



Aged Care
Standards and Accreditation Agency Ltd

Eldercare The Lodge

RACS ID 6184

14-20 King William Road

WAYVILLE SA 5034

Approved provider: Eldercare Inc

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 June 2015.

We made our decision on 24 April 2012.

The audit was conducted on 19 March 2012 to 21 March 2012. The assessment team's report is attached.

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

ACTIONS FOLLOWING DECISION

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of Most recent decision concerning performance against the Accreditation Standards.

Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 27 June 2012 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development	
Expected outcome	Accreditation Agency's latest decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care	
Expected outcome	Accreditation Agency's latest decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle	
Expected outcome	Accreditation Agency's latest decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems	
Expected outcome	Accreditation Agency's latest decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Eldercare The Lodge 6184
Approved provider: Eldercare Inc

Introduction

This is the report of a site audit from 19 March 2012 to 21 March 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 3.7 Leisure interests and activities

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 19 March 2012 to 21 March 2012

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

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

Assessment team

Team leader:	Mary Dunn
Team member:	Linden Brazier

Approved provider details

Approved provider:	Eldercare Inc
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Details of home

Name of home:	Eldercare The Lodge
RACS ID:	6184

Total number of allocated places:	101
Number of residents during site audit:	98
Number of high care residents during site audit:	96
Special needs catered for:	People with dementia or related disorders

Street:	14-20 King William Road	State:	SA
City:	WAYVILLE	Postcode:	5034
Phone number:	08 8357 3833	Facsimile:	08 8357 3877
E-mail address:	klaus.zimmermann@eldercare.com		

Audit trail

The assessment team spent 3 days on site and gathered information from the following:

Interviews

	Number		Number
Acting operations manager	1	Residents	9
Clinical staff	2	Representatives	7
Corporate managers	6	Registered nurses	3
Chaplain	1	Business improvement specialist	1
Care staff	4	Enrolled nurse	1
Lifestyle staff	4	External hospitality service managers	3
Continuous improvement and occupational health safety coordinator	1	Catering staff	3
IT support	1	Housekeeping staff	3
Property services officers and supervisor	3		

Sampled documents

	Number		Number
Residents' files of assessments, care plans and progress notes	8	Medication charts	10
Lifestyle assessments and care plans	10	Personnel files	4

Other documents reviewed

The team also reviewed:

- Activities program
- Charter of residents' rights and responsibilities
- Clinical assessment tools
- Comments and complaints documentation
- Communication book
- Continuous improvement documentation
- Education documentation
- Fire system records ,Triennial fire safety certificate and resident evacuation list
- Food safety audit and action plan
- Hazard and incident reports
- Home's self assessment
- Hospitality services documentation and education records
- Human resources documentation
- Infection data and analysis, plus infection control guidelines
- Lifestyle documentation
- Lost and found laundry register
- Mandatory reporting register

- Material safety data sheets
- Occupational health and safety plan, inspection schedule and results
- Police clearance register for staff and volunteers
- Preventative and corrective maintenance records
- Resident agreement and handbook
- Schedule 4 and 8 licence
- Various audits and surveys
- Various incident and hazard records
- Various meeting minutes, memos, emails
- Various policies and procedures
- Wound charts

Observations

The team observed the following:

- Activities in progress
- Cleaning and laundry in progress
- Comments/suggestion box
- Customer food feedback book
- Equipment and supply storage areas
- Feedback forms displayed next to locked feedback boxes
- First aid boxes and fire safety equipment
- Hand-washing gel dispensers
- Infection control supplies and kits
- Interactions between staff and residents
- Internal and external living and working environment
- Key pad security
- Meal service
- Mission, values and vision displayed
- Noticeboards for residents and staff information
- Personal protective equipment
- Residents using mobility aids
- Staff work areas including communication books
- Storage of medications

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Eldercare The Lodge and the organisation actively pursue continuous improvement. The home uses a self assessment approach that measures and reviews its performance against the Accreditation Standards, including surveys, audit results, comments and complaints and incident and hazard data. Data is collected and entered into a database and recorded in continuous improvement plans. This information is collated and reviewed, with actions planned and implemented. Once these activities or initiatives become closed, they are transferred to a closed continuous improvement report and tracked for effectiveness, reviewed, and generally evaluated. Feedback is provided to stakeholders through meetings and newsletters. Residents, representatives and staff are satisfied the home pursues continuous improvement, however, not all residents or staff were able to recall any improvements made within the home.

The improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisation development include:

- The continuous improvement coordinator identified that The Lodge’s new staff orientation package was not up-to-date compared to other Eldercare homes. The package was reviewed and relevant information such as influenza vaccinations, hand gel hygiene dispensers and laminated fire procedure actions for each staff position were added to the package. Five new staff have provided positive feedback about the revised orientation package.
- As part of the Eldercare Shared Visioning workshop, The Lodge staff decided to develop a mentoring program for new staff. The team called themselves The Artful Lodgers, and implemented a range of staff questionnaires, surveys, staff presentations and functions. They also expanded their focus to support all staff. Staff feedback has been positive, with new staff appreciating the support when they start work at The Lodge.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has corporate systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to management systems, staffing and organisational development. Aged care legislative

updates and notifications are received from peak industry bodies, including the Department of Health and Ageing. Where changes to policy or procedures are identified, corporate managers notify the home through email and care services meetings. Staff are notified of changes relevant to their roles and responsibilities through memoranda and staff meetings.

In relation to Regulatory compliance in Standard one, the home has processes to monitor professional registrations, criminal record checks for staff and volunteers, and notify stakeholders of the re-accreditation site audit. Management and staff are aware of their legislative requirements that affect their roles and responsibility.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has corporate and site specific systems to provide management and staff with the appropriate knowledge and skills to perform their roles effectively. Corporate induction, site orientation, mandatory training, and recordings of broadcast education sessions assist the home to develop staff skills and knowledge. A self-directed learning package is available to address underperformance and for staff to further their knowledge in areas of interest. Staff attendance at training is supported and monitored by corporate learning and development, with non-attendance at mandatory training sessions followed up. Staff are satisfied with the educational opportunities to support their knowledge and skills. Residents and representatives are satisfied staff have the knowledge and skills to perform their roles effectively.

Examples of training completed in management staffing and organisational development include corporate induction program, the aged care funding instrument, leadership training, and senior staff have been trained in the requirements of the new work health and safety legislation. Externally employed hospitality staff have attended equal opportunity employment and workplace harassment and bullying.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a system for each resident (or his or her representative) and other interested parties to have access to internal and external complaints mechanisms. The home has comments/complaints/suggestion forms and suggestion boxes throughout the home, and residents raise suggestions or complaints at residents' meetings. Information about external complaints agencies and advocacy services is provided in resident and staff handbooks and flyers. The home logs and tracks any issues raised in a computer database. Any feedback about food, cleaning or laundry is passed onto the external hospitality provider, who works with the home's manager in resolving the issues. Any trends in complaints are reported at the continuous improvement committee, which has a resident on the committee who advocates for residents' views. There are processes for maintaining the confidentiality of residents and representatives throughout the complaints process. Residents/representatives are satisfied with their access to complaints processes and generally satisfied with staff and management responsiveness to their comments or concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has a documented mission, vision and values statement which is displayed in the home. This includes the commitment to quality residential care and sets the values and culture of the organisation. These statements are a result of wide consultation within the organisation to determine the shared objectives, and finalised in July 2011. All stakeholders have access to quality systems.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are organisational and site specific systems and processes to ensure 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. The home monitors resident acuity, care needs and staff feedback, and adjusts staff rosters accordingly. Human resource procedures include reference checking, competency requirements, criminal record check requirements, position descriptions, induction, and support for new staff. Monitoring processes include the annual staff appraisal, checking nursing staff registrations, observation of staff practices and monitoring incidents. Staff confirm they feel supported by management and generally have enough time to perform their duties. Residents are generally satisfied with the responsiveness of staff and compliment permanent staff in the manner with which their care is 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 findings

The home meets this expected outcome

There are organisational and site specific systems and processes to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. The home has a system for identifying and monitoring goods and equipment required for providing a quality service for residents and staff. Department managers order, maintain and monitor supplies according to purchasing policies and procedures and authority delegations. There are processes to guide equipment purchase decisions, including equipment trials and risk assessments. Equipment is monitored through regular preventive and corrective maintenance, and audit processes, operating guidelines and staff training support safe use of equipment. Interviews with residents and staff confirmed there is access to suitable equipment and sufficient supplies for their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation and the home have effective information management systems. Staff use a range of hard copy and electronic information systems to effectively communicate information. Systems include a computerised care and lifestyle documentation system, handbooks, memoranda, emails, rosters, diaries, corporate and site newsletters, meeting minutes, handover forms and mobile handsets for staff communication and call bells. There is a schedule of review for policy and procedures. Electronic information is password protected and backed up corporately, and the home has processes in place for document archiving and destruction. Information systems are monitored through audits, plus resident and staff feedback. Residents are satisfied with information provided to them. Staff are satisfied with information provided to enable them to perform their roles.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are corporate systems and processes to ensure that all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. All external contractors who conduct work at Eldercare The Lodge must comply with the corporate policy. The property service officer inspects all external contractors' work during and at the completion of the task, to ensure that it is completed at a high standard and certificates of compliance are given where applicable. Monitoring and review processes include a sign-in register, annual external service reviews, resident surveys and staff feedback. Residents, representatives and staff said they are satisfied with externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's continuous improvement system and processes.

In relation to Standard 2 Health and personal care, audits and incident data including infection, medication and falls, assist the home to identify continuous improvement initiatives. This information is analysed and collated for trends. Residents, representatives and staff could not provide examples of continuous improvement for residents' health and personal care. Staff are satisfied the home pursues continuous improvement.

Examples of improvement initiatives related to health and personal care implemented by the home over the last 12 months include:

- The home identified that several residents were at risk of falling at night when they tried to get out of bed without assistance. A sensor beam was successfully trialled and currently 18 residents have a sensor beam in their room. The home demonstrated that five residents had less falls since their movement has been monitored by the sensor beam.
- Nursing staff and the physiotherapist identified that residents would benefit from regular treatments to reduce pain and improve mobility and dexterity. Additional staff are allocated to a complex health nurse role each day to provide a range of therapeutic treatments such as massage, heat packs, hot wax treatment or a transcutaneous electrical nerve stimulation machine. At least six residents have experienced distinct benefits such as reduced pain or increased mobility.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

In relation to Standard 2 Health and personal care, the home has processes to monitor compliance in relation to health and personal care, including staff medication competencies and the requirements of the Aged Care Act in relation to specified care and services. Schedule 4 and 8 medications are managed in line with legislative requirements. Management and staff are aware of their legislative requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development processes.

In relation to Standard 2 Health and personal care, staff have completed training in dementia, depression, oral health, hearing loss, wound care management and medication competencies.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. There are processes for identifying, assessing and documenting residents’ care needs to provide relevant health and personal care. A collaborative approach involving nursing, medical and allied health staff assists care planning and regular reviews are scheduled. Residents’ representatives are generally offered the opportunity to participate in these processes and are informed of changes in resident care needs. Computerised care plans and progress notes are accessible to staff to direct resident care, supported by handovers and daily diaries. Care and staff practice is monitored through regular documented observations, progress notes, incident reporting, care reviews and resident feedback. Residents and representatives said they are satisfied that residents receive appropriate clinical care according to their needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has systems to identify residents specialised nursing care needs are met by appropriately qualified nursing staff. Resident assessments and review processes are conducted by qualified staff. Specialised care needs are identified through this process and care plans identify those technical aspects of care to be provided by registered or enrolled nurses. Treatment charts and wound care charts record care provided and daily duty schedules allocate relevant care and monitoring responsibilities. Clinical staff have access to policies and procedures and receive internal and external training. Specialised care is monitored through regular care and clinical reviews, observations, incident reports, resident surveys, and clinical audits. Residents and representatives said they are satisfied residents’ specialised nursing care needs are identified and managed.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to identify residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences. Assessment of care needs occurs on entry to the home and on an ongoing basis. Care reviews, observation and consultation processes identify referral requirements. Physiotherapy, podiatry and dietary services visit the site and provide services for residents. The home supports residents in consultation with representatives to attend external services as needed. Changes to care needs following allied health visits are documented in residents’ progress notes and on the care plan. Changes are also communicated at handovers and through the home’s internal communication processes to other departments as required. Care processes relating to allied health service referrals are monitored through care reviews, resident surveys and clinical audits. Residents and representatives said they are aware of the allied health services available and are satisfied residents are referred as required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to safely and correctly manage resident’s medication. Residents individual medication management needs are assessed and documented. Staff medication administration practices are directed by medication management policies and procedures. Medications are administered by registered and enrolled staff from a pre-packaged administration system. Staff who administer medications complete annual medication competencies. Contracted pharmacy services maintain a stock replacement system to facilitate emergency and after-hours supply of medications. Processes are in place to ensure medication charts are regularly reviewed by the resident’s general practitioner and the pharmacist. Medications are stored safely and securely. The home monitors its medication management processes through incident reporting and internal audits. Staff interviewed are aware of medication policies and procedures and best practice guidelines for the administration of medication. Residents and representatives said they are satisfied residents’ medication is managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems to identify that all residents are as free as possible from pain. Assessment and pain monitoring tools are used by the home to identify pain management needs on entry to the home and on an ongoing basis. Individual pain management strategies are documented and are managed by complex health nurses in consultation with the physiotherapist. Pain strategies to maintain resident comfort include pain relieving heat packs, hot wax machines, exercise programs and massage. The effectiveness of ‘as required’ medication is monitored through progress note entries and care reviews. The home monitors the effectiveness of pain management processes through care reviews, consultation and clinical audits. Staff interviewed are familiar with non-verbal indicators of

pain and strategies to maintain resident comfort. Residents and representatives said they are satisfied with the care provided to residents to promote and to resolve or minimise pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to maintain the comfort and dignity of terminally ill residents. There are entry processes to initiate discussion and documentation of resident choices for end-of-life care and to assist the provision of comfort and dignity for terminally ill residents. Residents’ wishes are regularly reviewed during care reviews, and representatives are encouraged to discuss the needs of the resident/relative. Accommodation of residents in single rooms provides privacy and additional support is provided for families who wish to stay with the resident. The home has access to palliative care equipment and staff liaise with general practitioners and external palliative care services when additional expertise or clinical support is required. Residents and representatives spiritual and emotional needs are supported by an on-site chaplain service. Staff practices and processes are monitored through internal audits and stakeholder feedback. Staff have access to resources and equipment to assist with maintaining resident comfort and dignity during the palliation process.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to identify that residents receive adequate nourishment and hydration. Assessment processes identify residents’ dietary and hydration needs, preferences and utensil requirements. A nutrition screening tool is used to identify residents at nutritional risk. Resident weights are monitored monthly or more frequently as required. Nutritional supplements and fortified meals are commenced as needed. Residents with swallowing difficulties or consistent weight loss are referred to general practitioners or allied health specialists as required. Nutrition and hydration needs are monitored through observations, care reviews, resident surveys, consultation, staff feedback and clinical audits. Staff interviewed confirm they have current information to maintain resident’s nutrition and hydration needs. Residents and representatives said they are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to identify that residents’ skin integrity is consistent with their general health. Assessment and care planning processes assist the home to maintain residents’ skin integrity and identify residents’ whose skin integrity may be at risk. A skin integrity management plan records identified risk levels and strategies to maintain skin integrity and

prevent injury, such as, pressure relieving mattresses, daily moisturisers, limb protectors, regular position changes and hydration monitoring. Podiatrist and hair dressing services are available on-site. Wound care charts indicate management plans and wound healing rates are generally monitored and reassessed by registered nurses. Skin integrity is monitored through incident reporting, regular care and wound reviews, daily treatment records, audits and resident feedback. Residents are satisfied with the care provided in relation to their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to manage residents’ continence effectively. Continence needs are assessed on entry to the home and on an ongoing basis. Continence plans generally identify residents support needs, required aids and suggested toileting programs. A separate bowel management plan generally details dietary and hydration needs and strategies to assist natural bowel patterns. Bowel habits are documented each shift and monitored on a daily basis. Urinary tract infections are monitored and residents’ continence needs are monitored through daily charting, care reviews, clinical audits and resident and staff feedback. Staff interviewed are aware of strategies to support and assist with managing residents’ continence needs. Residents and representatives said they are satisfied that residents’ continence needs are managed effectively.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to manage the needs of residents with challenging behaviours effectively. Assessments to monitor and identify behaviour are conducted on entry to the home and on an ongoing basis. Behaviour management plans are documented and include triggers and strategies to minimise the incidence of identified behaviours. Specialist services are accessed to assist with management advice and treatment options for diagnosed conditions which may contribute to difficult behaviours. Restraint use is minimal, guided by risk assessment and authority processes. The home has a minimal restraint policy. The home monitors the effectiveness of behaviour management strategies through care reviews, clinical audits, observations, progress note entries and incident data. Staff are aware of strategies to support and manage residents’ with identified challenging behaviours. Residents interviewed did not express any concern about the behaviours of others impacting on them. Residents and representatives said they are satisfied with the home’s approach to managing residents’ challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems to achieve optimum levels of mobility and dexterity for all residents. There are assessment, care and exercise planning processes to support optimum levels of resident mobility and dexterity. Assessment processes in collaboration with the physiotherapist identify at-risk residents. Appropriate bed and chair heights are established to assist resident independence and reduce the risk of falls. Low beds, hip protectors and sensor mats are also used. Residents’ dexterity is assisted by exercises, provision of utensils and aids and through art and craft activities. A documented mobility program, directed by the physiotherapist and supported by physiotherapy aids assists residents to maintain independence and mobility. Mobility and dexterity is monitored through falls incidents, care and physiotherapy reviews, and resident feedback. Residents report satisfaction with the opportunities provided to optimise their mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to maintain residents’ oral and dental health. Oral and dental assessments identify each resident’s individual oral and dental care needs. Care plans advise staff of residents’ preferred oral and dental health care and dental review requirements. A registered nurse monitor’s resident’s dental needs and residents are assisted to access dental services either internally or externally where specific oral and dental issues are identified. Residents’ oral and dental health is monitored through care reviews, clinical audits, resident surveys and observations. Staff interviewed stated they have access to current information to assist with maintaining residents’ oral and dental care needs and are familiar with behaviours which may indicate oral health concerns. Residents and representatives said they are generally satisfied with the assistance provided to maintain residents’ oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and manage residents’ sensory losses effectively. Assessment tools and an assessment kit assist the home to assess all five senses. The physiotherapist assesses residents’ sense of touch. Individual plans for sight and hearing deficits are documented and include aids, assistance required and environmental strategies. Plans for dietary needs identify interventions for taste and smell deficits. Lifestyle programs conducted in the home provide stimulation of the senses including hand massages, cooking and smelling flowers from the garden. Residents’ sensory needs and referral requirements for sight and hearing are identified through care reviews and resident satisfaction is monitored through resident surveys, and individual feedback. Residents interviewed were satisfied that the home supports their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has a system to assist residents achieve natural sleep patterns. Residents’ preferences for achieving natural sleep are identified and assessed on entry to the home and on an ongoing basis. Individual sleep strategies are documented on the nursing care plan and include settling and rising times and environmental preferences. Residents’ ongoing needs are monitored through care reviews, incident reporting, consultation and observation. Staff interviewed are aware of strategies to assist residents with achieving natural sleep patterns. Residents and representatives said they are satisfied residents are supported to achieve natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Staff contribute to improvements in resident lifestyle by identifying improvement opportunities. Staff encourage and support residents and others to provide feedback and suggestions. Residents and representatives interviewed could not provide examples of continuous improvement activities related to resident lifestyle.

Examples of improvement initiatives related to resident lifestyle implemented by the home over the last 12 months are:

- Residents’ families and survey results identified that residents wanted more outings. Although the home has a bus, there was no one who could drive the bus. The home recruited a volunteer bus driver and outings have resumed. Weekly trips to the local shopping centre and trips to destinations of interest are appreciated by the residents. They have provided positive feedback at resident meetings, through surveys and expressing their individual thank-you at the end of the trips.
- In August 2011, the lifestyle coordinator decided that the lifestyle program flyer was boring. A new flyer was developed that was in colour and had pictures to illustrate the regular programs offered throughout the month. A separate page was added with more images to promote special events for the month such as flower shows, concerts and special outings. A resident survey was distributed, and of the 20 residents who responded, all agreed that the flyer was an improvement and they looked forward to each issue.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 3 Resident lifestyle, the home has processes to monitor compliance in relation to resident lifestyle, including mandatory reporting procedures and providing residents with residential care service agreements. Management and staff are aware of their 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 findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Standard 3 Resident lifestyle, staff have attended easy moves training, engaging through the arts and a lifestyle networking day.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to support residents in adjusting to life in their new environment on entry and on an ongoing basis. Residents are provided an information pack and welcomed to the home. Lifestyle and care assessments identify residents' specific emotional needs and support networks. Care and lifestyle staff, the chaplain and volunteers support residents and assist them to maintain relationships, recognise significant days and celebrations. Visits from family, friends and community groups are encouraged. Other agencies are called where residents' needs require additional support. The home monitors resident satisfaction with emotional support through surveys, staff observation and verbal feedback. Residents and representatives are satisfied that residents' receive emotional support on entry and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems to assist residents to achieve maximum independence, maintain friendships and participate in the life of the home and community. Residents' lifestyle preferences, interests and abilities are identified during initial assessments and reviewed on a regular basis. Physiotherapy and other allied health services, and on-site hairdressing services, library and internet access, are available to residents. Staff assist residents to participate in group activities and to maintain links with family, friends and community groups. Residents are assisted to participate in the community through local outings and bus trips. The home monitors resident satisfaction with their independence through staff observation, surveys and verbal feedback. Residents and their representatives are generally satisfied the home assists them to maintain their independence and participate in community activities according to their needs and preferences.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems that recognise and respect each resident's right to privacy, dignity and confidentiality. Initial entry assessments and ongoing review processes identify residents' privacy, dignity and confidentiality needs. Residents have single rooms with ensuite bathrooms and a locked drawer. A number of communal and private lounge areas are available. Staff support residents' privacy, dignity and confidentiality by knocking on doors before entering, signing a confidentiality declaration on commencement of employment and generally ensuring residents' information is stored securely. The home monitors resident satisfaction through observation, surveys and resident feedback. Residents and representatives are satisfied that residents' privacy, dignity and confidentiality is recognised and respected by staff.

3.7 Leisure interests and activities

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

Team's findings

The home does not meet this expected outcome

While the home has a system for group activities, there is not an effective system of individualised programs for residents who are socially isolated or have a hearing or vision impairment. Residents' assessed needs for individual assistance are not consistently or regularly addressed. There has been a lack of lifestyle staff to run the group and individual programs consistently at times. The home identified a deficit in the individual resident program 12 months ago; however, there is no evidence that this deficit has been addressed. The lifestyle program has not been evaluated. Not all residents and their representatives are satisfied with the assistance they receive to participate in leisure interest and activities of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Initial entry assessment, chaplaincy support and ongoing pastoral care reviews identify residents' cultural and spiritual preferences. The home offers full time on-site chaplaincy services, and weekly Christian worship services. Residents are assisted to maintain individual religious and spiritual support, including outings to participate in community services. Cultural, religious and significant days are held at The Lodge. The home monitors and evaluates residents' cultural and spiritual needs through discussions with the chaplain, feedback and surveys. Residents and representatives are satisfied their individual interests, religious and cultural needs are identified and fostered.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

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. Residents' preferences are gathered on entry and reviewed on an ongoing basis. Care and lifestyle assessment and review processes generally include consultation with residents and representatives. The home obtains feedback from residents via surveys, conversations and resident meetings. Advocacy agencies and external complaint mechanisms are discussed and authorised representatives are identified. Brochures for external advocacy services are displayed. Staff assist residents to exercise choice and control over their lifestyle, including where they eat, and rising and settling times. Residents are satisfied they are able to exercise choice and control regarding their needs and preferences.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents have secure tenure within the residential care service, and understand their rights and responsibilities. The home has corporate and site specific systems to provide information about fees and charges, security of tenure, rights and responsibilities, the complaints and alternative sources of advice. These are included in the resident agreement and the resident's welcome pack with additional information displayed in the home. Room changes relevant to their care needs are discussed with the resident or authorised representative, and documented appropriately. Any changes to agreements or legislation are communicated to residents and their families through meetings, newsletters, notice boards or letters. Auditing processes assist the home to monitor compliance. Residents and representatives are satisfied that residents are assisted to understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

In relation to Standard 4 Physical environment and safe systems, hazard reports, audits and surveys are used to gather suggestions, which are recorded and evaluated. Staff contribute to improvements to the physical environment and safe systems by participating in training and maintaining a safe work environment. Residents and representatives interviewed could not provide examples of continuous improvement activities related to the physical environment and safe systems.

Examples of improvement initiatives related to the physical environment and safe systems implemented by the home over the last 12 months include:

- When clinical staff visited another home in the Eldercare group for a meeting, they noticed that an organisational initiative to improve infection control had been implemented. They suggested that The Lodge also install hand sanitiser gel dispensers in the home. Twenty six gel dispensing machines have been installed at The Lodge. A survey of 20 staff showed a 100 per cent satisfaction with the dispensers. Residents’ visitors have also expressed that they appreciate the opportunity to clean their hands before and after visiting.
- The laundry staff raised a concern that laundry bags containing soiled continence pads were arriving at the home’s laundry. The home has a coloured laundry bag system for personal laundry and laundry that goes to an external laundry company. Staff are supposed to use a plastic bag liner in a laundry bag for soiled pads, and then remove the plastic bag and place it in the rubbish bin. The home purchased brown coloured bags so staff knew that these were for soiled continence pads only. Bags of soiled pads do not arrive at the laundry now, and infection control practices have improved.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 4, the home has processes to monitor compliance in relation to Physical environment and safe systems, including fire safety inspections, building certification and material safety data sheets for chemicals. Management and staff are aware

of their legislative requirements. The external service provider for hospitality services monitor compliance in relation to material safety data sheets and food safety.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Standard 4 Education and staff development, staff have attended fire and emergency training, infection control, manual handling refresher, and bullying and harassment avoidance training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

There are organisational and site specific systems and processes actively working together to provide a safe and comfortable environment consistent with residents care needs. Residents are accommodated in single rooms with en-suite bathroom facilities and are encouraged to personalise their rooms. There are three communal dining rooms, a sun room, and outdoor facilities provide opportunities for residents to mobilise safely or to sit with representatives and friends in quiet surroundings. Preventative and corrective maintenance, audits and workplace inspections assist the home to monitor the living environment. The home has a secure unit which enables residents to wander freely. The home has a minimal restraint approach and regularly reviews and monitors the use of restraints. Staff are aware of their responsibility in providing a safe and comfortable environment consistent with resident care needs. Residents have access to call bells to summon staff assistance as required, however residents were not always satisfied with the staff response time. Residents and representatives are satisfied the home provides a safe and comfortable living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

There are organisational systems to provide a safe working environment that meets regulatory requirements. Corporate and site specific work health and safety committees coordinate and monitor the home's system for providing a safe working environment. An occupational health and safety manual guides' management and staff practice. Occupation health and safety policies, staff induction and ongoing training re-enforces safe work practices. Occupational health and safety processes and the work environment are monitored through worksite inspections, incident, hazard and accident reporting and trend

analysis. Staff interviewed were aware of their occupational health and safety responsibilities and are satisfied that management supports a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

There are organisational and site specific systems to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are management systems to reduce the risk of fire, security and other emergencies. There are documented fire and emergency procedures and displayed evacuation plans around the home. The home is a non-smoking facility; however, there are processes to support resident choice to smoke. A residents' evacuation file provides current information for safe resident evacuation and continued care. Contracted fire and internal maintenance services maintain and monitor the fire system and equipment, and electrical equipment is generally tested and tagged. Fire and emergency management training is regularly provided for staff. There is an after-hours lock up procedure and staff have access to monitored duress alarms. Staff and residents interviewed were aware of their responsibilities during a fire alarm.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There are organisational and site specific systems to provide an effective infection control program. There are corporate and site specific management and monitoring processes and staff have access to infection control manuals and procedures. These include outbreak management procedures and resources for infection control guidelines. There are adequate hand washing facilities and hand gel dispensers, and staff access to personal protective equipment. Infection control knowledge and skill is provided through staff induction, ongoing training and skill assessments. Staff and resident vaccination programs are provided. Infection control is monitored through infection surveillance reporting and analysis, audits, and environmental swabbing. There is an audited food safety program.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

There are organisational and site specific systems to provide hospitality services in a way that enhances residents' quality of life and the staff's working environment. While residents' preferences for meals and their dietary needs are documented and communicated to catering services, many residents are unhappy with the meals provided. Residents are assisted with meals as required and supplied with suitable aids. On-site cleaning and personal laundry services are provided by staff who have received training relevant to their role and to support infection control practices. Cleaning services are provided according to schedules and procedures. Laundry procedures are available but audits and cleaning schedules are not documented. Hospitality services are monitored through audit processes,

resident meetings, resident surveys and personal discussions with the operations manager. Residents interviewed advise they are generally satisfied with hospitality services provided.