



Australian Government

Australian Aged Care Quality Agency

Multicultural Aged Care Services Geelong Inc

RACS ID 3171
100 Weddell Road
NORTH GEELONG VIC 3215

Approved provider: Multicultural Aged Care Services Geelong 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 14 June 2018.

We made our decision on 27 April 2015.

The audit was conducted on 24 March 2015 to 25 March 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

Multicultural Aged Care Services Geelong Inc 3171

Approved provider: Multicultural Aged Care Services Geelong Inc

Introduction

This is the report of a re-accreditation audit from 24 March 2015 to 25 March 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 24 March 2015 to 25 March 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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:	Doris Hamilton
Team members:	Leah Kane Tracy Findling

Approved provider details

Approved provider:	Multicultural Aged Care Services Geelong Inc
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Details of home

Name of home:	Multicultural Aged Care Services Geelong Inc
RACS ID:	3171

Total number of allocated places:	100
Number of care recipients during audit:	83
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Nil

Street:	100 Weddell Road
City:	North Geelong
State:	Victoria
Postcode:	3215
Phone number:	03 5279 6841
Facsimile:	03 5279 6876
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Management/administration	8
Clinical/care staff	11
Hospitality/environmental staff	9
Care recipients/representatives	13
Lifestyle staff	4

Sampled documents

Category	Number
Care recipients' files	18
Resident agreements	10
Medication charts	9
Personnel files	6

Other documents reviewed

The team also reviewed:

- Clinical records and documents
- Continuous improvement system records and documents
- Education records
- Environment and hospitality management records and documents
- Human resources records and documents
- Leisure and lifestyle records and documents
- Meeting minutes
- Policies and procedures
- Residents' information package and handbook.

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Information displays for residents and staff
- Interactions between staff and care recipients
- Living environment
- Meal and refreshment services
- Medication administration
- Short group observation.

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's management actively pursue continuous improvement. Management identify opportunities for improvement from a number of sources including audit results, incident evaluation, discussions in meetings and feedback from residents, their representatives, staff and other stakeholders. 'Complaints, Suggestions and Compliments' forms are available to residents and representatives and staff and management provides these in various languages. Each department maintains a continuous improvement plan and regular review occurs. Management record improvements, monitor progress, evaluate results and communicate outcomes. Management, Board members, staff, residents and representatives attend a quality forum. Residents, their representatives and staff said management respond to suggestions and feedback and they are satisfied with the improvements at the home.

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

- A staff member identified an improvement opportunity to streamline the process for contacting staff to fill vacant shifts. Management responded by researching options, through the information technology committee, which would integrate with the home's systems, and trialled an electronic notification system. Evaluation demonstrates the trial was successful and the system implemented. Management determined the time for contacting staff to fill vacant shifts decreased markedly and staff were appreciative of receiving an electronic message rather than a telephone call.
- The Board recognised the need to further develop the risk management system and imbed these systems at the home. Management arranged for a detailed risk management review. Management, in conjunction with the Board, developed a new risk management system, including risk management processes and guidelines and quality assurance reporting to the Board. Management arranged for staff to attend training on the use of the risk management system and tool. Evaluation demonstrates staff better understand risk management and the Board is receiving information relevant to making risk management decisions.

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’s management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Management receives updates from government, industry, a regulatory update service and industry peak-body. The risk and compliance committee reviews changes, updates policies and related documents as required and informs management and staff. Management utilise orientation, handbooks, education, meetings and other mechanisms to communicate regulatory compliance issues. Staff are aware of their obligations in relation to regulatory compliance, applicable to their roles, and said management informs them when changes occur.

Residents and representatives said management informed them of the re-accreditation audit.

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

- The home has a continuous improvement plan with documented and evaluated improvements.
- Management notified stakeholders within the legislated time frame of the re-accreditation audit through meetings, newsletters and notices.
- A system for ensuring the currency of criminal history checks and statutory declarations as required for staff, volunteers and contractors.
- Processes to ensure the currency of professional registrations and licenses for staff and contractors.
- Systems for the management, storage and destruction of 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

The home has an education program that ensures management and staff have appropriate knowledge and skills to perform their roles. The educator, in consultation with department managers, conducts an annual training needs analysis that informs an annual education calendar. The home offers a range of education topics delivered through practical sessions, self-directed learning packages, competencies, external conferences and accredited courses. All staff complete and participate in mandatory education at orientation and on an annual basis. Management record staff attendance and closely monitor staff compliance with

mandatory sessions. Staff complete session evaluations and an annual review is conducted. Staff are satisfied with the training and development opportunities offered.

Education undertaken in the last 12 months relating to Standard 1 - Management systems, staffing and organisational development includes:

- leadership workshops
- staff performance management
- complaints
- bullying and harassment
- mentorship
- risk management.

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

Care recipients and their representatives have access to internal and external complaints mechanisms. Methods for providing management with feedback include 'Complaints, Suggestions and Compliments' forms, resident meetings, quality forum and direct contact with staff and management. Management maintains a complaints register for monitoring complaints and ensuring resolution or follow up as required. Comments and complaints may be anonymous and a suggestion box is available. External complaints brochures are available throughout the home in various languages and this information is contained in resident packs. Residents and representatives said they are satisfied with access to the internal and external complaints processes and complaints are actioned promptly.

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

Management prominently displays the vision, mission and values statement within the home and repeats it in a range of internal documents including information handbooks for residents, staff and volunteers. Management and staff demonstrate their commitment to providing a person centred approach to care and quality service.

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

The home has appropriately skilled and qualified staff to meet care recipients' care needs and lifestyle preferences. Management follow recruitment, selection and orientation procedures including qualifications, criminal history and reference checking. Management monitor the roster to ensure the appropriate level and skill mix of staff reflects residents' clinical and leisure needs. Staff are aware of the requirements of their position through position descriptions and guided by policies and procedures. The home monitors and maintains the skill level of staff through the education program, competencies and performance appraisal system. Staff confirmed the level and skill mix of staff is appropriate for residents' needs. Residents are satisfied with the responsiveness of staff and 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

Management has systems to ensure stocks of appropriate goods and equipment are available for quality service delivery at the home. Designated staff order clinical, continence, stationary products and other supplies through preferred suppliers using stock assessment and rotation processes. Prior to purchase, new equipment is trialled to ensure it meets service and safety requirements and implementation occurs with staff training. Maintenance and cleaning programs maintain equipment in appropriate working order. Management supports the maintenance, replacement and supplementation of inventory and equipment through budget allocations, ordering systems and resources. Residents, representatives and staff are satisfied with the quality, quantity and availability of stock and equipment.

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 home has a range of strategies to ensure staff have access to current information necessary for the effective delivery of services and to inform care recipients and representatives of activities and care management. Staff are provided with position descriptions, duty lists and policies and procedures relevant to their departments. Distribution of new information is through electronic mechanisms, meetings, newsletters, care plans and progress notes. Management inform residents and representatives at meetings, in newsletters, noticeboard displays and individual case conferences as needed. The home's computer system is password protected with restricted levels of access. Resident and staff files are stored, archived and destroyed securely according to regulations. Back up of electronic files,

records and data occurs regularly. Staff, residents and representatives were satisfied with their level of access to relevant information provided at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure the ongoing quality and responsiveness of externally sourced services. The business operation team monitors contractors' insurance cover, criminal history checks and qualifications and ensures services meet relevant regulations. Contractors undertake an induction program prior to commencing. The organisation regularly reviews satisfaction with externally sourced services including feedback from management, staff, residents and representatives, audits, surveys and observations. A list of preferred service providers is available and staff can access after hours' emergency assistance. Staff and residents are satisfied with the quality of currently sourced external suppliers.

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

The home has a continuous improvement system that demonstrates ongoing improvement in resident health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

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

- Management, through the audit process, identified an improvement opportunity to further maintain resident skin integrity through review of resident finger nail care. Staff discussed strategies at a staff meeting and management purchased new, individualised finger nail kits. The kits contain clippers and other nail management tools and alcohol wipes. Management notified staff of the need to use the kits and monitored implementation. Evaluation indicates staff are aware of and are using the kits and subsequent audits confirmed improvements in finger nail care.
- Management identified an improvement opportunity for the provision of catheter care in response to feedback. Management reviewed the catheter care policy and procedure and developed detailed instructions for staff. Management provided training to staff following development of the instructions. Senior clinical staff then undertook staff competency testing. Evaluation demonstrates staff have improved knowledge of catheter care.

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

Management ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

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

- A registered nurse plans, supervises and undertakes specialised nursing care and oversees residents with high care needs.
- Medication is stored securely.
- The home has procedures for the compulsory reporting of unexplained care recipient absences.

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

Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education system and processes. The educator facilitates a range of clinical competencies and staff are continually encouraged to upskill. Nursing and care staff are satisfied with the education and training opportunities provided.

Education undertaken in the last 12 months relating to Standard 2 – Health and personal care includes:

- medication competencies
- feeding competencies
- oral hygiene
- continence care
- diabetes management
- basic wound management
- catheter care
- pain 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 systems to ensure care recipients receive appropriate clinical care. Clinical staff assess residents for their clinical needs and preferences on entry to the home. Resident care plans contain information for staff to provide appropriate clinical care. Registered nurses ensure residents have a medical practitioner who will provide care to residents. Clinical staff review resident care plans regularly and in consultation with residents and their representatives. Registered nurses transfer residents to acute care services and refer residents to medical specialists and allied health practitioners as appropriate. Management monitor the clinical care management program through regular audits and feedback.

Residents and representatives expressed satisfaction with 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 care recipients’ specialised nursing care needs. Registered nurses assess residents for their specialised nursing care needs and preferences on entry to the home. Registered nurses consult with residents and their representatives to ensure their understanding of and satisfaction with specialised nursing care. Clinical staff liaise with medical officers and health care specialists to document specialised nursing care plans. Specialised nursing care provided at the home includes diabetes management, enteral feeding, stoma care, compression stockings, urinary catheter care and wound care.

Management monitor specialised nursing care through regular audits. Residents and representatives expressed satisfaction with residents’ 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 care recipients to appropriate health specialists in accordance with care recipients’ needs and preferences. Clinical staff liaise with residents’ medical practitioners who see residents in their clinics and who visit the home regularly. Allied health professionals visit the home routinely and share electronic care planning systems with clinical staff.

Registered nurses refer residents to allied health services such as dietitians and speech pathologists in response to changes in residents’ clinical conditions. Residents and representatives expressed satisfaction with residents’ access to allied health and health 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 ensure care recipients’ medication is managed safely and correctly. The home has a medication management procedure and a medication advisory committee. Clinical staff who administer medications participate in annual competency education and evaluation. Medical practitioners order and regularly review medication regimes. Management and staff audit the storage of medications, medication charts and the supply of medications. Residents and representatives expressed satisfaction with residents’ medication management.

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. Clinical staff assess residents for pain on entry to the home. Resident care plans detail pre-existing reasons for pain and strategies to relieve pain. Clinical staff observe residents for expressions of pain and refer residents’ complaints of pain to medical practitioners for appropriate management. Clinical staff implement strategies for relieving pain as prescribed by medical practitioners and preferred by residents. Management monitor the pain management program through regular reviews and audits. Residents and representatives expressed satisfaction with the assistance staff provide residents to minimize pain including gentle massage and an approachable and kind approach to communication and care.

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 care recipients. Clinical staff document residents’ terminal care preferences on entry to the home. Clinical staff consult with residents, representatives and medical practitioners to ensure care plans are developed as appropriate. Staff said they have access to palliative care resources and expertise as required. Management monitor the palliative care management program through regular reviews and audits. Representatives expressed satisfaction with residents’ palliative care.

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. Clinical care staff assess residents on entry to the home for their nutrition and hydration needs and preferences and a plan of care is documented. Staff weigh residents to identify changes and report significant variations to registered nurses. Registered nurses refer residents to dietitians and speech pathologists as appropriate. Staff provide residents with nutritional supplements, modified cutlery and crockery and physical assistance to consume food and fluids as appropriate.

Management monitor the nutrition and hydration management program through regular reviews and audits. Residents and representatives 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. Clinical staff assess residents’ needs and preferences for skin care on entry to the home and document plans of care. Staff assess residents for their risk of developing interruptions to skin integrity and provide pressure relieving devices. Staff monitor residents’ skin, reporting changes to registered nurses. Staff refer residents to medical practitioners for review and treatment of skin conditions. Registered nurses oversee the management of wounds. Management monitor through audits and incident reports. Residents and representatives expressed satisfaction with residents’ 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

The home has systems to effectively manage care recipients’ continence. Clinical staff assess residents for their continence needs and preferences on entry to the home and develop care plans. Staff monitor residents and identify strategies to reduce episodes of incontinence and maintain social continence. A continence aid supplier provides education and advice to staff regarding continence management. Registered nurses regularly review continence management plans and refer residents to medical practitioners as necessary. Management monitor the continence management program through regular audits.

Residents and representatives expressed satisfaction with residents’ 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

Management and staff effectively manage the needs of care recipients with challenging behaviours. Staff assist residents to settle into the home and use assessment tools to identify challenging behaviours and their triggers. Staff assess residents for their cognitive abilities and mood. Resident care plans contain strategies to manage challenging behaviours and specialist assessment is sought for residents as appropriate. Staff support residents to engage in meaningful activities and volunteers provide opportunities for social interactions.

Management monitor the behaviour management program using audits and incident reports. Residents said they feel safe and secure in the home 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 care recipients achieve optimum levels of mobility and dexterity. Physiotherapists assess residents for mobility and dexterity on entry to the home and develop plans of care. Residents’ care plans include strategies to assist residents remain mobile and reduce the risk of falls. Physiotherapists review residents regularly and on referral. Management monitor incidents of falls and audit the mobility management program regularly. Residents and representatives expressed satisfaction with the assistance staff provide residents to maintain their mobility and dexterity and change position and location.

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 the oral and dental health of care recipients. Clinical staff assess residents’ oral and dental health on entry to the home and develop a plan of care. Resident care plans include oral and dental needs and preferences and the level of care required. Staff assist residents to see dentists who visit the home and report any concerns regarding oral care to medical practitioners as appropriate. Management monitor the oral and dental management program through regular reviews and audits.

Residents and representatives expressed satisfaction with the assistance staff provide residents for 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 care recipients’ sensory losses effectively. Staff assess residents on entry to the home for their abilities regarding all five senses.

Resident plans of care include strategies to maximise senses and assist with sensory loss. Staff review care plans regularly and refer residents to specialists as necessary. Medical practitioners review residents and prescribe treatment for conditions affecting sensory loss. Management monitor the sensory loss management program through regular audits and incident reports. Residents expressed satisfaction with the support they receive from staff to manage their sensory loss.

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. Clinical staff assess residents on entry to the home to establish needs and preferences for sleep. Staff document residents’ patterns of rest and wakefulness to ensure they are achieving adequate sleep. Staff refer residents to medical practitioners for strategies to assist sleep as appropriate. Resident care plans detail individual preferences such as preferred rising and settling times and bed time rituals. Staff assist residents over night by respecting individual preferences and providing physical and emotional comfort measures if residents have difficulty sleeping. Management monitor results for residents through regular reviews and audits. Residents and representatives expressed satisfaction with the assistance staff provide residents 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

The home has a continuous improvement system that demonstrates ongoing improvement in care recipient lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

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

- Management identified an opportunity to enhance resident lifestyle through creating an intergenerational program. Management undertook research and contacted a mother’s group. The mother’s play group attended the home with their children who interacted with the residents and staff. Evaluation indicates this activity was well attended by residents and further attendance booked. Feedback from mothers attending the program at the home was also positive.
- Following completion of the new chapel, management identified an improvement opportunity for families to hold funeral ceremonies at the chapel if they wished. Management developed a process for holding funerals at the chapel which includes involvement of staff and residents if they wish to attend. Management has held seven funerals at the chapel since its completion. Management creates a memory photo book for family members and sends a card the year after to the family of the resident who passed away. Feedback from families, residents and staff has been very positive regarding the choice of holding the funeral at the chapel. Residents appreciate the opportunity to attend the funeral of other residents which they would not otherwise be able to do.

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 ensures compliance with regulations and guidelines regarding care recipients’ lifestyle through policies and procedures, staff education and monitoring systems. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

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

- The home has processes to manage compulsory reporting obligations in relation to elder abuse. Management maintain a consolidated reporting register.
- The home has policies and procedures to guide management and staff to uphold privacy principles and confidentiality of care recipient information.
- Residents have access to information in multiple languages, if required.
- The organisation demonstrates compliance relating to the provision of residential agreements.
- Management displays the ‘Charter of residents, rights and responsibilities’ in key areas and within documentation.

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

Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education system and processes. Residents and representatives confirmed staff have the training and knowledge to optimise residents’ lifestyle and leisure preferences.

Education undertaken in the last 12 months relating to Standard 3 – Resident lifestyle includes:

- person-centred care
- cultural awareness
- dementia
- emotional resilience.

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

Management and staff are committed to supporting care recipients' emotional needs. A welcome nurse supports residents with the transition to their new home. Residents are encouraged to personalise their room and staff invite representatives to join in activities, meals and maintain close contact. Staff identify and recognise significant events and monitor residents' mood, activity participation and socialisation. Documentation and staff interviews confirm staff are perceptive to individual emotional needs including frequent one to one consultations by lifestyle staff, volunteers and religious representatives. Staff can access external assistance through mental health professionals if residents require additional assessment and support. We observed staff interacting with residents in a caring and friendly manner. Residents are satisfied with the emotional support they receive.

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 care recipients to achieve maximum independence, maintain friendships and participate in community life. The assessment process identifies residents' barriers to and preferences for social interaction and community participation. Physical independence is encouraged through regular exercise programs, physical activities, walks and physiotherapy sessions. Friendships are encouraged amongst residents, particularly where there is a similar cultural heritage or interest. Staff welcome, encourage and facilitate visitors and volunteers to attend the home. Regular resident outings, attendance to external groups and inviting community groups into the home help maintain community links. Residents are satisfied staff help them maintain and maximise their 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

Management and staff recognise and respect care recipients' right to privacy, dignity and confidentiality. Resident handbooks and agreements, document residents' rights and there is information on display throughout the home. Residents or their representatives sign consent forms in relation to the use of their personal information. Residents have single rooms and there are areas both internally and externally for visitors and residents to meet privately. Files are securely stored and staff discuss residents' needs discreetly. Residents are satisfied staff maintain their 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 leisure program encourages and supports care recipients to participate in a range of therapeutic, leisure and social, individual and group based activities. Following assessment and consultation with the resident and their representative, an individualised care plan is developed and reviewed regularly. The leisure program offers activities to address residents' physical, sensory, cognitive, social, musical, spiritual, cultural and creative preferences. The program includes extensive input from a range of multicultural volunteers. Staff recognise and accommodate barriers to participation through the use of assistive devices. Staff evaluate the effectiveness of their program through resident meetings, surveys, review of attendance records and program evaluations. Residents are satisfied with the leisure program.

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

Management and staff pride themselves on meeting care recipients' individual cultural and spiritual needs. Care and lifestyle staff complete assessments, social profiles and develop care plans to capture individual preferences and this is incorporated into the lifestyle program, care delivery, meal preparation and palliative care, when applicable. Religious denominations preferred by residents conduct regular services including funerals from the new on-site chapel. Staff and religious visitors provide individual prayer groups, communion and spiritual support. National cultural days of significance are respected and monthly multicultural events held. The majority of staff have diverse language skills or have access to interpreters if required. Residents and representatives said they appreciate living in a home that respects their cultural heritage and meets their spiritual needs.

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 recognise and respect care recipients' right to make decisions and exercise control. Care delivery and leisure programs reflect individual preferences and wishes. Authorised representatives provide support to those residents unable to make decisions. A range of methods and forums provide residents with opportunities to voice their opinions and exercise control over their life. Complaint and advocacy information is available and accessible.

Residents are satisfied with the amount of choice and control they have at the home.

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 ensure new care recipients understand their security of tenure, rights and responsibilities, financial obligations and services offered by the home. An information handbook and formal agreement covers policies on termination of occupancy and strategies in place to deal with harassment and victimisation. Consultation occurs in the event of the need to move a resident to another room or to a more appropriate facility. Residents and representatives are encouraged to seek external legal and financial advice and power of attorney/guardianship information is on resident file. Residents and representatives feel secure and understand 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

The home has a continuous improvement system that demonstrates ongoing improvement in physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

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

- Management identified a potential risk to staff during resident meal service around a serving urn which was too high. Management replaced the urn with a lower, safer warming device. Evaluation indicates staff are more satisfied with this device and there are no staff injuries relating to this equipment.
- A staff member identified an improvement opportunity regarding foot plates for resident wheel chairs. Management reviewed the wheelchair maintenance process and altered the preventative maintenance schedule to include weekly review of wheel chairs and shower chairs. Management undertook an audit following implementation of the new system and evaluation demonstrates improved maintenance of these chairs.

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

Management has systems to identify and ensure compliance with relevant regulations to enable care recipients to live in a safe and comfortable environment. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

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

- The home has infection outbreak policies, response and reporting procedures.
- The kitchen has a current food safety program and certification by external authorities.
- There is monitoring and maintenance for emergency and essential service systems.
- Management actively promotes and monitors workplace health and safety.

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

Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education system and processes. Staff attend annual mandatory training and are confident of their skills in the event of an evacuation or infectious outbreak.

Education undertaken over the last 12 months in relation to Standard 4 –Physical environment and safe systems includes:

- fire and evacuation
- chief warden
- infection control
- lifting and moving
- risk management
- safe chemical handling
- safe food handling.

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 systems demonstrate they are actively working to provide a safe, comfortable and culturally appropriate environment consistent with care recipients' care needs. Residents have single rooms with private toilets and some have shared bathrooms. Residents have access to clean, comfortable and well-maintained communal and private dining and outdoor areas with sufficient and appropriate furniture. Management and relevant staff monitor safety at the home including preventative and corrective building and equipment maintenance.

Management monitor comfort and safety through audits and feedback. Staff assist resident's safety and comfort through measures such as ensuring access to call bells and mobility aids. Residents and representatives said residents feel safe and comfortable in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems to support a safe working environment aligned to regulatory requirements. There are policies and procedures in relation to safe work practice.

Management inform staff of their responsibilities through displayed information and during induction, mandatory education and at meetings. The home's education program includes training for staff in manual handling and infection control. The home's health and safety representatives attend accredited external training. Staff and management identify work hazards through audits, maintenance requests and incidents. These are discussed at regular workplace health and safety meetings and other meetings where required. Staff are satisfied management work actively to create a safe work environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff work actively to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures to respond to a range of emergencies. External contractors maintain fire equipment and there are processes to monitor the maintenance of essential services equipment. Management displays emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. There are processes to maintain emergency evacuation packs and access to evacuation lists.

All staff are required to complete mandatory fire and emergency training. There are processes to make residents aware of what to do on hearing the evacuation alarm.

Residents and representatives are satisfied the home provides a safe and secure environment.

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

There is an effective infection control program with clinical management as the central point of responsibility. The program consists of hand hygiene, mandatory staff education, staff and resident vaccination programs, pest control, food safety program, appropriate waste disposal and use of personal protective equipment. Outbreak management procedures including kits are available and accessible. Nursing staff record, monitor and evaluate individual resident infections until resolved. Infection data is analysed, trended and reported to appropriate committees for discussion and follow-up. Management monitor the infection control system through scheduled audits, staff competencies and clinical data analysis. Staff are aware of infection control practices in accordance with their role and responsibilities.

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

Staff provide hospitality service in a way that enhances care recipients' quality of life and supports their independence. Catering services provide meals from a seasonal rotating menu developed in consultation with a dietitian and residents through food focus groups. Food is prepared freshly on-site in line with a food safety program and adhering to cultural preferences and individual dietary requirements. Laundry staff provide services for all personal clothes in a clean and considerate way. A clothing labelling process and regular displays of unlabelled items minimises lost clothes. Cleaning staff follow documented schedules and respect residents' privacy and independence. Staff described procedures relevant to their role and confirmed completion of appropriate training. Residents and representatives are satisfied with the quality of catering, cleaning and laundry services.