



Aged Care
Standards and Accreditation Agency Ltd

Mecwacare Malvern Centre

RACS ID 3875

1245-1247 Malvern Road

MALVERN VIC 3144

Approved provider: MECWA

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 11 December 2016.

We made our decision on 24 October 2013.

The audit was conducted on 23 September 2013 to 24 September 2013. 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	Accreditation 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	Accreditation 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		Accreditation 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		Accreditation 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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Mecwacare Malvern Centre 3875

Approved provider: MECWA

Introduction

This is the report of a re-accreditation audit from 23 September 2013 to 24 September 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.

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 Accreditation 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

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 23 September 2013 to 24 September 2013.

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

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

Assessment team

Team leader:	Mary Murray
Team members:	Heather Sterling
	Marguerite Hoiby

Approved provider details

Approved provider:	MECWA
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Details of home

Name of home:	Mecwacare Malvern Centre
RACS ID:	3875

Total number of allocated places:	113
Number of residents during audit:	92
Number of high care residents during audit:	57
Special needs catered for:	Nil

Street:	1245-1247 Malvern Road	State:	Victoria
City:	Malvern	Postcode:	3144
Phone number:	03 9248 6100	Facsimile:	03 3248 6190
E-mail address:	judith.redmile@mecwacare.org.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	21
Corporate support	8	Environmental staff	4
Clinical staff	6	Hospitality staff	9
Care staff / lifestyle staff	5	Administration assistants	4

Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Lifestyle profiles	6	Resident agreements	10
Personnel files	6		

Other documents reviewed

The team also reviewed:

- Activities calendar
- Cleaning schedules
- Clinical documentation, records, charts and forms
- Education schedule, records and attendances
- Essential services schedules and records
- Food safety plan and audit report
- Handover information sheet
- Have Your Say forms, responses and evaluations
- Internal and external complaints mechanisms
- Kitchen, catering and dietary documentation
- Mandatory reporting folder and register including reportable assaults incident reports
- Medical and allied health directives
- Meeting minutes, memorandum and correspondence
- Organisational chart and business meeting structure
- Police certificate register
- Policies and procedures - selected
- Quality system documentation
- Reactive and preventative maintenance schedules
- Residents' handbook and survey
- Roster

Observations

The team observed the following:

- Activities in progress
- Advocacy brochures on display
- Call bell system in use
- Cleaning in progress
- Clinical waste system including infectious waste and sharps management
- Document storage including archived material
- Electronic and hard copy information systems
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Meal service in progress
- Medication storage and administration
- Menu displayed
- Personal protective equipment
- Staff and resident notice boards
- Suggestion boxes

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 meets this expected outcome

Management actively pursue continuous improvement across the Accreditation Standards. The continuous improvement system identifies opportunities for improvements through written resident and representative feedback, meeting forums and focus groups. Scheduled audits occur with any deficits informing continuous improvement plans. Management coordinate quality activities and communicate results to relevant stakeholders. The clinical governance and audit committees monitor and evaluate key performance data and provide clinical and strategic leadership. Staff, residents and representatives are aware of the avenues for input into the continuous improvement system and of recent improvements. Residents and representatives expressed their satisfaction with the responsiveness of management to their suggestions for improvement.

Recent continuous improvements relating to Standard 1 Management systems, staffing and organisational development include:

- As part of an 'early adopter' project the home is an active participant in the national eHealth program. The eHealth program allows designated staff to view, edit, download and upload residents' health information to a national server accessible by doctors, specialists and hospitals across Australia. Management said benefits of the system include fast secure sharing of information, less risk of errors, reduced administrative time and increased time available to deliver resident care.
- A review of the staff orientation program has resulted in the program extended to two full consecutive days. The extended program outlines the organisation's vision and values and model of care and provides additional targeted orientation topics depending on the employee's role in the organisation. Mandatory training occurs for all staff during orientation ensuring they are skilled in key aspects of providing quality care to residents, use of safe work practices and relevant aspects of aged care legislation. Staff said the orientation provided relevant information and they enjoyed the group forum.

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

There is a system to ensure the management team receive and disseminate information and monitor compliance with relevant legislation, regulations and guidelines. Management receive legislative changes through peak body memberships, subscriptions services,

attendance at industry forums and government updates. The quality and risk team circulate a monthly legislative update alert which the facility manager disseminates through staff meetings. Policies and procedures reflect the relevant legislation and reviews occur in line with legislative changes. Regulatory compliance is a standing agenda item at meetings and staff said they are aware of their obligations in relation to regulatory compliance and confirmed management inform them when changes occur.

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

- Policies and procedures reflect relevant legislation and regulatory guidelines.
- Processes to ensure all staff, volunteers and external contractors provide police certificates and statutory declarations as appropriate.
- Management informed stakeholders of the re-accreditation audit.

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

There is a system in place to ensure management and staff have the ongoing knowledge and skills to perform their roles effectively. Management and the organisation’s clinical educator identify training needs through changing resident needs, audits, performance reviews, competency assessment results, training needs analysis and staff requests. The home has a mandatory training program and provides continuous education opportunities. External training providers, management and the clinical educator deliver education through formal and practical sessions and a variety of informal means such as information displays, demonstrations and meeting discussion. Staff also undertake competency evaluations relevant to their role. Staff attendance at all education sessions is recorded and monitored and formal education sessions evaluated. Staff expressed their satisfaction with the education available to them.

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

- Charting on the home’s electronic care system
- Complaints management
- Continuous improvement
- Equal opportunity, bullying and harassment
- Incident reporting
- Policy and procedures
- Staff orientation.

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 meets this expected outcome

There is a system to ensure each resident, their representatives and other interested parties have access to internal and external complaints mechanisms. The resident handbook and agreement outlines the comment and complaints process and management discuss the process with residents and representatives on entry to the home. 'Have Your Say' forms, resident meetings and suggestion boxes provide written and verbal opportunities for feedback. Management promote an open door policy and information on advocacy services is readily available. Comments and complaints generally link into the continuous improvement system with progress and resolution monitored. Key staff described appropriate actions for following through on resident comments and complaints. Residents and representatives were generally satisfied with feedback on and the resolution of their comments and complaints.

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 has documented its mission, vision and philosophy including their commitment to quality. Management prominently displays these statements in the home and repeat them in internal documents and information packages provided to staff, residents and other stakeholders.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There is an appropriate level of skilled, qualified staff to meet resident care needs. The facility manager and the organisation's corporate office facilitate the staff recruitment process. Management maintain a database for police certificates, statutory declarations and professional registrations and monitor their validity. Position descriptions inform and guide staff, new staff undergo a two day orientation program and complete 'buddy' shifts prior to commencing their roles. Staff undertake performance reviews and have access to ongoing education. There is access to a casual staff pool and processes to manage planned and unplanned staff leave. Residents and representatives were generally satisfied with staffing levels and the knowledge and skills of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The level and suitability of stocks, goods and equipment are appropriate for the delivery of a quality service. A department specific stock control system coordinated by administration staff is in place. Preferred suppliers are utilised enabling greater quality control, and regular deliveries ensure adequate stock levels at all times. Storage areas are accessible, clean and where required secure. Monitoring of equipment availability and its safety occurs and staff are involved in trials of new equipment undertake product evaluations when required. Reactive and preventative maintenance programs are in place and regular electrical safety checks undertaken. Staff confirmed they have sufficient supplies to undertake their roles effectively and provide quality care. Residents and representatives said there were sufficient goods and appropriately maintained 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 systems to ensure all stakeholders have access to current information that guides staff work practices and delivery of resident care. Staff have access to information required to carry out their role. There are processes to routinely collect and analyse key data. Established processes ensure staff, residents and representatives receive relevant information and remain updated. There is regular electronic back up of computers and secure storage of information. Archived material is stored securely pending destruction, which occurs according to legislated requirements. Staff confirmed they receive information updates through a variety of formal and informal means. Residents and representatives are generally satisfied the home keeps them informed and they have access to relevant information.

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

Processes ensure the delivery of externally sourced services occur in a way that meets the quality aims and service requirements of all stakeholders. The organisation has specified agreements with preferred external service providers that set out performance criteria, regulatory requirements and dispute resolution. External services at the home include physiotherapy, speech pathology, podiatry, dietetics, infectious waste disposal and essential services including the monitoring of emergency systems. The level of satisfaction with external services is determined via feedback and reporting mechanisms. Residents, representatives and staff reported satisfaction with externally sourced services.

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

Management has systems in place and actively pursues continuous improvement activities to ensure residents' physical and mental health is encouraged and occurs at an optimum level. For details regarding the home's systems and processes, refer to expected outcome 1.1 Continuous improvement.

Recent continuous improvements relating to Standard 2 Health and personal care include:

- A review of wound management protocols to align with contemporary evidence based practice. The review included policy and procedure development, updated charting requirements, the development of a wound management flowchart to support the new documentation and guidelines for staff on appropriate wound product selection. As a result of the review staff are accurately identifying the rationale for wound product selection and following management protocols. Wound resolution times have improved.
- In consultation with the physiotherapist service the home has developed an individualised risk assessment for the use of mobility aids. The assessment provides a holistic review of the current health status of the resident, their cognitive ability and when completed provides an accurate evaluation of the suitability and benefits of proposed aids and assistive devices. As a result resident independence is maximised. Residents said they consistently use their mobility aids to maintain their independence. Staff have confidence that bed poles and other mobility aids are monitored for safety.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

There is a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance processes.

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

- Appropriately registered, qualified and trained staff plan, supervise and undertake specialised nursing care in consultation with relevant health professionals
- The home has procedures for the mandatory reporting of unexplained resident absences and maintains a centralised register for alleged episodes of resident abuse.

- The home has processes to ensure compliance with legislative and policy requirements in relation to medication storage and administration.

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

There is a system to ensure staff have the necessary skills and knowledge to perform their roles effectively in relation to resident health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of education and training provided in relation to Standard 2 Health and personal care include:

- Administration of eyes drops
- Asthma
- Behaviour management
- Continence and dementia
- End of life care
- Medication administration
- Oral hygiene
- Palliative care approach
- Parkinson’s disease management
- Stoma care
- Vision Australia
- Wound assessment.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The assessment of residents’ care needs commences on entry to the home and care plans document these needs. Risk assessments are undertaken when there is an identified need. Staff regularly review resident care plans and inform the general practitioner of any changes in resident needs. Registered nurses update care plans on a needs basis. Residents and their representatives said and documentation confirmed, a consultative approach to care planning occurs. Staff training and access to policy and procedures assist in ensuring staff have direction to perform their clinical roles. Communication of resident needs occurs via handover at the change of shift, documented care plans and memoranda assist in ensuring staff awareness of resident care needs. Management and staff monitor resident care through clinical audits the incident reporting process and analysis of clinical indicators. Residents and representatives said staff assist them in addressing residents’ care needs.

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

Registered and enrolled nurses review and supervise the provision of specialised care required by residents, with registered nurse input available 24 hours per day. Detailed care plans are in place and contain additional information for staff to assist them to deliver specialised care to residents. Staff have access to acute specialist services as care needs dictate. Residents with specialised care requirements have documented clinical directives and treatment strategies which staff refer to when providing care. Residents said they are satisfied with the specialised care they receive.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Resident referrals to allied health practitioners and health specialists occur on the recommendation of the resident’s general practitioner and staff as required. A physiotherapist and podiatrist visit the home on a regular basis and speech pathologists, dietitians, the aged care psychiatric team and palliative care services are available for consultation. Optometry and hearing services visit on a needs basis. Staff said a dental service is available and they support residents who wish to attend practitioners in the community. Residents and their representatives were satisfied with the services available.

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

Residents receive medication correctly and safely. Residents and their representatives confirm that they receive the correct medication at the correct time. The home stores medications appropriately and performs regular counts of scheduled medications. Audits, independent pharmacy reviews and an advisory committee oversee the system for continued safety. There are processes to order and receive urgent medications. Incident management includes the review of practice. Registered nurses and designated personal carers manage the medication system, receiving medication training and undergoing competency testing to ensure safe and correct medication practices.

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

Pain assessments are undertaken when residents enter the home. Assessment tools have the capacity to assess the pain levels of people who are cognitively impaired. Residents with

chronic pain are on regular medication in addition to 'as needed' medications. The physiotherapy unit provides a pain management service to residents who may require it. Care plans describe strategies to assist any resident with pain. Staff record resident pain in the progress notes and staff document the outcome of 'as necessary' pain relief medications administered to residents. Residents said staff managed residents care well.

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

Staff and documentation confirm that residents are able to remain at the home and receive palliative care. Consultation with residents' and their families occurs about specific terminal care wishes during the entry phase or when the resident and family choose to communicate these wishes. In consultation with the resident, family, general practitioner and a team of palliative care specialists staff develop a specific care plan for residents who require palliation. Regular updates occur to the care plan reflecting the resident's changing care needs. Staff are aware of the special needs of residents and families at this time and said they respect resident wishes.

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

There are processes to assess new residents and to record their nutritional and hydration needs in care plans. A regular review of residents' nutritional and hydration needs occurs as part of the resident of the day process. Clinical staff inform the kitchen of residents' dietary needs and they are able to provide at short notice food for residents who have changed needs. Staff weigh residents regularly and follow a process regarding the referral of residents with unexpected weight loss (or gain) to a dietitian. The kitchen provides residents with morning and afternoon drinks, with additional snacks also available for those who wish to have them. We observed staff assisting residents with special needs. Residents said they liked the food and fluids provided.

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

Staff assess and record residents' skin care needs in their care plans. Staff document in the incident reporting system the development of any skin tears, bruises, lacerations and ulcers. Management analyse and trend this information. Following referral, the podiatrist also assesses residents' nails and writes a care plan. Residents with wounds have these photographed and documented in charts and registered nurses supervise and review the care. Skin care products are available for residents and general practitioners prescribe

medicated skin care products to residents with skin conditions as required. Residents said staff care for them well.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

The assessment of residents’ urinary and faecal continence levels commences when they enter the home and staff develop care plans based on their assessed needs. Care plans and other documents record strategies for continence management including the use of aids and toileting times if required. The registered nurse regularly reviews these in consultation with the resident. There is a system to order new aids and staff said there were adequate supplies. Residents said they were satisfied with the program.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The assessment of residents’ commences on entry to the home, with the recording of challenging behaviours and the development of strategies to manage these behaviours. Specialist services are available for consultation and the general practitioner assists in the management and care of residents with challenging behaviours. Incident forms document behaviour incidents. We observed the home to be calm and residents provided with a range of activities, including one-on-one activity, dependent upon their level of need. The home maintains a restraint free philosophy. Residents said they were satisfied with the care provided.

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

Staff undertake an assessment of residents’ mobility and dexterity when they enter the home and document these in care plans. Assessment tools include an assessment of the risk of falls. A physiotherapist reviews any resident who falls. Regular environmental audits and falls statistics monitor falls risk factors. The physiotherapist prescribes residents at risk of falls an individual exercise program and staff assist the resident to continue with the exercise program when the physiotherapist is not on site. The maintenance program includes residents’ mobility aids and we observed staff reminding residents of the appropriate use of these. Residents stated they were satisfied with the home’s approach to maintaining 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 of residents’ oral and dental health commences when they enter the home and this guides strategies used to assist their dental hygiene, as documented in care plans. Staff review care plans regularly and update them when needed. Referral to a dental service and/or a dental technician occurs on a regular basis or when residents require these services. Consultation occurs with general practitioners, speech pathologist and dietitian for residents with oral, dental and swallowing difficulties. Residents stated staff assisted them with their oral care.

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

The assessment of residents’ sensory integrity includes the assessment of all five senses. Registered nurses refer residents to their general practitioner and allied health practitioners if there is an assessed need. Care plans describe strategies to assist residents with most types of sensory loss and include the identification of any sensory aid used. The review of care plans occurs regularly and includes the advice of allied health practitioners. Staff are able to describe strategies used to assist residents with sensory loss. Residents said staff assist them with their sensory aids.

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

The assessment of residents’ sleep patterns commences when they enter the home. Documentation of residents’ sleep patterns includes any trouble the resident has sleeping, their sleep routine and methods used to assist sleep. Staff develop care plans to address any identified needs. Night staff record any sleeplessness in residents’ notes. Staff regularly review plans and refer residents to specialist services if changes occur and update plans if necessary. Staff assist residents who are unable to achieve natural sleep patterns by strategies such as medical and environmental modification. Residents said they were able to sleep undisturbed by others.

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 meets this expected outcome

Management actively pursue continuous improvement activities to ensure residents retain their personal, civic, legal and consumer rights and to assist residents exert control of their own lives within the home and in the wider community. For details regarding the home’s systems and processes, refer to expected outcome 1.1 Continuous improvement.

Recent continuous improvements relating to Standard 3 Resident lifestyle includes:

- A resident request resulted in the lifestyle and leisure team implementing a gardening project. The project includes regular potting of plants, plants selections and management of a dedicated ‘residents’ garden bed. Residents said they enjoy the physical and social aspects of gardening and look forward to participating.
- To support residents’ connections in the community the lifestyle team have supported residents to actively join and attend the local Probus group. Residents have welcomed the opportunity to extend their interests beyond home based activities and find the Probus group stimulating and they enjoy the fellowship of the other members.

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 meets this expected outcome.

There is a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory processes.

Examples of regulatory compliance relating to Standard 3 Resident lifestyle includes:

- The home maintains a centralised mandatory reporting register. Staff are aware of their obligations in regard to mandatory reporting and we observed flowcharts available in nursing stations which guide staff management of incidents.
- There are processes to ensure privacy of residents’ personal information.
- Management provide a resident agreement to residents and representatives specifying residents’ rights and responsibilities and we observed posters outlining residents’ rights and responsibilities displayed throughout the home.

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

There is a system to ensure staff have the necessary skills and knowledge to perform their roles effectively in relation to resident lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of education and training provided in relation to Standard 3 Resident lifestyle include:

- Mandatory reporting and elder abuse
- Person centred care / active service model.
- Privacy, dignity, confidentiality and independence.

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

Staff and management support residents to adjust to life at Mecwacare Malvern Centre and provide emotional support to residents on an ongoing basis. Prior to coming to the home the resident and their representatives are informed about the home, services available, their rights and responsibilities and receive information about relevant fees and charges. On entry the resident is orientated to their room, the environment and amenities and introduced to other residents. Lifestyle staff assist residents to settle into the home and commence assessments that capture social, cultural and spiritual histories. Staff provide information to residents and representatives about specialist advocacy and support services as required. A range of volunteers are engaged to support residents with specific emotional or social support needs. Residents and representatives said staff are very friendly and caring.

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

Staff support residents to remain as independent as possible and to maintain friendships, family connections and community links. Clinical and lifestyle staff assess residents on entry regarding individual requirements to support independence and care plans are developed and reviewed regularly. Staff assist residents to remain as independent as possible with mobility and sensory aids and equipment and the provision of an appropriate living environment. Visitors are welcomed and a wheelchair accessible bus is available to facilitate community visits. Staff monitor residents' involvement in the activities program and in undertaking activities of daily living and identify if additional assistance is required. Residents and representatives said the home supports resident's independence and they are satisfied with the support and assistance provided.

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 meets this expected outcome

Staff support and respect each resident's right to privacy and dignity. Staff receive information about privacy and confidentiality during orientation and on an ongoing basis. Staff knock and request permission before entering residents' rooms and close doors during personal care. Residents are encouraged to personalise their rooms with their own belongings. The home manages documentation securely and staff hold confidential conversations in private. We observed staff interacting with residents in a positive manner. Residents and representatives said staff generally treat residents with care and respect.

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 meets this expected outcome

Staff encourage and support residents to participate in a range of interests and activities relevant to their individual preferences. Lifestyle staff assess each residents' past and present leisure interests in consultation with residents and their representatives. Staff document personalised lifestyle needs and preferences in each resident's care plan and evaluate care plans on a scheduled basis. Activities cater for the needs of residents with physical, sensory and cognitive deficits. Residents participate in group activities and receive one to one support. Lifestyle staff evaluate activities and special events on an ongoing basis. Residents and representatives have input into the program through meetings, surveys and direct feedback. The home reviews the lifestyle program in response to participation levels and resident and representative feedback. Residents and representatives confirmed a variety of activities of individual interest is available to residents.

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

Staff provide services in a manner that values and fosters residents' cultural and spiritual lives and supports individual interests. Staff identify residents' cultural and spiritual needs on entry and document these in each resident's care plan. Residents are encouraged to celebrate days of significance and to access local religious services with family and/or community support. Local religious groups also hold religious services at the home. Cultural resources and interpreter services are available if required. Staff are sensitive to residents' cultural and spiritual needs and demonstrate knowledge of individual residents' requirements in this regard. Residents and representatives are satisfied with the way staff acknowledge and respect residents' 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

Staff support residents to exercise choice and control over their lifestyle. Upon entry to the home staff engage with residents to identify their care and lifestyle preferences. Staff document in care plans and regularly review residents' expressed preferences for care and support. Management and staff encourage residents and representatives to express their wishes through residents and representatives' meetings, individual consultation, surveys and the direct feedback. The home documents powers of attorney and alternative decision makers for relevant residents. Information about advocacy services is available to residents and representatives. Staff confirm they support residents to make choices and decisions about their daily routine. Residents and representatives said residents have opportunity to make choices and decisions about their life at the home.

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

Residents have secure tenure within the home and there are processes to ensure residents understand their rights and responsibilities. Management and the organisation's admissions officer provide residents and representatives with information about security of tenure, residents' rights and responsibilities, specified care and services and independent complaint mechanisms prior to entry. The home documents this information in the residential agreement. The home informs staff about residents' rights and responsibilities and security of tenure through policy and education. Residents and representatives expressed satisfaction with the home's processes for ensuring residents' security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management actively pursue continuous improvement to ensure residents’ welfare and safety and to provide a comfortable living environment. For details regarding the home’s systems and processes, refer to expected outcome 1.1 Continuous improvement.

Recent continuous improvements relating to Standard 4 Physical environment and safe systems include:

- An internal environmental audit indicated an irregular build-up of dust in the laundry area. As a result, management installed a new custom made filter to the air vent leading to the laundry. The installation of the filter has improved the air quality within the laundry resulting in an improvement to the safety and comfort of staff.
- The home has purchased ceiling mounted hoist systems to assist staff transfer residents to and from bed without the use of a free standing lifting machine. Staff said this has minimised any risk of occupational injury for them while improving the comfort of residents while being transferred.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome.

There is a system to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory processes.

Examples of regulatory compliance relating to Standard 4 Physical environment and safe systems includes:

- Qualified contractors regularly check and maintain essential services and electrical equipment.
- Information is available on workplace health and safety and management and staff actively promote a safe work environment.
- There are policies and procedures to report any outbreaks or notifiable diseases to relevant authorities.

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

There is a system to ensure staff have the necessary skills and knowledge to perform their roles effectively in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include:

- Fire safety training
- Hand washing competency
- Hazardous substances
- Lifting machine use
- Macerator use
- Manual handling
- Occupational health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe and comfortable living environment for residents. The home provides single rooms with en suite accommodation and flexible options of shared adjoining rooms for couples or residents who prefer a separate living room and bedroom. The home is well maintained and designed to maximise natural light. Residents can access an on-site hairdresser, private dining rooms and an in-house cinema. Residents have the option of large comfortable central living rooms, more intimate seating areas with kitchen facilities and courtyard areas to socialise and entertain guests. Management provide sufficient and appropriate furniture and equipment to promote the safety and comfort of residents and residents said they enjoy living at 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 implement systems to provide a safe working environment in a manner that meets regulatory requirements. An organisational quality and risk committee oversees the home's risk management procedures and an external company audits the home's management systems against Australian standards for occupational health and safety.

Management provide staff with education, equipment and supplies to employ safe work practices. Maintenance staff implement a system of routine and preventative maintenance to ensure the safety of equipment and building. Management ensures staff are aware of their health and safety responsibilities through meetings, documented procedures, education and the orientation process. Staff provide feedback about workplace health and safety issues using hazard and incident reports, maintenance requests, meetings and through direct feedback to management and a health and safety representative.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to minimise fire, security and emergency risks. Management display emergency and evacuation plans and emergency exits are easily identifiable. Senior staff complete fire warden training and an emergency evacuation list is regularly updated. The home is equipped with smoke detection systems, fire fighting equipment sprinklers and smoke doors. Scheduled servicing of fire equipment occurs and flammable substances are stored safely and securely. The home has a control system for other emergencies such as power failure or security breaches to ensure resident safety and business continuity. Staff are confident in the actions to take in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Staff complete mandatory training in infection control and have access to personal protective equipment and hand hygiene facilities. Key staff maintain an infections register and report results at relevant meetings. There is a planned pest control program and environmental testing is undertaken. Catering, cleaning and laundry procedures follow infection control guidelines and there is a food safety program. Nurses and medical practitioners assess and regularly monitor residents for the presence of infection and their response to treatment. Management offer a vaccination program for staff and residents. Staff confirmed they receive education in infection control and demonstrated an awareness of appropriate infection control practices relevant to their duties, including outbreak management procedures.

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

The home provides hospitality services in a manner that enhances residents' quality of life and the working environment for staff. Systems are in place to ensure transfer of relevant information from the care planning process to hospitality services. A contracted catering company prepares meals fresh at the home incorporating resident's likes, dislikes, special dietary requirements and food allergies. A rotating seasonal menu is prepared in consultation with qualified dietitians. The home provides residents with an on-site laundry service for

personal items with systems to minimise lost property. Linen is regularly laundered offsite and staff confirmed there are adequate supplies of clean linen. Residents and representatives are satisfied with the home's hospitality services and provide feedback through meetings, focus groups, surveys and day-to-day communication with hospitality staff.