tenure at the home.

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 information regarding the home’s continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Four include:

- The home has developed contingency plans in the event of emergencies including the boiler breaking down, telephone system and the nurse call system breakdowns. As part of the plan the home has developed a back up system for telephones and the nurse call system with a local telecommunication company.
- To improve residents’ safety the home has painted yellow ‘foot prints’ on the pavement at the home’s front entry door leading to the main street pathway. The residential manager has reminded residents to use the path at resident meetings and in the residents’ newsletters.
- As a result of a resident’s frailty and their inability to access the designated smoking locations already in place, the home has provided another location. The resident can walk to the area with the assistance of a staff member. As a safety measure smoking aprons are provided and fire blankets are in place with staff supervising residents to ensure their safety.
- To improve residents’ ability to access the upstairs and downstairs wings of the home the home has updated and replaced two chair lifts.

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

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Standard Four include:

- The home has a current New South Wales Food Authority license and has a food safety plan in place to prepare and serve food to vulnerable populations.
- The home displays the current annual fire safety statement.
- Infection control reporting and practices are consistent with government health regulations and guidelines.
- The fire safety officer retains current certification
- Material safety data sheets are displayed adjacent to the chemicals to which they refer in the kitchen, laundry and cleaners room.

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 a description of how the home provides education and monitors the results to ensure all staff have the appropriate skills and knowledge to effectively perform their roles.

Examples of education and training related to Standard Four include:

- Fire training
- Food handling
- Infection control
- 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 residents' care needs".

Team's findings

The home meets this expected outcome

Management is actively working to ensure the home is a safe and comfortable environment consistent with residents' needs. Maintenance staff maintain the home's internal and external environment through preventative and reactive maintenance programs. Residents are encouraged to personalise their rooms to create a homely setting. All electrical goods are checked, tagged and monitored for safety. There is sufficient and appropriate furniture, living spaces, comfortable internal temperatures and ventilation, natural lighting, minimal noise. The home provides a secure internal and external environment. The team observed that the home is clean, free of malodour and clutter or other hazards. The safety and comfort of the home is monitored through feedback from residents, observations from staff, accident/incident reports and regular living environmental audits. Residents interviewed said they are very happy with the living environment and it is homely and provides a safe and comfortable place to live.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The home has systems in place to monitor for risk such as through hazard identification, environmental audits and accident and incident monitoring. Staff occupational health and safety (OHS) training is carried out at orientation, which includes manual handling. The home also includes OHS as part of the yearly mandatory education program. A standard agenda item on all meetings held at the home includes OHS. The team observed that all chemicals are safely stored and material safety data sheets are located close by and accessible to staff. Personal protective equipment is maintained and regularly audited to ensure sufficiency and is easily accessible for staff. Staff members demonstrated knowledge

and understanding of OHS responsibilities. Staff members and residents interviewed said that the home is a safe environment.

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

The home's management and staff are actively working to ensure their environment and systems of work are safe. In particular to minimise fire, security and emergency risks to residents, their representatives and staff. All staff members attend mandatory fire safety education at orientation and then on at least an annual basis. The home's fire, security and emergency systems include policies and procedures and appropriate fire safety equipment. Other measures include lit exit signs, smoke detectors and evacuation diagrams throughout the home. An evacuation pack is easily available for staff access. The home was able to show documentation which demonstrated that regular inspection and maintenance of all fire safety equipment occurs. In interview staff described emergency procedures and confirmed they attended at least annual education on this. Residents said they are confident that staff will know what to do in an emergency. They said instructions are behind their bedroom doors to follow in the event of a fire or emergency.

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 an effective infection control program to manage and minimise infections and infectious outbreaks. Staff members receive training on infection control practices relevant to their role at orientation and then on an ongoing basis. Staff members undergo regular hand-washing competencies. The home has a pest control program in place. The home monitors a range of infection data including the effectiveness of treatment and review. An outbreak kit is available and easily accessible to staff. The team observed practices that follow infection control requirements. This included the use of personal protective equipment, colour coded equipment, cleaning programs, and safe disposal of sharps, contaminated material and other waste. Residents are offered annual flu vaccinations and this is also available to staff. A food safety program is in place and this includes regular monitoring of food and equipment temperatures. All staff members interviewed by the team demonstrated an understanding of and commitment to infection control principles.

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 home has systems and processes in place to ensure hospitality services are provided in a way that enhances residents' quality of life and the working environment of staff. All meals are cooked fresh on site. Meals are prepared according to residents' individual preferences and dietary requirements. A system was observed to be in place to capture this information. The home has a four week rotational seasonal menu and the daily menu was displayed throughout the facility. Residents confirmed they have a choice of meals and are offered alternatives as needed.

The home launders personal linen only; flat linen is externally contracted out. The washing machines in use were observed to have an automatic chemical dispenser in place. Infection control procedures were in practice. There are processes in place to ensure the timely return of clothing to the correct resident.

Cleaning is completed according to cleaning schedules. The team observed that all cleaning equipment is appropriately stored. Staff members were seen using cleaning equipment following infection control principles. The team observed all areas of the home to be clean. Residents interviewed were satisfied with food services, the laundry services provided and the cleanliness of the home.