



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Diana St Lodge

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

The Agency has decided that the period of accreditation of Diana St Lodge is three years until 9 August 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: Diana St Lodge

RACS ID: 3520

Number of beds: 60 Number of high care residents: 56

Special needs group catered for:

- Secure Dementia Unit

Street/PO Box: 17 Diana Street

City: CROYDON State: VIC Postcode: 3136

Phone: 03 9879 7366 Facsimile: 03 9879 6189

Email address: admin@donwood.com.au

Approved provider

Approved provider: Donwood Community Aged Care Services Inc

Assessment team

Team leader: Carlene Tyler

Team member/s: Bridgit Lane

Sandra Moore

Date/s of audit: 18 May 2009 to 19 May 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
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

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

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



Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Diana St Lodge
RACS ID	3520

Executive summary

This is the report of a site audit of Diana St Lodge 3520 17 Diana Street, Croydon 3136 Victoria from 18 May 2009 to 19 May 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 Diana Street 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 18 May 2009 to 19 May 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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:	Carlene Tyler
Team member/s:	Sandra Moore
	Bridgit Lane

Approved provider details

Approved provider:	Donwood Community Aged Care Services Inc
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Details of home

Name of home:	Diana St Lodge
RACS ID:	3520

Total number of allocated places:	60
Number of residents during site audit:	60
Number of high care residents during site audit:	56
Special need catered for:	Dementia

Street/PO Box:	17 Diana Street	State:	Vic
City/Town:	Croydon	Postcode:	3136
Phone number:	03 9879 7366	Facsimile:	03 9879 6189
E-mail address:	admin@donwood.com.au]		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Diana Street 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.

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	12
Deputy Director of nursing	1	Diversional Therapist	1
Registered nurses	8	Volunteers	2
Care staff	9	Laundry staff	2
General Practitioner	1	Cleaning staff	2
Catering staff	1	Maintenance staff	1
Education officer	1		

Sampled documents

	Number		Number
Residents' files	16	Medication charts	18
Summary/quick reference care plans	8	Personnel files	14
Weight charts	21		

Other documents reviewed

The team also reviewed:

- Activity care plans
- Annual review of external contractors
- Blood glucose charts
- Business plan 2008=2009
- Care plan folder
- Catering hazard management
- Catering procedures and protocols
- Computerised plans
- Continence information
- Continuous improvement report April 2009
- Diana Lodge information for residents and visitors folder
- Drinks list
- Education calendar
- Education information

- Education program
- Education records
- Essential services measures maintenance manual and audits
- Evaluation of products procedure
- Exception reporting
- Fact sheets
- Fire and evacuations maps
- Fire safety declaration 2008
- Food safety plan
- Gastro and influenza protocols
- General information folders
- Hand over sheets
- Infection control procedures
- Influenza response document
- Information handbook
- Job descriptions
- Kitchen maintenance proforma
- Laundry management systems
- Laundry procedures
- Lifting care principles
- Material safety data sheets
- Medication charts
- Medication management policy
- Medication staff records
- Menu
- Mission vision and values statement.
- Observation charts
- Pain management policy
- Palliative care management ,
- Palliative care protocols
- Physiotherapy care plans
- Physiotherapy exercise charts
- Policies and procedures
- Policy and procedure manual
- Powers of attorney documents
- Recruitment policies and procedures
- Reportable levels regarding blood glucose readings
- Resident allergy list
- Resident dietary information
- Resident dietary profiles
- Resident on supplement list.
- Resident survey report 2008
- Residents' information handbook
- Residents' information package and surveys
- Restraint forms
- Section folders
- Site archiving records
- Sleep and sleep pattern therapies
- Spills kit
- Staff communication book
- Staff handbook
- Staff orientation program
- Staff profiles
- Staff recruitment checklist
- Student guidelines
- Supplier handbook

- Visitor sign in book
- We care computer program
- Wound charts

Observations

The team observed the following:

- Acacia unit happy hour
- Activities in progress
- Behaviour assessment management and proceed
- Complaints and comments receiving box
- Contenance aid storage in residents rooms
- Cleaning in progress
- Cleaning supplies
- Clothes delivery system to resident rooms
- External relaxation areas
- Fire evacuation prompts located throughout the facility
- Fire exits and fire panels
- Hand massaging
- Hand washing practices
- Hand washing notice prompts in restrooms
- Hazard notices
- Hot box meal transference system
- Interactions between staff and residents
- Kitchen and kitchenettes
- Laundry services.
- Lifting machines
- Living environment
- Meal service
- Medication round
- Medical personnel and nurse interaction
- Notice boards
- Personal protection equipment and use.
- Refrigerator and cool room log management.
- Residents using mobility aids
- Resident's rights and responsibilities charter.
- Staff resource library
- Staff work areas
- Static displays for forthcoming afternoon tea party
- Storage of medications
- Temperature checking i.e. food in transit

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 system is centred on information sourced from all stakeholders through audits, meetings, improvement logs, incidents and care plan reviews. The continuous improvement committee consists of management and staff representatives, meet monthly and review all improvement logs generated. Continuous improvement issues are captured on an electronic register, prioritised and delegated to the most appropriate forum or individual. Progress is monitored against target dates and outcomes are recorded and evaluated. Feedback is given to the initiator of the improvement and results or changes communicated through meetings, staff bulletins, memo’s, education and in information folders for residents and visitors placed in the foyer. Continuous improvement is a component of all meetings and included in the orientation program for staff and in new resident’s information handbook. Staff and residents state they are encouraged to participate and management are responsive to their suggestions.

Recent examples of improvements at the home include:

- Membership of the continuous improvement committee has been revised to include the unit manager and two staff members from each unit. It was identified that care staff did not fully comprehend the function of the committee
- increased the hours of the Registered nurse division one on night duty due to recognition of an increase in the number of high care residents
- students on clinical placement have their current police checks recorded by the home
- completed a review of external service providers to ensure contractors have current police checks
- Staff appraisals have been reviewed and upgraded to enable the home to determine if staff are basing their work practices around the philosophy of the home and its competency system.

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 systems in place to identify and ensure compliance with the relevant legislation, regulatory requirements and professional standards related to management systems. Regulatory changes are identified through external peak bodies and communicated to staff and residents as a regular agenda item for all meetings.

The home has a system to show current police checks and registration for staff. There is a comprehensive employment package for new staff clearly identifying their rights and responsibilities. Management reports and minutes of meetings confirm that updates on regulations affecting staff and residents are discussed, documented and implemented

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

Staff complete an annual survey, which captures information regarding education requests; annual appraisals, observations and incident data is also used to identify education requirements. The home offers education across all four Standards and staff are encouraged to up skill and undertake further education with the assistance of the home. Nursing students attend the home for placement training and the home ensures they are mentored and have appropriate clinical support. The home ensures all staff have appropriate qualifications when commencing employment and registration details are gathered yearly. Education delivered in Standard One includes information on accreditation, orientation and training in the use of the palm pilot.

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

The home has a comprehensive system for recording and acting upon comments and complaints. Information is included in staff and resident handbooks, is displayed throughout the home, includes information on external complaint mechanisms and is clearly described in a 'resolution map'. Suggestions, concerns and compliments are recorded, investigated and discussed at relevant meetings and results are available to all stakeholders. Staff state that management is responsive to their suggestions and residents and representatives are aware of verbal and written complaints systems, with many attending the residents meetings.

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 vision, mission, values and commitment are documented in information provided for residents, new staff, volunteers and external contractors and are on display throughout the home. The home recently reviewed the staff appraisal system to help identify if staff practices reflect their philosophy of care. Residents and representatives said that the care provided did reflect the Vision of the home.

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 documented systems and practices in place for orientation and education of staff and ongoing monitoring of staff practices. New staff receive a general orientation questionnaire, two days working with a 'buddy', a review session after six weeks and an appraisal after three months. Staff files reviewed included signed contracts, position descriptions, current registration and police checks, completed orientation packs and evidence of ongoing education. Staff confirmed they were offered opportunities for further education and residents and representatives were complimentary about the level of care provided.

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 can demonstrate it maintains adequate supplies and equipment for the provision of services to residents. Clinical and hospitality supplies are managed by key personnel for the ordering of stock and ensuring deliveries are maintained through a system that involves stock inventory and stock rotation. Maintenance schedules allow for timely responses to issues raised and reflect sound occupational and infection control practices. Staff and residents state they are happy with the processes which reflect a timely and robust service.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information management systems in place. Electronic systems are password protected and backed up regularly. Resident and staff files are stored securely and archived appropriately. Sharing of information occurs through meetings, memos, communication books and noticeboards. Resident information is updated on an electronic system and communicated at handover. Information folders stored in the home's entrances include minutes from continuous improvement, resident/representative, occupational health and safety and auxiliary meetings. Staff and residents are satisfied with their access to information.

1.9 External services

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

Team's recommendation

Does comply

The home has processes for managing externally sourced services to ensure that quality services are provided. Contracts are reviewed annually to ensure standards are maintained and police checks are current. There is a folder detailing approved suppliers and staff have access to contact details for emergency service providers. The home recently appointed a new provider to maintain their gardens and have received compliments from residents about the improvement. The home has reviewed its food services to include more gluten free products for residents. Staff confirm that they have access to information for external contractors and are satisfied with the services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s recommendation

Does comply

Continuous improvement is a standard agenda item in all meetings. Clinical care is reviewed through medication meetings, incident reports, education, review of progress notes and improvement logs. All care staff are encouraged to participate in the continuous improvement process.

Recent examples of improvements at the home include:

- new assessment tool has been developed providing a more individualised approach to care planning. This project was initiated in October 2008 and commenced in March 2009. The tool covers all of the Standard Two outcomes and is now being used for new residents. Feedback has been positive with staff now able to identify the individual needs of residents rather than being tasked orientated.
- Sensory packs have been developed to assist with identifying sensory loss. The kit includes using scents for aroma and smell, sweet and sour for assessing taste, hot and cold and sharp and blunt. This has been used for residents in Banksia unit and the home plan to increase its use for all residents.
- Introduction of a new medication ordering system-ewebster is providing a more secure system. It is password protected and new medication orders can be emailed to the pharmacy
- Subscription to Coroner’s communiqué

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 in place to identify and ensure compliance with the relevant legislation, regulatory requirements and professional standards related to health and personal care. All registered nurses hold current registration and all care staff dispensing medications have annual medication competencies. Medications are stored and administered according to legislated processes and a registered nurse division one is available at all times. Staff said they were informed about legislative and regulatory requirements.

2.3 Education and staff development

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

Team’s recommendation

Does comply

Education is delivered in a variety of ways to capture staff’s different learning techniques, such as workbooks, questionnaires, quizzes, facilitators and DVD’s. Staff that deliver medications undergo a comprehensive medication competency test annually. Attendance records are kept for each session and all education is evaluated. Sessions are introduced

as resident needs dictate and staff are encouraged to express identified needs. Education delivered in Standard Two includes diabetes management, bowel care, Parkinson's disease and dementia and behaviour management. Residents and their representatives state that they are satisfied with the skills and knowledge of the staff.

2.4 Clinical care

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

Team's recommendation

Does comply

Residents are assessed on admission to the home and an interim care plan developed with input from family and staff. Further more comprehensive assessments are made covering a wide range of issues and detailed care plans are developed. Care plans are regularly reviewed and updated as required. Medical practitioners are consulted regularly as are allied health personnel. Referrals and recommendations are noted in the residents file and care plans updated. Staff carry pagers and palm pilots and are alerted for assistance easily, information and alerts with care are available electronically and staff have a good understanding of individual resident requirements and issues. A registered nurse division one is on duty at all times and assists staff with resident's issues as required. Residents and their representatives are very satisfied with the care and the attention given to the residents.

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 are assessed on entry to the home as to their specialised nursing requirements. Specialised care is completed by registered nurses division one and details of care requirements are noted on the resident care plans. Staff are assisted with specialised care by the medical practitioners and appropriate allied health personnel. Care plans are updated according to identified changes, referrals and recommendations. Specialised care currently undertaken at the home includes, diabetes management, stoma care, wound and pain management. Residents and their representatives express satisfaction in the management of residents specialised care requirements.

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 are reviewed regularly as to their clinical requirements and medical practitioners and allied health personnel assist staff with care. Allied health specialists review residents on request and document visits in the residents' electronic progress notes or in the files. Changes and updates are made to care plans according to recommendations and as required. Allied health personnel that currently visit the home include a physiotherapist, podiatrist, optometrist, dietician, speech pathologist, aroma therapist and hearing specialists. Wound, behavioural and palliative care specialists are contacted for referral and advise as required. Residents state that allied health specialists are contacted to review them as required

2.7 Medication management

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

Team's recommendation

Does comply

The Lodge has a system in place for safe and competent administration of medication. All medication in the Lodge is securely stored. There are systems in place that demonstrate staff competence with medication administration and management. Medication charts clearly display alerts to allergies, contain photographs of residents, and regular medications are clearly annotated by the prescribing medical practitioner. Residents and representatives confirm they are satisfied that medication is managed safely and timely. The team observed (one out of two rounds undertaken) that medications were signed off, and staff administered medication to residents via appropriate medication administration aids.

2.8 Pain management

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

Team's recommendation

Does comply

The Lodge assess residents for pain on entry and on a regular basis or as a need arises. Pain management scales cover both verbal and non verbal assessments. Care plans reflect the assessments. Other pain management alternatives are utilised and these are well researched and scoped for 'best fit' in accordance with assessed need. Residents and representatives stated they are satisfied with the pain management process.

2.9 Palliative care

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

Team's recommendation

Does comply

Residents in association with their representatives are well consulted on the choices and preference with end of life care. There are numerous examples of residents terminal wishes noted in the files. The Lodge has access to external palliative care services through an external care provider. The team reviewed residents care pathways and found emotional support, comfort and compassion is well managed by staff. The Lodge has appropriate equipment and facility flexibility to assist with providing discrete care and comfort to terminally ill residents and their families. Palliative care education is ongoing. The Lodge displays behaviour in keeping with best practice principles to maintain terminally ill residents comfort and dignity. Representatives confirm confidence in the process.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' nutrition and hydration issues and requirements are noted on admission and care plans reflect these requirements. Assistance required with meals, special aids to assist with eating, allergies and meal types and sizes are noted on the plan. Kitchen processes ensure that residents receive the correct meals and changes are communicated with the kitchen staff. Information is relayed to the kitchenettes to ensure residents' requirements are recognised when dishing up. Catering staff are very familiar with resident preferences and requirements. Alternatives are offered with each meal and food is available over night if required. The dietician reviews residents as required and has reviewed the menu. The residents are weighed monthly or more frequently if there is an

identified need, intake charts monitor vulnerable residents, supplements are given and medical advice sought for residents with identified issues. Residents in the dementia area are encouraged to eat and drink and items are always available for residents to eat at the nurses' station. Residents were observed to consume food and fluids as they were walking through the unit.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation

Does comply

The condition of the resident's skin and the potential for skin breakdown is assessed on entry to the home. Care plans are created and a risk assessment completed. Care plans note skin issues such as rashes, excoriations and emollient requirements and the condition of nails are also noted. The home does not use soap but a body wash for all residents and has found that the condition of residents skin has improved and issues with skin breakdown reduced. The registered nurses manage wounds of which there are few; each resident has an individual wound chart for each wound. Advice is sought from wound specialists and the resident's doctor if required. Pressure area care is noted on the care plans the frequency of position changes. Residents are encouraged to consume adequate fluids and state that they are assisted with their skin care.

2.12 Contenance management

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

Team's recommendation

Does comply

Residents are assessed on entry to the home as to their continence requirements, assessments are conducted over a three to four day period and habits and routines are noted, aids are allocated according to assessed requirements and any changes prompt a reassessment. Care plans are regularly reviewed and note assistance required with toileting and continence aids, strategies to manage continence and maintain dignity are also noted. Aids are distributed daily and are stored in the resident's wardrobe, additional aids are available as required. The staff document bowel habits and residents are assisted with regularity as required. Residents are encouraged to consume adequate amounts of food and fluid to maintain regularity and a special high fibre fruit dish is made daily by the kitchen. Residents with particular issues are referred to their doctor.

2.13 Behavioural management

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

Team's recommendation

Does comply

Resident's behavioural issues are assessed on entry to the home and care plans are developed to reflect these assessments. Input from residents families and staff are sought to identify all behaviours and effective management strategies, the care plans are reviewed regularly and updated as required. Strategies to identify, manage and prevent challenging behaviours are noted on the care plans and staff are able to describe individual residents issues and management. The medical practitioners are contacted to review the residents regularly and updates and changes noted in the progress notes. External specialists are available for review and advice, an aroma therapist attends the home regularly and has developed individual programs for the residents; the unit manager in the dementia unit states aromatherapy is very effective in calming the residents. Activity staff assists with behaviour management with distraction and diversion. The residents in

the dementia unit appeared calm and well managed. Staff appeared very aware of where residents were located and what each residents needs were, staff were observed to be very caring and understanding of residents concerns. Staff have received training in dementia and behaviour management.

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

The physiotherapist attends the home twice a week and all residents have been assessed. A care plan is developed and notes residents ability to transfer, balance, mobilize, their posture and aids to assist with ambulation. Nursing care plans are also created and note required equipment for transfers, implements to assist with dexterity and assistance necessary for safe movement. A falls risk assessment is conducted on all residents and strategies to reduce this risk are noted on the care plans. All residents have an individual exercise plan and staff assist residents with this plan during care routines, exercises are also included in the activity staffs program. Falls incidents are discussed at hand over and progress notes indicate ongoing review. Kitchen staff are aware of residents requirements with eating implements and these requirements are noted on the care plans. Staff were observed to be assisting residents with mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The condition of resident’s teeth and mouth and issues regarding oral care are assessed on entry to the home. Care plans are created and regularly reviewed and detail the condition of the residents teeth and gums and preferences with care. Residents are encouraged to maintain oral hygiene and dentists are contacted to address identified issues, visits are noted in the resident’s progress notes and changes made to the care plans. Changes with diet due to oral and dental issues are relayed to the kitchen. Dental technicians attend the home to assist with denture care and management. All dentures are named and residents assisted with denture care. Staff have received training in assisting with oral hygiene. Residents and their representatives are satisfied with dental and oral care.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents sensory loss issues are noted on entry to the home and difficulties with communication due to these losses are noted. The home has developed specific sensory assessment kits which accurately assess residents ability to smell, taste and feel. Care plans note strategies to assist residents with these issues, how much assistance is required and what aids the resident requires to cope with this loss. Allied health personnel attend the home as required to assist in assessments and maintenance, repair and fitting of aids and devices. Aroma therapy is used to assist residents with sensory issues and appetite stimulating drops are used with good effect in the dementia unit. Residents were observed to be assisted with their aids and were wearing aids and devices which appeared clean and well maintained.

2.17 Sleep

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

Team's recommendation

Does comply

Residents sleep requirements are noted on assessments and care plans note individual habits and identified rituals. Residents are assisted to gain natural nights sleep with adequate nutrition and hydration, temperature, lighting and noise. Residents settling times are noted on the care plans and residents are assisted to return to sleep if they wake during the night. Residents state that the home is quiet at night and they are assisted by staff to prepare for bed and have the appropriate environmental conditions, as they require.

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

Resident involvement and input is sought through suggestions, improvement logs, the annual resident’s survey, resident/representative meetings and discussion with staff. All staff are encouraged to participate in the continuous improvement committee. Staff and residents state they are encouraged to participate in the activities of the home.

Recent examples of improvements at the home include:

- review of care plans to identify activities enjoyed by residents, barriers that were preventing them continuing with these and ways that staff could assist residents to continue to participate.
- Circus week activities for residents in Acacia (dementia unit) Representatives were involved with providing costumes for the staff
- Banksia residents had a holiday to the beach
- Movie club on Saturday afternoons
- Tai Chi group commenced

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

There is a system in place to ensure identification and compliance with regulatory guidelines related to residents’ lifestyle. The home has a system to ensure that all volunteers have a current police check. Regulatory changes are communicated to staff through meetings and memos. Education on elder abuse and reporting missing residents has been provided with attendance sheets completed by staff. The team observed a ‘missing resident’ kit which contained a policy describing the current legislative requirements.

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

Each staff member’s education and training is noted on an individual training sheet and all education both formal and informal is noted. Senior staff are encouraged to document all informal training no matter how many staff attend or how long the session. Staff are alerted to education and training via flyers and notices and are required to note their intention to attend. Courses and conference information is displayed and staff are encouraged to follow their identified topics of interest. Education delivered in Standard Three includes staff and resident rights and grief and loss. Next month is dedicated to ‘cultural choice and decision making’ the home has activities and information to educate staff across a variety of topics in relation to Standard Three.

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

The Lodge has processes in place to identify residents' emotional support needs in adjusting to life within the home and on an ongoing basis. The resident's social, religious and cultural requirements are assessed upon entry to the home and a care plan is developed in consultation with the resident and appointed representative. New residents are introduced to the home and their representatives are included also in the settling in period. Many representatives become friends with each other and are encouraged and supported to network with each other. The team noted that in several instances where recent bereavement had occurred, the support network of the representatives became an important aspect in assisting with grieving. A pastoral support person is available and when palliative care is instigated, becomes part of the management suite of services to support residents and families. Residents and representatives confirm satisfaction with emotional support provided.

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

Care and lifestyle assessment processes identify each resident's level of assistance that is required to participate in specific interests, maintain their independence and retain ongoing outside friendships and affiliations. The Lodge provides a focus for many outside provider groups that work within the activities program. The team observed the residents independence and choice being respected. Residents stated that management and staff encourage them and assist them to maintain their independence and involvement in community affairs. A dedicated physiotherapy unit with gym style configuration assist with providing physical activities that assist in maintaining an independent lifestyle.

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

The Lodge recognises and respects each resident's right to privacy and confidentiality. The team observed staff knocking on resident's doors before entering their rooms. Warm but respectful exchanges between care staff and residents were observed. Residents files are located securely within locked nurses' station. The team observed residents to be well groomed and clothed in a way that expressed their individuality. Resident's state care is provided by staff in a private, serene and dignified manner.

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

The Lodge has processes in place to identify residents' interests and preferred activities. Staff support and encourage participation in a wide range of activities. A resident social profile captures upon entry the resident background and interests. This is continued to be developed and adjusted as resident need changes. Planned activities and outings are well supported and residents are given choice and options. The activities program is supported by volunteers and family members. All activity sessions are evaluated after they occur and residents participate in this at resident meetings. Residents and representatives stated a high degree of satisfaction with the range and quality of activities offered to residents.

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

The Lodge promotes and fosters individual interests, customs, beliefs and cultural backgrounds. Initial assessments identify the resident's spiritual and cultural needs. Residents who enter the home from non English speaking backgrounds are supported through staff awareness and use of cultural care banks that provide translators. The Lodge observes a range of religious, spiritual and cultural events as part of the lifestyle program. Religious services and pastoral visits are part of the Lodge commitment to this outcome for residents. Residents and their representatives stated satisfaction with the support provided by staff and external agents in the provision of cultural and spiritual care.

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

Resident's choice and preferences are identified through the admission and assessment process from which care plans are formulated. Residents can exercise choice by electing their medical practitioner, the right to refuse treatment and generally in choices around day to day routines. Residents and representatives are informed about the internal complaints mechanism. Evaluation of care plans confirm residents wishes are acknowledged reinforcing that individual choice is respected. Residents confirm they are given choice and the right to exercise this in their daily life. Residents and representatives stated they are satisfied with the support that is provided.

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 information packs for prospective and new residents containing information on the home; services provided and fee structures, their rights and responsibilities, resolution map for complaints including information on external complaints mechanisms and security of tenure. Resident files included signed resident agreements and financial details. Staff handbooks included information on resident rights regarding privacy and protection from harassment, retaliation and victimisation. Residents and representatives confirm they are aware of their rights and responsibilities within 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 recommendation

Does comply

The home has a comprehensive schedule of audits to ensure that environment and occupational health and safety audits are completed and there is a reactive and preventative maintenance program. Results are reviewed, improvement logs generated to address problems and discussed with all stakeholders. Staff are encouraged to complete improvement logs and hazard alerts and stated that environmental audits are a component of their daily work practice.

Recent examples of improvements at the home include:

- A change in the cleaning of the grease trap. Previously this had to be done by putting a pipe through the home but a new pipe has been put through the roof.
- Spills kit has been reviewed and now includes information on outbreak management
- Influenza kit has been placed in both Acacia and Banksia units
- A gazebo has been built for the use of smokers. This is away from the building to reduce smoke from entering the home
- The paving around the Acacia unit has been extended and an awning has been purchased that can extend and retract.
- Japanese garden has been planted in an area that was previously bare due to position and lack of water. This suggestion came from a resident.

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 in place to ensure they are aware of and meet current regulatory compliance related to physical environment and safe systems. The home has a no lift policy, with manual handling a compulsory competency. Fire and emergency equipment is tested according to regulatory requirements and the buildings have been certified to the building code regulations. Regulatory compliance is a standard agenda item at all meetings. Staff confirm they have completed competencies and received training in standard four outcomes.

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 runs several sessions of compulsory education each year, staff are required to attend one session for each component of compulsory education. If for some reason the staff are unable to attend they are required to complete a workbook with appropriate research and tests. Compulsory education consists of occupational health and safety,

infection control and fire and emergency training; appropriate staff must update their food handling qualifications annually. The education officers' room is always open and staff can access information and borrow books and DVD's as required

4.4 Living environment

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

Team's recommendation

Does comply

The home has a calm and relaxed atmosphere. The fittings and fixtures and soft furnishings are well maintained. A number of security key pads are installed throughout the home and a lift is provided for ease of access between floors. There are policies and procedures in place to identify hazards, scheduled maintenance along with maintenance requests are prioritised and actioned according to priorities. Resident rooms and bathrooms are clean and fitted out with the resident's safety in mind. Residents, representatives and staff confirm a high level of satisfaction within the living environment provided in the home.

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

Management of the home work actively to ensure residents and staff are living and working in a safe environment. The home has trained occupational health and safety representatives to oversee audits and education, review incident forms, hazard alerts and report to the continuous improvement committee. Audits are held regularly to ensure the environment is free of clutter and results of all audits are communicated with staff. Handbooks for staff, visitors and residents raise the issue of occupational health and safety and training on fire and evacuation and safe manual handling is mandatory for new staff. There is a preventative maintenance program that includes electrical tagging, staff report that maintenance issues are dealt with promptly and they have attended mandatory training in fire and evacuation.

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

Management is working actively to provide a safe working environment for staff and residents. External professionals perform testing of emergency equipment according to a schedule and this is audited by management. The home has been inspected and assessed as complying with building regulations and has a routine and preventative maintenance schedule. Emergency packs containing resident lists are updated regularly and accessible for staff. Staff attend mandatory fire and evacuation training and residents participate in evacuation exercises. All external contractors and students are given fire and emergency information and staff confirm they have received training in fire and evacuation.

4.7 Infection control

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

Team's recommendation

Does comply

Management demonstrated that they have effective infection control policies and procedures in place that are readily available for staff, volunteers and relatives. There is a pandemic action plan in place within the home and residents and staff are offered flu vaccines. Staff stated they have initial and ongoing training in infection control. Procedures relating to universal precautions to control the spread of infection are well understood by staff.

The team observed generous hand washing facilities strategically placed throughout the home, staff using personal protective equipment, sound hand washing practices and appropriate use of hand sanitizing between residents and therapies.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The hospitality services are provided in a way that enhances the quality of life for residents and staff. Residents, representatives and staff confirm their satisfaction with the current hospitality services they receive. Catering staff have relevant processes in place to manage food hygiene ensuring safe work practices and compliance with food handling requirements and storage. Cleaning of the home is provided in a manner that is highly satisfactory to residents and other stakeholders. Laundry procedures adhere to safe practice within the occupational health and safety guidelines and infection control principles. Residents and relatives speak highly of the attention to detail of personal laundry.