



Aged Care  
Standards and Accreditation Agency Ltd

## **Aberdeen Aged Care Facility**

RACS ID 3647

1 Aberdeen Street

RESERVOIR VIC 3073

Approved provider: Mowby Pty Ltd

Following an audit we decided that this home met 32 of the 44 expected outcomes of the Accreditation Standards. We decided to vary this home's accreditation period. This home is now accredited until 24 May 2014.

We made our decision on 24 May 2013.

The home has started implementing a number of actions to address the improvements required.

The short period of accreditation provides an incentive for the home to ensure all expected outcomes are met in the shortest possible time, and that improvements in care for residents are consolidated and sustained.

The audit was conducted on 29 April 2013 to 07 May 2013. The assessment team's report is attached.

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

### **Actions Following Decision**

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

## Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 17 July 2013 concerning the home's performance against the Accreditation Standards is listed below.

<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
1.1 Continuous improvement	<b>Met</b>
1.2 Regulatory compliance	<b>Met</b>
1.3 Education and staff development	<b>Met</b>
1.4 Comments and complaints	<b>Met</b>
1.5 Planning and leadership	<b>Met</b>
1.6 Human resource management	<b>Met</b>
1.7 Inventory and equipment	<b>Met</b>
1.8 Information systems	<b>Met</b>
1.9 External services	<b>Met</b>

<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
2.1 Continuous improvement	<b>Met</b>
2.2 Regulatory compliance	<b>Met</b>
2.3 Education and staff development	<b>Met</b>
2.4 Clinical care	<b>Met</b>
2.5 Specialised nursing care needs	<b>Met</b>
2.6 Other health and related services	<b>Met</b>
2.7 Medication management	<b>Met</b>
2.8 Pain management	<b>Met</b>
2.9 Palliative care	<b>Met</b>
2.10 Nutrition and hydration	<b>Met</b>
2.11 Skin care	<b>Met</b>
2.12 Continence management	<b>Met</b>
2.13 Behavioural management	<b>Met</b>
2.14 Mobility, dexterity and rehabilitation	<b>Met</b>
2.15 Oral and dental care	<b>Met</b>
2.16 Sensory loss	<b>Met</b>
2.17 Sleep	<b>Met</b>

<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
3.1 Continuous improvement	<b>Met</b>
3.2 Regulatory compliance	<b>Met</b>
3.3 Education and staff development	<b>Met</b>
3.4 Emotional support	<b>Met</b>
3.5 Independence	<b>Met</b>
3.6 Privacy and dignity	<b>Met</b>
3.7 Leisure interests and activities	<b>Met</b>
3.8 Cultural and spiritual life	<b>Met</b>
3.9 Choice and decision-making	<b>Met</b>
3.10 Resident security of tenure and responsibilities	<b>Met</b>

<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
4.1 Continuous improvement	<b>Met</b>
4.2 Regulatory compliance	<b>Met</b>
4.3 Education and staff development	<b>Met</b>
4.4 Living environment	<b>Met</b>
4.5 Occupational health and safety	<b>Met</b>
4.6 Fire, security and other emergencies	<b>Met</b>
4.7 Infection control	<b>Met</b>
4.8 Catering, cleaning and laundry services	<b>Met</b>



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Aberdeen Aged Care Facility 3647**  
**Approved provider: Mowby Pty Ltd**

## Introduction

This is the report of a review audit from 29 April 2013 to 07 May 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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.

During a home's period of accreditation there may be a review audit where an assessment team visits the home to assess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to make any changes to its accreditation period.

## Assessment Team's findings regarding performance against the Accreditation Standards

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

- 29 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- Continuous improvement
- Regulatory compliance
- Education and staff development:
- Comments and complaints
- Human resource management
- Information systems

- Regulatory compliance
- Behavioural management
- Continuous improvement
- Regulatory compliance
- Education and staff development
- Privacy and dignity
- Leisure interests and activities
- Living environment
- Infection control

# Audit report

## Scope of audit

An assessment team appointed by Accreditation Agency conducted the review audit from 29 April 2013 to 07 May 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of four registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Jennifer Williamson
Team members:	Angela Scarlett
	Margaret Edgar
	Sarah Lawson

## Approved provider details

Approved provider:	Mowby Pty Ltd
--------------------	---------------

## Details of home

Name of home:	Aberdeen Aged Care Facility
RACS ID:	3647

Total number of allocated places:	128
Number of residents during audit:	116
Number of high care residents during audit:	96
Special needs catered for:	Dementia

Street:	1 Aberdeen Street	State:	Victoria
City:	Reservoir	Postcode:	3073
Phone number:	03 9469 7555	Facsimile:	03 9462 6466
Email address:	admin@mowby.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management	5	Residents/representatives	40
Nurses	6	Volunteers	2
Care staff	26	Ancillary staff	7
Allied health staff	1	Lifestyle staff	2
Religious staff	2		

### Sampled documents

	Number		Number
Residents' files	33	Medication charts	18
Wound care charts	8	Personnel files	10
Smoking assessments	3	External contracts	7
Resident agreements	10	Complaints	10

### Other documents reviewed

The team also reviewed:

- Agency staff orientation checklists
- Allied health referral and medical officers' registers
- Annual essential safety measures report
- Audit schedule, tools and results
- Cleaning schedules
- Communication book/doctors request book
- Dietary advice forms
- Drugs of addiction register
- Duty lists
- Education schedules and attendance records
- Employee and residents' information pack and handbooks
- Emergency evacuation list
- Flu vaccination register
- Food safety programme
- Handover sheets
- Hazard alert folder/hazard alert form
- Human resource documentation

- Incident reports, clinical data and analysis
- Kitchen communication folder
- Lifestyle program documentation
- Material safety data sheets
- Medication self administration authorisation
- Meeting minutes
- Memoranda
- Menus
- Occupational health and safety information and risk assessment folders
- 'Opportunity for improvement/CI registers' and action plan.
- Pest control folder
- Policies and procedures
- Preventative and corrective maintenance documentation
- Records of police certificates, statutory declarations and nursing registration.
- Reportable incident register
- Rosters
- Third party audit for kitchen (current)

### **Observations**

The team observed the following:

- Activities in progress
- Advocacy and complaints information
- Charter of resident's rights and responsibilities displayed
- Chemical storage
- Chinese delegation on site
- Communication boards
- Equipment and supplies
- Fire and emergency evacuation plans/equipment/egresses/assembly point
- Flood damaged kitchen floor
- Interactions between staff and residents
- Internal and external living environment
- Meal service and refreshment rounds
- Mechanisms for safety and security
- Medication administration and storage
- Personal protective equipment
- Storage of resident files
- Suggestion box.



## **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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

#### **1.1 Continuous improvement**

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

##### **Team's findings**

The home does not meet this expected outcome

The home does not have an effective system that demonstrates the pursuit of continuous improvement in management systems, staffing and organisational development. Systemic deficiencies in the delivery of care and services across the Standards 1, 2, 3 and 4 are not identified. Management do not demonstrate issues of concern are consistently identified, monitored and actioned. Management do not monitor the effectiveness of the continuous improvement system or evaluate improvements. Staff, residents and representatives are not satisfied the home is improving.

#### **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 does not meet this expected outcome

Management are not monitoring and ensuring regulatory compliance across Standards 1, 2 and 3. Management have failed to demonstrate they have an effective system to ensure they are meeting the legislative requirements of police certificates. Management do not provide legislated required documents to staff.

#### **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 does not meet this expected outcome

The system to ensure management and staff have the knowledge and skills to perform their roles is not effective. Management and staff do not have the appropriate knowledge and skills required for effective performance across Standards 1, 2, 3 and 4. Monitoring processes are inadequate and ineffective in identifying knowledge and skill deficits of management and staff. Residents and representatives are not satisfied with staff performance.

#### **1.4 Comments and complaints**

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

##### **Team's findings**

The home does not meet this expected outcome

The home does not have an effective comments and complaints system accessible to all stakeholders including residents with limited mobility and those living in the secure unit. Management does not analyse complaints for trends or monitor for effectiveness of actions provided in response. Documentation indicated and management reported there is no linking of complaints to the continuous improvement system. Residents and representatives expressed dissatisfaction with the home's comments and complaints system.

#### **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 have documented Aberdeen Aged Care's mission, values, philosophy of care and commitment to quality. These statements of commitment and standards of conduct are on display in the home and shared with stakeholders through information packages including handbooks.

#### **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 does not meet this expected outcome

The home does not have appropriately skilled, sufficient and knowledgeable staff to deliver services in accordance with the Accreditation Standards and residents' requirements. The home's education program does not ensure staff are skilled in the areas of regulatory compliance, behaviour management, resident lifestyle and environment and safe systems. Management does not ensure sufficient numbers of lifestyle staff are maintained and employed to meet residents' lifestyle needs. Residents and representatives are dissatisfied with the home's staffing systems.

#### **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 ensures there are sufficient equipment and stock supplies to meet residents' needs. Staff order goods through preferred suppliers on a regular basis, ensuring effective ordering and stock rotation processes. Selection of new equipment is based on staff input

and residents' needs. The home has a maintenance request system for unexpected equipment breakdown. Most equipment is regularly checked and tested. Storage areas are secure and sufficient for inventory and equipment not in use. Staff and residents said there are adequate supplies of goods and equipment to meet their needs.

### **1.8 Information systems**

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

#### **Team's findings**

The home does not meet this expected outcome

The home does not have an effective information management system. Information systems are not being used effectively to identify issues and deficits across Standards 1, 2, 3 and 4. Staff and stakeholders do not have access to current, accurate and consistent information to guide care and service delivery. Residents' confidentiality is compromised.

### **1.9 External services**

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

#### **Team's findings**

The home meets this expected outcome

Management has systems to ensure the provision of all externally sourced providers meets the home's needs and service goals. Management ensures the home has contracts with external providers who supply a wide range of services. These include fire and emergency equipment maintenance, continence supply, dietitian and physiotherapist services. Regularly reviewed, signed service agreements include reference to meeting performance. Management monitors the performance of external service contractors through observation and feedback processes. Staff, residents and representatives are satisfied with the quality of the services provided by external contractors.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

#### **Team's findings**

The home meets this expected outcome

The home has a system to identify, action and monitor continuous improvement for residents' health and personal care. The system is comprised of input from audits, observations and feedback. Monthly clinical data is collected. Management log feedback forms including suggestions and complaints on the home's continuous improvement register. Management provided examples of recent continuous improvement activities relevant to Standard 2.

Recent improvements relevant to Standard 2 include:

- Management identified potential to improve wound management and introduced a process of taking photographs of complex wounds. Management stated this is assisting clinical staff to monitor changes. Staff are satisfied with the improvement.
- Management have introduced a system of having colour coded toothbrushes. Toothbrushes are changed seasonally and are all the same colour. Management stated this has improved residents' oral hygiene and staff said it is easier to identify if toothbrushes require replacing.

### **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 does not meet this expected outcome

The home does not have systems to promote compliance with regulatory obligations in relation to residents' health and personal care. Management have failed to monitor compliance with legislation related to Standard 2. The home does not have a system to identify residents requiring specified care and services.

### **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

Clinical staff have access to educational opportunities to assist in maintaining and enhancing their clinical knowledge and skills relative to residents' health care needs. Topics in clinical education arise from staff suggestions. Education is delivered through self directed learning packages, external presenters and one to one sessions. Staff said they are given opportunities for education.

Recent educational sessions and opportunities in relation to Standard 2 include:

- parenteral enteric gastric care
- continence management.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

Residents receive appropriate clinical care. An assessment of residents’ clinical care needs and preferences occurs on entry. Registered nurses use assessments to develop resident care plans, which they generally review and update. Management monitor clinical care by scheduled audits and stakeholder feedback. Staff said they have access to clinical policies and procedures to guide their practice and attendance to relevant clinical education occurs. Residents and representatives generally said the care residents receive is appropriate and according to their needs and preferences.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

Appropriately qualified nursing staff identify and meet residents’ specialised nursing care needs. An assessment of residents’ specialised nursing requirements occurs on entry and as needed. The development of a complex nursing care plan takes place to guide staff practice. Management monitor specialised nursing by scheduled audits and stakeholder feedback. Staff said there is sufficient equipment in the home to provide specialised nursing care. Residents and representatives said residents receive specialised nursing care in accordance with their needs and preferences.

## **2.6 Other health and related services**

*This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Referrals to appropriate health professionals for residents occur in accordance with their needs and preferences. Assessments identify residents’ need for referral to appropriate health professionals which takes place following the home’s referral system. Residents have a choice of which preferred health professionals they wish to access. Monitoring of the home’s referral system takes place by care plan reviews and stakeholder feedback. Staff said clear communication pertaining to allied health professionals’ recommendations occurs to ensure implementation. Residents and representatives said referrals to appropriate health specialists take place as necessary.

## **2.7 Medication management**

*This expected outcome requires that “residents’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

The management of residents’ medication occurs safely and correctly. All residents have their medication administration requirements assessed on entry. Medication charts capture current and appropriate information. Residents are able to administer their own medications if an assessment shows relevant residents are capable of safely doing so. The monitoring of medication management occurs by scheduled audits and stakeholder feedback. Staff were observed administering medication safely. Residents and representatives said the administration of residents’ medications occurs on time.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Residents are as free as possible from pain. Residents’ pain assessments including identifying their risk for potential pain occurs on entry and when there is an identified need. Care plans document triggers for pain and interventions required and consultation takes place with the wider health care team. Pain management interventions include physiotherapy, medication, heat packs and massage. The monitoring of residents’ pain management occurs by scheduled audits and stakeholder feedback. Staff were able to identify verbal and non verbal cues for pain. Residents and representatives said they are satisfied with the management of residents’ pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill residents. Residents and representatives have the opportunity to complete advanced care plans if they wish. Care plans generally reflect palliative care needs, preferences and interventions when required. Referrals to an external palliative care service take place as necessary to guide staff. Management monitor palliative care in the home by stakeholder feedback. Staff said there is sufficient and appropriate equipment and resources available to provide palliative care. Residents and representatives said they have access to cultural and spiritual advisors if needed.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Residents receive adequate nourishment and hydration. Following entry residents have their nutrition needs assessed. Care plans document residents’ dietary needs and interventions including special diets, likes, dislikes and allergies. Referrals to dietitians or speech pathologists occur when needed. The monitoring of nutrition and hydration occurs by scheduled audits, resident weight analysis and stakeholder feedback. Staff said education pertaining to residents’ nutrition needs is available. Residents and representatives said they are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. Skin integrity assessments occur on entry and care plans document strategies required including the levels of assistance needed. Incident reports document breaks in residents’ skin and interventions implemented where necessary. Registered nurses attend all residents’ wounds. Staff said education relating to wound care management is available and attended. Residents and representatives said they are satisfied with the care provided in relation to residents’ skin care management.

## **2.12 Continence management**

*This expected outcome requires that “residents’ continence is managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

Generally, residents and their representatives are satisfied with how staff manage residents’ continence needs. Care plans capture needs and interventions including aids required and the level of assistance staff are to provide. Continence management is monitored by scheduled audits and stakeholder feedback. Staff said education pertaining to continence management is attended. Residents said they have access to continence aids and staff provide them with assistance where necessary.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home does not meet this expected outcome

The home does not have a system for ensuring the needs of residents with challenging behaviours are managed effectively. Staff do not ensure residents are reassessed when behaviours are identified and interventions to assist managing resident behaviours are not

developed and/or implemented. Management do not effectively evaluate behaviour incidents and implement effective interventions. Staff are unaware of how to manage residents' behaviours and are not engaging residents living with dementia in meaningful activities. Residents and representatives are not satisfied behavioural management strategies are effective.

#### **2.14 Mobility, dexterity and rehabilitation**

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

##### **Team's findings**

The home meets this expected outcome

Residents have access to care and equipment to maintain optimum levels of mobility and dexterity. The physiotherapist and registered nurse complete initial and ongoing assessments identifying residents' needs and risks relating to mobility and dexterity, transferring pertinent information to the care plan. The physiotherapist completes a falls risk assessment identifying fall prevention strategies and reviews all residents post falls. The home has appropriate mechanical transfer equipment and mobile chairs. We observed staff assisting residents to mobilise using a range of aids. Residents and representatives said they are satisfied with the care residents receive to maintain their mobility.

#### **2.15 Oral and dental care**

*This expected outcome requires that "residents' oral and dental health is maintained".*

##### **Team's findings**

The home meets this expected outcome

The assessment and care planning process assists residents to maintain their oral and dental health. Nursing staff complete initial and ongoing assessments to develop an oral health care plan in consultation with the resident and/or their representative. Care plans details residents' care and the level of assistance required. Staff assist residents to access dental specialists including referrals for urgent care. Residents and representatives say they are satisfied with the dental care provided to residents.

#### **2.16 Sensory loss**

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

##### **Team's findings**

The home meets this expected outcome

Care and assessment processes ensure resident sensory losses are identified and management strategies are developed to minimise any identified sensory loss. Nursing staff complete an initial assessment when the resident enters the home to identify concerns and deficits relating to the five senses. Care plan information includes level of assistance required, care of aids and strategies to optimise sensory function. Staff assist with referral to specialists including audiologists, optometrists and massage therapist. Residents and representatives say they are satisfied with the support and care provided to manage residents' sensory loss.



## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Practices at the home assist residents to achieve natural sleep patterns. Nursing staff identify resident sleep needs and preferences using entry and ongoing assessments, observation and resident feedback. Care plans detail individual preferences including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Measures to encourage natural sleep include offering residents warm drinks, preferred lighting, pain management and continence care. Residents described care given to help them resettle when they wake during the night. Residents and representatives said staff respected residents’ preferences for sleep and rest.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home does not meet this expected outcome

The home does not have a continuous improvement system that shows the active pursuit of continuous improvement in the area of resident lifestyle. Monitoring mechanisms have not identified deficiencies in Standard 3. Management have not effectively actioned, identified opportunities for improvement and cannot demonstrate improvements in resident lifestyle. Staff, residents and representatives are not satisfied continuous improvement in resident lifestyle is occurring.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home does not meet this expected outcome

The home does not have an effective system to identify and ensure compliance with all regulative and legislative requirements in relation to resident lifestyle. Management and staff do not follow legislative requirements in the event of an elder abuse incident. Management does not ensure within 24 hours of any assault perpetrated by a resident with cognitive or mental impairment, arrangements for the management of the behaviour are put into place to prevent reoccurrence. Staff have not attended relevant education and do not demonstrate awareness of their responsibilities. The organisation’s management cannot demonstrate how the home’s processes comply with regulatory compliance obligations.

#### **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 does not meet this expected outcome

Staff do not have the appropriate knowledge and skills to ensure effective performance in relation to resident lifestyle, privacy and dignity and compulsory reporting requirements. Management are not monitoring or meeting individual staff education and training needs relative to resident lifestyle. Residents are not satisfied there are sufficient staff with appropriate knowledge and skills to meet residents’ lifestyle needs.

### **3.4 Emotional support**

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

#### **Team's findings**

The home meets this expected outcome

Each resident receives support in adjusting to life in the new environment and on an ongoing basis. Prior to entering residents and representatives receive information and a resident booklet providing details of the home, lifestyle and services provided. On entry staff visit the resident providing comfort and orientation. Assessments and care plans identify the resident's past and present life story, emotional, cultural and spiritual needs and preferences. Staff can usually provide interpreter services if required. Information identified to support residents' emotional needs is included with the care plan including details of family difficulties which may affect the residents' wellbeing. We observed staff interacting with residents in a caring and friendly manner and residents and representatives said residents feel cared for and supported emotionally.

### **3.5 Independence**

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

#### **Team's findings**

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment and care plan processes identify previous interests and assistance residents may require to continue with family, friendships, religious and community relationships. A physiotherapist assesses residents' mobility needs and appropriate aids are available to residents including devices to assist with dexterity problems. Residents and representatives said they are satisfied with the assistance provided in relation to residents' independence

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home does not meet this expected outcome

Management do not ensure residents' privacy and dignity is recognised and respected. Staff and management practices compromise residents' rights to privacy, dignity and confidentiality. Privacy and dignity is not maintained for residents requiring assistance with their care needs. The living environment does not promote the provision of privacy and dignity for residents. Residents' meals are not provided in a dignified manner. Residents and representatives are not satisfied with how residents' privacy, dignity and confidentiality is maintained.

### **3.7 Leisure interests and activities**

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

#### **Team's findings**

The home does not meet this expected outcome

Residents are not encouraged and supported to participate in a wide range of interests and activities of interest to them. The number of lifestyle staff with appropriate skills is insufficient to enable residents to participate in a varied program of leisure activities. Staff do not regularly review care plans according to the home's processes to ensure lifestyle programs are meeting the residents' needs and preferences. Staff, residents and representatives are not satisfied with the home's leisure interests and activities.

### **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

Documentation demonstrates residents' individual interests, customs, beliefs, cultural and ethnic backgrounds are valued and fostered. Staff complete an initial language, cultural, spiritual and personal preferences assessment. Care plan information includes preferences for celebratory days, significant beliefs, religious choices and cultural preferences. Staff access cultural care kits and interpreters if needed. Local clergy visit offering weekly religious services and visit residents who cannot attend in their rooms. Residents and representatives said they are satisfied with the support provided for residents to meet their cultural and spiritual needs.

### **3.9 Choice and decision-making**

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

#### **Team's findings**

The home meets this expected outcome

The rights of residents to make decisions and exercise choice and control over their lifestyle is recognised and respected. The 'Charter of residents' rights and responsibilities' is displayed and authorised powers of attorney are in place. The assessment and care planning process identifies and documents residents' personal preferences and choices. Residents are encouraged to arrange their room space with personal items and small furniture pieces. Residents and representatives said staff respect residents' choices and preferences and encourage residents to participate in decisions about their care.

### **3.10 Resident security of tenure and responsibilities**

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

#### **Team's findings**

The home meets this expected outcome

Management ensures residents and authorised representatives understand their security of tenure, rights and responsibilities, financial obligations and services offered. Prior to entry resident and representatives receive an admission pack containing information about the home and services provided. Management said they explain the information to the resident and/or representative and also offer the suggestion to seek expert or independent advice. Residents are offered an agreement containing information on security of tenure, associated costs and residents' rights and responsibilities. Power of attorney information is on file and consultation occurs ensuring residents and/or representatives agree to any room change. Residents report feeling safe and secure living at the home.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in management, staffing and organisational development. ‘Opportunity for improvement forms’ and feedback to staff or management feed into the continuous improvement system. The home’s continuous improvement officer monitors continuous improvement activities. Refer to expected outcome 2.1 Continuous improvement for further information. Management provided examples of recent continuous improvement activities and monitoring mechanisms relevant for Standard 4.

Examples of continuous improvement in Standard 4 include:

- Management identified it was difficult to identify which residents have been vaccinated. As a result, management have established a register to record residents’ vaccinations. Staff said the register is helpful.
- Management established an occupational health and safety folder for staff use. Management said this will improve staff knowledge of occupational health and safety. We observed the folder available for staff in the staffroom.

### **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

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems. Management receives information relating to regulatory and legislative updates and changes from a variety of sources including state and federal health departments, peak industry bodies and publications. Regulatory compliance is a standing agenda item on staff and residents’ meeting agendas. Staff confirmed they are kept updated regarding any regulatory changes.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- The home has a food safety program audited annually by a third party.
- The home complies with annual essential services maintenance reporting.
- The home has policies, procedures and a system for occupational 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

Staff are educated and informed about appropriate practices relating to the physical environment and safe systems. Mandatory education each year includes subject matter from Standard 4. Educational topics arise from resident and staff needs, incidents and mandatory education requirements. Staff said they have education in Standard 4 expected outcomes.

Recent examples of educational sessions and opportunities in relation to Standard 4 include:

- fire and emergency
- presentation of food
- manual 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 residents' care needs".*

#### **Team's findings**

The home does not meet this expected outcome

Management are not actively working to provide a safe and comfortable environment consistent with residents' safety and care needs. Staff practices do not ensure the provision of a safe and comfortable environment for all residents. Management do not ensure residents' private living areas are respected. Residents and representatives said are not satisfied with the comfort, safety and cleanliness of certain areas of 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

Management with the support of staff actively promote occupational health and safety in the home. Occupational health and safety issues are discussed at staff meetings. Minutes from meetings are available for staff to review and training schedules reflect management's commitment to keeping staff informed on safety issues. Regular audits and policies and procedures are in place to ensure hazards are identified and reported to the operational manager. Chemicals are appropriately stored with up-to-date material safety data sheets available in the relevant storage areas. Staff said they have knowledge of their occupational health and safety responsibilities and are encouraged to report and document hazards when required.

#### **4.6 Fire, security and other emergencies**

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

##### **Team's findings**

The home meets this expected outcome

Management ensures the home has systems to identify and minimise fire, security and emergency risks. The home has emergency management procedures for a range of internal emergencies. Fire and emergency equipment is monitored both internally and maintained by external contractors. Emergency exits and egress routes are free from obstruction. The home has a lock up procedure for security of residents at night. There is a designated resident smoking area and we reviewed smoking risk assessments for residents who smoke. Most staff have completed annual emergency procedures training and are able to describe appropriate actions to undertake in the event of an alarm. Residents are provided with emergency evacuation information and said they have confidence in the ability of staff to respond to an emergency.

#### **4.7 Infection control**

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

##### **Team's findings**

The home does not meet this expected outcome

Management cannot demonstrate there is an effective infection control program in the home. Staff do not receive regular infection control education to ensure their practice is consistent with Australian Government infection control guidelines. Staff were observed not adhering to contemporary infection control practices. Residents and representatives are not satisfied with infection control practices in the home.

#### **4.8 Catering, cleaning and laundry services**

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

##### **Team's findings**

The home meets this expected outcome

Catering services are supplied by the home and are consistent with the needs and preferences of residents. Residents' dietary information, special needs and preferences are documented and available to staff. Menus are prepared with alternatives available and preferences catered for. Provision of education for cleaning staff in relation to safe chemical storage occurs. Cleaners follow daily cleaning schedules. Personal protective equipment is kept and used in the cleaners' room and laundry. The home provides all laundry services onsite. Staff and residents said there is enough linen for their needs. Laundry equipment is maintained and staff work to a schedule. Staff are aware of their roles and responsibilities within their designated service areas. Residents and representatives said they are satisfied with the laundry, and catering services provided by the home.