



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Lodges on George

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

The Agency has decided that the period of accreditation of Lodges on George is three years until 27 September 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Lodges on George		
RACS ID:	5119		
Number of beds:	93	Number of high care residents:	26
Special needs group catered for:	<ul style="list-style-type: none"> • Dementia and related disorders 		
Street/PO Box:	109 George Street		
City:	KIPPA-RING	State:	QLD
		Postcode:	4021
Phone:	07 3283 1355		Facsimile:
			07 3284 5583
Email address:	admin@lodgesongeorge.com.au		

Approved provider

Approved provider:	Committee of the Buffalo Memorial Homes for the Aged
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Assessment team

Team leader:	Kimberley Reed
Team member/s:	Beverley Wellington
Date/s of audit:	13 July 2009 to 15 July 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply

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
Does comply
Does comply
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Does comply
Does comply
Does comply

Agency findings
Does comply
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Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Lodges on George
RACS ID	5119

Executive summary

This is the report of a site audit of Lodges on George 5119 109 George Street KIPPA-RING QLD from 13 July 2009 to 15 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Lodges on George.

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 13 July 2009 to 15 July 2009

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

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

Assessment team

Team leader:	Kimberley Reed
Team member/s:	Beverley Wellington

Approved provider details

Approved provider:	Committee of the Buffalo Memorial Homes for the Aged
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Details of home

Name of home:	Lodges on George
RACS ID:	5119

Total number of allocated places:	93
Number of residents during site audit:	79
Number of high care residents during site audit:	26
Special needs catered for:	Dementia and related disorders

Street/PO Box:	109 George Street	State:	QLD
City/Town:	KIPPA-RING	Postcode:	4021
Phone number:	07 3283 1355	Facsimile:	07 3284 5583
E-mail address:	admin@lodge songeorge.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Lodges on George.

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 three days on-site and gathered information from the following:

Interviews

	Number		Number
General Manager	1	Residents/representatives	13
Clinical Nurse	1	Continuing Educator Coordinator	1
Quality Assurance Coordinator	1	Laundry staff	2
Registered Nurse	1	Care Services Clerk	1
Personal Care Attendants	4	Diversional Therapist	1
Administration assistant	2	Cleaning staff	2
Catering staff	1	Cook	1

Sampled documents

	Number		Number
Residents' charts	9	Medication charts	16
Residents' administration files	9	Personnel files	6
Residents' care plans	9	Diversional Therapy care plans	5

Other documents reviewed

The team also reviewed:

- Annual competency checklist
- Annual maintenance declaration
- Approved supplier contracts
- Assessment tools
- Audits
- Beverage list
- Biographical review
- Bomb Threat checklist
- Breakfast list
- Checklist care plan and progress review
- Checklist for accident/incident forms
- Cleaning schedules
- Communication diaries
- Confidentiality statement
- Continuous improvement forms
- Contract of employment
- Criminal record matrix
- Disaster Management Plan
- Fire and Rescue Folder
- Fire service safety check monitoring
- Fire training attendance matrix
- Hazards and complaints folder
- Infection control handbook
- Job descriptions
- Kitchen temperature monitoring, food and equipment
- Maintenance records, preventative and reactionary
- Manual handling handbook
- Meeting minutes, resident and friends, staff, resident menu meeting, workplace health and safety
- MSDS sheets
- Multipurpose form folder
- Orientation checklist
- Orientation competency list
- Orientation Handbook
- Pharmacy ordering book
- Position descriptions
- Priority action work plans
- Quality activity plans
- Quality monitoring schedule
- Resident Care agreements
- Resident dietary analysis sheet
- Resident newsletters
- Resident unit listing
- Residents' information handbook
- Residents' information package and surveys
- Restraint authority
- Schedule 8 drug register
- Specified care and services-high care-no charge
- Staff handbook
- Staff immunisation records

- Staff training matrix
- Training needs analysis
- Work schedule

Observations

The team observed the following:

- Storage of medications
- Residents assisted with medication
- Staff feeding residents
- Activities in progress
- Chemical storage
- Education records
- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Medication administration
- Organisation philosophy displayed in the foyer
- Resident rights and responsibilities displayed

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

There is a continuous improvement program in place within the home that enables the identification, implementation, evaluation and review of improvement activities. The home captures feedback from residents, staff and other stakeholders through the use of multipurpose forms, resident/relatives meetings, resident menu meetings and staff meetings (carers and registered nurses, and workplace health and safety). Residents/representatives and staff are informed of these feedback processes through the resident and staff handbooks and through relevant meetings. Audits are undertaken and incidents that occur throughout the home (including falls, skin tears, wounds, infections, medication incidents, accidents to staff and residents) are reviewed and analysed to identify opportunities for improvement. The quality coordinator collates the feedback on the continuous improvement plan, monitors the actions taken and evaluates the outcomes of continuous improvement activities. Residents/representatives and staff are satisfied with the continuous improvement processes management has in place.

Examples of continuous improvement in Standard One are:

- A purpose built doctors’ clinic has been completed. This has improved access for residents to their doctors and has increased the privacy for residents and doctors.
- An education room has been established. Staff training has been improved by increasing access to educational materials and providing a venue for training.
- Staff in the administration area have undergone external training in business management. This has provided them with additional skills in daily office management.
- The home has introduced a specific communication facility within the electronic network that is used instead of a communication book. This has ensured that all staff have immediate notification of issues as they arise. Additionally, staff have been provided with off site access to the communication facility and other areas specific to their role.

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 and processes in place to identify and ensure compliance with regulations, legislation, professional standards and guidelines. The home belongs to industry peak bodies and is alerted and updated with changes in legislative requirements by the peak bodies, the legal advisors and the relevant commonwealth and state government departments. Policies and procedures have been developed and are reviewed as necessary to include any regulatory changes. Changes in legislation are communicated to staff through memos, meetings, and education and training sessions. All staff, volunteers and contractors

have criminal record checks which are monitored by the home. Compliance with regulatory requirements is monitored through regular audits and observation of staff practices.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has systems to ensure that staff have the required knowledge and skills relevant to their job requirements. There is an education program in place that includes orientation and buddy shifts for all new staff, competency testing of relevant skills both at commencement and annually, mandatory and annual training in identified areas and additional training that is responsive to the needs of the staff for the provision of resident services. Additional training requirements are assessed through the performance appraisal process, the annual training needs analysis process, clinical governance issues, audit results, as residents' needs increase or diversify and when new equipment or techniques are added. The home provides access to external training for staff. monitors all staff education, and maintains a matrix of mandatory education and competency testing. Staff demonstrate skills and knowledge relevant to their roles and confirm satisfaction with the support they receive from the home to identify and develop their skills. Residents/representatives are satisfied with the knowledge and skill of staff attending to their needs.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents/representatives are informed about the internal and external complaints processes within the home during the admission process, via the resident agreement and handbook and resident/representative meetings. Multipurpose forms and comment books are available for residents/representatives throughout the home and resident satisfaction surveys are conducted. Management administers the comment and complaint mechanism, providing feedback to the initiator ensuring their satisfaction with the outcome and staff are aware of the processes should a resident raise a concern with them. Concerns raised through meeting forums are addressed and documented in meeting minutes; confidentiality is maintained where appropriate. Residents/representatives and staff are aware of the mechanisms in place and are satisfied management deals with issues appropriately and in a timely manner.

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

Management of the home has ensured that the mission, vision and values statements are accessible to residents/representatives, staff and other interested parties. The mission statement is displayed throughout the home and is provided to residents/representatives in the resident information booklet and to staff in the staff handbook.

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 sufficient appropriate staff to ensure that residents' needs are met in accordance with their requirements. Recruitment and selection processes are based on necessary identified skills and there is an induction and training process that includes position descriptions and duty lists appropriate to the shift and job descriptions provided at commencement of work, an orientation program and buddy shifts for all new staff. The home's rosters and shifts are filled with permanent staff, and regular staff will do additional shifts to replace staff on leave. Continuing staff education is provided to all staff to develop and maintain their skills. Staff practices are monitored and staff are required to ensure they maintain their respective competencies as part of their annual performance appraisal which also identifies additional training requirements and personal and professional goals. Residents/representatives and staff are satisfied that the home maintains sufficient staff numbers and that the staff are able to provide care and services to residents.

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

There are systems and processes in place to supply sufficient appropriate goods and equipment to deliver the care and services required by residents. Stock levels of personal care, clinical and medical products and linen are ordered and maintained using an imprest system. Catering and cleaning supplies are ordered and supplied as part of the contract the home has with the commercial catering and cleaning companies. Goods are stored and rotated as supplies are received and the quality of services and goods is monitored on delivery. There is a daily reactive and preventative maintenance program in place to ensure equipment is functioning and in good repair that is overseen by the facility manager and a contracted company that oversees the building maintenance contractors. Staff and residents/representatives are satisfied that the home provides adequate supplies and equipment to suit resident needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes and procedures in place to ensure information is managed in a secure and confidential manner, including, restricted access to service information and resident and personnel files, locking of storage areas and offices and restricted password access to computers. The home collects and uses information in relation to incidents, hazards, infections, survey/audit results and resident/staff data; computerised data is backed-up on a regular basis. Management has access to current information via an external provider and the home's head office. Information is communicated to staff electronically and via meetings and meeting minutes, memoranda, notice boards, handover process, and the electronic communication system and resident progress notes and files. Management provides information and feedback to residents/representatives via newsletters, residents' meetings and one-to-one discussions. The home has organisational policies in place for archiving and destroying documents; the destruction of confidential documents is managed by an external contractor as per the home's policy. Residents/representatives and staff report that they are satisfied with information management at the home.

1.9 External services

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

Team's recommendation

Does comply

Service agreements are established, maintained and reviewed by the home's management and, in addition, the home has contracted a commercial company to oversee contracts related to the building maintenance systems to ensure quality service is delivered. Service agreements outline the home's requirements and the quality of service to be provided including any special conditions. The performance of external service providers is monitored through feedback mechanisms and by key personnel. Management utilises a preferred supplier list for the provision of goods, and any concerns are raised immediately as issues arise to ensure continuity of quality and supply. External providers sign in and out when attending the home and each contractor providing service at the home has a criminal record check prior to commencing work within the home. Residents/representatives and staff report satisfaction with the quality of external services provided by the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

There is a continuous improvement program in place within the home that enables the identification, implementation, evaluation and review of improvement activities. The home captures feedback from residents, staff and other stakeholders through the use of multipurpose forms, resident meetings, relatives meetings and staff meetings (carers and registered nurses, and workplace health and safety). Residents/representatives and staff are informed of these feedback processes through the resident and staff handbooks and through relevant meetings. Audits are undertaken and incidents that occur throughout the home (including falls, skin tears, wounds, infections, medication incidents, accidents to staff and residents) are reviewed and analysed to identify opportunities for improvement. The quality coordinator collates the feedback on the continuous improvement plan, monitors the actions taken and evaluates the outcomes of continuous improvement activities.

Residents/representatives and staff are satisfied with the continuous improvement processes management has in place.

Examples of continuous improvement in Standard Two are:

- The home has purchased activity aprons for residents with cognitive losses. The aprons provide increased sensory stimuli for residents. Management confirms that these have helped to reduce challenging behaviours.
- The home has implemented a new system of collating care plans and case conferences. Following this it has been noted that care plans are more personalised and comprehensive, providing accurate information to care staff.

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 and processes in place to identify and ensure compliance with all regulations, legislation, professional standards and guidelines. The home belongs to industry peak bodies and is alerted and updated with changes in legislative requirements by the peak bodies, the legal advisors and the relevant commonwealth and state government departments. Policies and procedures have been developed and are reviewed as necessary to include any regulatory changes. Changes in legislation are communicated to staff through memos, meeting forums, and education and training sessions. Compliance with regulatory requirements is monitored through regular audits and observation of staff practices.

2.3 Education and staff development

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

Team’s recommendation

Does comply

The home has systems to ensure that staff have the required knowledge and skills relevant to their job requirements. There is an education program in place that includes orientation and buddy shifts for all new staff, competency testing of relevant skills both at commencement and annually, mandatory and annual training in identified areas and additional training that is responsive to the needs of the staff for the provision of resident services. Additional training requirements are assessed through the performance appraisal process, the annual training needs analysis process, clinical governance issues, audit results, as residents’ needs increase or diversify and when new equipment or techniques are added. The home provides access to external training for staff, monitors all staff education, and maintains a matrix of mandatory education and competency testing. Staff demonstrate skills and knowledge relevant to their roles and confirm satisfaction with the support they receive from the home to identify and develop their skills. Residents/representatives are satisfied with the knowledge and skill of staff attending to their needs.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents’ clinical needs are assessed on entry to the home through interviews with residents and/or their representatives, and discharge summaries as provided. Interim care plans guide staff practice until individualised care plans are established following information collated from appropriate clinical assessments and nursing histories. Care plans are reviewed every two or three months, depending on the level of care required by the resident, by the clinical nurse consultant and care services clerk with input from care staff across all shifts and as residents’ care needs change. Care staff demonstrate knowledge of individualised resident’s requirements, consistent with care plans. Information relating to residents’ health status is discussed at shift handover and recorded in progress notes and electronic communication logs. Reassessment occurs if indicated, changes are actioned and care plans are amended as required. Residents/representatives stated they are satisfied with the clinical care that is provided by staff.

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

The home has systems in place to support the specialised nursing care needs of residents. The home is currently providing care such as diabetes management, oxygen therapy, anti-coagulant therapy, wound management, pain management and palliative care. The clinical nurse and registered nurse assesses the initial and ongoing specialised nursing care needs, and establishes residents’ preferences. Care plans are developed to guide staff practice, care guidelines and treatment schedules are in place to support specific care needs and interventions are evaluated regularly or as required. Registered nurses are contactable 24

hours a day and oversee and assess specific care requirements. Where care needs exceed the knowledge and skill of staff, external education is sourced from specialised health care services to support care delivery and provide training to staff. Residents/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The home has processes in place to support referral to other health and related services where residents’ health needs dictate. Residents’ needs and preferences are assessed on entry to the home and on an ongoing basis. Residents are supported and encouraged to access other health professionals and health services including optometry, podiatry, dietetics, physiotherapy, mental health, pathology, dental care, wound care, palliative care and speech pathology. Some services are provided on site and assistance for residents to attend external appointments is facilitated when necessary. Specialists’ reports are received, information is documented in progress notes and changes made to care plans as required. Residents/representatives expressed satisfaction with the range of and access to allied health specialists.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Residents are assisted with their medication by personal care attendants and registered staff administer narcotic analgesic patches. Policies and procedures guide staff in ensuring residents’ medication is managed safely and correctly. Staff complete medication competencies annually and as required. Residents who prefer to self administer their medication have been deemed competent through regular assessment. Medications are stored securely and records of controlled medication are maintained in accordance with State regulatory requirements; those medications required to be stored at specific temperatures are stored within refrigerated confines. Residents’ medication charts are reviewed by their doctor and pharmacist regularly. Residents/representatives stated they receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

2.8 Pain management

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

Team's recommendation

Does comply

The pain management needs of residents are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, repositioning and pressure relieving devices. Pharmacological measures include regular prescribed oral analgesia and topical slow-release narcotic patches. The use of analgesia is monitored for effectiveness and "as required" analgesia is recorded and monitored for frequency of use. Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are current and changes are communicated to staff as required. Residents reported being as free from pain as possible and are satisfied with the care they receive to minimise pain.

2.9 Palliative care

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

Team's recommendation

Does comply

Palliative care strategies and wishes are discussed with residents/representatives on entry to the home, during case conferences and when palliative needs are required. Information such as enduring power of attorney and advanced health directives are located in the resident records. The home is supported by local hospital advisory and palliative services and specific care instructions are communicated to staff using care plans, one to one instruction, handover processes and progress notes. Staff have access to palliative care resources such as pressure relieving mattresses and narcotic analgesia to ensure appropriate care provision. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill residents.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans to guide staff practice. Residents' dietary requirements are reviewed every two to three months and as required. Catering staff are alerted to changes in resident diets and fluid requirements. Residents are weighed in accordance to their individual requirements and changes in weight are monitored by the clinical nurse to support changes in diet and/or referral to the Dietitian and Speech Pathologist if required. Strategies implemented to assist residents to maintain adequate nourishment and hydration include assistance with meals, modified eating and drinking utensils, provision of textured modified diet and fluids and dietary supplements. Residents/representatives stated they are satisfied with the quantity of food and fluid received.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin integrity is assessed on entry to the home and planned interventions are included in the residents’ care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including pressure relieving devices, moisturisers, pressure area care protocols, and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed every two to three months and changes communicated in daily handover reports, electronic communication logs, care plans and progress notes. Wound care is managed by personal care attendants guided by treatment schedules co-ordinated by the clinical nurse. The home receives support and education from external wound specialist services if required. Staff demonstrate an understanding of factors associated with risks to residents’ skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents/representatives are satisfied with the management of their skin.

2.12 Contience management

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

Team’s recommendation

Does comply

Residents’ continence needs are assessed on entry to the home and on an ongoing basis. Residents’ individual continence programs are assessed and developed by the clinical nurse in consultation with care staff trained in continence management. Care plans and care guidelines direct staff practice and ensure individual residents’ preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every two to three months and as required. Individualised bowel management programs are developed and include pharmacological and non-pharmacological interventions with bowel patterns monitored on a daily basis by care staff. Residents are satisfied with the assistance by staff to maintain their continence.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents are assessed on admission to the home and actual or potential indicators for challenging behaviours are identified. Care staff monitor and chart challenging behaviour to enable assessment by the clinical nurse and the development of care plans that identify risks, triggers and the effectiveness of interventions. A range of individualised strategies are documented and utilised; staff demonstrate knowledge of individual resident needs and risks. The diversional therapy team and care staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. Staff receive ongoing training in dementia care and recognising challenging

behaviours and the effectiveness of strategies used by various staff members is discussed during handover processes and communicated in progress notes. Residents/representatives are satisfied with the way challenging behaviours are managed and report that staff are discreet and supportive in their interventions

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Residents’ mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy and occupational therapy services occurs if a need is identified. Care plans are developed and reviewed every two to three months and as required. Care staff and diversional therapy staff provide assistance to residents with exercises and range of movement activities. Mobility aids such as hoists, wheelchairs and walk belts are provided. Incident forms are utilised to record the incidence of falls and actions are taken including the use of height adjustable beds and sensor mats to reduce the risk of further falls. Staff are provided with mandatory training in manual handling techniques. Residents/representatives are satisfied with the assistance provided to maintain mobility and maximise independence.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in the residents’ care plan to guide staff practice. The effectiveness of care plans are reviewed every two to three months and as care needs change. External dental services visit the home, and assistance is provided to access residents’ preferred dental provider when required. Resources such as mouth care products are utilised to meet residents’ oral hygiene needs. Residents/representatives reported satisfaction with the assistance given by staff to maintain oral and dental health.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ care needs in relation to senses such as hearing, vision, speech, and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies are in place to address identified needs and personal preferences including reference to the use of assistive devices. The diversional therapy program includes activities to stimulate residents’ senses such as musical activities. Audiology and optical specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The

environment at the home supports the needs of residents with sensory loss by the use of specific storage areas with adequate egress. Staff assist residents to clean and fit sensory aids, and work schedules guide staff practice where required. Residents/representatives expressed satisfaction with the care and support offered to minimise the impact of any sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans including a range of interventions to assist residents to sleep or to resettle after waking such as position changes, warm drinks, pain relief and sedatives. Staff at the home maintain a quiet, serene environment to assist residents to settle and remain asleep. Residents’ doctors are consulted if interventions are considered to be ineffective. Residents/representatives indicated satisfaction with the interventions by staff to assist them to achieve their desired sleep and rest 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 recommendation

Does comply

There is a continuous improvement program in place within the home that enables the identification, implementation, evaluation and review of improvement activities. The home captures feedback from residents, staff and other stakeholders through the use of multipurpose forms, resident meetings, relatives meetings and staff meetings (carers and registered nurses, and workplace health and safety). Residents/representatives and staff are informed of these feedback processes through the resident and staff handbooks and through relevant meetings. Audits are undertaken and incidents that occur throughout the home (including falls, skin tears, wounds, infections, medication incidents, accidents to staff and residents) are reviewed and analysed to identify opportunities for improvement. The quality coordinator collates the feedback on the continuous improvement plan, monitors the actions taken and evaluates the outcomes of continuous improvement activities.

Residents/representatives and staff are satisfied with the continuous improvement processes management has in place.

Examples of continuous improvement in Standard Three are:

- Sensory mats have been purchased for the special care unit. These have alerted staff when residents wander throughout the night and have alerted reduced the number of falls in the unit.
- The home has increased its supply of activity resources to enable residents with cognitive or sensory loss to participate in more activities. Staff reports confirm that residents enjoy the new games.
- Monthly education and information sessions for residents have been commenced. The sessions are based on the interests of the residents and current issues. Residents report satisfaction with the sessions.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems and processes in place to identify and ensure compliance with all regulations, legislation, professional standards and guidelines. The home belongs to industry peak bodies and is alerted and updated with changes in legislative requirements by the peak bodies, the legal advisors and the relevant commonwealth and state government departments. Policies and procedures have been developed and are reviewed as necessary to include any regulatory changes. Changes in legislation are communicated to staff through memos, meeting forums, and education and training sessions. There are systems in place to ensure staff have been made aware of their responsibilities in relation to the mandatory

reporting. Compliance with regulatory requirements is monitored through regular audits and observation of staff practices.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has systems to ensure that staff have the required knowledge and skills relevant to their job requirements. There is an education program in place that includes orientation and buddy shifts for all new staff, competency testing of relevant skills both at commencement and annually, mandatory and annual training in identified areas and additional training that is responsive to the needs of the staff for the provision of resident services. Additional training requirements are assessed through the performance appraisal process, the annual training needs analysis process, clinical governance issues, audit results, as residents' needs increase or diversify and when new equipment or techniques are added. The home provides access to external training for staff, monitors all staff education, and maintains a matrix of mandatory education and competency testing. Staff demonstrate skills and knowledge relevant to their roles and confirm satisfaction with the support they receive from the home to identify and develop their skills. Residents/representatives are satisfied with the knowledge and skill of staff attending to their needs.

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 entry process at the home includes gathering information from the resident and/or their representative to identify residents' lifestyle background, personality traits, likes, dislikes, current abilities and assessment of emotional needs for the development of care plans. This knowledge enables staff to provide support in a manner that minimises the adjustments necessary for residents settling into communal living accommodation. Pastoral care is available to support residents' emotional needs and residents are given the choice of continued visitation. Clinical staff use assessment tools to assist in the early detection of residents with depression and referrals and support systems are implemented as necessary. Feedback from residents and/or representatives is gained during individual case conferences, written correspondence, thank you cards, resident meetings and one to one conversations. Residents/representative reported satisfaction with the emotional support provided by the staff

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

The home has systems in place to ensure that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Residents are assisted to maximise their independence through health care interventions and are encouraged to be independent by participating in outings within the local community. Residents' independence is also fostered by providing individualised mobility aids, eating utensils, assistance to vote if desired, and the opportunity to have telephones, televisions and radios in their room. Social functions and interaction with friends and family is promoted within the home environment. Staff practices promote and support residents' independence within their capacity in relation to personal care and activities of daily living. Residents are satisfied with the level of independence afforded to them.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents/representative indicate that their right to privacy, confidentiality, dignity and respect is recognised and maintained by management and staff. Information about the right to privacy and dignity is contained in the admission information package and handbook and explained to residents/representatives on entry to the home. Residents' administrative and care files are stored and accessed in a way that provides security and confidentiality of resident information. Information about each resident's personal preferences and needs regarding privacy and dignity are collected and specific needs are incorporated into care plans and communicated to relevant staff. Staff's interactions with residents indicated that their privacy and dignity is maintained for example knocking on doors, addressing residents by their preferred name and closing doors when personal care is provided.

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

Information about residents' interests, past and present, capabilities and significant relationships is collected on admission and reviewed as needs change. The Diversional Therapy staff develop a program of activities in consultation with the residents and information about activities and outings are contained in newsletters and displayed on notice boards throughout the home. The Diversional Therapy staff inform residents daily about the activities taking place. Volunteers who visit the home work under the direction of the Diversional Therapy staff and assist with planned one to one and group activities. Theme days are organised and special days of significance are celebrated. The activity program is evaluated and amended based on residents' feedback from one-to-one discussion, resident meetings, surveys, residents' attendance rates and on the changing needs of the resident

population. Residents indicated they were satisfied with the range of activities available to them and that they were encouraged and supported to attend those 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 recommendation

Does comply

Resident's spiritual beliefs, customs and cultural and ethnic backgrounds are assessed through consultation with the resident/representatives. Residents' specific cultural and spiritual needs and preferences are incorporated into care plans and relevant information is available for care staff members. Church services are provided whilst residents unable to attend can be visited in their rooms and residents preferring a visit from a spiritual adviser of another denomination are accommodated. Staff facilitate resident attendance as requested. Significant days are celebrated related to an event or culture and residents are encouraged to have cultural and/or spiritual items in their rooms. Community resources are available and can be accessed for information, advice and translation services when required. Residents indicated they are satisfied with the support and assistance they receive to maintain their cultural and spiritual preferences.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents/representatives are able to exercise choice and make decisions regarding the care and services they or their relative receive through ongoing one-to-one consultation with staff and management, surveys, resident meetings and the comments and complaints process. Residents' hygiene and grooming preferences, sleep patterns and other routines are assessed on entry to the home and on an ongoing basis. The home assesses when residents are unable to make decisions for themselves and alternative decision-makers (such as an adult guardian, enduring power of attorney, or significant other) are identified to make decisions on their behalf. Information is communicated to residents with the ability to make informed choices in written and verbal forms. Staff interactions with residents support the right of residents to make choices and provide them with the opportunity to make their own decisions, within their capacity, in relation to activities of daily living. Residents have an awareness of their rights and responsibilities and have access to information regarding advocacy services if required.

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

Each resident/representative are provided with an admission information package which includes a residential care agreement and a resident handbook. The information provided includes residents' rights and responsibilities, security of tenure (including the circumstances in which a resident may need to be transferred or discharged and the consultative process to be followed), fees and charges, internal and external complaint mechanisms, and the care, services and routines provided at the home. Residents/representatives are notified about changes relating to security of tenure, rights and responsibilities or fees via personal letters and one-to-one contact when required. If there is a need to relocate a resident to another room or service the home has policies and procedures in place and consultation with the resident and/or their representative occurs. Residents/representatives are aware of their rights and responsibilities and are satisfied that their tenure at the home is secure

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

There is a continuous improvement program in place within the home that enables the identification, implementation, evaluation and review of improvement activities. The home captures feedback from residents, staff and other stakeholders through the use of multipurpose forms, resident meetings, relatives meetings and staff meetings (carers and registered nurses, and workplace health and safety). Residents/representatives and staff are informed of these feedback processes through the resident and staff handbooks and through relevant meetings. Audits are undertaken and incidents that occur throughout the home (including falls, skin tears, wounds, infections, medication incidents, accidents to staff and residents) are reviewed and analysed to identify opportunities for improvement. The quality coordinator collates the feedback on the continuous improvement plan, monitors the actions taken and evaluates the outcomes of continuous improvement activities. Residents/representatives and staff are satisfied with the continuous improvement processes management has in place.

Examples of continuous improvement in Standard Four are:

- Rainwater tanks have been installed to maintain the gardens around the home. This has ensured that the use of water during periods of restrictions will be responsible and gardens will be able to be maintained.
- The home has been undergoing major renovations over a period of years. New wings to the building have been erected, with one becoming operational early this year. Residents’ accommodation now includes additional indoor sitting areas for small gatherings of residents and areas that can be used for al fresco activities. Specific improvements for residents have been:
 - There are now two dining areas. This improves the ambience of the dining rooms and ensures residents have more assistance with their meals, if they require it.
 - The residents’ Club House has been renovated and refurbished creating an appropriate and comfortable meeting area. This was a request from the residents and they report satisfaction with the outcome.

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 and processes in place to identify and ensure compliance with all regulations, legislation, professional standards and guidelines. The home belongs to industry peak bodies and is alerted and updated with changes in legislative requirements by the peak bodies, the legal advisors and the relevant commonwealth and state government departments. Policies and procedures have been developed and are reviewed as necessary to include any regulatory changes. Changes in legislation are communicated to staff through

memos, meeting forums, and education and training sessions. The home has ensured compliance with fire and food safety regulations. Compliance regarding regulatory requirements is monitored through regular audits and observation of staff practices.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has systems to ensure that staff have the required knowledge and skills relevant to their job requirements. There is an education program in place that includes orientation and buddy shifts for all new staff, competency testing of relevant skills both at commencement and annually, mandatory and annual training in identified areas and additional training that is responsive to the needs of the staff for the provision of resident services. Additional training requirements are assessed through the performance appraisal process, the annual training needs analysis process, clinical governance issues, audit results, as residents' needs increase or diversify and when new equipment or techniques are added. The home provides access to external training for staff, monitors all staff education, and maintains a matrix of mandatory education and competency testing. Staff demonstrate skills and knowledge relevant to their roles and confirm satisfaction with the support they receive from the home to identify and develop their skills. Residents/representatives are satisfied with the knowledge and skill of staff attending to their needs.

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

Management provides a comfortable environment that has safe access to clean internal and external areas with furniture sufficient for residents and their visitors. Resident rooms are single rooms with en suite bathrooms and there are several areas for the residents to entertain their guests in privacy. The privacy of residents' rooms and their personal belongings is generally respected. All areas are clean, odour free and with adequate lighting; cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Hazards, identified by residents and staff, are risk assessed and remedial action is taken as appropriate. Preventative and routine building and equipment maintenance is conducted by the maintenance officer or by external contractors and provisions for additional or replacement equipment, furniture and decoration have been made. Residents/representatives are satisfied with the living environment of 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

The home has a safety system that meets regulatory requirements. The system is based on the identification of hazards, the reporting, investigation and analysis of staff incidents, staff education in workplace health and safety and safety audits. Chemicals are safely stored, current material safety data sheets are available and staff are provided with appropriate personal protective equipment. Staff incidents are analysed by the facility manager and discussed at workplace health and safety meetings and actions are implemented to address the systemic causes of incidents. Workplace safety monitoring is undertaken by annual audits of the environment. Staff demonstrated knowledge of incident and risk reporting mechanisms and were observed to use appropriate personal protective equipment.

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

Systems and processes are in place for detection and action in the event of a fire, security breach or other emergency incident within the home. Fire fighting equipment including fire blankets, extinguishers, hoses and fire identification panels are maintained by external contractors and monitored by the manager. All electrical equipment within the home is tested and tagged when new and annually. Exits are clear of obstruction and evacuation plans are on display throughout the home with evacuation lists and emergency manuals readily available for staff. First response and evacuation training for staff occurs at induction and annually, and is monitored to ensure all staff attend. Staff confirm they have knowledge of their responsibility in the event of a fire or emergency situation.

4.7 Infection control

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

Team's recommendation

Does comply

Infection control protocols are in place in clinical, cleaning, catering, and laundry services. The Quality Assurance Coordinator in conjunction with the Director of Nursing oversees the homes' infection control program and ensures infection control policies and procedures (including outbreak management procedures) guide staff practice. Infection control education, including hand washing and use of personal protective equipment is provided to staff at orientation and through the mandatory staff education program. Preventative measures include cleaning schedules, review of laundry processes, food hygiene, temperature monitoring, waste management, pest control programs, annual education/mandatory competencies and vaccination programs for residents. Resident infections are monitored and managed by key clinical personnel; an audit system is in place to monitor individual resident infections and trends. Staff demonstrate effective infection control practices within their areas of responsibility and have access to guidelines, policy and procedures. Residents and/or their representatives report satisfaction with the homes approach to infection control.

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 home provides hospitality services that meet the needs of the residents and provides an enhanced environment. Residents' meals are provided according to each resident's preferences and needs, and are guided by written assessments, discussions with residents/representatives and directives from the residents' care plans. Laundry processes ensure that the bed, table and other linen and the residents' clothes are laundered to the residents' satisfaction. The building and surrounding areas are clean and odour free and free from debris. The home monitors residents' satisfaction with hospitality services through resident and relative meetings and undertakes audits to ensure staff practice and the standard of service is maintained. Residents/representatives reported their satisfaction with the hospitality services.