



Australian Government

Australian Aged Care Quality Agency

Mercy Place - Fernhill

RACS ID 3074
18-22 Fernhill Road
SANDRINGHAM VIC 3191

Approved provider: Mercy Health & Aged Care Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 22 May 2018.

We made our decision on 27 April 2015.

The audit was conducted on 01 April 2015 to 02 April 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against 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.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

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.

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

Mercy Place - Fernhill 3074

Approved provider: Mercy Health & Aged Care Inc

Introduction

This is the report of a re-accreditation audit from 01 April 2015 to 02 April 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 01 April 2015 to 02 April 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Lesley Richardson
Team member:	Lynore Mercer

Approved provider details

Approved provider:	Mercy Health & Aged Care Inc
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Details of home

Name of home:	Mercy Place - Fernhill
RACS ID:	3074

Total number of allocated places:	120
Number of care recipients during audit:	26
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	None

Street:	18-22 Fernhill Road
City:	Sandringham
State:	Victoria
Postcode:	3191
Phone number:	03 9598 3198
Facsimile:	03 9598 3682
E-mail address:	vyankoulas@mercy.com.au

Audit trail

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

Interviews

Category	Number
Management/directors	10
Nursing staff	5
Care staff/allied health	6
Care recipients/representatives	8
Lifestyle/pastoral staff	3
Environmental staff	5

Sampled documents

Category	Number
Care recipients' files	9
Resident agreements	3
Diabetic charts	2
Medication charts	9
Personnel files	5
Wound charts	6

Other documents reviewed

The team also reviewed:

- Activity calendar, attendance records and evaluations
- Audit schedule, checklists, audits and reports
- Care modules
- Cleaning schedules and temperature monitoring records
- Complaints and compliments registers and correspondence
- Continuous improvement plan, opportunity for improvement forms and self-assessment
- Contractor database and service agreements
- Dangerous drug register and registered nurse signature omission book
- Education calendar, attendance records and competency test records

- Equipment and chemical registers
- Falls investigation tool
- Food safety program, survey, dietary information and menu
- Handover sheet and resident list
- Incidents, infection and clinical monitoring folders including charts
- Maintenance and essential services register, checklists and records
- Mandatory reporting register
- Meeting minutes, terms of reference and agenda
- Mission, vision and values
- Police certificates, statutory declarations and professional registration databases
- Policies, procedures and flow charts
- Referral and general practitioner information
- Resident handbook
- Resident self-medication form
- Rosters
- Safe work statements and work health and safety plan
- Staff and volunteer handbooks, orientation information, position descriptions and duty lists
- Surveys.

Observations

The team observed the following:

- Activities in progress and equipment in use
- 'Charter of residents' rights and responsibilities' on display
- Cleaning and laundry service in progress
- Document storage and administration in progress
- Emergency and firefighting equipment, egress routes and pathways
- Equipment and supply storage areas including signage
- Evacuation information

- Hypoglycaemic and spill kits
- Interactions between staff and residents
- Internal and external living environment
- Maintenance in progress
- Meal and refreshment service
- Notice boards and information on display
- Opportunity for improvement forms, brochures and locked boxes
- Personal protective equipment
- Short observation in dining area
- Storage and administration of medications
- Storage of medications and dangerous drugs
- Waste processing, storage and disposal
- Wound care trolleys.

Assessment information

This section covers information about the home's performance against 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home with support of the organisation actively pursues continuous improvement across the Accreditation Standards and shows improvements in management systems, staffing and organisational development. The system includes feedback forms, surveys, audits and meetings with management promoting formal and informal feedback. The continuous improvement plan identifies opportunities for improvement with goals set, strategies developed and outcomes monitored. Management and the quality committee monitor the effectiveness of improvement strategies using a range of mechanisms such as observation, audits, data analysis and feedback. Feedback of results is provided to stakeholders with the organisation providing support with the implementation of monitoring systems. Residents, representatives and staff are satisfied the home actively pursues continuous improvement.

Examples of recent improvements in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified an opportunity to improve communication with team leaders and facilitate the follow up of agreed actions. A brief meeting is held each morning and key actions are agreed and followed up. Management said staff feedback the meeting is a valuable support.
- To support the opening of the new facility management implemented a two week orientation program for all staff. Management and staff said this program has resulted in a team spirit and supported them to meet residents' needs. Residents and representatives are satisfied with the way they have been welcomed to the home and needs met.
- Staff identified the medication trolleys needed brakes as the floor of the medication rooms slopes to a drainage point. Management fitted brakes to medication trolleys and said staff use these consistently when storing trolleys.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home, with the support of the organisation, has systems to identify and ensure compliance with the relevant legislation and guidelines. Information is obtained through membership and subscription to peak bodies and notifications from aged care groups, legislative update services and coronial communiques. Processes ensure the revision of relevant policies and procedures when required and monitoring of compliance is through internal and external review. Management will discuss updates on regulations with staff and residents at meetings, via the intranet, education sessions and displays on notice boards.

Staff are aware of their obligations regarding regulatory compliance.

Examples of regulatory compliance at the home relating to Standard 1 Management systems, staffing and organisational development include:

- An organisational system for ensuring the currency of police certificates, visas and statutory declarations as appropriate for staff, volunteers and contractors.
- Processes to ensure the currency of professional registrations and licenses for staff and contractors as required.
- Notification to staff, residents and representatives of the commencing service re-accreditation site audit.
- Confidential documents are stored and destroyed securely.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home, as a new commencing home, and the organisation has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Management provided the newly appointed staff with a two week orientation and educational program. Educational topics included mandatory sessions for all staff and topics relevant to work areas. Education topics are delivered through self-directed learning packages, practical sessions, tool boxes, competency assessments, one on one sessions and external courses and workshops. Management record staff attendance and monitor staff compliance. Evaluation of sessions occurs to monitor the effectiveness of the program.

Mechanisms used to determine education requirements will include learning needs analysis, performance appraisals, observation of staff practice, staff requests, resident clinical needs and feedback, changes to legislation and incident trends. Staff said the home’s orientation and

education provided was excellent and assisted them in their new roles. Residents and representatives are satisfied staff have appropriate knowledge and skills.

Examples of education and training relating to Standard 1 Management systems, staffing and organisational development include:

- continuous quality improvement and accreditation preparation
- professional boundaries for team members
- incident reporting and complaints.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Internal and external complaints mechanisms are available to care recipients, representatives and stakeholders. Feedback is encouraged on noticeboards and in meetings with a newsletter planned. Feedback is provided directly to staff and management, via forms, surveys or by posting in mail boxes. Assistance to complete forms or raise issues is available. Management maintains confidentiality and operates an open door approach with meetings arranged as needed. Identified issues inform the continuous improvement process and management provides feedback on outcomes. Staff are aware of complaints processes and encourage residents to raise their concerns. Residents and representatives said they are encouraged to provide feedback and satisfied with the responsiveness of staff and management.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's exterior wall, reception area, information displays and documentation including resident and staff handbooks articulate the home's vision, mission and values. These statements articulate the home's commitment to fostering a values driven culture providing high quality care and services responsive to the individual needs and well-being of residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are sufficient appropriately skilled and qualified staff to deliver care and services. The organisation's human resource department undertook a selection process for the home to ensure the selection of staff met the philosophy and model of care the home wished to provide to residents. Staff have appropriate skills and qualifications and attended a two week orientation program. All new staff have a contract, copy of their position description, staff handbook and undertake orientation. Staff appraisals will occur annually and audits, competencies and management observations will ensure maintenance of staff skills and practices. Staff will gain additional skills and knowledge through internal and external education opportunities and will be required to attend annual mandatory training. Monitoring of staffing levels occurs to reflect changes in resident numbers and care needs. Residents and representatives said they are satisfied with the quality of care provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The organisation supports the home's system to ensure stocks of appropriate goods and equipment for quality care provision are available. Management and staff monitor stock levels and replace stock from existing stores and by reordering from regular organisational suppliers. The organisation has a budgeting and purchasing system in place. Resident care needs and preferences, staff feedback, maintenance schedules, audits and contractor reports inform decision making in relation to purchases. Risk assessment and trial of equipment is undertaken where needed with safe work method statements developed to guide staff. Staff receive training in the use of new and existing equipment. The home has adequate storage and equipment is accessible. Cleaning and maintenance schedules and reporting of maintenance issues ensures equipment is in good repair. Residents, representatives and staff said there is adequate and appropriate supply of goods and equipment to meet residents' needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation's systems ensure management and staff effectively manage documented and electronic information in accordance with legislative requirements and the organisation's policies and procedures. The organisation supports back up and security of electronic information which is password and access restricted. There are appropriate strategies to

maintain the privacy and confidentiality of resident and staff information. Scheduled information reviews ensure information remains relevant, current and complete. Management ensure information is circulated to residents, staff and other stakeholders through electronic messaging, meetings, informal discussions, letters and handover. Staff said they have access to administrative, care and management information required to perform their roles.

Residents and representatives are satisfied with access to information and communication in the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management ensures the provision of all externally sourced services meet the needs of care recipients and stakeholders. The organisation supports the home in ensuring all personnel directly contracted by the home undergo police checks if their job role involves unsupervised access to residents. The organisation implements a tender process for large service contracts with the home contributing to the development of service expectations and participating in tender evaluation. Contracts or service agreements inform the relevant party of their duty requirements and their responsibilities. There is an induction process, attendance monitoring and review of contractors' performance to determine continuation of their service. Residents are supported to access external services of their choice. Staff, residents and representatives are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The home with support of the organisation actively pursues continuous improvement in residents' health and personal care. Staff document incidents and designated staff analyse a range of clinical data for trends which are reported, overseen and actioned. Residents, representatives and staff are satisfied the home pursues continuous improvement.

Examples of recent improvement initiatives in relation to Standard 2 Health and personal care include:

- Following a medication safety audit, management identified several issues in relation to managing medication safely. Management changed key security processes and communicated expectations in relation to staff practice for locking the medication trolley in the locked medication room. Management undertook an observational audit and said medication security is now consistently compliant.
- Care staff identified an opportunity to improve the physiotherapy mobility and transfer guide to make this more specific to meet resident needs and best practice guidelines. Staff in consultation with the physiotherapist implemented the improved form. Management said staff feedback relevant information is more clearly presented.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding health and personal care.

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

Examples of regulatory compliance in relation to Standard 2 Health and personal care include:

- The home maintains a record of current registration for registered nurses and other health providers.
- Secure storage of medication and evidence that medications are managed in a safe manner by appropriately qualified staff in accordance with regulatory compliance.
- Registered nurses oversee the assessments and care planning for all residents.
- There are policies and procedures in place and staff are aware of their responsibilities in relation to unexplained resident absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management have a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to health and personal care. For details regarding the home’s system refer to expected outcome 1.3 Education and staff development.

Examples of education and training relating to Standard 2 Health and personal care include:

- assessment writing
- wound management
- maintaining skin integrity
- pain management
- falls management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients receive appropriate clinical care, including assessments, care planning, evaluation and consultation. Care plans reflect residents’ individualised needs and goals. Evaluation of care will occur monthly or more frequently if care needs change. There is a registered nurse present every day and care staff provide basic care under the direction and supervision of the registered and enrolled nurses. Residents have access to their own general practitioners or those who visit on a regular basis. Referrals to other health professionals occur as required. Residents and representatives are satisfied with the clinical care staff provide and consultation occurs on any changes to the care needs of the resident.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure the appropriate management of care recipients’ complex care needs. These include wound management, challenging behaviours, pain, palliative care, oxygen therapy and diabetic management. The registered nurses oversee or provide this care by assessing, managing, documenting, evaluating and reviewing the complex care needs of residents. The general practitioners and other health professionals provide advice and care directives. Specialised care modules provide specific instructions in the management of specialised care. Staff confirmed they have the skills and are provided with ongoing education to enable them to meet specialised care requirements. Residents and representatives expressed confidence that staff are skilled in providing the specialised nursing care required.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has processes to refer or assist care recipients with complex health requirements to access appropriate specialists for treatment and advice. Residents have access to a range of health professionals including physiotherapist, podiatrist, dietitian, mental health services, palliative care, speech pathologist, wound and continence specialists, optometrist and dental services. Staff are able to make referrals in conjunction with the resident’s general practitioner and representative. Residents’ progress notes and care plans confirmed appropriate and timely referrals and follow up and staff carry out care according to specialists’ instructions. Residents and representatives advised that if required staff assist residents to attend appointments and are satisfied with residents’ access to services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure the safe management of care recipients’ medications. Medications are securely stored and checking mechanisms are in place. Registered and endorsed enrolled nurses dispense medications from sachet packs. Management conduct monitoring of compliance with the system through audits and documentation of incidents. Residents managing their own medication are assessed as competent and their medications securely stored. Processes are in place to order supplies and access after-hour medications. An inaugural medication advisory committee meeting is scheduled. Staff medication competency will be a requirement for all staff administering medications. Residents and representatives are satisfied with the management of medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Pain management strategies ensure all care recipients are as free as possible from pain. The home has processes for the assessment, documentation, evaluation and management of residents’ pain. Staff assess residents’ pain using a validated assessment tool on entry to the home or when a resident reports or exhibits clinical changes that may indicate they are experiencing pain. Strategies in pain management include the use of heat packs, massage, exercise, medication, distraction, comfortable bedding and position changes. Individualised care plans include these interventions and are evaluated for the effectiveness of pain relief. Residents and representatives said they are satisfied with the management of pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home provides care recipients with end-of-life care that ensures their comfort and respects their dignity and cultural requirements. On entry to the home, management discuss resident’s terminal care and end of life wishes and document (if appropriate), or when the resident and or their representative choose to communicate these wishes. The general practitioners provide advice to staff and families and the local palliative care service is accessible to provide additional support. A pastoral care associate provides spiritual support and counselling. We observed staff supporting residents during the palliation process.

Representatives are satisfied with the support provided at the end of life.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients’ nutritional and hydration needs and preferences are met. The dietitian reviews all residents on admission, with guidelines established in weight management. Processes are in place to ensure residents’ weight will be monitored monthly, variances noted and appropriate action taken such as the commencement of a food and fluid chart, more frequent weighing or additional high protein supplement drinks. The catering service offers residents a choice of menu and portion size with altered consistency and texture of food and fluids provided when necessary. Assistive devices or utensils provide residents with the ability to maintain their independence. Referral to a speech pathologist for assessment and advice occurs for residents with swallowing difficulties. Residents and representatives said staff support residents to maintain their nutrition and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has processes to promote care recipients’ skin integrity consistent with their overall health. Procedures and protocols are in place for the management of skin tears and wound management. Validated assessment tools are utilised to identify residents at risk of skin breakdown and care plans include interventions, preventative measures and assistive devices implemented. Strategies used to promote skin integrity include pressure relieving mattresses, continence aids, high protein supplements, massage and the use of barrier creams, woollen underlays, protective limb bandages and repositioning. Processes to ensure monthly monitoring of wounds and skin tears are in place. Suitable equipment ensures the appropriate transfer of residents. Residents are satisfied with the home’s approach to maintaining their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure the effective management of care recipients’ continence needs, including assessment on entry to the home and ongoing evaluation of strategies and appropriateness of continence aids. Care plans include assessed levels of assistance required, maintenance of skin integrity, toileting schedules, continence aids and other factors that may impact continence. Staff chart bowel movements daily and monitor urinary tract infections. Staff manage continence issues discreetly and there is minimal use of aperients.

Residents and representatives are satisfied with the home's approach to continence management.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Staff provide effective care for care recipients with any challenging behaviours. Residents' on entry to the home have behaviours of concern assessed with management strategies put in place. Care plans contain triggers and strategies to manage behaviours. The home has a minimal restraint policy in place. Nursing staff, in consultation with general practitioners, access specialist services for advice and management strategies. Lifestyle staff provide a program for those residents requiring additional assistance in the afternoon. The home is secure with access by keypad. Residents and representatives are satisfied with the home's approach to behavioural management.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all care recipients".

Team's findings

The home meets this expected outcome

The home has processes to encourage care recipients to achieve optimum levels of mobility and dexterity. Assessment by the registered nurse and the physiotherapist includes issues related to use of mobility and dexterity aids and falls risk. Fall prevention strategies include a clutter free environment, the use of sensor mats and mobility aids. The lifestyle program also incorporates exercise into their weekly program and a walking program is in place. Staff report, monitor, analyse and take necessary action in relation to resident falls. The physiotherapist visits weekly and reviews residents post fall. Staff have the skills to assist residents as needed. Residents and representatives said residents are supported to maintain optimum levels of mobility.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The home has systems to assess and maintain care recipients oral and dental needs and preferences. An oral and dental care plan includes level of assistance required and interventions to meet each resident's individualised needs. Staff make referrals to the general practitioner, speech pathologist and dental services as appropriate. Residents can choose and staff assist residents to access their preferred providers of dental care. The kitchen provides alternative food textures to accommodate oral, dental or swallowing difficulties. Residents and representatives are satisfied staff assist residents to maintain their preferred dental care regimes.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

There are systems to identify and manage care recipients’ sensory losses. Staff complete a formalised sensory assessment of vision, hearing, taste, touch and smell on entry to the home. Care plans contain information on deficits in communication, hearing, vision, speech, cognitive ability, and any swallowing difficulties. Interventions include assistance required and assistive devices used. Sensory loss strategies include the use of music, massage, large print books and tactile and sensory activities. The living environment is of low stimuli, well lit, with handrails and wide corridors, accessible signage and outdoor areas including a paved garden. Residents and representative are satisfied staff assist residents with sensory devices and the environment provides them with stimulation.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home supports care recipients to achieve natural sleep patterns. Care plans detail individual preferences and needs including the residents preferred natural sleeping patterns such as settling and rising times, pharmacological and non-pharmacological strategies and other information that has an impact on sleep such as continence, pain or hunger. Staff regularly review residents’ sleeping patterns to ensure residents are well rested and provide comfort as needed. Residents indicated the home is quiet at night and conducive to supporting a natural sleep pattern.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The home’s continuous improvement system shows improvements in the area of care recipient lifestyle. Residents, representatives and staff are satisfied the home is actively improving resident lifestyle.

Examples of recent improvement initiatives in relation to Standard 3 Care recipient lifestyle include:

- In seeking resident input into establishing hairdressing services in the home, residents provided feedback on the cost. Management discussed residents’ concerns with the hairdresser and negotiated services at a reduced cost. Residents and representatives are satisfied.
- Following a request by residents for wireless access to the internet across the home, management has installed this. Staff provide training and support to residents. Residents are satisfied they are able to maintain contact with family and friends more readily.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding care recipients lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

- The ‘Charter of residents’ rights and responsibilities’ displayed prominently in the home and also included in the resident information pack.
- Policies, guidelines and flowcharts are available to all staff in relation to elder abuse and unexplained resident absence.
- Management offer resident agreements to all residents that specify care, services, and security of tenure.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management have a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to care recipient’s lifestyle. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Examples of education and training relating to Standard 3 Care recipients lifestyle include:

- elder abuse/mandatory reporting
- assessing for risk and negotiating lifestyle boundaries with residents
- diversity and equity.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home supports each care recipient in adjusting to life in a new environment and on an ongoing basis. An orientation process supports residents when first arriving at the home. Staff review available information prior to the resident moving in and key staff give a tour of the home and introduce residents to staff and other residents. The home is implementing a buddy system for new residents. Lifestyle and pastoral staff assess residents' emotional support needs and work with care staff to monitor these. Residents can access a psychologist if they require additional support to settle into the home. Staff review residents' emotional needs and develop or update care plans as appropriate. In addition to one-on-one staff support, church services and visits from the pastoral care associate provide additional support for residents on an ongoing basis. Residents and representatives said that the home and its staff have established a supportive environment that meets residents' emotional needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to maximise their independence, maintain friendships and participate in life inside and outside the home. The home's approach to care planning identifies, assesses and reviews residents' various needs while encouraging their independence. Strategies include regular exercise programs, the use of mobility aids and the provision of activities to promote social interaction within and outside the home. Bus outings are planned to assist residents to maintain these relationships. Staff consult with residents and representatives about residents' daily routines and how to manage any identified risks. The home undertakes risk assessments to support residents' with the ability to access the community independently by car or scooter. Residents and representatives are satisfied the home supports residents' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home recognises and respects each care recipient's right to privacy, dignity and confidentiality. Assessment and review includes consideration of each resident's specific cultural, spiritual or personal needs to promote privacy and dignity. Strategies and processes for maintaining privacy and dignity are established. Seating areas are available indoors and outdoors for residents to socialise, for personal use or when they have visitors. Resident

information is stored securely and staff respect confidentiality when speaking about residents. Access to electronic information is password protected and the home has implemented work practices to maximise staff availability while accessing computers as appropriate. Staff were observed to be discreet when managing care needs and accessing computers. Residents and representatives are satisfied management and staff respect residents' privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home encourages and supports care recipients to participate in a wide range of interests and activities of interest to them. Staff document preferences and interests in discussion with residents and representatives and continue to invite participation to support new interests and socialisation. Lifestyle and pastoral care staff organise activities in small and large groups or on a one to one basis and consider residents' cognitive and physical ability. In good weather lifestyle staff utilise outdoor spaces for activities. Regular outings and visits from community groups and entertainers occur and volunteers support the program.

Resident meetings and evaluations monitor the effectiveness of the program. Residents and representatives are satisfied with the activity program and the support provided to participate.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home meets care recipients' individual interests, customs and beliefs. Cultural and ethnic backgrounds are valued. Staff consider residents' cultural, religious, spiritual and ethnic preferences in planning care, resources and activities. The home has access to resources to aid communication and spirituality. The home prepares for and celebrates significant events including special and commemorative events and residents and representatives are encouraged to participate. Staff and volunteers assist residents to access spiritual support in the home and the community. Management and staff are working closely to enhance suitable spaces for quiet group reflection. A pastoral care associate supports residents and representatives during illness and the end stages of care. Residents and representatives are satisfied with the cultural and spiritual support provided.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The rights of care recipients to make decisions and exercise choice and control over their lifestyle is recognised and respected. Assessments record choices and preferences. The home uses a range of strategies including offering choices, inviting participation and responding to requests to support choice and decision making. Care plans, dietary sheets and activity participation records document personal preferences. A process for timely completion of initial care plans and regular review by lifestyle and nursing staff is in place. Resident and representative meetings occur and the home communicates information informally, by displaying notices or by electronic mail to residents and representatives.

Residents and representatives said staff respect their choices and preferences and they are encouraged to participate in decisions about their care and give feedback.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has a system to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. On entry, management provides information about security of tenure, privacy, confidentiality, complaints mechanisms and the available care and services through the information pack and residential agreement. The 'Charter of residents' rights and responsibilities' and advocacy and independent complaints mechanisms brochures are on display. Management ensures other stakeholders are aware of residents' rights and responsibilities through handbooks, poster displays, training and policies and procedures. Residents and representatives said residents have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The home actively pursues improvements to ensure care recipients live in a safe and comfortable environment. Examples of activities that inform improvements related to the environment are environmental audits and inspections, third party reports and feedback from stakeholders. Staff, residents and representatives are satisfied management actively improves the home’s physical environment.

Examples of recent improvement initiatives in relation to Standard 4 Physical environment and safe systems include:

- As a result of resident feedback related to the noise of the call bell system at night, management diverted routine call bells to the cordless phone system with only emergency call bells now audible at night. Management said residents are satisfied noise at night is reduced and staff are still able to respond effectively to call bells.
- As a result of feedback from residents related to the noise associated with handling of the metal lids of the bain-marie during meal service, management has ordered plastic covers to replace these. Management has implemented a range of strategies in the interim. Management and staff are confident the new covers will reduce noise and improve residents’ dining experience.
- Management identified a hazard to residents’ using scooters to access the underground car park and arranged an assessment by an occupational therapist. Designated bays were established to enable residents’ safe access to the goods lift to enter and leave the garage. Management said residents are satisfied and feel safe using the lift.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding the home’s physical

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

Examples of regulatory compliance in relation to Standard 4 Physical environment and safe systems include:

- The home has a food safety plan and certified kitchen.
- There is an effective infection control system.
- The home monitors and maintains the fire safety systems and lifts.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management have a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Examples of education and training relating to Standard 4 Physical environment and safe systems include:

- work health and safety
- infection control
- manual handling
- emergency procedures.

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

The organisation and home actively work to ensure the living environment is safe and comfortable. Private and communal living areas are clean and of a comfortable temperature. External areas have a range of seating options, paving and maintained gardens. Corrective and preventative maintenance systems and a cleaning program ensure equipment, fittings and fixtures are safe and functional. The organisation budgets for improvements to the residents' living environment. Staff monitor the comfort and safety of the living environment through observation, review of resident care needs, risk assessments, audits and resident or representative feedback. Residents and representatives are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management and the organisation actively work to provide a safe working environment. Management inform staff of occupational health and safety requirements through orientation, documented processes, meetings and safe work method statements. Management monitor and support occupational health and safety through mechanisms including regular discussion at meetings, visual observation, review of incident and hazard reports, maintenance and environmental audits. The organisational work health and safety committee supports occupational health and safety systems in the home providing reports to the board and is assisting in the implementation of a work health and safety committee in the home. Staff said they have equipment that promotes safe work practice, access to information and training and prompt maintenance support.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management, the organisation and staff are working to maintain a safe environment that minimises fire, security and other emergency risks. Staff have access to documented emergency management procedures. Fire safety systems are in place including evacuation kits, fire plans, fire detection and firefighting equipment. Contracted fire professionals regularly monitor and maintain safety equipment. The home is able to respond to other emergencies and there is a security system. There is a lock up procedure in place at night. Staff said they have undertaken and are required to undertake regular fire and emergency training and are comfortable to respond to fire or another emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has implemented an effective infection control program. Personal protective equipment, hand washing facilities and a vaccination program for staff and residents are in place to minimise the risk of infection. Review of infection rates occurs, mandatory training includes infection control and management encourages staff, residents and representatives to practice hand hygiene. The home identifies residents at risk of infection and appropriate reviews undertaken with implementation of treatment as required. Kitchen, cleaning and laundry practices follow current infection control guidelines. There is a food safety program and the home undertakes pest control inspections. Appropriate waste disposal processes are in place. Staff said there are adequate supplies and equipment with policies and procedures to assist staff in minimising the risk of infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services in a way that enhances care recipients' quality of life and the staff's working environment. Catering services meet residents' individual dietary needs and preferences, offer variety with a four week seasonal menu and adhere to a food safety program. Staff provide cleaning and laundry services and follow schedules to ensure completion of tasks. The organisation has implemented a micro fibre cleaning system in the home. Linen, furnishings, slings and personal clothing are laundered onsite. Staff undertake labelling of clothing to minimise any loss and there is a system for returning any misplaced clothing. Management and staff monitor hospitality service performance through meetings for residents and representatives, surveys, stakeholder feedback, audits and observation of practice. Residents, representatives and staff are satisfied with the home's catering, cleaning and laundry services.