



Australian Government

Australian Aged Care Quality Agency

Moran Roxburgh Park

RACS ID 3935
3 Wedgwood Road
ROXBURGH PARK VIC 3064

Approved provider: Moran Australia (Residential Aged Care) Pty Limited

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 21 February 2018.

We made our decision on 30 December 2014.

The audit was conducted on 25 November 2014 to 26 November 2014. 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Moran Roxburgh Park 3935

Approved provider: Moran Australia (Residential Aged Care) Pty Limited

Introduction

This is the report of a re-accreditation audit from 25 November 2014 to 26 November 2014 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 25 November 2014 to 26 November 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of three 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:	Gerard Barry
Team members:	Doris Hamilton Margaret Lett

Approved provider details

Approved provider:	Moran Australia (Residential Aged Care) Pty Limited
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Details of home

Name of home:	Moran Roxburgh Park
RACS ID:	3935

Total number of allocated places:	132
Number of care recipients during audit:	113
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Nil

Street:	3 Wedgwood Road
City:	Roxburgh Park
State:	Victoria
Postcode:	3064
Phone number:	03 9303 6333
Facsimile:	03 9303 7202
E-mail address:	roxburghpark@morangroup.com.au

Audit trail

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

Interviews

Category	Number
Management/administration	5
Clinical/carers/lifestyle staff	18
Allied health	3
Care recipients/representatives	20
Hospitality/environmental staff	5

Sampled documents

Category	Number
Care recipients' files	18
Resident agreements	4
Medication charts	13
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities calendar and documentation
- Audit schedule and results
- Catering/cleaning and laundry records
- Charter of residents' rights and responsibilities
- Clinical records and documents
- Consolidated/mandatory reporting records
- Education records
- Incident reports and analysis
- Infection reports and analysis
- Information brochures
- Job descriptions

- Maintenance records
- Meeting minutes
- Mission/vision statement
- Newsletter
- Preferred provider lists
- Resource manual of cultural cue cards
- Selected policies and procedures
- Staff, volunteer and resident handbooks and surveys.

Observations

The team observed the following:

- Activities in progress
- Allied health visiting
- Archive room
- Entertainer visiting
- Equipment and supply storage areas
- Information noticeboards
- Interactions between staff and residents
- Internal and external living environment
- Meal service
- Pain clinic
- Palliative care room
- Prayer room
- Short group observation
- Storage of medications.

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 organisation actively pursues continuous improvement in all aspects of care and service. An auditing process monitors the systems and staff record corrective actions through the improvement system. Management identifies improvement opportunities through trend data analysis, complaints, suggestions, meetings, incidents and accidents. Management registers improvement activities, monitors progress and then evaluates actions to confirm successful completion. Management communicates the continuous improvement activities to all stakeholders through memoranda, minutes of meetings, newsletters and noticeboards.

Residents and staff are satisfied the organisation actively pursues continuous improvement.

Examples of recent improvements undertaken or in progress over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- A corporate initiative is the restructuring of their commercially available documentation program. The changes will improve staff accessibility. Flowcharts describing how to access policies and procedures are in nurses' stations in all wings of the home to aid staff.
- Following legislative changes that came into effect from 1 July 2014, management has produced an information booklet to assist prospective (or existing) residents or their representatives. The books help explain changes in funding and costs for aged care.

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 organisation identifies relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. Management receives

information through a commercial update service, peak bodies, publications and Government communiqués. Corporate personnel amend policies and procedures in response to legislative or process changes. Management monitors continued compliance through their auditing system. Management informs staff, residents and representatives of relevant updates through meetings and education sessions. Staff could explain their regulatory compliance responsibilities.

Examples of regulatory compliance relevant to Standard 1 Management systems, staffing and organisational development include:

- a process to ensure relevant staff, volunteers and contractors have current police certificates and statutory declarations as required
- changes to funding and charges
- observance of privacy legislation concerning stakeholder information.

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

Management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to management systems, staffing and organisational development. The organisation has education policy and mandates a number of training sessions to be undertaken prior to employment and annually thereafter. A training needs analysis conducted through the appraisal system provides opportunities for staff to identify their training needs.

Management has developed a training calendar and displays this in the staff room. Management monitors attendance at training and evaluates training sessions. Staff practices demonstrate appropriate knowledge and skills. Staff are satisfied with the type and frequency of training provided and residents are satisfied with the knowledge and skills of staff.

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

- accreditation
- bullying and harassment
- complaints mechanisms
- duty of care.

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

Management records, actions and monitors concerns, suggestions and compliments through their continuous improvement system. The residents' information pack explains how stakeholders can access the home's internal complaint system. Information brochures explaining the external complaint system are also available in the home. We observed examples of residents' concerns recorded and actioned through the home's continuous improvement system. Residents and representatives said they prefer to raise any concerns verbally with management resulting in a prompt response to their issues.

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 organisation has documented its vision, values, philosophy and objectives that commit the home to the provision of quality aged care services. Management displays these statements prominently in the home and repeat them in a range of internal documents.

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

Management systems support the recruitment of sufficient appropriately skilled and qualified staff to meet resident care needs and service delivery. There are established systems for the management of planned and unplanned leave with support from the corporate office as needed. Position descriptions guide staff and staff knowledge is supported through an orientation process, policies and procedures, handbooks and ongoing education.

Management maintains records of qualifications, professional registrations, police certificates and statutory declarations. Processes to monitor staff performance include performance appraisals and competency testing. Staff reported they usually have sufficient time to perform their roles and are satisfied with current staffing levels. Residents and representatives expressed their confidence in staff abilities and that residents receive the assistance they need in a timely manner.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management has a system to ensure sufficient stocks of goods and equipment are available to deliver quality services. Key staff members regularly monitor and order supplies through preferred suppliers identified through organisational processes. The home has sufficient storage areas to ensure safe storage, rotation and monitoring of stock. Prior to purchase, staff trial new equipment in the service setting to ensure it is fit for purpose. Staff adhere to cleaning, corrective and preventive maintenance programs to ensure equipment remains in good repair. Staff, residents and representatives are satisfied the organisation has sufficient and appropriate 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

There is an effective information management system. Electronic information is password protected and backed up off site. Management stores resident information mainly in an electronic format and stores paper-based files securely in locked areas. Designated staff maintain the archive system and store information in a secure area. Staff have access to policy which addresses the four Accreditation Standards. Staff receive resident information at handover and through access to the care planning system and the electronic memorandum system. Residents receive information through a handbook, newsletter, attendance at meetings and access to noticeboards which display pertinent information. A folder, available in the front foyer of the home, enhances communication with stakeholders. Residents state management and staff keep them informed.

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

Services provided to the organisation from externally sourced providers are of a standard which meets the needs of management, staff and residents. Management maintains a list of preferred providers and contracts, which personnel at head office review. Specifications include the regularity and type of service, insurance and the need for police certificates. The home's management are able to provide feedback to head office and providers regarding the service delivery through the use of compliance reports. Residents are satisfied with the services provided at the home.

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 details on the continuous improvement system, refer to expected outcome 1.1 Continuous improvement.

Management encourages staff to complete quality improvement requests for any of their initiatives. Staff confirmed management keeps them informed of improvement activities and provide them with reference materials.

Examples of recent improvements undertaken or in progress over the last 12 months in relation to Standard 2 Health and personal care implemented by the home over the last 12 months are:

- Following a suggestion out of a staff meeting, management provided staff with education allowing staff to upload photographs of wounds to the electronic care system. Staff believe this is promoting best practice in skin care for residents.
- The home's management has entered into an agreement with specialised hospital based teams to attend the home out of hours to assist residents. This keeps residents from enduring unnecessary trips to hospitals by treating them in the home. Residents' anxiety levels and the speed of treatment have improved.
- Following a staff suggestion management agreed to trialling a new skin care dressing product. The trial showed little difference to the existing product and so management did not change to the new product. Even so staff have benefited from increased skin care education and the appointment of a clinical person to act as skin care coordinator. Residents' skin integrity has shown improvements.

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

For a description of the system and processes refer to expected outcome 1.2 Regulatory compliance.

Management has systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care. There are processes to monitor compliance. Staff demonstrated a clear understanding of regulatory requirements and guidelines relative to their roles.

Management provided examples of regulatory compliance relevant to Standard 2 including the following:

- amendments to the residential care subsidy
- mandatory reporting of missing residents
- medication administration and storage is managed effectively and safely
- registered nurses overseeing clinical needs.

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

For a description of the organisation’s education and staff development programs refer to expected outcome 1.3 Education and staff development.

Competency testing of staff who administer medication occurs.

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

- falls prevention
- medication management
- pain management
- palliative care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management and staff have systems to ensure care recipients receive appropriate clinical care. Registered nurses assess residents on entry to the home for their clinical needs and preferences and develop plans of care which detail relevant medical conditions and surgical histories. Registered nurses review care plans regularly and when residents’ conditions change in consultation with residents and representatives. Residents have their choice of medical practitioners who visit the home and document medical care directives. Residents and staff have access to on call medical practitioners and hospital in reach services.

Registered nurses transfer residents to acute care services and refer to allied health practitioners as necessary. Management monitor using regular reviews, incident reports and audits. Residents and representatives expressed satisfaction with residents’ clinical care.

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 identifies and meets residents’ specialised nursing care needs. Registered nurses coordinate the assessment and care planning for residents’ specialised nursing care.

Residents’ medical practitioners develop and review care directives. Clinical staff refer residents to wound care specialists for consultation, planning and review as necessary. Specialised nursing care provided by the home includes diabetes management, urinary catheter, oxygen therapy, stoma and wound care. Staff said they have the equipment and resources necessary to provide specialised nursing care. Residents expressed satisfaction with their specialised nursing care.

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

Clinical staff refer residents to appropriate health specialists in accordance with residents’ needs and preferences. Allied health professionals visiting the home regularly include physiotherapists, podiatrists, dietitians and optometrists. Staff and residents have access to a range of allied health professionals and health practitioners who visit the home on request including psychiatrists, dentists and speech pathologists. Allied health professionals document and review plans of care for staff to implement. Residents expressed satisfaction with their access to allied health and health care specialists.

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 systems to manage residents’ medications safely and correctly. Registered nurses coordinate assessment and care planning for residents’ medication management. Medical practitioners complete and review medication charts and a twenty-four hour pharmacy supplies medications. Consultant pharmacists, in liaison with medical practitioners, regularly review residents’ medication regimes. Registered nurses and endorsed enrolled nurses administer medications. Staff store medications safely and correctly. Management monitor the system through incident reports, audits, competency testing and a medication advisory committee. Residents expressed satisfaction with their medication administration.

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

Management and staff ensure all care recipients are as free as possible from pain. Registered nurses coordinate the assessment, care planning, and review of residents’ pain management. A physiotherapist conducts a pain clinic, implementing pain management strategies including massage, heat packs and exercise programs. Residents’ medical practitioners assess residents for pain and order pain relieving medication. Staff monitor residents for indications of pain and report observations to registered nurses. Staff chart residents’ pain levels for assessment and review by registered nurses. Management monitor through regular audits. Residents expressed satisfaction with their pain management.

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 has systems to maintain the comfort and dignity of terminally ill residents. Registered nurses consult residents and representatives regarding residents’ choices for end of life care and document preferences. Registered nurses monitor the health of residents and refer to external palliative care consults as necessary. Palliative care consultants assist registered nurses to document palliative care plans in conjunction with residents, representatives and medical practitioners. The home has a palliative care room, designed and located to support the privacy, dignity and cultural preferences of residents. Staff said they are proud of the palliative care provided to residents and the support provided to their representatives by clinical and lifestyle staff.

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

Care recipients receive adequate nourishment and hydration. Staff assess residents on entry to the home for their nutrition and hydration needs and preferences. Residents care plans detail dietary likes and dislikes, allergies, the level of assistance required and special diets as appropriate. Staff encourage residents to eat and drink by providing meals in residents’ rooms or dining rooms according to residents’ needs and preferences. Staff weigh residents regularly to identify changes and chart resident’s food and fluid intake each month. Staff refer residents to a dietitian and speech pathology as necessary. Management monitor through audits and reviews. Residents expressed satisfaction with meals and drinks.

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 systems to ensure care recipients’ skin integrity is consistent with their general health. Registered nurses assess residents’ needs and preferences for skin care on entry to the home and document a plan of care. Registered nurses use a risk rating tool to document residents’ risk to skin integrity. Staff assist residents to maintain skin integrity by assisting with hygiene, applying moisturisers and changing their position. Staff report changes to skin condition to registered nurses. Medical practitioners review residents with skin complaints and order treatment that staff administer. A wound care nurse implements wound care as directed by registered nurses and external wound care consultants.

Management monitor through audits and incident reports. Residents expressed satisfaction with their skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Management and staff have systems to effectively manage residents’ continence. Clinical staff assess residents for their continence needs and preferences on entry to the home and develop care plans. Staff monitor residents to identify strategies to assist residents reduce incontinence episodes and maintain social continence. The home has a continence aid supplier who provides continence education and liaison. Staff monitor residents for changes to continence and report to registered nurses for assessment and care planning. Residents expressed satisfaction with the care and support they receive from staff.

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

Management and staff effectively manage the needs of care recipients with challenging behaviours. Staff assess residents for their cognitive abilities and mood on entry to the home and document care plans containing strategies to assist residents to live productively in the communal environment. The home has a dedicated area for residents living with dementia. Management provide leisure and lifestyle staff to assist residents to remain engaged and relaxed in the evenings. Staff refer residents to behaviour management consultants for assessment and care planning as necessary. Management monitor the program using audits, incident reports and reviews. Residents and representatives expressed satisfaction with residents’ behaviour 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 systems to ensure residents achieve optimum levels of mobility and dexterity. Registered nurses and physiotherapists assess residents for mobility and dexterity and develop plans of care which staff implement and regularly review. Staff identify falls risk ratings for each resident and a physiotherapist assesses residents following falls. Staff implement strategies to reduce falls including exercise programs to improve strength and movement monitoring devices as necessary. Management monitor the number of falls and discuss results. Residents expressed satisfaction with residents’ mobility and dexterity care.

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

Management and staff have systems to maintain care recipients’ oral and dental health. Clinical staff assess residents’ oral and dental health on entry to the home. Resident care plans include strategies and the assistance required to maintain resident’s mouth, teeth and dentures. Staff monitor equipment and supplies for oral hygiene routinely and replenish resident’s stocks. Management ensure staff have adequate supplies of mouth care products. Registered nurses refer residents with mouth care concerns to medical practitioners and dentists who visit the home. Management monitor through regular reviews and audits.

Residents and representatives expressed satisfaction with residents’ oral and dental care.

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

The home has systems to identify and manage residents’ sensory losses effectively. Clinical staff assess residents on entry to the home for their abilities regarding all five senses.

Optometrists assess residents for visual impairment and staff modify vision care plans accordingly. Individualised plans of care include strategies to maximise senses and protect residents from injury due to deficits in sensation. Staff review care plans regularly and refer residents to specialists such as audiologists as necessary. Medical practitioners review residents and prescribe treatment for conditions affecting sensory loss. Management monitor with regular audits and residents expressed satisfaction with the care they receive.

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

Care recipients achieve natural sleep patterns. Staff assess residents on entry to the home and develop individualised care plans. Resident care plans detail preferred rising and settling times and individual preferences to promote sleep. Staff monitor residents for wakefulness overnight and implement strategies to assist them return to sleep including warm drinks, position changes and emotional support. Management monitor results for residents through regular audits and reviews. Residents expressed satisfaction with their ability to sleep well.

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

Refer to expected outcome 1.1 Continuous improvement for more details on the home’s overarching system.

Management conducts continuous improvement activities in relation to residents’ lifestyle through internal audits and resident satisfaction surveys. The home’s improvement plan also takes note of comments, complaints and feedback from resident/representative meetings.

Staff document and evaluate improvements and formally notify the originator of the results. Residents and representatives are satisfied with how the home’s management informs them of improvement activities through meetings, newsletters and informal discussions.

Examples of recent improvements undertaken or in progress over the last 12 months in relation to Standard 3 Care recipient lifestyle include:

- Following a suggestion management has arranged a restructure of the resident relative meeting. Following discussion and consultation residents now chair this meeting. Residents have elected a president and vice president from within their community to look after their needs.
- Lifestyle staff raised the issue that although the home has a range of cultures and nationalities amongst its resident community, there was only one religious denomination visiting. Staff accessed other denominations resulting in clerics now conducting an ecumenical service in addition to that which was already occurring. More residents are attending religious services.

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

Management has systems to identify and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. There are processes to ensure compliance. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

Management provides residents and their representatives with information packs upon entering the home. The packs detail the specified care and services, security of tenure, complaints mechanisms and residents’ rights and responsibilities. Management notifies residents and representatives of changes to legislation through letters and at meetings.

Management provided examples of regulatory compliance relevant to Standard 3 including:

- Charter of resident’s rights and responsibilities displayed in the home
- maintaining residents’ security of tenure
- meeting accommodation charges and other prudential requirements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

For a description of the organisation’s education and staff development programs refer to expected outcome 1.3 Education and staff development.

The organisation has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Each year a month is set aside for training across the four Accreditation Standards. Each day for four weeks there are two sessions per day which are mandatory for staff to attend. Staff state they are satisfied with the type and frequency of training provided and residents are satisfied with the knowledge and skills of staff.

Examples of education relating to Standard 3 Care recipient lifestyle include:

- care recipient lifestyle
- elder abuse
- privacy and dignity.

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

Staff provide residents with emotional support when they enter the home and this is available on an ongoing basis. New residents receive an information pack to assist them in preparing for their change in lifestyle. New residents receive orientation to the home and support by staff. The introduction of new residents to the ongoing routines of the home and to other residents occurs gradually. Staff assess the emotional support needs of residents and record these in a social and emotional needs care plan. The review of plans occurs regularly. Staff refer residents to their general practitioner and to other health practitioners if there is an assessed need. Residents said staff assist them to adjust to life in the home and staff remain supportive of them.

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

Staff assist residents to achieve their maximum independence and to maintain friendships and participate in the life of the home and community. Staff undertake an assessment of residents' needs for independence and participation on their entry to the home and at regular intervals. The lifestyle and physiotherapy programs assist residents to maintain their physical and emotional independence. Management assists residents to maintain their civic independence by having on-site voting at election times. Environmental audits and environmental modification ensure staff maintain the home in a manner which assists residents to maintain their independence. Residents said staff assist them to maintain their independence and friendships and are provided with support to access the community.

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

Staff of the home maintain the dignity, privacy and confidentiality of each resident. There are systems to store residents' information in a secure manner and to control computer access. The home has an archiving system and policy supports appropriate systems management. The home has a number of quiet areas where residents and/or their representative can sit in privacy. Staff practices include knocking on residents' doors prior to entering and calling residents by their preferred name. Residents confirm staff maintain their privacy and dignity and support their individual needs and preferences.

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

Residents confirm staff encourage and support them to participate in the leisure and lifestyle program conducted by the home. Staff assess and document residents' interests and activity needs when they enter the home. A program developed by the home offers individual and group activities and operates daily from mid-morning until early evening. Information about the program is on display within the home and management also provides the information to residents. Management reviews the activities program on a regular basis to ensure the program continues to remain relevant to residents' needs. Residents said the program meets their needs and they are able to participate when they chose.

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

Care recipients confirm they are satisfied staff of the home respect their individual interests, customs, beliefs and cultural and ethnic background. The lifestyle program assists residents with their cultural and spiritual needs. Residents who require language assistance are able to access an interpreter and/or staff who speak their language. Staff in each unit are able to access a communication resource folder in languages other than English. Support of the spiritual life of residents occurs through access to weekly denominational and ecumenical services and the celebration of religious events, including Ramadan, Christmas and Easter.

Cultural activities available include the commemoration of important events, including Anzac day, and the preparation of special foods.

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

Staff respect the rights of residents to make decisions and to exercise choice. Resident documentation and posters in the home provide information regarding their rights.

Management encourages decision making through residents maintaining their right to vote in elections and through their making individual choices regarding participating in activities, choice of clothing, personal care and the choice of their general practitioner. Staff record, during their entry to the home, the name of their contact person or, where the resident is not

able to make decisions for themselves, their representative. Staff invite residents to attend and participate in the resident and representatives' meetings. Residents confirmed they are able to make these choices.

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

Management offers a handbook and a residential agreement which contains a statement about their rights and responsibilities to new residents when they enter the home. The agreement also provides information on fees and security of tenure. Head office manages the agreement process and a data base provides local access to the information. In addition, brochures and posters within the home display information about residents' rights, privacy and advocacy services. Management consult residents and their representatives if a change in a resident's room is to occur. Residents and representatives expressed satisfaction with the security of resident tenure.

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

Refer to expected outcome 1.1 Continuous improvement for a detailed explanation of the home’s overarching system.

Management monitors the physical environment and safety systems through environmental inspections, analysis of incident and infection reports, resident and staff surveys, comments and complaints. Residents can make suggestions or express concerns through the regular resident and relative meetings or improvement forms. Staff can raise hazard reports which the occupational health and safety committee discuss and action. Actions identified for attention are included on the continuous improvement plan for further development.

Examples of recent improvements undertaken or in progress over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Management has commenced refurbishing the building, commencing with residents’ rooms. Painting, new floor covering, curtains and furniture are included in the renovation. Management moves residents one by one to a spare room for a day or two while contractors update their room. Residents who have moved back said they were delighted with the changes.
- During late summer of 2014 the home was on a ‘watch and act’ alert due to a nearby fire. Management realised from this the need to review their emergency preparedness. Consultations with authorities and discussions within the organisation have resulted in a review of the disaster plan and now includes contingency plans covering loss of power or water and relocation of residents if needed. Management believe they are now better prepared.

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

For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Management has systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems. There are processes to ensure compliance.

Management provided examples of regulatory compliance relevant to Standard 4 Physical environment and safe systems include:

- a food safety program, audited by a third party
- compliance with the annual essential services maintenance requirements
- emergency and evacuation procedures with compulsory fire and safety training annually
- secure chemical storage with current safety data sheets at point of use.

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

For a description of the organisation’s education and staff development programs refer to expected outcome 1.3 Education and staff development.

Staff are satisfied with the type and frequency of training provided and residents are satisfied with the knowledge and skills of staff.

Examples of education provided over the last 12 months relating to Standard 4 Physical environment and safe systems include:

- fire and emergency
- infection control
- manual handling
- safety in the workplace.

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

Management of Moran Roxburgh Park is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home is a single storey building accommodating residents in single ensuite rooms; twin shared rooms or married couple rooms. Numerous lounge, dining and sitting areas as well as quiet spaces are available for residents to entertain family or visitors. Security is maintained through swipe card access, a surveillance camera system and staff observation of the environment. Gardens around the home provide pleasant areas for residents to stroll or sit and reflect. Preventive and reactive maintenance ensures the home and its equipment is safe and in good working order.

Residents and their representatives said residents feel safe and secure in their home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

There is a system to promote a safe working environment meeting regulatory requirements. The system includes policies and procedures, resources, incident and hazard reporting processes. Management display occupational health and safety information monitor staff practices and discuss safety at staff meetings. Manual handling training, risk assessments, maintenance programs and monitoring mechanisms such as workplace inspections support the safety of staff and other stakeholders. There are appropriate supplies of personal protective equipment and transfer equipment while safety data sheets are current. Staff attend training in manual handling and have an understanding of occupational health and safety issues and their responsibilities.

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 and staff are actively working to provide an environment and safe systems of work that minimises fire, security and emergency risks. There are established emergency, evacuation and contingency plans and the home is equipped with fire fighting equipment. Emergency exits are clearly marked and free from obstruction. Scheduled and specialised services for fire fighting and detection systems occur according to schedule. Staff attend annual mandatory fire and emergency training and management monitor risk through inspections and quality activities. Security includes camera surveillance of the entry area,

keypad access and nightly checks. Staff attend annual fire and emergency training including other emergencies. Residents and representatives know what to do in the event of an 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

Management demonstrates it has an effective infection control program. Staff have access to infection control policy and receive infection control education. A food safety program guides staff practices and cleaning schedules are in place. Resources, including an outbreak kit, blood spills kit and hand washing facilities assist staff in maintaining safe practices.

Monitoring practices, including environmental audits, also occur on a regular basis within the home. Management collates statistics of infection types and antibiotic use and reviews and uses analysed results to assist in the maintenance of an effective infection control program. Infection waste bins are available and pest control takes place within the home. Residents receive immunization by their general practitioner where applicable. Staff said they are encouraged to have annual influenza immunizations and management monitor their adherence to infection control guidelines.

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 all catering, laundry and cleaning services internally using permanent staff. Catering staff have relevant resident information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. There is a rotating menu offering variety and choice to residents. Staff clean residents' bedrooms daily and perform detailed room clean according to a schedule. Laundry staff follow infection control practices and return residents' personal clothing promptly. The home monitors its hospitality systems to identify and correct deficits within these services. Residents and representatives are satisfied with the hospitality services provided by the home.