



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Bonney Lodge

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

The Agency has decided that the period of accreditation of Bonney Lodge is three years until 23 September 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name: Bonney Lodge

RACS ID: 6149

Number of beds: 50 Number of high care residents: 28

Special needs group catered for:

- People with dementia or related disorders

Street: Hawdon Street

City: BARMERA State: SA Postcode: 5345

Phone: 08 8588 0400 Facsimile: 08 8588 0499

Email address: heather.anderson@health.sa.gov.au

Approved provider

Approved provider: Country Health SA Hospital Incorporated

Assessment team

Team leader: Sandra Lloyd-Davies

Team member: Jo Langham

Dates of audit: 14 July 2009 to 16 July 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

| Expected outcome | Assessment team recommendations |
|-------------------------------------|---------------------------------|
| 1.1 Continuous improvement | Does comply |
| 1.2 Regulatory compliance | Does comply |
| 1.3 Education and staff development | Does comply |
| 1.4 Comments and complaints | Does comply |
| 1.5 Planning and leadership | Does comply |
| 1.6 Human resource management | Does comply |
| 1.7 Inventory and equipment | Does comply |
| 1.8 Information systems | Does comply |
| 1.9 External services | Does comply |

Standard 2: Health and personal care

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

Accreditation decision

| Agency findings |
|-----------------|
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |

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

Accreditation decision

| Agency findings |
|------------------------|
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |
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| Agency findings |
|------------------------|
| Does comply |
| Does comply |
| Does comply |
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| Does comply |
| Does comply |
| Does comply |
| Does comply |
| Does comply |

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

| | |
|--------------|--------------|
| Name of home | Bonney Lodge |
| RACS ID | 6149 |

Executive summary

This is the report of a site audit of Bonney Lodge 6149 Hawdon Street BARMERA SA from 14 July 2009 to 16 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bonney Lodge.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 14 July 2009 to 16 July 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

| | |
|--------------|---------------------|
| Team leader: | Sandra Lloyd-Davies |
| Team member: | Jo Langham |

Approved provider details

| | |
|--------------------|---|
| Approved provider: | Country Health SA Hospital Incorporated |
|--------------------|---|

Details of home

| | |
|---------------|--------------|
| Name of home: | Bonney Lodge |
| RACS ID: | 6149 |

| | |
|--|---|
| Total number of allocated places: | 50 |
| Number of residents during site audit: | 49 |
| Number of high care residents during site audit: | 28 |
| Special needs catered for: | People with dementia or related disorders |

| | | | |
|-----------------|-----------------------------------|------------|--------------|
| Street: | Hawdon Street | State: | SA |
| City/Town: | BARMERA | Postcode: | 5345 |
| Phone number: | 08 8588 0400 | Facsimile: | 08 8588 0499 |
| E-mail address: | heather.anderson@health.sa.gov.au | | |

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

| | Number | | Number |
|---|--------|--|--------|
| Director of nursing | 1 | Residents | 5 |
| Clinical nurse coordinator | 1 | Representatives | 2 |
| Clinical nurse | 1 | Volunteers | 1 |
| Registered nurse | 2 | Service manager | 1 |
| Senior supply officer | 1 | Riverland infection prevention and control coordinator | 1 |
| Quality risk and safety staff | 2 | Service staff | 1 |
| Consumer representatives | 2 | Preventative maintenance coordinator | 1 |
| Manager of corporate services Riverland | 1 | Cook | 1 |
| Care staff | 2 | | 1 |

Sampled documents

| | Number | | Number |
|------------------------------------|--------|-------------------|--------|
| Residents' files | 5 | Medication charts | 5 |
| Summary/quick reference care plans | 5 | Personnel files | 6 |
| Lifestyle care plans | 3 | | |

Other documents reviewed

The team also reviewed:

- Survey results, summary reports and graphical representatives, audit results
- Handover sheets, diary, resident review list, wound management folder and short term care plans, daily physiotherapy program, communication folder, continence communication book, transfer forms, general practitioner communication folders, licence to hold schedule S4 and S8 medications, drugs of dependency register, vital sign

monitoring, weighs, turn and bowel charts, restraint documentation and signing sheets, nurse initiated medication list, daily care requirements lists and comprehensive medical assessments

- Audit schedule, clinical care audit and quality activities register
- Continuous improvement log, continuous improvement evaluation form
- Job descriptions, duty statements and rosters
- Various policies and procedures
- Residents' information booklet, information sheets relating to infection control practices
- Various meeting minutes, terms of reference and agenda
- Staff, resident incident and hazard data, trending, analysis and graphical representations, hazardous and dangerous substances risk assessments and register, equipment evaluations and training
- Contractor list and manual, tender/quotation conditions, contracts, service agreements and evaluations, accreditations and registrations
- Various emails, memos and facsimiles
- Resident fluid/diet list, food safety program and audit, hygiene and swabbing results, menus and menu sheets, resident dislikes list, temperature monitoring, thermometer calibrations, kitchen cleaning schedules, staff orientation and training documents, communication and feedback folders
- Cleaning schedules, infection flowcharts
- Preventative maintenance schedule, asset, asbestos and electrical tagging registers, material safety data sheets, safe operating procedures, Legionella reports, pest management program
- Fire triennial, building certification instrument 1999, fire drill evaluation and emergency exercise evaluation forms, fire and emergency manuals, resident assistance lists, monthly fire reports, emergency power procedure
- Various policies and procedures
- Quality, risk and safety meeting minutes
- Staff orientation booklet and evaluation forms

Observations

The team observed the following:

- Activities in progress including a volunteer reading to residents and religious service, bible study group
- Call bell system, closed circuit television, duress alarms
- Comments, compliments and suggestion boxes, information relating to internal and external complaints mechanisms, the resident charter of rights and responsibilities, resident meeting minutes on display
- Nurses' station with resources including care procedure manuals
- Consultation with consumer representatives
- Hand washing facilities and alcohol hand gel located throughout the facility, sharps containers
- Health Watch (affiliated with Watch SA)
- Interactions between staff and residents
- Kitchen, serving areas, meals in progress and delivery of meals to resident bed rooms
- Living environment, lounge and dining rooms, hairdressing salon and chapel, activities lounge room with kitchen facilities, television and piano
- Café, activities room with organ, kitchen facilities and books
- Main kitchen, dot system for identifying special diet and feeds, whiteboards
- Main laundry, labelling equipment, colour coded laundry bags

- Medication administration from multiple dose pharmacy packs, storage of medications including drugs of dependency, medication trolleys, medication fridges with temperature monitoring, clinical equipment and supplies, wound care trolley, dressings, cardio pulmonary resuscitation masks located throughout the facility and treatment rooms
- Monthly activities schedule, chapel timetable
- Out of service tags in use
- Personal protective equipment available and in use
- Red dot mobility system in place
- Sensory box, palliative care equipment, outbreak and spills kit
- Visiting dietitian providing information sessions for residents
- Cleaners room including chemical spill kit, automatic chemical dispensers
- Fire suppression equipment, mimic board, zone maps, log books, sprinkler check, evacuation plans, emergency flip charts, reflective vests, Ministers Specs AS76
- Equipment, chemical and supply storage areas, maintenance shed

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The management of Bonney Lodge report to Country Heath SA Hospital Incorporated and have a continuous improvement system in place to monitor compliance with the Accreditation Standards and to identify opportunities for improvement. Residents and representatives can suggest improvements using a compliments, suggestions and complaints form. The home uses audits, surveys, resident meetings, staff meetings, comments and complaints, incident and hazard analysis and evaluation forms to identify improvements. Actions are listed in the continuous improvement log by the director of nursing. The quality, risk and safety business unit monitors the continuous improvement program and trends are represented graphically. Feedback is provided to staff, residents and representatives through meetings, memos and quality, risk and safety meeting minutes. The quality, risk and safety business unit provides comprehensive information, including minutes made available to staff on the home’s shared hard drive. A leadership group has been developed to respond to risk management issues, hazards and key performance indicators. Residents, representatives and staff are aware of the continuous improvement process and activities within the home.

Improvements implemented by the home in relation to management systems, staffing and organisational development in the last 12 months include:

- As a result of feedback from a satisfaction survey, the home identified a need to review the volunteer and new staff orientation program with a view to improve retention of knowledge. All new staff whether employed or volunteers are required to complete training in quality/risk, injury prevention, fire and emergency, injury management, infection control and manual handling. Training is spread over several weeks rather than in one intense session. An orientation booklet has been developed and staff knowledge is evaluated via a DVD program and hardcopy notes. This improvement is yet to be evaluated.
- The home identified an opportunity for residents to identify suggestions for continuous improvement via a consumer representative. An aged care consumer representative was appointed to develop rapport with residents and represent their views to management. The effectiveness of this improvement has been evaluated from resident meeting forum information and has been well received by residents.
- As a result of feedback from residents and staff, the comments and complaints form was updated. The new compliments, suggestions and complaints form is easier to read and use. Forms are collected and evaluated by the quality, risk and safety business unit. The feedback from residents has been positive.

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has processes for identifying and accessing relevant legislation, regulations, and professional standards. Policies and procedures, work practices, documents and forms are updated by the home to comply with regulatory requirements. The home is informed of relevant legislation from correspondence with the Department of Health and Ageing and other peak bodies. Staff are informed about changes in legislation and regulations through the home's quality, risk and safety business unit. The home monitors regulatory compliance through resident and staff meetings, incident data, hazard reports, the Internet, email, staff feedback and the home's electronic information management systems. Staff are generally aware of regulatory requirements relating to management systems and staff development.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes to ensure staff have the required knowledge and skills to perform their roles effectively in relation to management systems. Training needs are identified through the appraisal process, work practices and requests from staff. Education is provided through in-house training sessions. The home records staff attendance at training sessions and has processes for following up attendance at mandatory training. A comprehensive orientation program is provided for new staff. Training is monitored and evaluated by the home's quality, risk and safety business unit. Management and staff are satisfied they have access to sufficient education and training to perform their roles effectively.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the home's responsiveness to any concerns raised. Processes to inform residents and representatives of internal and external complaints mechanisms include information in the residents' information booklet, resident agreement, and reminders at residents' meetings. The home has a compliments, suggestions and complaints form and a locked suggestion box for residents and their representatives to lodge complaints or suggestions for improvement. A consumer representative is available to raise concerns on behalf of residents. The quality, risk and safety business unit monitors all complaints and provides feedback to management and staff via meetings and graphs. The director of nursing investigates complaints, implements appropriate actions and provides written and/or verbal feedback to those individuals concerned.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's mission statement is included in the resident information booklet and staff handbook. The home displays its philosophy and objectives of service in policies and procedures, staff orientation information and residential care agreements.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has processes for identifying and assessing the required staffing levels and skills to meet residents' needs on an ongoing basis. The home provides a comprehensive orientation program on-site and a buddy system for new staff. All staff are required to provide a police clearance certificate prior to commencing employment. Staff performance appraisals are conducted annually; training needs are identified at appraisals and through work practices. Clinical competencies are evaluated and monitored by the director of nursing. The home provides an employee assistance program for all staff. Residents and their representatives are satisfied with the level of staff skills and the care provided to them.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home monitors information from meeting forums, and comments and complaints data for identifying resident and staff satisfaction with the goods and equipment provided for quality service delivery. An electronic ordering system is used for maintaining supplies of identified goods ordered from the central regional office. These items are stored at a central warehouse. Designated staff are responsible for the ordering and purchasing of goods within their limits of authority from a range of regional and site specific suppliers. Site specific processes are in place for the rotation of stock and monitoring of the suitability and storage of goods. A program of preventative and scheduled maintenance including a system of electrical tagging is used to maintain the standard and safety of equipment. Residents and staff are satisfied with the availability and appropriateness of the supplies and equipment provided by the home.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes to provide management and staff with access to sufficient accurate and appropriate information to support them in meeting the requirements of their roles. There are systems to collate, analyse and use data from resident and staff meetings, staff appraisals, incidents and hazards. The home has procedures for securely storing, archiving and disposing of hardcopy and electronic records. Information is communicated to staff through the handover process, communication books, care plans, progress notes, policies and procedures, newsletters, memos, surveys and staff and resident meetings. Resident information is recorded on entry to the home and a social profile is developed and filed in the care plan to assist staff in getting to know each new resident.

1.9 External services

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

Team's recommendation

Does comply

The home has access to a list of approved suppliers contracted state wide and at a regional and site level. New contracts are negotiated by designated personnel and a tendering process is used for appointing the services of larger contractors in consideration of quality goals, levels of expertise, supply and cost. Information is provided to contractors outlining expectations, including occupational health and safety and legislative requirements. A consultative process is used for reviewing the performance of the services every year and on renewal of contracts. The home monitors resident and staff satisfaction with services from information from meeting forums, survey data and the comments and complaints system. Residents, their representatives and staff are satisfied with external provider services available at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has processes for regularly monitoring compliance with the Accreditation Standards and developing its continuous improvement system relating to health and personal care. Mechanisms for identifying improvements in clinical care include feedback from residents, consumer representatives and staff, observations, complaints, surveys and audits, incident and hazard reports. The quality, risk and safety business unit monitors and evaluates the home's continuous improvement system and feeds information back to staff via a shared hard drive on an ongoing basis. Residents, representatives and staff are kept informed about the improvements and results of evaluation processes.

Examples of improvement activities and achievements relating to health and personal care include:

- The home identified a need for exercise attendants to help improve resident mobility by performing massage, gentle exercise and movement programs. An exercise attendant has been employed for five days per week each afternoon. Evaluation of this improvement has shown a positive impact on the quality of life for residents. The effectiveness of the service is due to be re-evaluated in six months time.
- The home implemented a new call bell system, comprising of internal mobile phones for staff, audible alarm and annunciators near each nurses' station. Call bell response times have improved. Monitoring of the system between 7 May 2009 and 17 May 2009 reported an average response time of 4.04 minutes.
- The home identified a need for their Residential Care Management Committee to meet more frequently to improve clinical practice and ensure complaints are actioned and resolved to the satisfaction of the complainant. The committee meets twice per month and includes the hotel service manager once a month to discuss new policies, equipment and resident needs. This improvement has resulted in more effective communication and has been well received by managers.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. Nurses' registrations are obtained prior to commencing employment at the home and processes are in place to ensure these are updated annually. Staff are informed about changes in legislation and regulations through the home's communication processes. The home monitors regulatory compliance through the quality, risk and safety business unit, resident and staff meetings, incident data, hazard reports, the Internet, email, staff feedback and the home's electronic information management system. Staff are aware of regulatory requirements relating to residents' health and personal care.

2.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes to identify, plan and monitor staff education based on organisational goals, legislative requirements, staff requests and residents' care needs. Training needs are identified through the appraisal process and work practices are monitored and managed on a one-to-one basis. Education is provided through in-house training sessions and workplace training. The home records staff attendance at training sessions, and has processes for following up staff attendance at mandatory training. There are processes for evaluating the effectiveness of staff training. A comprehensive orientation program and buddy system is provided for staff commencing employment at the home. Training undertaken by clinical and care staff includes; palliative care, continence management, dementia skills and cardio-pulmonary resuscitation. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

2.4 Clinical care

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

Team's recommendation

Does comply

Residents and their representatives are consulted in response to changing care needs and are satisfied with the clinical care provided by the home. Registered nurses are responsible for assessing and developing care plan documentation outlining resident care needs and preferences on entry to the home. Resident care needs are reviewed every three months or in response to an identified change in care needs. The home monitors the effectiveness of existing strategies from information in progress note documentation, analysis of incident data, handover information and the monitoring of weights and vital sign observations. Residents and their representatives are consulted in regard to a change in care needs and formally during care plan reviews. The results of scheduled audits and feedback from the comment and complaint process, surveys, and meetings are used for monitoring satisfaction with the care provided.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the care provided to residents with specialised nursing care needs. Registered nurse support is available at all times and the home has access to a range of resources to meet resident specialised care needs if required. Enrolled nurses and personal carers are aware of the care they can administer reporting any changes in residents’ health or care needs to a registered or enrolled nurse. Additional training is provided for specialised nursing care as required and staff have access to the required equipment for providing care. Resident satisfaction with care practices is determined through care plan review feedback, information from surveys and comments and complaints.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents and representatives are satisfied that referrals to appropriate health specialists occur in accordance with resident needs and preferences. The entry process is used for identifying residents preferred specialists and when known, last appointment. The home offers a range of options for providing specialist health care including allied health providers employed by the organisation and those who consult locally and regionally. Where possible, residents are supported to receive care from their preferred practitioners with the home assisting to coordinate external appointments and provide assistance to access specialist services when necessary. Registered nurses are responsible for making referrals. Appointment outcome information is stored in resident files and used for revising care plans and medication regimes.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with staff practices relating to medication administration. Pharmacy multi-dose packed medications are administered by appropriately trained registered and enrolled nurses in accordance with assessed resident care needs and preferences. Registered nurses are responsible for approving and monitoring the use of ‘as required’ medications. The home analyses information from incident data and a range of audits for monitoring the appropriateness and safety of administration practices, supply and storage. A recently formed Medication Advisory Committee meets regularly to monitor the home’s medication practices. Residents who continue to self medicate are assessed and monitored for safe administration and storage of medication. Staff are provided with training relating to medication and administration practices, and resources are available for additional information.

2.8 Pain management

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the home's pain management techniques. The home has a system for identifying, assessing and managing residents' pain in consideration of non-verbal indicators and other possible contributing factors, including psychological function. Preferred alternative therapies are identified, including care, allied health and non-pharmacological interventions. A registered nurse is available at all times to monitor the effectiveness of pain management strategies, including the administration of drugs of dependence. The home responds to identified changes to pain by repeating pain assessments and making referrals for specialist intervention.

2.9 Palliative care

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

Team's recommendation

Does comply

Representatives are satisfied with the care and support provided to terminally ill residents. On admission or when appropriate the home identifies and documents key information relating to residents' religious beliefs, desired supports, cultural practices, informal and formal decision makers and contacts. Private areas are made available for accommodating family and significant others when required and catering is provided by the home. If required the home will provide additional staff to meet resident needs. Staff with an interest in providing palliative care are offered education, and general practitioner and/or palliative care specialists are consulted when required. The home is able to provide the required equipment, including items stored in a palliative care box to promote resident dignity and comfort.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the quality and quantity of food and fluids provided by the home. The home has processes for identifying and monitoring residents' nutritional and hydration preferences, swallowing capabilities and dietary requirements. A schedule of monthly weighs allows the home to implement corrective strategies. This may include, when necessary referral to a dietitian and/or speech pathologist, in order to cater for food and fluids of appropriate nutritional balance, texture and volume. Resident independence and choice is encouraged by supplying assistive devices, identifying preferred locations for dining and providing freely available snacks and fluids. Resident input into the menu is encouraged through resident meeting forums, survey data and formal and informal feedback mechanisms.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the skin care provided by the home. Resident care needs and preferences for maintaining skin integrity are identified from the home’s assessment process. The process includes a risk assessment and considers the impact of diagnosis, mobility, continence, nutrition and medications. The home implements a range of preventative strategies for residents identified at risk, such as dietary supplements, positioning techniques, use of aids and referral for external specialist care. Complex and simple wound management techniques are developed and monitored by registered nurses, aided by the use of photographic evidence of healing rates for complex wounds. The information from the analysis of incident data is used for monitoring staff practices, environmental issues and individual resident care needs.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the management of their continence needs. The home has processes for assessing and monitoring the interventions required for promoting continence and levels of independence in consideration of diagnosis, mobility, nutrition, hydration, the environment and resident preference. A continence link nurse is available to support the home’s continence management program. Registered nurses are responsible for the bowel management program and the home considers the use of natural aperients and diet in preference to pharmacological interventions. Infection data is monitored to identify residents at risk of urinary tract infections allowing for preventative interventions including regular urinalysis and monitoring fluid intakes.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the home’s management of behaviours. The home has a system for implementing the appropriate assessments for identifying resident behaviours and monitoring interventions, including the strategies used to reduce the use of restraint. Residents are orientated to the environment on admission to assist in management of confusion and disorientation. Resident and staff incidents are analysed to identify changes to behaviour, the effectiveness of the strategies implemented and to monitor staff work practices. Changes in behaviour result in clinical review, reassessment and/or referral for external specialist intervention. A secure unit is provided by the home for residents’ with identified behaviours. A range of lifestyle activities to support and enhance quality of life for residents includes group and one-to-one programs, using a range of equipment and tactile therapies, as appropriate.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the assistance provided by the home to maintain and/or improve their mobility and dexterity. Registered nurse, physiotherapy, podiatry and when indicated occupational therapy assessments are conducted to identify resident needs and preferences for promoting and maintaining mobility and dexterity. A red dot system is used for reflecting residents' risk of falling which was identified from a risk assessment conducted by the home. Individualised programs developed by the physiotherapist are implemented by exercise attendants and care staff with lifestyle activities providing additional opportunities for maintaining independence. Resident falls are documented allowing for the analysis of resident care needs and for identifying environmental concerns. The home provides a range of equipment to minimise the use of restraint and reduce the risk of injury to residents.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation

Does comply

Residents and representatives are satisfied with the oral and dental care provided by the home. The admission process is used for identifying resident preferences for oral care, preferred specialist and where possible the last known appointment. The home supports residents to attend appointments to the local dentist of choice or the community dentist who consults regionally. Care plans include information for promoting resident independence and the required daily care of teeth and/or dentures. Specialised products for maintaining oral and dental hygiene provided by the home includes toothbrush replacement each care plan review.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

Residents and representatives are satisfied with the home's management of their sensory needs. The home's assessment and review process considers all five senses with referrals made in response to an identified change in care needs. Care plan documentation identifies communication strategies for meeting individual resident needs and the use, care and assistance required with sensory aids. The environment is monitored to ensure it is safe for residents with sensory losses and the home provides aids to promote independence. The lifestyle program provides sensory experiences for residents, including reading, massage and cooking.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with how the home supports them to achieve a natural sleep. The home’s assessment and monitoring processes are used for identifying resident preference for environmental considerations and individual routines. Residents who experience sleep disturbance are monitored. Strategies implemented to assist these residents include pain and continence management, hot drinks and snacks and/or relocation to alternative areas. Non-pharmacological strategies are trialed and implemented if effective, to assist with initiating and maintaining sleep. The home considers the impact of the environment by meeting resident preferences for lighting and temperature.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Bonney Lodge has processes for monitoring compliance with the Accreditation Standards and developing its continuous improvement system relating to resident lifestyle. The home uses information from compliments, suggestions and complaints forms, audits, resident and staff meetings and activity evaluations to identify opportunities for improvement. Residents, representatives and staff are kept informed about the activities in the home by the lifestyle/activities team. Residents, representatives and staff are satisfied their suggestions for improvement are acted upon by the home.

Examples of improvement activities and achievements relating to resident lifestyle include:

- As a result of a resident lifestyle/activities audit, residents expressed a preference for in-house entertainment and more activities. The frequency of activities has increased; local entertainers were contacted and brought in to the home to entertain the residents. The feedback from residents has been positive.
- The home identified a need for all staff to be involved with the lifestyle/activities program for residents. A diversional activities folder has been developed to encourage staff to take an active role in residents’ lifestyle programs. This information folder enables care staff to organise activities when lifestyle/activities staff are not available. Staff are encouraged to evaluate activities and provide feedback to the lifestyle/activities team. This improvement is yet to be evaluated.
- The lifestyle/activities team identified a need to improve the format of the resident preferences profile form. The form has been updated and is easier to read and use. A copy is provided to all residents and lifestyle information is collected within seven and 28 days after entry to the home. Anecdotal feedback from residents and their families has been positive.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has processes for identifying and accessing relevant legislation, regulations, and guidelines relating to residents' lifestyle. Policies and procedures, work practices, documents and forms are updated by the home to comply with regulatory requirements. Staff are informed about changes in legislation and regulations through memos and at staff meetings. The home's quality, risk and safety business unit monitors regulatory compliance. Relevant staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents' privacy and maintaining confidentiality of resident information.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes to ensure lifestyle and activity staff have the required knowledge and skills to perform their roles effectively in relation to residents' lifestyle needs. Training needs are identified through the initial employment selection process, performance appraisals and work practices. Education is provided through in-house training sessions, and external formal training programs. Deficiencies in education are managed on a one to one basis. The home records staff attendance at training sessions, and has processes for following up staff attendance at mandatory training. There are processes for evaluating the effectiveness of staff training. A comprehensive orientation program is provided for all new staff. Training undertaken by lifestyle and activity staff includes; awareness of elder abuse and manual handling. Lifestyle and activity staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the level of emotional support provided. The home has a process of assessing resident's emotional needs. On entry to the home, a resident profile is completed. Social, religious, cultural and preferred lifestyle information is collected from the resident or their representative. A resident family tree is completed where possible. A lifestyle/activities plan is developed from this information and incorporated into the resident's care plan. Lifestyle staff provide one on one support to help residents settle into their new environment.

3.5 Independence

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

Team's recommendation

Does comply

Bonney Lodge encourages and supports residents' independence by providing weekly bus trips for shopping, library visits and entertainment. Residents' previous and current lifestyle preferences, interests and abilities are identified during initial assessments. This process assists with the development of lifestyle/activity plans that maximise individual resident's independence. Residents' capacity for independence, health status, personal care and lifestyle needs are reassessed on an ongoing basis. Lifestyle/activity, care staff and volunteers assist residents to participate in group and/or individual leisure activities and to maintain links with family, friends and community groups. Staff report they respect residents' independence while ensuring that necessary care and services are provided and resident safety is maintained. The home has processes to support residents to maintain their mobility and maximise their independence. Residents have access to physiotherapy and other allied health services, and are encouraged to participate in the home's exercise program. Residents report satisfaction with the support provided to enable them to enjoy their preferred lifestyle and their optimal level of independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents report that staff are courteous and respectful of their privacy. The home maintains processes to protect residents' privacy and dignity, including privacy screens. On entry to the home residents are provided with information about their rights and responsibilities. Staff indicate they are mindful of appropriate practices, such as knocking on residents' doors and maintaining dignity when delivering/assisting with personal care. Files containing residents' personal information are stored in nurses' stations with access limited to authorised staff and visiting health professionals.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents report they are satisfied with the activities program and with the variety of group and individual activities within and outside the home. Residents' past and current interests are identified on entry to the home through interview and completion of a resident profile. Lifestyle/activity plans are developed in consultation with the resident and/or representative, and reflect the resident's physical, sensory and cognitive abilities, cultural background and identified interests. The home aims to provide activities that engage individual residents and provide enjoyment and stimulation. An activities program is displayed on noticeboards around the home. Activities are evaluated by lifestyle/activities staff through feedback at resident meetings, surveys, and individual discussion. Group and individual sessions include activities suiting the needs and preferences of residents with limited mobility, sensory deficits and cognitive impairment.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the way staff support their cultural and spiritual expectations. The home identifies the cultural background, spiritual beliefs, history and values of residents on entry to the home and implements strategies to meet their needs on an ongoing basis. Residents are supported to engage in events and activities of spiritual significance to them. A religious service is held by pastoral care workers in the home's chapel on a monthly basis. A bible study group is held each week for residents. The home recognises the cultural background of residents, promotes participation in cultural activities, and initiates appropriate access to resources and support services. The home has processes for monitoring and evaluating that residents' spiritual and cultural needs are being met.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with their level of participation in making decisions and choices about their care needs and other issues that affect their daily life. The home encourages and assists residents and their representatives to participate in decisions about their care, the services provided to them and to make choices based on their individual preferences. There are consultative processes for providing information to residents including surveys, resident meetings and compliments, suggestions and complaints forms. Residents and their representatives are informed about their rights and responsibilities and discuss issues affecting their daily lives at resident/relative meetings.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home has recently employed an aged care liaison officer to inform residents and their representatives of the arrangements for their security of tenure, rights and responsibilities on entry to the home and provide assistance on an ongoing basis. Resident's and representatives are interviewed and provided with an information booklet, residential agreement and information on the home's services including fees and payment options. The home informs and consults with residents and representatives about changes in rooms, billing and legislation. Residents and their representatives are satisfied their tenure is secure and that the home will support their individual needs.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has processes for monitoring compliance with the Accreditation Standards and developing its continuous improvement system relating to the physical environment and safe systems. The home uses information from improvement forms, resident and staff meetings and incident and hazard data to identify improvement opportunities. Staff and residents are encouraged to participate in improvement processes. Residents, representatives and staff are kept informed about the activities in the home. Residents, representatives and staff are satisfied that their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to the physical environment and safe systems include:

- As a result of an incident reported regarding the stainless steel food trolleys, the home purchased two motorised trolleys. This improvement has reduced the number of trolley related incidents. Staff report less fatigue in using the new trolleys which require one person to operate. Feedback from staff has been positive and residents receive their meals more efficiently, as travel time from kitchen to dining room has been reduced.
- The home identified a need to improve laundry services and reduce the number of lost items of clothing. Colour coded laundry bags have been introduced for each residential wing within the nursing home. This improvement has resulted in a reduction of lost and misplaced items of clothing.
- The need for a back up generator was identified by the home. Two generators were purchased to improve resident comfort in the event of a power failure in extreme weather conditions. The generators enable air-conditioning to continue to function when mains power is not available. Emergency procedures have been updated and communicated to staff. Feedback has been positive from staff and residents.
- The home identified a need to increase the height of the perimeter fence for residents housed in the dementia unit to ensure their safety. A 1500mm fence was installed and has resulted in no incidents of absconding since. Staff are satisfied with the effectiveness of this improvement.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. Compliance is monitored through the home's quality, risk and safety business unit activities. Audit processes; include triennial fire inspections, building certification inspections and food safety audits. Occupational health and safety policies and procedures are in line with professional standards and guidelines and assist the home to provide a safe physical environment. Staff are informed of relevant changes through staff meetings, memos from the director of nursing and updates from the quality, risk and safety business unit.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes for identifying, reviewing and planning staff education and training relating to the physical environment and safe systems. Training needs are identified through staff appraisals, work practices, resident and staff feedback, incident and hazard reports. An electronic annual training schedule is developed from this information. The home has processes for monitoring staff skills and knowledge, and following up attendance at mandatory training. In the last 12 months staff have participated in training relating to the physical environment and safe systems including food safety training, fire safety, infection control, and manual handling. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

4.4 Living environment

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the level of comfort and security of their living environment. The home monitors the safety and comfort of the living environment from internal and external environmental audit results, incident and hazard data, and preventative and corrective maintenance systems. A range of facilities are available to promote resident independence and provide opportunities for entertaining guests, including lounge, dining and courtyard areas. Residents' are able to decorate their rooms to reflect their personal taste. Strategies are implemented for reducing the use of restraint and if required there is a process of assessment, consultation and monitoring. The monitoring of survey, comments and complaints data, information from resident meetings and verbal feedback provides the home with the opportunity for identifying satisfaction with the living environment provided.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home's management has systems and processes in place to provide a safe working environment that meets regulatory requirements. The Quality Risk and Safety Committee that meets every month is responsible for monitoring the home's occupational health and safety program. Registers are used for recording identified hazards and staff incidents allowing the home to identify trends and implement corrective actions. Policies, procedures and guidelines are available to staff to guide safe work practices and meet regulatory requirements. These include safe operating procedures, material safety data sheets and risk assessments. Training specific to staff roles provided during orientation and annually includes infection control, manual handling, fire and emergency procedures. A range of audits and worksite inspections are used for monitoring the safety of the home and compliance with legislation.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems to provide a safe environment and work systems to minimise fire, security and emergency risks. Emergency procedures and evacuation plans are on display throughout the home and this information is reinforced through staff training and fire drills. Contracted external services and internal maintenance processes maintain the security, fire and emergency services, including electrical equipment testing. The home meets the safety requirements of the 1999 certification instrument and has a current fire triennial certificate. A state, regional and local disaster plan is in place and the home has generators for use in the event of a blackout. Perimeter and internal doors are secured and a lock up procedure, closed circuit television monitoring and duress alarms assist in maintaining the home's security. Staff are aware of their required response in the event of an emergency.

4.7 Infection control

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

Team's recommendation

Does comply

The regional infection prevention and control coordinator is responsible for monitoring the home's infection control program. The collation and analysis of resident infections is used for identifying trends and implementing corrective actions. The home provides the appropriate equipment and training to ensure staff practices are in line with industry guidelines. An outbreak contingency plan, policies and procedures and resources, such as 'gastroenteritis kits' are available to staff to guide work practices on a day to day basis or in response to an outbreak. Preventative strategies include an influenza immunisation program for residents and staff, environmental temperature monitoring and a range of audits. Residents are provided with information relating to relevant infection control procedures. Staff are satisfied with the quality and quantity of the equipment supplied by the home and practice standard precautions using the protective equipment, hand-washing facilities and alcohol gel made available to them.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents and representatives are generally satisfied with the catering, cleaning and laundry services provided and staff are satisfied with their work environment. The home cooks meals freshly on site to meet residents' individual needs, special requirements and preferences. The home has developed a food service plan with a recent audit identifying minor actions that have been corrected. Cleaning services are provided seven days a week and schedules outline the required tasks for maintaining the cleanliness of the home. Residents' personal clothing is laundered on site, and linen services are provided externally. Audits, inspections and resident feedback processes monitor the efficiency and satisfaction with hospitality services.