



Aged Care
Standards and Accreditation Agency Ltd

Mercy Place East Melbourne

RACS ID 3837

22 Verona Lane

EAST MELBOURNE VIC 3002

Approved provider: Mercy Health & Aged Care Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 March 2016.

We made our decision on 19 February 2013.

The audit was conducted on 8 January 2013 to 9 January 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

Mercy Place East Melbourne 3837

Approved provider: Mercy Health & Aged Care Inc

Introduction

This is the report of a re-accreditation audit from 8 January 2013 to 9 January 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 8 January 2013 to 9 January 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:	Susan Hayden
Team members:	Ann De Pellegrin
	Marian (Sandra) Lacey

Approved provider details

Approved provider:	Mercy Health & Aged Care Inc
--------------------	------------------------------

Details of home

Name of home:	Mercy Place East Melbourne
RACS ID:	3837

Total number of allocated places:	110
Number of residents during audit:	107
Number of high care residents during audit:	100
Special needs catered for:	Dementia specific

Street:	22 Verona Lane	State:	Victoria
City:	East Melbourne	Postcode:	3002
Phone number:	03 9413 1777	Facsimile:	03 9416 0562
E-mail address:	information@mercy.com.au		

Audit trail

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

Interviews

	Number		Number
Management/administration	4	Residents	12
Clinical/care staff	14	Representatives 4	4
Lifestyle staff/pastoral care practitioner	4	Hospitality and maintenance	7

Sampled documents

	Number		Number
Residents' clinical files	18	Medication charts	12
Summary/quick reference care plans	12	External contracts	6
Residents' dietary profiles	13	Resident agreements	8
Personnel files	9	Incident reports	9

Other documents reviewed:

The team also reviewed:

- Accreditation audit notice
- Activity, recreational and therapy participation records and register
- Aged care advocacy brochures and information resources
- Agency orientation checklist
- Annual essential services measures report
- Audits, third party audits, survey results and schedule
- Certification and registration of: food premise, building
- Chemical register
- Cleaning schedules
- Cleaning schedules
- Clinical care documentation and charts
- Complaints register, summaries and data
- Continuous improvement documentation
- Controlled substances registers
- Diabetic management plans
- Education records and yearly planners
- Electrical test and tag records
- Fire and emergency testing and maintenance log books
- Fire orders notices

- Food and fluid intake charts
- Food safety program and associated records
- Handover sheets
- Human resources records and resource information
- Incident reports
- Infection summaries, data and charts
- Information handbooks and packs: resident, staff and contractors
- Lifestyle program
- Mandatory reporting registers
- Material safety data sheets
- Medication competencies
- Meeting minutes and schedules
- Memoranda
- Mission, vision and value statements
- Nurse registration register
- Nutritional and snack intake records
- Occupational health and safety information
- Occupational health and safety manual and risk assessments
- Outbreak management and resources
- Oxygen equipment checklists
- Pastoral visits log book and diary
- Pest control records and pest management program
- Police check register and statutory declarations
- Policies, procedures and flow charts
- Preventative/essential services maintenance schedule/reactive maintenance records
- Quality monitoring data/graphs
- Resident newsletter
- Residents' evacuation list
- Restraint authorities and bed pole information
- Rosters – master and amended working
- Self assessment.

Observations

The team observed the following:

- Activities in progress
- Archive room
- Automatic chemical dilution system
- Brochures in languages other than English accessible

- Coloured cloth cleaning system
- Emergency assembly areas
- Emergency evacuation kits and plan/fire suppression equipment
- Equipment and supply storage areas
- Fire detection and fire suppression equipment
- Heat management plan
- Infectious outbreak kit
- Interactions between staff and residents
- Internal and external complaints forms/brochures
- Living environment
- Meal and refreshment services
- Outbreak management kits
- Personal protective equipment in use
- Resident and staff noticeboards
- Security camera surveillance
- Sensory room
- Sign in/out register
- Suggestion box
- The Charter of Residents' Rights' and Responsibilities
- Utility rooms and waste storage areas
- Water jug table in dining rooms.

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

In collaboration with the corporate team who develop a strategic plan for ongoing improvements management at the home actively pursues continuous improvement. This includes supporting and encouraging staff, residents and representatives to participate in continuous improvement activities. Input into the continuous improvement system includes stakeholder feedback, improvement logs, audit results, key performance indicators, meetings, focus groups, incidents and hazard reporting. Documentation shows management creates a continuous improvement activity plan for issues requiring action, documents progress and evaluates the outcome. Management assesses the outcome according to stakeholder feedback, quality monitoring and effective achievement or otherwise of the quality improvement objective. The home provides feedback to staff, residents and representatives individually or through meetings, memoranda, newsletters and other communication systems. Management and corporate office monitor the home's continuous improvement activities through quality reporting and ongoing stakeholder satisfaction. Residents and staff confirmed participation in continuous improvement consistently reported management is responsive to their needs and suggestions and actively pursues continuous improvement.

Examples of recent continuous improvements in Standard I include:

- The corporate quality team identified the home's continuous improvement system was not meeting their quality objectives. To address this, management reviewed and improved the home's continuous improvement system and corporate governance improved the robustness of their evaluation by reviewing key performance indicators monthly. As well management introduced new, separate continuous activity forms across four quality domains with investigation and implementation sections whereas previously there was one such form for complaints, comments and maintenance. Management reported the new, separate forms are more user friendly being easier for stakeholders to follow. Management reports considerable satisfaction with their new continuous improvement system.
- Following a review of the high use of agency staff through a spreadsheet, management identified a significant opportunity to introduce new strategies to reduce agency staff usage. Management said in part more nursing staff vacancies occurred because of more staff upgrading to registered nurse and enrolled, endorsed nurse status and the requirement to do their practical placements elsewhere. As a result management introduced a new casual nurse bank system across the home and its sister facility in Parkville. Management then set up a short message service system to advise relevant staff of roster vacancies. Management said this new system is far less time consuming than the previous practice of telephoning staff about shift vacancies. Management reported agency staffing costs have significantly reduced and that staff report considerable satisfaction with the home's new approach to filling vacancies. Management

further said the residents enjoy a more stable workforce who are familiar with residents' particular needs and who understand the Mercy care practices. Evaluation is ongoing.

- Management identified the need to improve stock control in relation to stock levels and other issues including rotation of stock. Management appointed a staff member to oversee stock control. As well management developed a stock control spreadsheet which provide information about how much stock there is and how much the home is using. The new appointee overseeing stock management monitors the stock levels and usage and provides weekly updates. This staff member adjusted the ordering lists according to usage. The new approach reduced the quantity of stock items not regularly used and ensured the home did not run out of items. Furthermore management said as a result of the new system they no longer receive urgent emails about stock that has run out. Management reported positive feedback from staff.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines and to monitor compliance in relation to the Accreditation Standards, particularly Standard 1. Management receives updates and changes through the organisation that has membership and subscription to professional advisory services, peak industry bodies, legislative and government communiqués. Regulatory changes result in policies and procedures reviewed with associated information updated and communicated to relevant stakeholders. Management also utilise orientation, information handbooks and other communication mechanisms to flag specific regulatory compliance issues. Monitoring and observation of staff practice and contracted services ensure staff knowledge, practices and services are consistent and compliant with regulatory requirements. Staff state they receive information regarding regulatory changes and reiterated their responsibilities related to their work roles. Residents and representatives state they are satisfied they are kept informed and notified of the re-accreditation visit.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- A system for continuous improvement is in place and a range of policies and procedures incorporating professional and regulatory guidelines, equal employment opportunities, harassment and confidentiality.
- Management demonstrated they notify stakeholders of the re-accreditation audit assessment within the required notice time.
- The home maintains a system for ensuring the currency of police certificates, statutory declarations as required, professional registrations and licenses for staff, volunteers and external contractors' as required.
- A register of professional registrations is maintained and monitored and all registered nursing staff have current registration with the Australian Health Practitioner Regulatory Agency.
- Appropriate and secure information storage and destruction systems are in place.

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

Corporate office and management develop an annual in-service training calendar informed by mandatory and regulatory requirements, staff needs and residents' current and changing needs. Management adjusts the calendar in response to clinical governance reviews, quality monitoring results and staff and resident feedback. A clinical educator organises and facilitates education and training using various educational strategies. Key personnel monitor training records, follow up non attendance and management provides an incentive to attend non mandated training. Management supports staff to upgrade and attain further qualifications including progressing to enrolled endorsed and registered nurse registration. Mercy Health's nearby training institute supports staff training and is also a registered training organisation. Staff stated their satisfaction with current education opportunities including the opportunity to attend external training and meet their ongoing professional development requirements.

Recent examples of education and training relating to Standard 1 include:

- continuous improvement
- accreditation – making it work for you
- Aged care funding instrumentation documentation
- complaints management
- managing conflict
- electronic documentation system.

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 are formal and informal comments and complaints processes that are accessible to stakeholders documented in information handbooks. Policies, flowcharts, resident handbooks, brochures and posters convey information about the internal complaints process and external resolution services. Mechanisms for feedback to management about concerns or suggestions include feedback forms, locked suggestion boxes, surveys and management's open door approach. Forums to discuss concerns include staff, resident and representative meetings, case conferences and informal meetings with stakeholders. Improvement logs are recorded and actioned with outcomes fed back as required and management monitors and evaluates trends. Records show the home is responsive to stakeholder feedback and concerns are actioned and evaluated in a timely manner. Residents and representatives reported knowledge of the complaints systems and reported satisfaction with management's responsiveness, timeliness and the manner in which management address concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home displays the organisation's vision and mission statement in the main foyer and the information is included in the resident and staff information handbooks, orientation programs, resident agreements and reflected in policy and procedures. The home is committed to the provision of a high standard of resident care through components of the quality management system, continuous improvement, person centred care, strategic planning and management leadership and support. Staff confirm their commitment to providing quality care and upholding the values of the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Management has processes to ensure sufficient and appropriately skilled and qualified staff deliver care and services to residents. Staff recruitment and selection processes monitor skills and qualification information. New staff participate in an induction program with buddy shifts and orientation provided at the home. Management performs regular performance appraisals and monitors staff practices. Staff have access to current position descriptions and duty lists and rosters show adequate staffing levels and skill mix applicable to resident needs. Vacant shifts are filled with planned and unplanned leave covered by bank or agency staff. Education, training and other professional development opportunities are encouraged and supported and through the stewardship program. Staff appraisals, audits, competencies and management observations ensure staff practice and knowledge are maintained and enhanced. Staff stated management supports them in their roles and they were satisfied with the current staffing levels. Residents and representatives are satisfied with the care and services staff provide and their responsiveness to requests for personal assistance.

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

There are well established systems to ensure there are sufficient stocks of appropriate goods and equipment available for quality service delivery. There are organisational processes for identifying preferred equipment and suppliers, trialling and evaluating new equipment as applicable. Specific staff monitor and review clinical and other stock levels, expiry dates and re-order supplies as required. A full time maintenance officer attends to corrective maintenance in a timely manner and monitors and/or actions the preventative maintenance schedule. The maintenance officer ensures contractors periodically service equipment as required. Stock and equipment storage areas are clean, sufficiently stocked and secure

where required. We observed stock supplies and comments from staff and residents confirmed sufficient supplies of quality stock and that equipment is in good working order.

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

Communication systems include paper and computerised documentation for residents' records, incidents, hazards, comments and complaints, staff information including emails, memoranda and text messages. Staff have access to flowcharts, current policies and procedures to guide care and work practices. Other resource mechanisms include clinical library and televised educational recordings. Resident and staff handbooks and noticeboards are available, residents receive weekly activity programs and staff remind residents about the activities of the day. There are regular meetings and residents and staff have access to minutes. The collection, use and destruction of confidential information are in accordance with requirements, confidential files are securely stored, corporate office backs up computer systems and these have security and password protection. Stakeholders confirmed satisfaction with the provision of 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

The home has appropriate systems to ensure the quality and suitability of externally sourced services. Corporate office organises preferred suppliers and negotiates tenders and contracts for group suppliers and supply a contractors' handbook. Signed service agreements set out the scope, services, responsibilities, terms and conditions of the services to be provided. These agreements reference the need for confidentiality, evidence of probity certifications, health and safety equipment and policies and contractors sign in and out. An internal review system ensures monitoring of quality and performance with issues addressed initially by the management at the home or if needed escalated to corporate office. Staff, residents and representatives confirmed satisfaction with the external services currently provided.

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's continuous improvement system demonstrates improvements in residents' health and personal care is ongoing. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement. Clinical staff monitor, review and update health care to meet residents' specific and changing needs. Residents and representatives confirmed satisfaction with the care provided.

Recent continuous improvements relating to Standard 2 include:

- Management and clinical care staff identified the need to improve the management and cleaning of oxygen equipment. Management liaised with an external educator who developed an oxygen equipment checklist. Management ensured staff documented the new care practices to manage the cleaning and maintenance of oxygen equipment in their weekend workbooks and that the care practices reflected Mercy Health requirements. Staff attended education relative to the new practice requirements; key personnel reviewed and revised the new oxygen equipment maintenance/cleaning checklist. Management reported the satisfaction of senior clinical staff with the new system for managing the oxygen equipment and said staff clearly understand what needs to be done on a daily basis.
- Management recognised the need to improve urinary catheter care. To address this need management organised education on aseptic technique and developed a maintenance schedule setting up Wednesdays for cleaning all catheter equipment in use. Management evaluated the improvements in relation to urinary tract infection rates thereafter on a monthly basis. Results show urinary tract infections significantly reduced from August to November and monitoring is continuing. Management reported satisfaction with the new system to ensure catheter equipment is clean and well maintained and with the subsequent reduction in urinary tract infections.
- Corporate clinical governance identified the need to improve management of residents with weight loss and those at nutritional risk. The team identified 85 percent of residents with unplanned weight loss required prompting to improve their nutritional intake. Senior clinical staff recognised residents did not enjoy commercial nutritional supplements. Management therefore introduced various alternatives for example, ice creams, thickened milk shakes, various other snacks and monitored the relevant residents' food and fluid intake. In addition management changed the loss of weight criteria to two percent of body weight. The care manager liaised with the team leaders to encourage staff to prompt and re-prompt the targeted residents to have their snacks. Clinical management allocated one shift to be responsible for ensuring residents have and eat their snack and documented residents' relevant nutritional informant daily. As well staff set up a resident water jug table in the dining areas. Management said the nutritional improvement project showed residents at nutritional risk require at least four prompts to encourage them to eat additional snacks. Management reported their satisfaction with these strategies to enhance residents' nutritional status.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding health and personal care. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- A registered nurse plans, supervises and undertakes specialised nursing care and oversee residents with high care needs.
- Monitoring of continuing professional registration and competency skills of nursing staff and allied health professionals.
- The home demonstrates knowledge and practise of its legislative obligations in relation to medication management, storage and generally relevant protocols.
- The home has a policy and procedure to guide staff responses should a resident be inexplicably missing from a home.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development program. The home promotes continuing education to ensure staff have the skills and competencies in relation to the health and personal care of residents. Staff reported satisfaction with the health and personal care education offered by the home.

Examples of recent education and training relating to Standard 2 include:

- catheter management
- palliative pathways
- incident reporting
- medication management
- diabetes – promoting health and well being
- nutrition in the elderly
- pain – use of pain relief medications.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management demonstrates residents receive the care appropriate to residents’ needs and preferences. Staff assess all residents when they first enter the home and develop initial care plans in consultation with residents and/or representatives. Care plans describe residents’ specific needs and preferences and suitably qualified staff review care plans on a regular basis. Staff use risk assessment tools and industry standard observation documentation to guide staff practice with easy to understand instructions and use an evidence-based care approach. Residents and representatives said residents are happy with the care given to residents at the home.

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

Management demonstrates suitably qualified staff meet residents’ specialised nursing care needs. Staff assess any specialised nursing care needs when residents first enter the home and initial care plans developed. In consultation with residents and/or representatives, staff establish clinical needs of residents under direction of medical officers. Staff develop specific care plans and match assessments with specific instructions detailed. Staff say care provided to residents who require specialised nursing care is under a registered nurse’s direction and supervision and management monitor staff practices. Residents and representatives say they are satisfied with the care residents 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

Management demonstrates residents who require referrals to health specialists take place promptly, as needed, required and made in accordance with assessed needs and preferences. When residents enter the home, staff assess and consult with residents and representatives, including medical officers and other health professionals about the resident’s needs and preferences. Referrals are planned, documented, and consistent with residents’ assessed needs and preferences. Staff regularly evaluate and review referrals to health specialists to ensure they are kept up to date. Staff say management monitor the effectiveness of the home’s referral mechanisms. Residents and representatives say staff refer residents to appropriate specialists as needed and preferred.

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

Management demonstrate the home’s medication management system is generally safe and correct, according to relevant legislation, regulatory requirements, professional standards and guidelines. Staff say there are policies and procedures on medication management and are readily available. Staff regularly evaluate and review residents’ medication needs and preferences as undertaken by a pharmacist or medical officer. Residents who choose to self-medicate have their ability to do so assessed, with regular review. The storage of medication includes a level of security appropriate for the medication and circumstances. Residents and representatives say they are satisfied that staff manage medication safely and correctly.

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

Management demonstrates its pain management approach ensures all residents are as free as possible from pain. All residents are assessed for pain when they first enter the home and regularly thereafter as required. Care plans reflect pain management requirements. Staff identify residents who may be at risk of experiencing pain and document appropriate interventions, including non-medication. Residents’ medical officers are involved in pain identification and management plans developed under consultation. Care plans document interventions and are consistent with assessed needs. Suitably qualified staff regularly evaluate pain management plans. Residents and representatives say they are satisfied with how staff manage 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

Management demonstrates practices of the home maintain the comfort and dignity of terminally ill residents. At the time of requirement, staff conduct palliative care assessments and are part of an ongoing documented assessment process of residents’ health status. Staff consult with residents and representatives in the development of care plans and include consultation with medical officers and other health professionals, using a multidisciplinary approach. Care plans are detailed and qualified staff evaluate palliative care plans on a regular basis. Staff, residents and representatives say staff provide spiritual and emotional support during the terminal stages of life.

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

Management demonstrates residents receive adequate nutrition and hydration. Staff assess all residents for their dietary needs and preferences on entry to the home and as those needs change. There is a systematic approach to assessing residents’ needs and involves identification of food allergies, cultural, religious and personal dietary preferences, including determining residents at risk of developing malnutrition and dehydration. Residents’ independence and dignity is encouraged during mealtimes with provision of appropriate assistive devices, as required. Residents and representatives say they are satisfied with the home’s approach to meeting residents’ nutrition, hydration and associated support 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

Management demonstrates its practices maintain residents' skin integrity consistent with their general health. Staff assess all residents for their skin integrity needs and detailed care plans developed. This includes identification of residents' specific needs and preferences as well as identification of residents at risk of impairment to skin integrity. Nursing staff supervise care plan development with information detailed to guide staff practices. Staff say they have access to education on maintaining skin integrity and management monitor their practices. We observed skin integrity incidents noted and appropriately addressed. Residents and representatives say they are satisfied with the care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Management demonstrates its continence management practices are effective in meeting residents' needs. Staff assess all residents on entry to the home and regularly thereafter as required. Staff consult with residents, representatives, and other health professionals to obtain detailed histories of possible triggers and conditions affecting continence. Staff and other health professionals review existing medication to determine precipitation or exacerbation of any continence issues. Care plans are consistent with assessed needs. Staff say there is regular evaluation of the continence management system. Residents and representatives say they are satisfied with the care provided to residents.

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

Management demonstrates its approach to behavioural management is effective in meeting residents' needs. Staff assess all residents for challenging behaviours after a suitable settling in period. There is consultation with residents and representatives, medical officers and other health professionals about behavioural management tools and these are used to plan necessary referrals to gain a diagnosis and/or appropriate treatment. Restraint requirements are assessed, deemed to be the last resort, authorised, monitored and in accordance with strict safety standards. Residents and representatives say they are satisfied with the home's approach to managing the causes prompting challenging behaviours.

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

Management demonstrates staff assess, review and enhance each resident’s level of mobility and dexterity. Staff assess all residents for their mobility and dexterity needs when residents enter the home. They conduct industry standard falls risk assessments and the home has a falls management program in place, including physiotherapist review. There are strategies in place to minimise falls risks to residents and staff make independent living aids available for residents. Care delivered is consistent with mobility and dexterity planning, per documentation review. Allied health professionals review resident’s mobility and dexterity needs and preference, including nursing staff. Residents and representatives say they are satisfied with the care provided.

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

Management confirm staff ensure maintenance of residents' oral and dental health. All residents who enter the home have their oral and dental health evaluated. Staff identify any eating or swallowing difficulties and appropriate referrals made. Residents at risk of poor oral and dental health, including identification of any medication related conditions. Staff detail residents preferred time for dental care with care plans detailing specific strategies for maintaining oral hygiene. Staff regularly evaluate care plans to ensure ongoing dental hygiene and identification of issues. Residents and representatives say they are satisfied with the home's approach to managing residents' oral and dental 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

Management demonstrates its approach to residents' sensory losses is effective in identifying and managing residents' needs in relation to all five senses. Staff assess all residents on entry to the home and regularly thereafter for any sensory losses. There is consultation with residents and/or representatives in the development of a detailed care plan, featuring any assistive devices as required. Care delivered is consistent with plans to manage effectively any sensory losses. Residents and representatives say they are satisfied with the home's approach to managing residents' sensory losses in relation to all five senses.

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

Management demonstrates its practices enable residents to achieve natural sleep patterns. Staff assess all residents on entry to the home and sleep patterns identified; in particular, residents at risk of poor sleep patterns. Management identifies through regular auditing any living environment issues and possible impacts on natural sleep and corrects them. Staff inform medical officers of any sleep problems and appropriate measures undertaken. Staff develop detailed care plans and regularly review them for effectiveness and appropriateness. Care delivered is consistent with plans to promote natural sleep. Residents and representatives say residents are generally able to achieve natural sleep patterns.

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

The home demonstrates the active pursuit of continuous improvement relative to resident lifestyle. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement. Residents confirmed and lifestyle documents show staff consult residents about their lifestyle and encourage their feedback and suggestions.

Recent continuous improvements relating to Standard 3 include:

- Management identified lifestyle staff did not record the one to one activity time they spent with residents. To address this, management introduced a new form to document the one to one activity time staff spent with residents. Management said the new spreadsheet system provides accurate numbers of lifestyle staff who spend one to one activity time with residents.
- To enhance the end of life experience for residents and their families residents have the opportunity to decorate a memory box. Residents put mementos that are important to them in the box for their loved ones to have after the resident has passed on. Management reported resident and representative satisfaction with this activity.

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

Management has systems place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding resident lifestyle. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance related to Standard 3 include:

- The home has processes to manage compulsory reporting obligations, maintains a consolidated reporting register and educates staff in recognising and responding to circumstances that may require mandatory reporting.
- Policies and procedures are in place and the home demonstrates confidentiality of resident information.
- The home demonstrates compliance relating to the provision and signing of residential agreements.
- Residents receive specified good and services as appropriate.

- The home displays the 'Charter of Residents', Rights and Responsibilities' and documented within information handbooks and orientation sessions.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development program. The home promotes continuing education to ensure staff have the skills and competencies relative to resident lifestyle. Staff reported satisfaction with the lifestyle education provided.

Examples of recent education and training relating to Standard 3 include:

- privacy and dignity
- depression in the elderly
- managing diversity
- elder abuse
- advocacy for the client
- transitioning to a new home.

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

The home has system to ensure residents receive initial and ongoing emotional support in adjusting to life in their new environment and on an ongoing basis. New residents and their representatives are orientated and introduced to staff and co-residents to facilitate adjustment. Staff assess residents' emotional needs on entry and review these monthly. Staff give additional support to residents who are grieving or have difficulty adjusting to the home. This support includes pastoral care visits and one-on-one time with staff and there are areas of solace such as the quiet areas or the chapel. Staff encourage residents to personalise their rooms to help create a homelike atmosphere and assist them to maintain and build friendships of their choosing both within and outside the home. Residents confirm they feel well supported and cared for by the staff and management.

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

The home provides support and assistance to residents to achieve maximum independence, maintain friendships and links to communities and events within and outside the home. Assessment and care planning processes identify, assess and plan for maintaining residents' individual level of physical, social, cognitive and emotional independence. There are strategies in place to maximise independence, which are appropriate for each resident needs and preferences. These include staff supporting residents with the use of assistive aids, the physiotherapy program, the fitting of sensory aids and in attending outings. Visitors are welcome and staff support residents to maintain their individual friendships and community involvement. Residents and representatives said they are satisfied residents' independence is well supported.

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

The home has systems in place for residents' privacy, dignity and confidentiality to be recognised and respected. Residents' files include signed privacy consent forms for care and lifestyle activities. Staff sign privacy and confidentiality statements. All residents have single rooms with en suite and have access to a lockable drawer and/or wardrobe. Each wing has quiet sitting areas available for residents to meet privately with friends and visitors. The team observed staff assisting residents gently and respectfully when attending to activities of daily living and assisting with meals. Staff generally demonstrated an awareness of resident privacy and dignity issues including knocking on doors when entering resident rooms and calling residents by their titles or preferred names. Residents and representatives commented that staff are respectful of their privacy and dignity when caring for them.

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

Residents are encouraged and supported to participate in a range of activities, special days and cultural events which are of interest to them. A resident lifestyle and social profile is completed at entry with a lifestyle care plan developed in consultation with the resident and/or their representative and regularly reviewed or updated as required. Each care plan includes the resident's activity preference and guides staff in encouraging and supporting resident participation in their choice of leisure interests. The lifestyle program is developed in consideration to residents' social, emotional, physical, cognitive, sensory and cultural needs. Various group and individual lifestyle sessions occur and include beauty, multi sensory and outdoor activities, bus outings, student and community service visits, entertainers and special events. The home displays the weekly activity calendar in key areas with a copy provided to

each resident. Management regularly evaluates the program and includes resident comments and attendance, meeting discussions and satisfaction surveys. Residents and representatives state that residents are encouraged and supported to participate in activities and interests appropriate to their needs and preferences.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems to ensure that individual interests, customs, beliefs and cultural backgrounds are valued and fostered. At entry to the home, residents are consulted about their specific cultural and spiritual needs and this information is documented and implemented as required. Cultural days of importance and religious services are celebrated in the home with pastoral care and clergy providing spiritual support, religious and memorial services and celebrations. Cultural resources and prompt cards are available to assist communication with residents from different backgrounds. A number of staff speak languages other than English are identified with interpreting services available, if required. Staff stated they have access to relevant information to assist them in supporting residents from culturally diverse backgrounds. Residents and representatives stated they are encouraged and supported to maintain their cultural and spiritual lives.

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

Residents have many opportunities to exercise choice and decision making regarding clinical, lifestyle and social issues. These include retiring and rising times, menu choices, pharmacy, hairdressing, cultural and spiritual preferences, activity participation, attending external activities or social visits, allied health services and choice of their general practitioner. Residents and representatives receive an information handbook that assists in their decision-making and choices. The home monitors resident satisfaction in regard to aspects of home life through meetings, focus groups, surveys and one-to-one discussions. Staff encourage residents to make choices and assist where possible to achieve them. Residents stated their choices and decisions are respected by staff.

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 and demonstrates residents have secure tenure and understand their rights and responsibilities. Prior to entry, the resident and/or their representative receive an information package including a residential agreement. Ongoing discussions occur to ensure all parties concerned understand and comply with prudential requirements, terms of tenure,

specified care and services, fees and charges and other conditions. Residential agreements are signed with care status or changes communicated to parties concerned. We observed the 'Charter of residents' rights and responsibilities' prominently displayed, resident information stored securely and advocacy and complaint information accessible. Staff demonstrated an understanding of residents' rights and responsibilities. Residents and representatives stated they are satisfied resident's tenure is secure and confirm they feel comfortable in approaching staff with any queries they may have.

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 the physical environment and safe systems are ongoing. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Recent continuous improvements relating to Standard 4 include:

- Resident feedback regarding the quality of food resulted in management setting up two food focus groups so residents and management can meet regularly with the chef. Stakeholders at the food focus groups discuss residents’ food preferences and management adjusts the menu to satisfy residents’ needs and preferences. In response to resident feedback management removed some menu meals, included more winter meals on the summer menu and provided more variety in the sauces. Resident and representative feedback generally confirms improvements in the quality of the food and management is continuing to monitor the meals and the quality of food.
- Management recognised from resident feedback that passageways were too noisy as hard of hearing residents often had the volume of the television or radio turned up too high. Management consulted an industry practitioner and purchased five wireless head phones as a trial and later purchased five more for residents hard of hearing. Management reported complainants’ satisfaction with this outcome and that the hard of hearing residents now hear the television or the radio much better.
- Management identified from stakeholder feedback there was poor visibility in the exterior entrance to the home. In response to this feedback management installed external lights to improve visibility. Management reports the additional lighting improved visibility in that area.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management with the support of the organisation has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding physical environment and safe systems. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

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

- Management actively promote occupational health and safety through the home’s systems and processes.

- The home stores chemicals safely in secure areas with related and current material safety data sheets accessible to all staff.
- Qualified service personnel maintain and regularly check fire-fighting equipment and staff attend annual and mandatory fire and emergency training.
- The home has appropriate infection outbreak policies, response and reporting procedures.
- The home has current 'food premise' council registration, a food safety program and third party audits demonstrate current compliance.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the homes education and staff development program. The home promotes continuing education to ensure staff have the skills and competencies in relation to the physical environment and safe systems. Staff reported satisfaction with the education offered by the home.

Examples of recent education and training relating to Standard 4 include:

- fire and evacuation
- manual handling
- occupational health and safety
- bullying and harassment
- infection control
- food 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

The home is well lit with comfortable furnishings, wide passage ways and has spacious, clean and comfortable chairs and dining/lounge areas. There are areas for activities and private occasions and all residents can enjoy the smaller sitting areas on each floor for quiet or private times with families and/or their friends. Residents can enjoy outdoor activities and walks in the well maintained courtyard and gardens. Nearly all residents live in single rooms with private ensuites appropriately fitted out for residents' care and safety needs. The home maintains a comfortable temperature in communal areas and residents can adjust the heating and cooling systems of their rooms to suit their own needs. Residents and representatives reported considerable satisfaction with the home's living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management and corporate office are actively working to provide a safe working environment to meet regulatory requirements and address identified issues. Policies and procedures guide safe work practices and management ensures staff complete mandatory occupational health and safety education and training relative to their practices. The home has a trained occupational health and safety coordinator and representatives across departments who monitor staff practices to ensure safety for all. Health and safety information is accessible, meetings occur regularly, staff undertake environmental audits and management provide feedback to staff and corporate office. The home maintains material safety data sheets, a chemical register, hazard alert signage is in use. Sufficient protective equipment is available and staff store chemicals securely. Staff confirmed occupational health and safety training including manual handling, safe food handling and demonstrated an understanding of safe work practices.

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

The home has effective systems for preventing, detecting and acting upon fire, security and emergency risk. Evacuation procedures, fire equipment and coloured and easy to follow evacuation plans are located throughout the home and there are both internal and external assembly areas. Evacuation kits are available at the fire panel and in the care stations and emergency exits provide clear access and egress. A specialist contractor regularly inspects, tests and maintains fire detection and fire fighting equipment and the home has a system for testing electrical appliances. Staff orientation includes fire and emergencies and management support this with annual mandatory fire drill and mock emergency training. Management enhance security with swipe card access to various areas and through the security patrol at night. Staff secure the home in the early evening with an intercom alert system at the front door. Staff described their responsibilities in the case of fire or other emergencies. Residents and representatives reported residents feel safe and secure and that staff would know what to do in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has developed systems, policies and processes for an effective infection control program. Management monitors, collects and analyses infection data information for trends and reviews this as part of the home's organisational quality management system. Infection prevention strategies include regular cleaning, staff and residents' vaccination programs, a food safety program, infection breakout kits, personal protective equipment and regular environmental checks. All staff attend initial and annual infection control education and key staff monitor staff practices. Staff explained the correct use of colour coded cleaning

equipment, standard infection control practices and procedures in the event of a pandemic or infectious outbreak. Kitchen staff generally expressed understanding of food safety. The team observed staff from all areas using personal protective equipment and following basic infection control principles in carrying out their duties.

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

Management has systems to provide hospitality services which support residents' quality of life and enhance the working environment for staff. Monitoring mechanisms include internal and external audits, reports and temperature records. Meals are prepared fresh with residents' likes, dislikes, special dietary requirements and food allergies taken into consideration. A dietitian approves the rotating, seasonally adjusted menu. The contracted catering services offer alternative meal selection to residents. Schedules are in place to ensure cleaning tasks are completed and we observed the home to be clean and odor free during the visit. Laundry services are provided onsite and staff confirm there are adequate linen supplies. We observed identified clean and dirty laundry areas. Residents expressed general satisfaction with the catering, laundering of their clothes and the cleanliness of the home.