



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Pine Lodge Home for the Aged

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

The Agency has decided that the period of accreditation of Pine Lodge Home for the Aged is three years until 5 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:	Pine Lodge Home for the Aged				
RACS ID:	5054				
Number of beds:	57	Number of high care residents:	Nil		
Special needs group catered for:	Nil				
Street/PO Box:	18 Balham Road				
City:	ROCKLEA	State:	QLD	Postcode:	4106
Phone:	07 3277 5841		Facsimile:	07 3277 3826	
Email address:	manager@pinelodgehome.com.au				

Approved provider

Approved provider:	Russian Benevolent Association for Homes for the Aged				
--------------------	-------------------------------------------------------	--	--	--	--

Assessment team

Team leader:	Louise Brouwers				
Team member/s:	Jordan Toomey				
Date/s of audit:	2 June 2009 to 3 June 2009				

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

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

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

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

Accreditation decision

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

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

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Pine Lodge Home for the Aged
RACS ID	5054

Executive summary

This is the report of a site audit of Pine Lodge Home for the Aged 5054 18 Balham Road Rocklea QLD from 2 June 2009 to 3 June 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 Pine Lodge Home for the Aged.

The assessment team recommends the period of accreditation be 3 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 2 June 2009 to 3 June 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:	Louise Brouwers
Team member/s:	Jordan Toomey

Approved provider details

Approved provider:	The Russian Benevolent Association for Homes
--------------------	----------------------------------------------

Details of home

Name of home:	Pine Lodge Home for the Aged
RACS ID:	5054

Total number of allocated places:	57
Number of residents during site audit:	57
Number of high care residents during site audit:	35
Special need catered for:	Specific cultural needs

Street/PO Box:	18 Balham Road	State:	QLD
City/Town:	Rocklea	Postcode:	4106
Phone number:	07 3277 5841	Facsimile:	07 3277 3826
E-mail address:	manager@pinelodgehome.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Pine Lodge Home for the Aged.

The assessment team recommends the period of accreditation be 3 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 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Manager	1	Residents/representatives	12
Board Chairman	1	Registered nurses	1
Clinical Nurse Manager	1	Endorsed enrolled nurse / Workplace health and safety officer	1
Consultant educator	1	Catering staff	3
Visiting medical officer	1	Hairdresser	1
Care staff	4	Laundry staff	1
Office administrator	1	Cleaning staff	1

Sampled documents

	Number		Number
Residents' files	9	Medication charts	15
Care plans/progress notes	9	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities calendar
- Aged care certification assessment instrument 1999
- Asset management documentation
- Audit schedule
- Bowel charts
- Brochures
- Certificate of classification 9A
- Cleaning schedules/program
- Clinical and resource material
- Comments/complaints mechanism

- Communication books/diaries
- Competency assessments
- Completed audits / surveys and associated reports and action plans
- Comprehensive and focus assessments
- Continuous improvement forms and action plan
- Criminal history checks data
- Dietary preferences
- Dietary profiles
- Duties lists
- Education attendance records and matrix
- Education plan
- Equipment cleaning register
- Evacuation and mobility list and plans
- Feedback/improvement forms and analysis
- Fire and emergency procedures manual
- Fire equipment maintenance schedule and records
- Food business licence
- Food temperature records
- Hand over documentation
- Hazardous substances register
- Incident reports
- Job descriptions
- Kitchen hygiene reports
- Kitchen records
- Maintenance records
- Maintenance requests log
- Manual handling assessments
- Material safety data sheets
- Medication incident/error records
- Memoranda
- Menu review
- Minutes of management, staff and resident meetings
- Pathology results
- Planned preventative maintenance documentation
- Policies, procedures and protocols
- Resident admission information kits
- Resident agreements and handbooks
- Resident lifestyle, interests and activities assessments, care plans, reviews
- Resource information
- Rosters
- Self directed learning
- Sign in/out book
- Smoking policy
- Staff orientation package
- Temperature records (equipment and food)
- Treatment charts
- Vision, mission and objectives statements
- Workplace health and safety reports

Observations

The team observed the following:

- Activities in progress
- Advocacy brochures and posters
- Chemical storage and use
- Cleaning trolleys
- Emergency information
- Equipment and supply storage areas
- Evacuation signage
- File storage areas
- Fire exits, paths of egress and assembly points
- Fire safety equipment
- Food storage
- Fridge and freezers
- Hairdressing salon
- Hand washing facilities
- Information brochures/notice boards
- Information storage areas
- Interactions between staff and residents
- Kitchen
- Laundry environment
- Linen receptacles
- Living environment
- Meal provision
- Meal service
- Pet therapy
- Sharps containers
- Spills kit
- Staff access to information and resources
- Staff accessing and wearing personal protective equipment
- Staff assisting residents with medications
- Staff handovers
- Staff information and noticeboards
- Staff practices
- Storage of medications
- Use of mobility and transfer aids
- Use of pressure relieving devices

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 recommendation

Does comply

Pine Lodge Home for the Aged (the home) identifies opportunities for continuous improvement using improvement forms, surveys, audits, resident and staff meetings, incident /hazard reports, comments/complaints mechanisms and one on one with management/key personnel. Monitoring of improvements is achieved through action plans, continuous improvement reports, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes.

Examples of recent improvements relating to Standard One include:

- The home has completed a building refurbishment program which includes the addition of 16 high care places to meet the needs of the growing numbers of older people from culturally and linguistically diverse backgrounds. The building was undertaken with full occupancy and residents and their families enjoyed participating in the consultation processes of the construction and now enjoy the benefits of spacious living areas and landscaped gardens. Residents report satisfaction with the refurbishments.
- Management and key personnel have developed a new brochure and information package for new and/or intending residents to assist them with decision making about a move to the home. Management report this has resulted in an increase in awareness of the services provided and an increase in the number of enquiries at about the home.

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 to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard One, through the membership with advisory groups and industry bodies. There is a system in place to ensure residents and their representatives are informed of accreditation

audits. Staff are kept informed of changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised work schedules, protocols and guidelines. Residents/representatives are kept informed of legislative changes via meetings and notices/newsletters. Processes are in place to monitor staff's awareness and compliance with relevant legislation and these include: competency audits, training questionnaires and education. Key personnel monitor relevant staff and volunteers' police checks and registrations. Staff feedback demonstrated knowledge of their legislative responsibilities.

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 provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, organisational needs, and performance observations. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time or staff are remunerated for attendance outside working hours. Key personnel maintain records and use a matrix to monitor staff attendance at these sessions; measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to translations and ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

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

Internal and external complaints mechanisms are explained to residents, their representatives and staff when they enter the home and usage is encouraged at resident meetings and via the residents' information package, newsletters, posters and brochures available at the entrance to the home. Written comments and complaints are placed onto multi lingual forms which are available throughout the home and entered into a locked suggestion box. Verbal complaints are passed onto the home's manager and are acted upon in a timely manner. Comments and complaints are kept confidential, logged, evaluated and fed into the continuous improvement program where necessary; direct feedback or written responses communicate progress and actions to stakeholders. Multi cultural and lingual staff are aware of the comments and complaints process and advocate for residents by assisting them to complete written forms where necessary. Residents and their representatives raise their concerns or ideas at resident meetings, directly to staff and management, who operate an open door policy, or via the comments and complaints forms. Residents and their representatives are satisfied that the issues that are important to them are dealt with appropriately.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has documented its commitment to quality throughout the service and the organisation's vision, values, philosophy and objectives; these are outlined in organisational documents including the staff and resident information packages and displayed through out the home. Staff are orientated on the organisation's vision, values, philosophy and objectives before commencing employment and an organisational code of conduct is maintained. Residents and representatives are aware of the homes vision, values, philosophy and objectives.

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

There are processes for the recruitment and selection of appropriately qualified and skilled staff. Staff roles are outlined in position descriptions which are reflected in work schedules; orientation processes ensure a shared understanding of the home's philosophy and vision, residents' rights and responsibilities, confidentiality/privacy and other relevant policies and procedures. Staffing levels and skills mix are monitored using, but not restricted to, an organisational matrix, information from residents, staff and key personnel feedback and the monitoring of residents' care needs. A base roster is maintained with flexibility to increase hours as required. Planned and unplanned leave is covered by internal or agency staff. Staff performance is monitored via observation by management and key registered staff members. Performance management and mandatory training requirements ensure consistency in the quality of service provision and these are undertaken as per the home's procedures. Residents are satisfied with the ability of staff to provide appropriate care and services in a timely manner.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has processes to identify, maintain and purchase appropriate goods and equipment for the delivery of services. Service agreements include provision for feedback and replacement when goods or services are unsuitable. Management, contracted maintenance and workplace health and safety personnel ensure that equipment is suitable for its intended use and risk assessment processes are undertaken where appropriate. Minimum stock par levels are maintained across all areas of the home in consideration of variations in staff and residents' requirements. A

preventive maintenance program ensures equipment is serviced and maintained according to manufacturer's recommendations. Staff and key personnel have procedures/authority to repair or replace equipment and goods as necessary and have access to emergency contacts for urgent and after hours repairs. Residents and staff have access to a consistent supply of stock and suitable equipment to meet their 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 to manage information effectively and ensure its security and confidentiality. Paper and computer based information facilitates resident care provision and aids reporting requirements. Access to residents' and staff files is restricted; stored securely; archived material can be retrieved readily and back-up systems are in place for computer records. Communication books and diaries communicate residents' care information to nursing staff and all staff groups are kept informed with one-to-one directions, communication books, meetings, memos, meeting minutes, education and training reminders/schedules, policy updates and notice boards. Residents have meetings, noticeboards, newsletters and other correspondence translated to multi lingual format to keep them informed. Resident and staff feedback indicates communication of information is timely, effective and understandable to all including the majority of staff and residents whom English is not their first language.

1.9 External services

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

Team's recommendation

Does comply

The home has a list of selected external providers with service agreements to ensure their compliance with the home's quality, workplace health and safety and legislated requirements. Arrangements are in place to ensure alternative and after hour's availability as needed. Key personnel monitor the activities of external providers; a record is kept to document communications and a register of scheduled servicing is used to track and ensure requirements are being met as planned. Service agreements are reviewed annually or as required with input from relevant stakeholders. A list of external service providers is accessible to staff who can obtain authority to contact them when issues occur. Resident and staff feedback identified external services are maintained to ensure a standard that meets their needs.

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

Pine Lodge Home for the Aged (the home) identifies opportunities for continuous improvement using improvement forms, surveys, audits, resident and staff meetings, incident /hazard reports, comments/complaints mechanisms and one on one with management/key personnel. Monitoring of improvements is achieved through action plans, continuous improvement reports, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes.

Examples of recent improvements relating to Standard Two include:

- The home has embraced the “hospital in the home” initiative which has enabled residents to stay at the home and receive palliative care and other specialized treatments which would otherwise require admission and/or treatment at hospital (for example intravenous antibiotics; blood transfusions; re-insertion of tubes etc). Management report the resources provided through the hospital in the home program has resulted in improved outcomes for residents and their families and has resulted in less stressful situations for residents and a reduction in anxiety in particular those residents who do not have English as a first language.
- The home has introduced end of life care pathways as a best practice guide to caring for residents in the final stage of their lives. Management reports the program facilitates a holistic approach to care and support for residents and their families with relatives expressing positive experiences associated with the care and support associated with the end of life process.

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 to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Two, through the membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised work schedules, protocols and guidelines. Residents/representatives are kept informed of legislative changes via meetings and notices/newsletters. Processes are in place to monitor

staff's awareness and compliance with relevant legislation and these include: competency audits, training questionnaires and education. Key personnel monitor relevant staff's professional registrations. Staff feedback demonstrated knowledge of their legislative responsibilities.

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 provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, organisational needs, and performance observations. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time or staff are remunerated for attendance outside working hours. Key personnel maintain records and use a matrix to monitor staff attendance at these sessions; measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

2.4 Clinical care

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

Team's recommendation

Does comply

Processes are established for identification and assessment of resident's physical, emotional, psychosocial and spiritual needs on admission (and ongoing) utilising a baseline health assessment and a range of focus assessment tools. Registered nurses and allied health professionals analyse information gathered during the assessment phase and then develop care plans to guide and direct care interventions. Residents/representatives are consulted during assessment processes and also on completion of care plans. Evaluation of care interventions occurs in consultation with the personal carers and relevant health care specialists. Daily care needs are evaluated, monitored and reviewed by registered nurses through the handover process, communication diaries, review of progress notes and clinical incidents with changes communicated to staff and care plan adjustments made as required and in a timely manner. Clinical audits and reviews are conducted to ensure the appropriateness of the clinical care provided. Care staff demonstrated an understanding of the need to refer to registered nursing staff for guidance and indicated that changes in residents care needs are communicated to them. Residents/representatives are satisfied that they receive appropriate clinical care.

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 specialised nursing care needs of individual residents are identified on entry to the home using information gained from the resident/representative and/or hospital discharge summaries and is included care plans to guide to staff care provision. Care plans identify and include the specialist nursing care needs of individual residents and are developed and reassessed by registered nurses. Care routines are structured to ensure specialised care needs are carried out in accordance with residents' needs. The home accesses clinical expertise through effective working relationships with specialist health and community services within the area. Residents/representatives indicate they are satisfied that their specialised nursing needs are identified and met by appropriately qualified staff.

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 an established system for referral to medical and allied health professionals including physiotherapy, podiatry, dietician, speech pathology, behaviour management and integrated mental health services with assessments undertaken for individual residents, as required. The outcome of the referral, including instructions for ongoing care, are documented appropriately and retained in residents' records. Staff demonstrate an understanding of the circumstances in which to refer residents for re-assessment by other health specialists, are aware of the referral process and are satisfied that they are informed of outcomes resulting from referral. Residents/representatives indicate that residents are referred to appropriate health specialists in accordance with residents' needs and preferences.

2.7 Medication management

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

Team's recommendation

Does comply

The home's medication management systems include supply of medications from pharmacies in multi dose blister packs. Assessment, care planning and review processes identify the level of assistance required and this is communicated within individual medication charts that include information to correctly identify the resident and, prescribing doctor. The home maintains an imprest system of commonly prescribed medications for urgent or out of hours requirements. Residents who wish to self-administer medications are able to do so generally following assessment by a Registered nurse and with the agreement of the prescribing medical officer. Procedures relating to storage, administration and disposal of medication, including controlled drugs reflect safe medication management and legislative compliance. Routine internal auditing and analysis of any medication-related incident monitors the safety of the medication. Residents reported they were satisfied with supply and administration of their medications.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents’ pain is identified during initial assessments, and reassessment is implemented when new pain is identified and/or when existing pain management strategies are ineffective. Individualised care plans reflect the location, frequency and intensity of pain, and strategies to manage the pain include gentle massage, re-positioning, distraction therapy and administration of analgesia and other medication. Members of the health care team collaborate to achieve effective pain management and interventions to manage new and/or severe pain are evaluated using pain management assessment tools. Staff demonstrated awareness of non-verbal cues to assist in identifying pain and discomfort in residents, including those with impaired cognition and/or communication. Residents expressed satisfaction with current pain management strategies and state they are involved in care planning and evaluation and that care staff monitor the effectiveness of interventions promptly and consistently.

2.9 Palliative care

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

Team’s recommendation

Does comply

The palliative care needs and wishes of residents/representatives including end of life wishes and funeral arrangements are recorded where the resident/representative wishes to provide this information, and their preferred contacts and nominated decision makers are identified and recorded through the assessment, care planning and review processes. Residents are supported to remain in the home during the palliative phase of care and families/friends are encouraged to stay with residents in the end stage of life. Specialist resources are accessed from the community as required to meet residents’ needs and preferences. Representative feedback indicated satisfaction with the palliative care provided in the home.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

A dietary preference form is completed for all residents on admission to the home. The information gathered is used to develop the resident’s care plan and inform the kitchen, to ensure appropriate meals are provided to all residents. Residents are weighed on admission then monthly or more frequently when the need is identified. Variances in weights are trended by the Clinical care manager with unintended weight loss or gain analysed for causative factors. Any variances prompt investigation, the introduction of special diets, supplements and/or referral to the resident’s medical officer or allied health professionals. All changes are communicated to relevant areas of the home within appropriate timeframes using

handover processes and communication books. Staff encourage residents to take additional fluids to maintain adequate hydration; care and catering staff demonstrated awareness of individual residents' dietary requirements and of interventions to encourage optimal food and fluid intake. Residents/representatives report satisfaction with the provision and support of staff to meet their nutrition and hydration needs.

2.11 Skin care

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

Team's recommendation

Does comply

The home's assessment processes identify residents' risk levels for compromised skin integrity. Strategies to prevent skin breakdown are developed and implemented based on the relevant risk level with care plans developed, that include specific directions and management strategies for individual residents. Strategies implemented include use of emollients, pressure relieving devices, limb protectors and minimising unnecessary manual handling. Wound management processes are in place including activity to monitor and evaluate progress of healing with wound care conducted by qualified staff. External specialists are accessed to assist with residents' complex wound management needs if required. Staff demonstrate understanding of factors associated with risks to residents' skin and resident/representative feedback mechanisms indicate that residents' skin condition is consistent with their general health.

2.12 Continence management

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

Team's recommendation

Does comply

Continence assessments are undertaken by the home as part of the routine admission process to identify elimination patterns for individual residents. The information gathered is used to develop continence programs for residents' and care plans to guide staff practice. Staff review documented extra pad requirements and increased frequency of incontinence which prompts investigation and continence re-assessment once possible causes are eliminated. Individualised bowel management programs are developed and include pharmacological and non-pharmacological interventions. Bowel patterns are monitored by qualified staff daily who respond by giving 'as required' medications to residents who exhibit constipation if other non-pharmacological interventions have failed. Residents/representatives are satisfied with the level of assistance and aids provided to manage their continence.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home has a system in place for capturing and monitoring residents who display challenging behaviours during the settling in period or on an ongoing basis. Episodes of challenging behaviours are monitored through progress note entries and aid in the identification of triggers and effective management strategies. Care plans are developed to provide care staff with guidance in relation to ongoing management of residents' with challenging behaviours. Specialist advice is accessed to guide ongoing management of challenging behaviours through referral to external behavioural management advisors or mental health services. Pharmacological and non-pharmacological strategies are implemented including environmental and routine modification, diversion/distraction, counseling, and medication review. Staff receive training on how to manage residents with challenging behaviours and indicate that they are informed of changed to residents behaviour management strategies. Residents/representatives are satisfied with the way challenging behaviours are managed within the home.

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' level of mobility, dexterity and falls risk is assessed by a registered nurse and physiotherapist on entry to the home. A care plan is developed and used to guide staff in assisting/supporting residents with their mobility and dexterity requirements. Strategies such as individual and group exercise programs, modification of the environment and implementation/modification of equipment and mobility aids are used to manage and support resident's individual needs. Acute episodes such as falls or return from hospital will prompt re-evaluation of the resident's mobility/dexterity needs and risk levels. Appropriate aids to improve/maintain mobility and dexterity are available for residents to use and include; walkers, built up cutlery, bowls and plate guards. Residents/representatives are satisfied with the level of support and assistance provided to maintain optimum levels of mobility.

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/dental history is assessed on entry to the home, including assessment of residents' preferences relating to their oral health care. Assessments conducted ascertain the level of assistance required to maintain the resident's oral and dental hygiene and are included in the resident's care plan to guide staff. The home has access to an external oral health service through a referral process and assists residents to attend these appointments. Texture modification of meals is provided where oral and dental health or swallowing is compromised with referral to a speech pathologist also utilised. Residents/representatives are satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory losses are identified on entry to the home and information to support residents with sensory loss is incorporated in the resident’s care plan. These include reference to the use of assistive devices, where appropriate. Audiologist and optical services are provided and accessed as required through the internal referral processes. Care staff and diversional therapy staff implement various strategies/assistive devices that may include modification of the resident’s environment, the use of communication boards and alteration/assistance with activities of daily living. Residents/representatives are satisfied that staff are sensitive to their sensory losses and support and assist them as required.

2.17 Sleep

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

Team’s recommendation

Does comply

Information about individual residents sleep patterns is gathered during the initial assessment process and is included in the resident’s care plan to guide staff care. Care plans identify individual resident settling patterns with staff night routines ensuring that the environment is conducive to sleep. Factors that may compromise sleep are identified and addressed to promote sleep. Prolonged disruption to sleep prompts reassessment of the individual resident’s needs by the night duty registered nurse. Non-pharmacological interventions are provided for residents if wakeful and pharmacological intervention is available as prescribed by the resident’s medical officer. Residents/representatives are satisfied that they are assisted to achieve natural sleep patterns by staff at the home.

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

Pine Lodge Home for the Aged (the home) identifies opportunities for continuous improvement using improvement forms, surveys, audits, resident and staff meetings, incident /hazard reports, comments/complaints mechanisms and one on one with management/key personnel. Monitoring of improvements is achieved through action plans, continuous improvement reports, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes.

Examples of recent improvements relating to Standard Three include:

- Management has purchased a large screen television for residents to watch a variety of multi lingual channels and free to air Australian television channels. Residents report they can choose what they would like to watch and enjoy the variety of programs as well as the enhancement of the large screen.
- In response to feedback from residents and observation of residents participation (in a culturally and linguistically diverse environment and residents with differing cognitive ability), the home has changed the way it conducts residents meetings. The meetings are now conducted on small (same language speaking) groups and individually one on one with the recreational officer (who speaks multiple languages). Management reports it gives residents confidence and freedom to express their feelings and needs and has provided staff and management with more detailed information in regards to cultural needs. Residents report they are satisfied with the meeting structure.

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 to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Three, through the membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised work schedules, protocol and guidelines. Residents/representatives are kept informed of legislative changes via meetings and notices/newsletters. Processes are in place to monitor staff’s

awareness and compliance with relevant legislation and these include: competency audits, training questionnaires and education. Staff feedback demonstrated knowledge of their legislative responsibilities.

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 provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, organisational needs, and performance observations. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time or staff are remunerated for attendance outside working hours. Key personnel maintain records and use a matrix to monitor staff attendance at these sessions; measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

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

Processes are in place to identify residents' emotional support needs on entry to the home and on an ongoing basis. Residents are orientated to the environment, services, staff and other residents on entry to the home. Regular review processes identify changes or concerns experienced by residents and current strategies used to support residents are documented. Nursing staff, the recreational officer, relatives, friends, volunteers, management and spiritual/cultural services provide initial and ongoing social and emotional support to residents. Residents/representatives confirm satisfaction with the emotional support provided on entry and on an ongoing basis to enable them to adjust to the lifestyle within the home.

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 support and assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Residents' needs and preferences for independence are assessed on entry to the home and care plans are developed to

guide staff practice. Residents requiring alternative decision makers have relevant information documented and those with special needs are provided with appropriate equipment and support by nursing staff, recreational therapists and volunteers to promote maximum independence. Staff assist residents to pursue activities of preference, encourage residents to maintain friendships and cultural/spiritual connections within the home and wider community and are aware of individual resident's preferences and limitations. Residents/representatives report satisfaction with the assistance they receive in maintaining personal independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has processes in place to recognise and respect each resident's right to privacy, dignity and confidentiality. Residents are provided with information about their rights on admission and on an ongoing basis. Strategies are implemented to ensure that residents' privacy and dignity are maintained during all aspects of resident care and staff are provided with information relating to confidentiality and respect for residents at orientation, through meetings, information packages and education sessions. Residents' paper based and electronic information is stored securely requiring authorised access with processes in place for archiving and destruction of confidential information. Staff demonstrate strategies to maintain residents' privacy and dignity and interact with residents respectfully. Residents/representatives confirm that staff are courteous, respect their privacy and treat them with dignity when caring for them.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home has systems in place that encourage and support residents' participation in a wide range of activities of interest to them. Residents' past and current interests are identified through interview and completion of the social profile form. Individualised recreational therapy care plans are developed in consultation with residents/representatives and are reviewed regularly by the Recreational officer. The program consists of one to one and group activities that receive evaluation through review of participation rates, observations by recreational officer and volunteers and resident feedback. Activity calendars are placed throughout the home and all residents are encouraged and supported to attend and participate in activities by the Recreational officer, care staff and dedicated volunteers. Residents/representatives indicate satisfaction with the leisure and activity program offered by the home.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents' specific interests, preferences, cultural and spiritual needs are identified on entry to the home and individualised care plans are developed in consultation with residents/representatives. Provision is made for the celebration of significant cultural and religious days and catering services are available for residents with specific cultural dietary requirements. The home accesses spiritual support from a number of religious denominations and staff provide additional counsel to residents and their families when required. Processes are in place to assist residents from cultural and linguistically diverse backgrounds; with access to interpreters, community support groups, palliative and spiritual care services and cultural resources. Staff demonstrate an awareness and respect for resident's needs and preferences. Residents/representatives are satisfied with the home's approach in fostering and valuing their individual interests, beliefs and backgrounds.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home has processes to support residents' choice and decision making in relation to the care and services received while considering the rights of others. Individual care and lifestyle preferences are identified through assessment and review processes and information regarding residents' alternative decision-makers is documented and accessed when required. Residents receive information about internal and external complaints mechanisms and advocacy services and are enabled to participate in decisions and exercise choice through one to one consultation with staff and management, case conferences, resident meetings, satisfaction surveys and the comments/complaints process. Staff interactions support residents' choice and decision making in the planning and provision of care and encourage active involvement regarding all aspects of the care and services they receive. Residents/representatives confirm that they are able to exercise choice and are satisfied with their involvement in decision making.

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

Residents/representatives are supplied with written and verbal information regarding service provision prior to entering the home. The documents provided contain information about security of tenure, internal and external complaint mechanisms, fees, orientation processes as well as information regarding each resident's rights and corresponding responsibilities. Management ensures that all parties understand the terms of the agreement and prospective residents/representatives are encouraged to seek independent advice on these terms prior to accepting the

contract. Networks with aged care industry groups ensures current information is provided to residents/representatives about specified care and service obligations, accommodation fees and charges. Ongoing information is provided through letters, newsletters, emails and discussions at resident/representative meetings. Residents/representatives feel secure in their tenure and 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 recommendation

Does comply

Pine Lodge Home for the Aged (the home) identifies opportunities for continuous improvement using improvement forms, surveys, audits, resident and staff meetings, incident /hazard reports, comments/complaints mechanisms and one on one with management/key personnel. Monitoring of improvements is achieved through action plans, continuous improvement reports, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes.

Examples of recent improvements relating to Standard Four include:

- In response to the increased frailty of residents requiring higher care needs and the need to provide more energy efficient services and minimising water consumption the home has outsourced the laundering of all flat linen and towels to an external provider. The home has replaced existing washing machine with temperature controlled, water saving industrial machines to launder residents personal clothing. Staff and residents report satisfaction with this initiative.
- A new security system has been installed which allows uninterrupted access from the outside between 0500 and 1700 hrs but requires a code to exit the premises. Residents who are able to remember the code are free to come and go as they like. Management state this initiative has improved safety and security for residents and staff.

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 to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Four, through the membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised work schedules, protocol and guidelines. Residents/representatives are kept informed of legislative changes via meetings and notices/newsletters. There is a system to ensure certification and other environmental requirements are met. Processes are in place to monitor staff awareness and compliance with relevant legislation and these include: competency

audits and education. Key personnel monitor compliance with legislation relevant to the environment and safe systems. Staff feedback demonstrated knowledge of their legislative responsibilities.

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 provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, organisational needs, and performance observations. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time or staff are remunerated for attendance outside working hours. Key personnel maintain records and use a matrix to monitor staff attendance at these sessions; measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

4.4 Living environment

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

Team's recommendation

Does comply

Residents have single rooms with ensuite bathrooms and are able to personalise their space. The home provides activities and meeting areas available to residents and their families, with seating and amenities that are maintained via preventive/reactive maintenance and cleaning routines. Regular environmental audits, hazard and risk assessment processes are in place to identify potential risks and support decisions concerning the living environment. Staff store mobility aids and furnishings safely when not in use. Staff lock up procedures and external lighting promote resident and staff safety. Living environment temperatures are maintained as per resident feedback and the home is free from offensive odours. Residents are satisfied with the level of comfort and safety at 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 systems in place to orientate and train staff in workplace health and safety at induction and re-assess this on an ongoing basis. There are processes to assess the workplace using environmental audits and surveys. Hazard reporting and

risk assessment processes guide appropriate actions, including management and evaluation of residents' and staff incidents/risks. Signage and information posters alert residents, visitors and staff to safety issues and an appointed workplace health and safety officer monitor work practices and provide support as required; staff are updated through regular staff meetings. Staff demonstrate effective knowledge and understanding of workplace health and safety obligations and use of incident reporting processes as required.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home's fire detection and alarm system, fire doors, fire fighting equipment and emergency lighting are inspected and maintained to comply with the relevant standards and monitoring processes are generally in place. Exits and pathways to exits are free from obstruction. Staff are provided with education during orientation and annual training in fire safety and evacuation procedures. A training matrix is used to monitor the compliance of staff with their compulsory training and staff have access to emergency procedure guidelines, fire fighting equipment and evacuation plans. Residents' rooms and common areas have accurate emergency information and a list is maintained outlining resident occupancy and mobility status. Fire drills are evaluated and staff demonstrate an accurate knowledge of fire and emergency procedures and their role in the event of an alarm or evacuation.

4.7 Infection control

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

Team's recommendation

Does comply

The home has policies and procedures to guide staff practice on infection control, including access to government information via the internet for outbreak management. The system is monitored by the clinical nurse manager, who undertakes auditing, and training. Infections are reviewed by the homes educational consultant and entered into an electronic database with quality reporting for the identification of trends. Staff are provided infection control education at orientation and as required. Staff generally demonstrate an understanding of cross contamination. Colour coded equipment is used in the clinical, cleaning, laundry and catering areas to minimise risks of cross infection. Temperature monitoring is occurring for food received in the kitchen and prior to food being served. Cleaning schedules and work instructions guide cleaning practices, and a pest control program is maintained. Hand washing facilities are located throughout the home and personal protective equipment, spill kits, sharps containers and hand sanitizer dispensers are available to staff.

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

Catering services are provided to meet residents' dietary needs and preferences. The menu rotates on a four week cycle and reflects changes made in response to resident feedback; a dietitian ensures that the menu meets residents' nutritional requirements. Meal alternatives are available at residents' request or if changes to their health status require it. Staff follow safe food handling practices throughout preparation and meal service. Temperature records and cleaning schedule sign off sheets are in place in the kitchen and maintained. Routines and schedules are in place to guide cleaning of residents' rooms, common areas, high surfaces, windows and external areas. All flat linen is serviced off site and sufficient stock is present, residents' personal items are laundered on site and staff demonstrate an understanding of the infection control principles related to laundry processes. Appropriate wash cycles are used for laundering residents' clothing; items are returned in a timely manner. Management monitor the effectiveness of services, skills and knowledge of staff, using audits, competency assessments and observation of practice and provide support as required. Residents are satisfied with the catering, cleaning and laundry services at the home.