Decision to accredit
Samarinda Lodge

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

The Agency has decided that the period of accreditation of Samarinda Lodge is three years until 12 October 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:	Samarinda Lodge
RACS ID:	3196

Number of beds:	40	Number of high care residents:	27

Special needs group catered for:	• N/A

Street/PO Box:	286 High Street

City:	ASHBURTON	State:	VIC	Postcode:	3147
Phone:		03 9885 0062		Facsimile:	03 9885 9829

Email address:	tanyag@samarinda.org.au

Approved provider

Approved provider:	Samarinda Aged Services Inc

Assessment team

Team leader:	Rhonda Whitehead
Team member/s:	Marg Foulsum
Date/s of audit:	28 July 2009 to 29 July 2009

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Executive summary of assessment team's report

Accreditation decision

Standard 3: Resident lifestyle

Expected outcome	Assessment team recommendations	Agency findings
3.1 Continuous improvement	Does comply	Does comply
3.2 Regulatory compliance	Does comply	Does comply
3.3 Education and staff development	Does comply	Does comply
3.4 Emotional support	Does comply	Does comply
3.5 Independence	Does comply	Does comply
3.6 Privacy and dignity	Does comply	Does comply
3.7 Leisure interests and activities	Does comply	Does comply
3.8 Cultural and spiritual life	Does comply	Does comply
3.9 Choice and decision-making	Does comply	Does comply
3.10 Resident security of tenure and responsibilities	Does comply	Does comply

Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations	Agency findings
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	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.

SITE AUDIT REPORT

Name of home	Samarinda Lodge
RACS ID	3196

Executive summary

This is the report of a site audit of Samarinda Lodge 3196 286 High Street ASHBURTON VIC from 28 July 2009 to 29 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 Samarinda Lodge.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 28 July 2009 to 29 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:	Rhonda Whitehead
Team member:	Marg Foulsum

Approved provider details

Approved provider:	Samarinda Aged Services Inc

Details of home

Name of home:	Samarinda Lodge
RACS ID:	3196

Total number of allocated places:	40
Number of residents during site audit:	38
Number of high care residents during site audit:	27
Special needs catered for:	N/A

Street/PO Box:	286 High Street	State:	Victoria
City/Town:	ASHBURTON	Postcode:	3147
Phone number:	03 9885 0062	Facsimile:	03 9885 9829
E-mail address:	tanyag@samarinda.org.au		

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Chief executive office	1	Residents/representatives	14
Facility manager	1	Volunteers	3
General Practitioner/board member	1	Catering manager	1
Quality and education coordinator	1	Catering staff	2
Registered nurses division one	2	Laundry staff	1
Registered nurses division two	1	Cleaning staff	2
Admissions, finance and administration assistant	2	Maintenance staff	1
Care staff	4	Occupational health and safety coordinator	1
Continence consultant	1	Lifestyle therapist	1
Physio therapists	1	-	-

Sampled documents

	Number		Number
Resident electronic files	22	Medication charts	6
Resident hard copy rerecords	6	Personnel files	11
Wound charts	4	Self administration of medication (topical) assessments	4
Blood glucose monitoring charts	2	Restraint assessments and monitoring forms	2
Daily task sheet	1	Weights list	1
Roster	1	Volunteer folders	4

Volunteer activity instruction sheets	4	Education attendance and evaluation sheets	6
Monthly clinical reports	2	Incident reports	4
Bowel charts	4	Food and fluid charts	4
Toileting list	1	Resident agreements	5
Nutrition data sheets	6	Position descriptions	16
Dietary profiles	8	Staff appraisals	10
External services contracts	16		

Other documents reviewed
The team also reviewed:
- Allied health folder
- Annual plan for continuous improvement
- Appliance test and tag log book
- Asset register
- Audit schedule/reports
- Bed linen and personal washing list
- Chemical register and storage list
- Cleaners communication book
- Cleaning schedules
- Colour code cleaners sheet
- Comments, complaints and suggestions for improvement forms
- Complaints log
- Consent statements
- Corrective action forms
- Daily diary
- Dentist referral list
- Dishwasher temperature record form
- Drinks lists
- Ecolab service detail reports
- Education calendar
- Employment pack
- Essential services folder
- Evacuation plan
- Falls register
- Fire safety declaration 2008
- Food allergies list
- Food safety plan
- Handover sheets
- Heat pack register
- Infection control information booklet
- Kitchen cleaning schedule
- Kitchen communication book
- Laundry cleaning program and infection control schedule
- Legislation folder
- Maintenance register
- Mandatory training attendance lists
- Manual handling information sheet
- Material safety data sheets
- Meal cards

- Medical practitioners list
- Meeting schedule, terms of reference, agendas and minutes
- Memorandum folder and sign off sheets
- Menu
- Menu program folder
- New resident electronic admission database
- Newsletter
- Occupancy permit – 9C December 2008
- Organisational chart
- Pest control folder/reports
- Police check registers
- Policies procedures and instruction manuals
- Preferred supplier list
- Preventative maintenance calendar and log
- Privacy statement
- Prospective residents information kit
- Quality improvement forms log 2009
- Refrigerator temperature logs
- Reheat temperature records
- Resident of the day schedule and responsibility lists
- Rosters
- Signature register
- Staff database
- Staff information booklet
- Staff orientation pack
- Staff qualifications and registrations list
- Stock record book
- Training database
- Volunteer orientation hand book/information
- Volunteer resident feeding guidelines
- Weekly order sheet – imprest list

Observations
The team observed the following:
- Activities calendar
- Activities in progress
- Aged care awards
- Charter of Residents' Rights and Responsibilities
- Chemical storage/supplies
- Church service calendar
- Cleaning in progress
- Cleaning rooms and equipment
- Clinical stock storage and supplies
- Comments, complaints and suggestions box
- Dementia education posters for families
- Drink jugs in resident rooms and common rooms
- Education resources
- Electronic medication monitoring system
- Electronic voice activated resident alarm system
- Equipment storage
- Evacuation packs/plans
- Exercise group in progress
- Fire fighting equipment
- First aid box in kitchen

- Food preparation in progress
- Food supplements and administration recording system
- Hair salon
- Hand washing instructions and stations
- Hazardous waste disposal
- Individual resident electronic continence tracking system
- Interactions between clinical staff, general practitioners and allied health professionals
- Interactions between staff, residents and families
- Key coded doors
- Kitchen
- Kitchenettes
- Laundry
- Linen bags – separated
- Living environment t- internal and external
- Local newspapers
- Maintenance equipment/storage
- Material safety data sheets
- Meals in progress
- Medication administration
- Medication storage
- Menu on display
- Mission, vision and values statement
- Mobility/lifting equipment
- Modified cutlery and crockery
- New garden plan
- Notice boards-residents, staff and families
- Nurses station
- OH&S posters
- Oxygen storage
- Personal protective equipment in place and use
- Pharmacy ordering system
- Privacy notices
- Record storage
- Resident's library
- Resident's sign in out book
- Residents' personalised rooms and ensuites
- Sharps disposal
- Staff room
- Staff sample signature lists
- Suggestion box
- Training room
- Visiting pets
- Visiting students
- Visitor's food register
- Visitor's sign in out register
- Weigh chair scale
- Wound supplies

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

Continuous quality improvement is an integral component of the Saraminda Lodges' systems and processes and the home demonstrates improvements across all Standards. Policies and procedures supporting continuous improvement are documented and quality is included in orientation processes and external service agreements. A continuous improvement plan is in place and supported by detailed quality activity records. The quality committee meets regularly to discuss the progress and outcomes of activities and includes a resident representative. There is a quality coordinator responsible for overseeing the program. Residents, representatives, staff and other stakeholders participate in the program through surveys, questionnaires, 'comments, complaints and suggestions for improvement' forms, meetings and informal discussions. Audit outcomes, incident trends and maintenance requests also inform the program. Staff and residents receive information about the home's improvement activities through meetings, newsletters and memos. Staff and residents confirmed that they are aware of the continuous improvement program and of opportunities to contribute to the system.

Recent continuous improvement initiatives relating to Standard One include:

- Competency assessments and mandatory training have been incorporated into compulsory training days to ensure that all staff undertake required training annually. This has resulted in increased attendance of education sessions, improved staff skills and job satisfaction and better care for residents.
- The orientation program was improved to include a DVD training program covering key topics such as electronic documentation, electronic staff communication system and legislative requirements. This has resulted in both management and staff being more confident that new staff are competent to undertake all key responsibilities of their roles as soon as possible.

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

Systems are in place to ensure that the home meets its legislative and regulatory obligations. Updates are received through subscription to a number of industry and government bodies and directed to the management team. Policies and procedures are updated by management and ratified by relevant committees. Legislative updates are a standing agenda item at committee meetings. Information is communicated to residents through meetings, forums and newsletters. Staff access information through the weekly memorandum system, legislative updates folder and staff meetings. All staff, volunteers and external health care providers have current police checks in place

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and orientation programs include mandatory reporting, competency assessments and mandatory training education. There is a system to ensure that police checks, qualifications, registrations and mandatory training are monitored and maintained. Legislative compliance is also monitored through audits, spot checks, observations, complaints, incidents and informal feedback. Staff and volunteers confirmed they are kept informed of and understand their regulatory compliance obligations.

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 organisation is a registered education provider and attracts a wide range of education providers to present education across all four accreditation standards. The home has a system in place to support the professional development of staff. Internal and external education is identified and managed by the education coordinator. An annual education calendar is developed to include issues identified from existing and future residents care needs, staff input through surveys and annual staff appraisals. Staff confirmed they are kept informed of training opportunities through the education calendar, fliers and memorandum. Staff records confirmed that staff from all departments of the home attend mandatory training with new staff undergoing a comprehensive orientation program prior to commencing duties. The home offers a "training day" three times a year at which time staff are given mandatory education and have any competencies specific to their areas of employment conducted. Management and staff commented that this system has increased participation in education and has allowed management to better manage staff education compliance.

Education recently undertaken in relation to Standard One includes:

- Advocacy
- Elder abuse
- Fire training
- Law according to Aged Care
- Manual handling
- One member of staff is completing Certificate III in Health Support (Administration)
- The organisations' Board is currently completing the Aged Care Standards and Accreditation Agency "Tool Box"
- Two management staff have attended the Aged Care Standards and Accreditation Agency's' five day quality assessor course.

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

Formal and informal mechanisms are in place to support residents, representatives, visitors and staff to lodge comments, complaints and suggestions. Information regarding internal and external complaints processes are included in handbooks and newsletters and are discussed at meetings and family forums. 'Comments, complaints and suggestions for improvements' forms are located at reception and there is an accessible lodgement box available. Staff support residents as required to complete forms and complaints which may also be lodge anonymously. Comments and

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complaints are logged and the actions and timeframes for improvement recorded and actioned. Feedback is provided in a timely manner. Residents and representatives confirmed that they are aware of the complaints processes and satisfied with the management of issues raised.

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

Samarinda Lodge is a not-for-profit residential aged care home governed by a voluntary board of management comprising key community representatives that supports the local management team. There is a dementia day centre and a training facility associated with the home. The home has a clearly documented mission, philosophy and goals that are included in relevant organisational documentation. The board of management ensures that key stakeholders have an opportunity to participate in strategic and operational planning. The home's commitment to quality is evident through policies, procedures, handbooks and the home's website. The staff and external service providers' responsibility regarding quality improvement is documented in orientation packs and service agreements.

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

Team's recommendation
Does comply

The home has processes in place to support the recruitment and retention of appropriately skilled and qualified staff. Processes ensure that qualifications, registrations, competencies and mandatory training are monitored and maintained. Orientation and buddy shifts support new staff to develop competence in areas critical to their role. External health care providers complete a service agreement that documents service expectations and evaluation. There is a comprehensive education program in place and all staff have detailed position descriptions in place. A flexible roster ensures staff skills mix across shifts is adjusted to meet resident care and staff support needs. Processes to manage planned and unplanned leave and staff vacancies include utilising a casual staff bank with minimal use of agency staff. The staff appraisal process has recently been improved to provide more data related to staff performance. Performance is evaluated through appraisals, audits, incidents, observation and feedback. Residents and staff confirmed that there are sufficient, trained staff available to provide the care and services required.

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 systems in place to ensure adequate and appropriate stocks of goods and equipment are maintained. Processes ensure that stocks are stored securely, monitored on a weekly basis and reordered to maintain stock levels as required. The

preventative maintenance process ensures equipment is checked and maintained in safe working order. The maintenance log confirms that there is timely response to unscheduled maintenance. There is an annual essential services program in place for services requiring specialist inspection and certification. Storage areas are clean and tidy with restricted access as appropriate. Staff reported that the home is responsive to requests for new or replacement equipment and there is a process for trial, risk assessment and training for new purchases. Residents reported that the home has adequate stocks of goods and equipment for the provision of care, hospitality and recreational services.

1.8 Information systems

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

Team's recommendation
Does comply

Information management systems at the home enable management, staff and residents to access appropriate, up-to-date information. Information is available electronically and in hard copy. Staff access information through noticeboards, meeting minutes, handovers, memorandums, emails, intranet and internet. Electronic information is password protected with specified levels of access. Care staff access electronic resident records via digital logon smart cards. All staff wear voice activated electronic communication devices to facilitate communication. Clinical documentation is reviewed in line with the monthly care review process. There is a process for automatic electronic back up daily. Confidential written documentation is securely stored and there is a process for archiving and destruction. Residents and representatives are kept informed through meetings, newsletters, noticeboards and email and confirmed that they have access to the information required.

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

External providers contracted to the home include medical, pharmacy, allied health, plumbing, electrical, fire and emergency, specialised maintenance, chemical management and pest control services. Written service agreements are in place and include service expectations, privacy, security, quality and occupational health and safety information. Police checks are current and monitored as appropriate. Performance is monitored through staff and resident feedback, complaints, audits and observation. Management is responsive to identified issues and alternative providers are sought if required. Staff and residents confirmed their satisfaction with the services provided by external contractors.

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

Improvements associated with the health and personal care of residents are documented in the plan for continuous improvement. Improvements are identified through clinical care audits, clinical incidents, residents' feedback, meeting minutes and staff observation. Improvements are evaluated through informal feedback, surveys, observation and audit outcomes. Residents and representatives reported that the home is responsive to improvement requests related to resident care. Refer to expected outcome 1.1 continuous improvement for further information.

Recent improvements related to Standard Two include the following:

- An electronic medication management system has been implemented and has resulted in improved resident safety and reduced risk of medication error, better tracking of medication administration and the potential to reduce the time involved in medication administration.
- Implementation of a daily care spreadsheet in the care station detailing each resident's daily care requirements to support the care handover and care plans which has resulted in improved delivery of care for residents.
- Commencement of a trial of an electronic urinary continence monitoring system for resident continence with the potential for less invasive practices during assessment and more accurate and reliable data collection regarding resident continence status.

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

Team's recommendation
Does comply

The home has systems in place to ensure that legislative and regulatory requirements, professional standards and guidelines are met in relation to residents' health and personal care. There are comprehensive policies and procedures in place to support clinical care and a process for review. Regulatory compliance is a standing item on the medication advisory committee and staff meeting agendas and there is a legislation folder in the staff room. There are processes to monitor care staff registrations, competencies, endorsements and mandatory training. Medications are managed in accordance with current legislative requirements. Compliance is monitored through audits, incidents, complaints and observations. Staff were aware of relevant legislation and regulations and have access to current information. Refer to expected outcome 1.2 regulatory compliance.

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

Team's recommendation
Does comply

Education needs are monitored through staff appraisal, changes in resident clinical needs, staff surveys and mandatory requirements. See Standard one, outcome 1.3, Education and staff development. Staff are educated using work shops, competencies or lecture format. Attendance records are maintained on a data base system, sessions are evaluated. Staff confirmed training offered to them to be comprehensive and that the management works with them to provide education at the times suitable to them. Residents stated staff perform their duties promptly and safely and explain procedures.

Recent education provided has included:

- Advocacy
- Alzheimer's disease and behaviour management
- Care planning and assessment
- Dementia management.
- Diabetes – blood glucose monitoring.
- First aid.- CPR
- Mandatory education
- Medication management – electronic system and competencies
- Palliative care.
- Person centre care
- Wound management including complex wound dressings.

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

Team's recommendation
Does comply

The home has systems and processes in place, underpinned by policies and procedures to ensure residents receive clinical care which is appropriate to their needs and preferences. Residents are assessed on entry into the home. Care plans are then developed in consultation with residents and their representatives and evaluation takes place monthly. Interviews with residents and their representatives indicated that staff deliver appropriate clinical care. Staff commented that education to support their roles is available and comprehensive.

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

Registered nurses division one assess residents on entry to the home for their specialised nursing care needs. A care plan is developed in consultation with the resident and their representative and evaluation of care in undertaken monthly. Monitoring of special needs includes monthly weights, blood glucose monitoring, wound management, monitoring of complex medication regimes and other vital signs

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measurements. Monitoring is managed using specific guidelines from general practitioners and other health professionals. Staff confirmed they have received training in specialised nursing care and feel confident in the knowledge they have to provide appropriate care. Interviews with residents and their representatives confirmed satisfaction with the care residents receive.

2.6 Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's recommendation
Does comply

Residents are assessed on entry to the home for the need of any allied or external health services. Care plans are developed in conjunction with residents and their representatives. The care plan is evaluated on a regular basis. There is access to dietetics, aged care psychiatric teams, wound consultants, speech pathologists, dental services, physiotherapists and podiatry services. Recommendations by health specialists are recorded in resident's files and monitored by registered nurses division one and two. Residents and their representatives confirmed satisfaction with the service and stated that staff assist with external appointments if necessary.

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

Team's recommendation
Does comply

The home has systems in place for safe and correct administration of medication. All medications at the home are securely stored and are administered by suitably qualified registered nurses division one or medication endorsed registered nurses division two. The home has installed an electronic medication management/monitoring system which has assisted the home in reducing medication errors, assists in tracking medication orders from general practitioners, assists in pharmacy ordering and the management of current and accurate medication charts. Medication charts show allergies, contain photographs of residents. Regular and as required medications are clearly written and signed by residents' general practitioners. Residents and their representatives confirmed they are satisfied that medication administration is managed safely and correctly in the home.

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

Team's recommendation
Does comply

Residents are assessed for pain on entry to the home and in the event of a change in pain being experienced. The home has access to assessment tools to collect data from all residents including those who are unable to verbalise their discomfort. These assessments take into consideration facial expression, mood and body language. Care plans are developed in consultation with residents and their representatives and evaluated monthly. Pain management alternatives are used such as massage, heat packs, gentle exercise, diversiononal therapy and physiotherapy to further support residents needs. Staff stated they monitor and assess residents for any pain they may have and residents confirmed they are satisfied with their pain management.

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

Team's recommendation
Does comply

Residents of Samarinda Lodge are assessed for their end of life care needs, choices and preferences which are noted in their care plan. Residents are supported through this process by trained staff including registered nurses division one and medication endorsed division two nurses. General practitioners visit for ongoing assessment and care strategies. Emotional support to the resident and their representatives and families is available from staff, visiting clergy and lay members of local congregations. The home has appropriate equipment to assist in providing comfort and care to terminally ill residents. Staff confirmed the home's palliative policies to the team and the importance of maintaining the comfort and dignity of palliative residents.

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

Team's recommendation
Does comply

On entry to the home a nutrition data sheet and dietary profile are completed documenting individual resident needs and preferences. This includes food and fluid consistency, allergies, likes and dislikes, meal size, adaptive equipment, positioning, swallowing function and other special needs. Care plans are reviewed and evaluated on a monthly basis and in response to change. There is a process to ensure that residents' dietary requirements are effectively communicated between care and catering staff. A range of texture modified food and fluids, nutritional supplements and modified crockery and cutlery are available. A new menu, developed by a nutritionist, has been introduced to enhance meal quality. Catering staff are responsive to individual requests and cultural and religious requirements. Residents are weighed monthly or as required. Appropriate referrals are made for medical, speech pathology and dietetics review. Residents reported that their nutrition and hydration needs and preferences are well met by the home.

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

Team's recommendation
Does comply

All residents are assessed on entry to the home for their skin care requirements and preferences. Assessments include a risk assessment of skin integrity and care plans are developed as a result. These include management strategies for residents' wounds and maintenance of skin integrity such as application of creams and emollients, regular repositioning, protective equipment/clothing and other specific interventions. Care interventions are evaluated monthly. Injuries that compromise skin integrity are recorded on incident reports and monitored through the clinical data and continuous improvement surveillance systems. Interviews with residents and their representatives confirmed satisfaction with the care provided in relation to skin integrity. Staff stated they receive education in how to protect residents' skin and attend wound care and feel confident in their ability to deliver appropriate care.

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

Team's recommendation
Does comply

Residents are assessed for their needs and preferences of continence and bowel management on entry to the home. An individualised care plan is developed in consultation with residents or their representatives and requirements are evaluated on a monthly basis. The home is currently trialling a new electronic continence surveillance system which aims to improve the individual continence program for each resident. Residents' individual continence product needs are recorded in their care plans as well as in residents' bathrooms. Toileting times are indicated on residents' care plans and care staff toileting communication sheets. Interviews with residents and representatives confirmed that resident's continence is managed well by staff and ensures their dignity, independence and life style options.

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 entering the home for any challenging behaviours and on an ongoing basis. Assessment includes consideration of the individuals' right to maintain independence, personality traits, friendships and associations with the community in tact. An individualised care plan is developed and reviewed monthly. Care plans have strategies documented and include individual support, communication techniques, leisure activities and other intervention strategies specific to the resident. Residents have access to professional aged care mental health organisations when required. Staff were observed to speak to residents in a respectful and caring manner. Relatives said the care at the home is provided in an empathetic manner and that they are consulted regularly about care needs.

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 of Samarinda Lodge are assessed for their mobility, dexterity and rehabilitation requirements on entry into the home. Individualised care plans are developed in consultation with residents or their representatives. There is monthly evaluation of residents' care plans and changes are noted. Risk assessments are undertaken to indentify potential issues and to minimise the risk of falls. Reassessment is undertaken in the event of a resident falling and there is a comprehensive incident reporting system and falls monitoring program in place. Each resident is reviewed by a physiotherapist who develops a specific exercise program to maintain mobility. Staff said they encourage and assist residents to complete their physiotherapy exercise program and have access to mobility assistive devices such as walking belts, hand rails and bed poles to optimise resident's independence and mobility. Residents were observed by the team to independently ambulate around the home with mobility aids.

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

Team's recommendation
Does comply

Oral and dental care needs are assessed on entry to the home and as part of the monthly resident review process. A care plan is developed identifying individual resident's needs, preferences and assistance requirements. Care staff monitor residents' oral and dental status during day to day care and at mealtimes. A dentist specialising in geriatric dentistry and a dental technician visit the home twice yearly or on request. Residents may also choose to attend their own dental service. Residents confirmed that they are satisfied with the oral and dental care and support provided by care staff.

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

Team's recommendation
Does comply

All residents' vision, hearing, speech and other senses are assessed on entry to the home. Individualised care plans are developed in consultation with residents and their representatives. Residents have access to optometrist and an audiologist service if necessary. Sensory loss in those suffering from dementia is supported and stimulated by life style activities programs which include the sense of touch and smell. Staff said they are aware of residents' needs with cleaning and fitting of sensory aides such as hearing aids and glasses. Residents said they are supported with their sensory loss needs. The team observed that the home has well lit corridors and the environment is free of clutter.

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

Team's recommendation
Does comply

Residents are assessed on entry to the home for their sleep requirements and preferences. A history of established sleep patterns is taken from the resident or their representative. From this information an individual care plan is developed. Residents benefit from having single rooms and are assisted to maintain their sleeping habits as established prior to entering the home where possible. Care plans include any sleep aids such as additional pillows, lighting, heat packs, massage or a warm drink as per assessment outcomes. Sedation requirements are appropriately documented. Residents confirm they sleep well and staff assist them to settle as the need arises.

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

The home's continuous improvement program includes implementing improvements aimed to enhance resident lifestyle. Residents and representatives have input through the residents meetings, family forums, improvement forms, surveys and informal requests. Residents and representatives confirm that management and staff are responsive to requests and that there is ongoing commitment to improvement and promotion of a quality lifestyle for residents. Refer to expected outcome 1.1 continuous improvement. Examples of continuous improvements in Standard Three include:

- New furnishings in the respite area has created a more homely and comfortable place for residents to gather.
- Upgrade of the newsletter with input from a volunteer graphic designer has improved residents and representatives' interest in reading the newsletter and allowed for more effective communication of key information.
- The purchase of a new resident bus with a hydraulic lift will enable residents with mobility impairment and the frail aged to participate in more outings and enhance the safety and comfort of residents while travelling
- The hairdressing salon has been relocated to an unused kitchenette and refitted with new equipment. This has improved access and enhanced this service for residents. The installation of a dedicated waiting area has eliminated the potential of blocking passageways.

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

Team's recommendation
Does comply

There are systems and processes to ensure that the home is compliant with regulatory requirements related to resident lifestyle. Policies and procedures include mandatory reporting and privacy. Residents' agreements covering the various levels of service provided to residents are in place. The Charter of Residents' Rights and Responsibilities is on display. Key information including the Charter, advocacy, internal and external complaints processes, fees, services and tenure are included in the residents' handbook provided on entry. There is a volunteer police check register that confirms currency for all volunteers registration. Residents and representatives are satisfied that the home complies with all regulatory requirements associated with resident lifestyle. Refer to expected outcome 1.2 regulatory compliance.

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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

Staffs engaged in the provision of services related to resident lifestyle have appropriate knowledge and skills to perform their roles effectively. Ongoing training needs are identified through review of residents' needs, staff performance appraisals, mandatory training needs and resident feedback. See Standard One, outcome 1.3 Education and staff development. The home's lifestyle coordinator is a currently completing their diversional therapy training. Volunteers are included in the education program with some programs being specific to volunteers needs. Staff stated that they are satisfied with the range of training opportunities provided.

Education recently undertaken in relation to Standard Three includes:

- Conducting and supervising a lifestyle activity
- Cultural diversity at work
- Dementia care and communication
- Elder abuse
- Emotional and psychological support
- Holistic approach to maintaining independence
- Mandatory training
- Social isolation.

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

Team's recommendation
Does comply

Residents emotional support needs are assessed on entry to the home and monitored by care and lifestyle staff during the settling in period and on an ongoing basis. Individual care plans guide staff in supporting residents' emotional needs. There is a process to engage residents in the activities of the home according to individual adjustment, personality, interests and preferences. Introductions to 'buddy' residents are made as appropriate. Residents are encouraged to bring items of significance from home and decorate their rooms with personal furnishings. Visiting clergy are welcome and encouraged and religious services are held in the home. Lifestyle staff and a large group of volunteers support residents to participate in the activity program and provide one-on-one support as required. A visiting pet service, birds and a fish tank provide a homely atmosphere and opportunity for interaction with animals. Residents are encouraged to raise issues in person or through the residents' meetings and family' forums. Residents confirmed that the home provides appropriate emotional support.

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

Assessment conducted on entry to the home includes a comprehensive evaluation of each resident's level of independence, assistance requirements, community interests and individual preferences and supports the development of individualised care plans. The lifestyle program is flexible and aims to meet the needs of residents of all levels of ability. The program includes exercise sessions, walking groups, community outings and visitors days. Residents are encouraged and supported to maintain established community, social, cultural and religious involvement. The home is sensitive to the needs of residents with physical and cognitive impairment and provides a range of supportive aids such as dementia specific activities, large print books, hearing aids, handrails and walking aids to support independence and participation. Residents are offered a portable electronic tracking/communication device to wear to enable them to communicate with staff in an emergency, it also enables staff to locate a resident if required. Residents reported that staff encourage and assist them to maintain independent function.

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 ensures that all staff, external service providers and residents respect each resident's right to privacy, dignity and confidentiality. The Charter of Residents' Rights and Responsibilities and privacy statements are on display in key areas. Residents have single rooms with ensuites and are issued with their own key. Magnetic chain guards for doorways are available on request to discourage entry by wandering residents. Staff were observed to knock and request permission before entering rooms. Confidential documentation is securely stored and there is a process for archiving and destruction. Electronic information is protected by digital logon smart cards, passwords and restricted levels of access. Residents confirmed that staff are very respectful of their privacy and dignity and support all residents to demonstrate respect for others.

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's leisure and lifestyle program is centred on individual interests and activities and those which can be shared with others in group activates. Residents are asked about their interests and assessed for their capacity to participate on entry to the home and a plan of care developed. Each resident's activity plan is evaluated monthly and appropriate changes are made where necessary. Residents and their representatives are actively involved in the residents' committee and volunteers assist residents to participate in a wide range of activities and make social outings more accessible for those residents needing additional assistance. The home has recently purchased a bus suitable for residents of different physical abilities which will further expand the homes

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activities program. The program is regularly evaluated through resident meetings and surveys. Residents spoke enthusiastically about the homes' activities, which is delivered by experienced trained staff and volunteers.

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 of Samarinda Lodge are predominately from the same cultural background. Where cultural needs differ from other residents the home works with families and the resident to support those cultural differences with food and culturally specific celebration days. Visiting clergy are welcome and encouraged and religious services are held in the home. Residents changes in needs centred on palliative care or the continued growth of their own belief system are monitored by staff and appropriate resources accessed for the resident. Families' and residents' expressed their appreciation of the cultural and spiritual support the home gives residents.

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

There are systems in the home to ensure residents' have the opportunity to participate in choice and decision-making in all aspects of their care and service delivery. Care plans are developed in consultation with residents or their representatives and detail individual preferences in relation to activities of daily living, food preferences, cultural and spiritual requirements and recreational activities. These are updated in line with changes in preferences. Complaints and advocacy information is included in the resident handbook and on display throughout the home. Residents choose their preferred health care providers and consent for the use of photographs and the disclosure of personal information are documented. Communication processes such as individual discussion with staff and management, the residents' committee, family forums and improvement forms allow residents to express choice and participate in decision-making. Residents expressed high levels of satisfaction with the opportunities provided for choice and 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

The prospective resident's information kit is provided to residents includes information regarding rights, responsibilities, security of tenure, fees, services and equipment and relevant policies. Residents and representatives are provided with a tour of the home and meet with the manager prior to entry to raise any concerns and clarify issues. An interpreter service is available if required. The resident' agreement is provided on entry and outlines all relevant regulatory information. The Charter of Residents' Rights and Responsibilities is on display and discussed at various meetings and forums. Important

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information is included in the home's newsletter that is circulated to residents and emailed to representatives. Residents confirmed that they were well informed about services and security of tenure prior to entry. They understand their rights and responsibilities and report being kept well informed about any changes that may affect their tenure.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement
This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's recommendation
Does comply

The continuous improvement program includes improvements related to the home's physical environment and safe systems. The program is informed by incidents, hazards, maintenance requests, environmental audits, suggestions and complaints. The capital improvement program supports implementation of major improvements and structural developments and the home actively seeks community funding for specific activities and projects to improve the comfort and safety of the environment. Residents confirmed that they are satisfied that the home actively pursues opportunities to improve the environment and that they are confident that staff are well trained to manage emergencies. Refer to expected outcome 1.1 continuous improvement.

Recent improvements related to Standard Four include:

- The installation of hooks in storage areas for lifting machine slings has resulted in slings remaining cleaner, a well organised storage area with easier access for staff and reduced risk of obstruction in passageways.
- Building upgrades and renovations that included the modifications of three resident bathrooms for residents with complex disabilities, the installation of new handrails, a new training room, equipment alcoves and relocation of the hairdressing salon have resulted in the home being upgraded to 9C building certification. The home is now better able to safely manage residents with complex needs and improved safety for residents and staff.
- The implementation of an ozone laundry system has resulted in reduced water usage and energy consumption by the home.

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

Systems in place ensure that the home identifies and complies with legislation, regulations, standards and guidelines in relation to the physical environment and safety requirements. Regular environmental audits and inspections are carried out by internal and external service providers. The preventative maintenance program and essential services routinely audit, monitor, service and maintain the home's infection control processes, buildings, equipment, fire and security systems and chemical management. There is a nominated occupational health and safety representative on staff and staff participate in mandatory occupational health and safety training relevant to their roles. Staff work practice and observation of the environment confirms that the home complies with regulations and professional standards. Residents and staff confirmed that they receive information regarding legislation and regulatory changes and that the

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home provides a safe environment in which to live and work. Refer to expected outcome 1.2 regulatory compliance.

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 in place education programs to improve resident outcomes in Standard four, physical environment and safe systems and ensure that staff have the appropriate knowledge to perform their tasks effectively. The education program includes mandatory training as a component of compulsory training days to ensure that all staff have the necessary skills and knowledge to support a safe environment. See Standard one, outcome 1.3, Education and staff development for the manner in which education needs are identified, delivered and evaluated. Education recently undertaken in relation to Standard Four includes:

- All cleaning and laundry staff have undertaken Certificate III in health support services.
- Chemical training
- Elder abuse
- Food and fluids
- Food handling
- Handling waste
- Infection control
- Mandatory training
- Stay safe – Occupational health and safety.

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

Team's recommendation
Does comply

The residents of Samarinda Lodge enjoy a home set in pleasant gardens, with wide hallways, well lit with natural and artificial lighting and furnished with comfortable and appropriate furnishings. Residents' rooms are personalised and single with appropriately fitted out ensuites. Each resident has access to a voice activated electronic call system. Residents were able to demonstrate the use of the system and confirmed that the ability to talk to staff when needed has increased their confidence and feelings of security. Gardens are well maintained and allow residents to stroll around the home in comfort. The perimeters of the home are secure for those residents who may wander and to keep the home safe at night. Systems to identify hazards are in place and maintenance is timely and subject to a preventative program. Families and residents commented that they are satisfied with the homes environment and the level of maintenance.

4.5 Occupational health and safety

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

Team's recommendation
Does comply

Management actively works to maintain a safe working environment and staff practices are guided by policies and procedures to promote a safe working environment. A trained occupational health and safety representative works with the occupational health and safety committee and the continuous improvement committee to identify and minimise risks across all areas of the home. Issues raised in audits, meetings, incident reports or comments and complaints are discussed at regular staff, quality and board meetings. Staff attend mandatory education in manual handling and fire safety annually. Management is committed to the provision of a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation
Does comply

Systems are in place to monitor and minimise emergency risks including fire detection and fire fighting equipment. The team noted exits to be clear of obstructions and that there is appropriate signage, evacuation maps and emergency procedure guidelines displayed. External servicing is provided for the fire alarm systems and fire fighting equipment on a scheduled basis. Both internal and external lighting is maintained. Staff are given fire and emergency information on orientation to the home and attend annual mandatory training to ensure knowledge of fire and emergency systems and procedures are current and effective. Residents expressed confidence in staff skills and knowledge in the event of an emergency.

4.7 Infection control

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

Team's recommendation
Does comply

The home has systems in place to monitor outbreaks of infection and proactively works towards minimising risk. Residents' receive influenza vaccination as appropriate from their attending general practitioners. The home has an orientation program for all new staff and annual mandatory infection control education augments staffs' existing knowledge. Monthly data collection leads to trend analysis and is discussed at clinical, staff and other appropriate meetings. Supplies of protective clothing and equipment for the disposal of sharps and infectious waste are readily available to all 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

Hospitality services in the home ensure that residents receive a high standard of catering, cleaning and laundry services. All food is freshly cooked on site and menus

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are seasonally varied. Residents have the opportunity to make individual food choices and cultural and spiritual needs and special requirements are catered for. There are effective processes in place to ensure residents' diet consistencies, supplements, allergies and other special dietary needs are communicated to catering staff. The food safety program is externally audited and meets all local government regulatory requirements. Cleaning services follow a detailed cleaning schedule and include regular 'spring cleaning'. The laundry is responsible for all personal laundry and linen. Dry cleaning can be arranged and garments are ironed as required. Laundry staff assist residents with garment labelling to minimise lost items. All staff participate in mandatory training relevant to their roles including food handling, infection control, manual handling, chemical handling and waste management. Residents confirmed high levels of satisfaction with the quality of catering, cleaning and laundry services.