



Aged Care
Standards and Accreditation Agency Ltd

Mercy Place-Montrose (Hostel)

RACS ID 3065

991 Mount Dandenong Tourist Road

MONTROSE VIC 3765

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 23 November 2015.

We made our decision on 3 October 2012.

The audit was conducted on 28 August 2012 to 29 August 2012. 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-Montrose (Hostel) 3065

Approved provider: Mercy Health & Aged Care Inc

Introduction

This is the report of a re-accreditation audit from 28 August 2012 to 29 August 2012 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 28 August 2012 to 29 August 2012.

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:	Fiona Taylor
Team members:	Lorraine Davis
	Leah Kane

Approved provider details

Approved provider:	Mercy Health & Aged Care Inc
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Details of home

Name of home:	Mercy Place-Montrose (Hostel)
RACS ID:	3065

Total number of allocated places:	54
Number of residents during audit:	49
Number of high care residents during audit:	38
Special needs catered for:	Nil

Street:	991 Mount Dandenong Tourist Road	State:	Victoria
City:	Montrose	Postcode:	3765
Phone number:	03 9728 3199	Facsimile:	03 9728 5645
E-mail address:	ekennedy@mercy.com.au		

Audit trail

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

Interviews

	Number		Number
Management	2	Residents/representatives	14
Clinical care/care support coordinators	2	Volunteers	5
Low care coordinator(endorsed enrolled nurse)	1	Medical and allied health	3
Endorsed enrolled nurses	2	Quality coordinator	1
Care staff	7	Hospitality staff	4
Administration assistant	1	Maintenance staff	1
Lifestyle staff/pastoral care staff	3		

Sampled documents

	Number		Number
Residents' files	11	Medication charts	7
		Personnel files	8

Other documents reviewed

The team also reviewed:

- Archive storage document register
- Audits, schedules and results
- Catering certificates, food safety plan, records and third party audits
- Cleaning schedules and guidelines
- Consent/permission forms
- Continuous improvement plan
- Continuous improvement register, forms and information
- Dietary advice and meal preference information
- Doctor's communication diary
- Education documentation
- Emergency procedures manual
- Essential safety measures documents
- External contractor information and register
- Fire and emergency service logs and testing records
- Handover sheets
- Incident and risk documentation/analysis

- Infection surveillance data
- Inventory and equipment documentation
- Leisure and lifestyle information
- Lifestyle calendar, records of attendance and evaluations
- Mandatory reporting register and documentation
- Material safety data sheets
- Meeting and forum minutes, agendas and schedules
- Memoranda
- Menu and menu choice records
- Monthly housekeeping risk assessment documentation
- Monthly quality reports
- Newsletters
- Nurse professional registration documentation
- Pest control records
- Policies and procedures
- Preventative and reactive maintenance records and schedules
- Recruitment and staff orientation documentation
- Registration of food premises
- Regulatory compliance documents
- Resident welcome pack and handbook
- Residents' information package and surveys
- Risk identification and assessment forms
- Self medication assessments
- Self-assessment report
- Serious incident reports
- Staff and volunteer packs and handbooks
- Staff performance appraisals
- Staff roster
- Staff workbook
- Temperature check records
- Vaccination records
- Vision, mission and values statement.

Observations

The team observed the following:

- Activities in progress
- Advocacy, external complaints process and other support service brochures
- Chair lift

- Charter of resident rights' and responsibilities
- Chemical storage
- Cleaning in progress
- Continuous improvement forms and suggestion box
- Equipment and supply storage areas
- Fire detection and fire fighting equipment
- Fire panel and evacuation plans and packs
- Hand washing stations
- Incident command system kit
- Interactions between staff and residents
- Internal and external living environment
- Label maker and labelling machine
- Sign in/out registers
- Meal and refreshment service
- Noticeboards
- Notification of stakeholders of reaccreditation audit
- Personal protective equipment
- Secure document destruction bins
- Security systems and signage for visitors
- Self medication assessments
- Spills and outbreak kits
- Storage of medications
- Sunroom
- Vision, mission and values displayed
- Volunteers interacting with residents
- Waste systems.

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

The home actively pursues continuous improvement in all aspects of care and service. The home uses various sources to identify possible improvement activities including an internal auditing process, data analysis, feedback at meetings, complaints and surveys. Staff are able to provide formalised suggestions through the continuous improvement forms or at meetings. Residents and representatives told us management inform them of changes made at the home and they are welcome to make suggestions and give feedback. All improvement activities are registered, progress monitored on a monthly basis and then actions evaluated to confirm successful completion. Management discusses continuous improvement at all meetings to keep stakeholders aware of the operational issues within the home.

Recent improvements relating to Accreditation Standard 1 include:

- A review of the continuous improvement system by the home identified that there was no formalised process of capturing the origin of continuous improvement forms and monitoring of related expected outcomes. Management developed a system allowing the identification of the source and relevant outcomes to be recorded when the quality activity was registered. This has resulted in graphs being developed and tabled at quality meetings and displayed for staff on quality noticeboards enabling all stakeholders to be aware of areas that require further continuous improvement and actioning.
- Management identified that orientation processes were not meeting the home's needs. The home introduced a five day orientation program that includes mentoring days, facility orientation and mandatory education programs. Staff feedback that we received was positive to the new orientation program. Staff said they received the appropriate knowledge to commence their role within the home.

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 a system to identify relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. The home's corporate structures and management identify and action relevant regulatory compliances. Corporate support the home with review and amendment of policies and procedures accordingly with any required changes. Management receive information from peak bodies, legislative update

services and government information. Stakeholders receive information through meetings and memoranda.

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

- Management maintain a current staff, contractor and volunteer police check register, including statutory declarations as appropriate.
- The home has a continuous improvement system.
- Management monitor registered and enrolled nurses' annual professional registrations.
- Notification of reaccreditation audits to stakeholders.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

Management demonstrates staff have the knowledge and skills required for effective performance in relation to the Accreditation Standards and in particular to management systems, staffing and organisation development. The development of the education program is through needs analyses via performance reviews, staff surveys and stakeholder input. Management develop a calendar of education/training and a range of delivery methods is employed such as fortnightly 'lunch and learn' sessions, external consultants, seminars/conferences, competency evaluation, and self-directed online mandatory packages. Management keep attendance records, along with course evaluations. Organisational management maintains a database to monitor staff completing annual mandatory training. Staff are satisfied they are able to access training opportunities and find the lunch time learning sessions particularly informative. Residents and representatives are satisfied with the knowledge and skills of staff.

Recent training in relation to Standard 1 includes:

- ACFI documentation
- complaints management
- electronic documentation.

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

The home has systems which facilitate access to internal and external complaints mechanisms. Residents and representatives said they feel comfortable raising issues of concern with staff and management. Residents and representatives stated when they raise concerns their issues are actioned in a timely manner. Continuous improvement forms capture comments and complaints along with resident meetings and verbal feedback. Information regarding internal and external complaints systems is contained in documentation including the resident occupancy agreement, handbooks and displayed brochures in public areas of the home.

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

Corporate management has documented the home's vision, mission and values. The home has articulated a commitment to quality residential care services. The statements of commitment are on display throughout the home and included in packages provided to stakeholders. Management and staff say they are committed to upholding the vision and values of the home in providing quality care for residents.

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 effective systems to ensure that appropriately skilled and qualified staff are available to meet residents' individual needs. Systems and processes are in place to recruit, retain, manage and support appropriately skilled and qualified staff. Policies and procedures guide staff recruitment, orientation, rostering, staff replacement, and management processes and records confirm these systems. Management develops rosters, reviews resident mix regularly, and increases staffing levels on a short term basis as the need arises. Staff said they have access to information about their roles and responsibilities including position descriptions and confirmed the staffing levels are flexible and appropriate. Residents and their representatives confirmed they were satisfied with staffing levels and staff knowledge.

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 home with corporate support have systems to ensure there are sufficient stocks of appropriate goods and equipment for quality service delivery. There is a preventative maintenance program to ensure all equipment is in working order and review of maintenance records indicate there is an appropriate response to requests. Appropriate stock and equipment storage and stock rotation processes are in place. Designated staff are responsible for ordering and restocking perishable items. Appropriate systems are in place for purchasing and replenishing of equipment and staff are involved in equipment trials prior to purchase. Stakeholders said there are adequate supplies of goods and equipment to meet their needs and management are responsive to their requests.

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 stakeholders have access to current information about the processes and activities of the home. Residents and representatives receive information on entry including an information pack and agreement, and ongoing through care consultations and meeting processes. Processes to keep staff informed include current policies and procedures, memoranda, meetings, handover and position descriptions. Systems maintain confidentiality and security of staff and resident information. Electronic systems have restricted access and password protection and there is regular back up of computerised information. Archived material is stored securely according to legislated requirements and a register enables easy retrieval of documents when necessary. Residents, representatives and staff said management 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

The home contracts with a wide variety of external service providers including chemical supply, fire protection, continence products, podiatry and waste disposal services. Corporate support with signed contracts that set out the scope and standard of the services provided is in place. An external provider spreadsheet is available on site enabling the home to refer to and access providers as required. External service providers are contractually obligated to ensure the currency of police record checks for their staff. There is a system to monitor the quality of services through formal feedback processes at a local and corporate level. Staff and residents are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home conducts continuous improvement activities for all aspects of residents' health and personal care. Refer to expected outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement.

Recent improvements relating to Accreditation Standard 2 include:

- Following identification of poor attendance to education sessions the home introduced a 'lunch and learn' program. A registered nurse was allocated to the education portfolio and developed a clinical education schedule. Education is provided in conjunction with a lunch for staff. External facilitators, electronic education programs and internal educators are just a sample of education presenters. There has been a noted increase in the attendance of education from all areas of the home and staff expressed their satisfaction with the new education program.
- The home's electronic wound documentation system was identified as not meeting the home's needs due to the complexity of the program. The home reverted to a paper based wound management documentation system and undertook further review including photographs of wounds. Weekly formal audit and evaluation of wounds by registered nurses were introduced and this has resulted in a reduction of wounds in the home and resolving times have decreased.

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

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care. Systems to ensure and monitor compliance are in place. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

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

- Medications are stored and administered according to legislated processes and guidelines.
- Registered nurses oversee provision of care and specialised nursing care for residents.
- Policies and procedures are in place for the event of an unexplained resident absence.

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

Management has systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Examples of recent education relating to Standard 2 include:

- diabetes
- dementia management
- pain management
- introduction to palliative care
- urinary tract infections
- best practice in oral health
- speech pathology and resident’s diet
- catheter management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home demonstrates that residents receive appropriate clinical care. An interim care plan guides care until all the assessments are completed and more informative care plan developed. Registered nurses complete assessments in skin, oral and dental care, medication, technical nursing and pain and the regular global care plan reviews. The low care coordinator with support from the clinical and support care coordinators oversee clinical care and family consultations. A registered nurse is on site within the home at all times. The medical practitioner visits regularly and referrals to allied health specialists occur as care needs change. Staff education is ongoing through ‘lunch and learn’ sessions, self directed online packages and is responsive to resident care needs. Staff state they receive ongoing support by the low care coordinator and registered nurses and are informed of changes to resident care needs. Resident and representatives stated the staff were caring and wonderful.

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

The home demonstrates appropriately qualified staff manage residents’ specialised nursing needs. The assessments and discussion identifies the residents complex needs and

functional abilities. The low care coordinator manages residents in this area with the support of the clinical and support care coordinators. The registered nurses oversee resident specialised and complex care needs and support staff in the delivery of care.

Technical care plans and information is available to guide staff in the care of residents' stoma and catheter care, anticoagulant, diabetic and pain management. Audits, assessments tools and regular reviews ensure appropriate care and timely referrals to specialists. Education is ongoing in response to residents' care needs through 'lunch and learn' sessions and mandatory training. Residents stated they were 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

The home demonstrates that referrals of residents to appropriate health specialists is in accordance with each resident's needs and preferences. Assessing residents' needs and preferences occurs initially and ongoing, information is documented on the care plans and regular reviews occur. The low care coordinator with support of the clinical and support care coordinators monitor residents care needs to ensure care is appropriate and referrals to specialists occur. The physiotherapist, podiatrist, medical practitioners, dietitian visit regularly and referrals to speech pathologist, mental health and palliative care services occur. Residents and representatives confirm specialists visit the home or they access health services of their choice.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The home demonstrates that medication is stored and managed safely and correctly. A medication assessment and discussion identifies residents' medication needs and special considerations and the care plan is created. The registered and enrolled nurses and personal care assistants complete an annual medication competency and administer medications from a pre-packaged system. The registered and enrolled nurses manage the drugs of addiction, injections, anticoagulant and 'whenever necessary' medications. Residents who self administer medications have regular assessments and reviews and locked storage boxes for their medications. Medications and pharmacy reviews and audits occur regularly and medication errors and incident reports are actioned and discussed at the medication meeting. Residents were satisfied medications were managed 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

The home demonstrates that all residents are as free as possible from pain. A pain assessment and charting identifies residents' pain requirements and individual strategies for

optimising comfort and to inform the care plan. The registered nurses complete ongoing pain assessments in response to changing needs and ensure strategies are effective. Referrals are made to the medical practitioner and physiotherapist of changes to the residents' comfort for review of medications and interventions. The physiotherapist conducts and reviews the regular pain management program which includes massage, heat packs, walking and exercises. Staff assist residents to be comfortable through pressure relieving aids, discussions regarding their discomfort and reporting of their pain. Residents and representatives confirmed staff assist residents to be comfortable and pain free.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The comfort and dignity of terminally ill residents is maintained. On entry to the home and as appropriate discussions occur with the resident and family in regards to their terminal care wishes. Palliative care instructions are developed as the need arises to ensure the resident is comfortable and their spiritual and cultural wishes are respected. The registered nurses and medical practitioner monitor residents' pain and comfort and palliative care services consulted as appropriate. Staff and the pastoral care associate provide ongoing emotional support to the resident and family. Staff assist residents to be comfortable through position changes, oral and skin care and pain medication. Representatives were appreciative of the care and support by staff during the palliative stages of their loved one.

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

The home demonstrates that residents receive adequate nutrition and hydration. Assessment and discussions identifies residents, dietary likes and dislikes, allergies, cultural needs, independence and assistive devices. The low care coordinator with support of the clinical and support care coordinators oversee residents' weight management, ongoing nutritional and fluid requirements and intake and reviews. The dietitian visits regularly and reviews residents with weight changes according to the guidelines and recommendations are updated on care plans and kitchen is notified. The registered nurse initiates supplements, high protein drinks and food charts as appropriate and referrals to the speech pathologist occur as required. Residents are independent with meals and staff assist as required. Residents were satisfied with the food and fluids offered in the home.

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

The home demonstrates its practices maintain residents' skin integrity consistent with their general health. Assessments identify residents' skin integrity needs, preferences in regards

to personal hygiene, risks and interventions to optimise healthy skin. Information creates the care plan and regular reviews occur to ensure interventions such as pressure relieving aids, sheep skins and emollient creams are appropriate. Incident reports record alterations to skin integrity according to the guidelines and data is collated for analysis. The registered nurses oversee wound management and plans and registered staff attend to the wound care, photographs are taken weekly and wound consultants are consulted as appropriate. Staff complete mandatory manual handling training. Residents stated they are satisfied with their skin care management.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home demonstrates practices in continence management are effective in meeting the residents’ needs. Assessments and discussions identify residents’ continence status, preferences and routines. Care plans are created and regular reviews occur to ensure continence management strategies such as continence aids, independence, and use of stimulants are appropriate and effective. Adequate fluid intake, natural stimulants and high fibre diets are encouraged to maintain routines and prevent infections. Continence management education is ongoing by the continence supplier and planned sessions in the home. Residents stated they attend to their own needs and staff assist as they require and maintain their privacy.

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 home has strategies and processes to assess, manage and review residents with challenging behaviours. Assessments, discussions and charting identify resident behaviours, triggers and effective interventions. Care plan document this information and regular global reviews occur by the low care coordinator to ensure the environment is safe and residents’ behaviours are managed effectively. The medical practitioner and pharmacist reviews medications used to assist in managing residents' behaviours and referrals made to mental health services as appropriate. Behaviour incidents are reviewed by the low care and clinical coordinators and registered nurses to ensure strategies are effective and data is collated and discussed at meetings. Staff receive ongoing behaviour management and mandatory reporting education. Residents were satisfied with the home’s approach in managing 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

The home demonstrates achievement of optimum levels of mobility and dexterity for all residents. Assessment of residents’ mobility status and transfer requirements and falls risk

occurs and information creates the care plan. The physiotherapist also assesses and reviews residents for their mobility and exercise needs, assistive devices, and pain management and after falls. Residents have individual exercise programs and group exercises and walking groups regularly occur and assistive devices such as cutlery, wheeled walkers and hip protectors. Review of falls incidents occurs to ensure interventions are appropriate and analysis of the data occurs for trending and opportunities for improvement. Staff attend mandatory manual handling training and maintenance of lifting equipment is effective. Residents stated they are encouraged to maintain their mobility and independence.

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 home demonstrates effective maintenance of residents’ oral and dental health. An oral and dental assessment and discussion identify the residents’ oral hygiene preferences, independence level and condition of their mouth, gums, natural teeth and dentures. Information creates the care plan and regular reviews occur by the registered nurse to ensure oral health is maintained. A visiting dental service visits the home or referrals are made to dentists and technicians in accordance with the residents’ wishes or choices. Residents are encouraged to maintain their own oral hygiene and assistance is given as required. There is a seasonal toothbrush replacement program and oral and dental equipment is supplied, cleaned and stored appropriately. Staff stated they are aware of individual’s preferences and receive ongoing education in the importance in oral care. Residents were satisfied with their oral and dental hygiene.

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

Residents’ sensory losses are identified and managed effectively. Assessment and discussions identify residents’ sensory and communication abilities, visual and hearing aids and regular reviews occur. Hearing and visual services visit the home and residents visit specialists of their choice. The lifestyle staff complete part of the initial assessment in regards to taste and smell and through the lifestyle program offer sensory stimulation through hand massages, large print books, craft, pet therapy and walks outside. Staff assist residents with the application and care of their aids as appropriate. Residents were satisfied with the home’s approach to managing their sensory losses.

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

Residents are able to achieve natural sleep patterns. Initial sleep assessments and discussions identify the residents sleep and rest preferences and routines and environmental considerations to assist in their sleep. Regular reviews of residents’ sleep patterns occur and interventions to ensure the residents are able to achieve a good night’s

sleep. The medical practitioner is notified if residents sleep routines change and strategies are not effective and medication maybe considered. Staff are aware of individual routines such as rising and settling times, rests, drinks, snacks, bedding, night attire and continence requirements. Residents stated the home is quiet at night and they were able to sleep.

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 conducts continuous improvement activities for all aspects of residents’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement.

Recent improvement relating to Accreditation Standard 3 include:

- The resident and relatives’ forum requested an area where they could go and make themselves a cup of tea. Following a trial with a coffee machine that was not effective, an area was set up in the dining room. Residents and representatives have expressed satisfaction with the availability.
- Residents suggested that the staff identification badges should have their names enlarged as they were difficult to read. The home sourced a badge making machine and consulted with residents on the size of the font for the staff badges and the design. All staff now have badges with large clear lettering and residents stated that the badges are easier to read and they are able to identify staff and address them by their names.

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

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

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

- There is a system and register for mandatory reporting of elder abuse in the home.
- Management offer residents an agreement on entry to the home and formally notify residents and representatives if there is a change to services.
- There are policies and procedures to ensure maintenance of residents’ privacy and confidentiality.

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

Management has systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents' lifestyle. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Examples of recent education relating to Standard 3 include:

- mandatory reporting of elder abuse
- diversity management
- residents' preference in activities of daily living.

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

Management and staff support residents to adjust to life in their new environment and provide emotional support on an ongoing basis. Prior to entering the home, residents and their families are informed about the services available at the home, their rights and responsibilities and 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 ensure new residents are aware of the activities program and commence assessments which capture social, emotional needs and life histories. A pastoral carer attends the home regularly to provide emotional support to residents and their families and advice to staff. Residents said staff are friendly, kind, caring and their emotional needs are met.

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

Management and staff support residents to be as independent as possible and to participate in the life of their community. Lifestyle staff assess residents' needs and develop care plans which document strategies to maximise independence such as exercise programs and walking groups. Staff, representatives and volunteers assist residents to maintain their individual interests, to participate in outings, have control over their financial matters where appropriate and maintain their civic responsibilities including electoral voting. Continued links with local organisations are encouraged and incorporated into daily activities. Residents were complimentary of the way management supports and encourages their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management ensures 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. Residents said staff are respectful and maintain their privacy and dignity at all times.

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

Management encourages and supports residents to participate in a range of activities and events both individually and in groups. Social and human needs assessments capture past and current interests, preferences for social interaction and community links. Lifestyle care plans document these choices and interventions that support interactions. Staff review and update plans to reflect changes in the individual needs of residents on a regular basis. Staff assist residents attend outings, maintain individual hobbies and interests. The lifestyle program is responsive to resident input through surveys, monitoring of attendance records, program evaluations, meetings and informal discussions. Lifestyle staff have a firm awareness of individual residents' lifestyle needs and preferences. Residents confirmed staff and volunteers invite them to the daily activities and they were complimentary regarding the variety and availability of lifestyle activities provided at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management provides services in a manner which values and fosters residents' cultural and spiritual lives and supports individual interests. Staff identify residents' cultural and spiritual preferences on entry and documents these in each resident's care plan. Staff ensure significant holidays and traditions are observed at the home and encourage participation of families and community members. Representatives from a number of different religious denominations regularly attend the home to undertake religious services. Management supports residents to attend external religious services if they wish. Staff are sensitive to residents' cultural and spiritual needs and demonstrated knowledge of individual residents' requirements in this regard. Residents are satisfied with the way staff acknowledge and respect their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Staff are committed to promoting and respecting resident choices and decisions ensuring independence is promoted and maintained. Residents have input into the services they receive including their personal care, choice of medical practitioner, pharmacy, rising and retiring times, food choices, and their level of participation in activities. Residents and their representatives are encouraged to provide feedback about the care provided via formal mechanisms such as meetings, improvement forms and surveys. Staff said residents are able to have a choice about everything in the home. Residents provided favourable comments regarding the opportunities for them to exercise choice and control over their individual lifestyle 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 they understand their rights and responsibilities. Management 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 resident handbook and residential agreement. The home informs staff about residents' rights and responsibilities, security of tenure and elder abuse through policy, the staff handbook and education. Consultation takes place between management, residents and representatives prior to changing residents' rooms. Residents said they feel secure in the home and are aware of their rights and responsibilities.

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 conducts continuous improvement activities for all aspects of physical and safe systems. Refer to expected outcome 1.1 Continuous improvement for information about the system in place to actively pursue continuous improvement.

Recent improvements relating to Accreditation Standard 4 include:

- Newly employed staff gave feedback that they could not easily identify the occupational health and safety representatives in the home. Authorisation was received from the five representatives and photographs were taken and are now displayed with their name and responsibilities. Staff stated that this has enabled them to identify which representative they need to approach for areas relating to occupational health and safety.
- Audits undertaken by the home’s hospitality manager identified that there were too many different catering checks undertaken on a daily basis which was leading to the risk of documentation not being completed according to procedures. All required documentation and checks were condensed into one form and the cook was given the responsibility to monitor task completion on a daily basis. If there are identified consistent gaps in documentation then the staff responsible is performance managed. Since the change over to the condensed document, audits have identified there are now minimal gaps.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems and there are processes to ensure compliance. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

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

- The home has a food safety program audit annually by an external third party.
- Chemical storage is secure and current material safety data sheets are available.
- An external contractor provides regular monitoring of the home’s essential fire safety system.

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

The system for education and staff development includes compulsory education days. Staff confirmed they are encouraged to suggest topics, receive training in the use of new equipment and attend regular education relating to the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for information about the education and staff development systems and processes in place at the home.

Examples of education attended by staff relevant to Standard 4 Physical environment and safe systems include:

- bullying and harassment
- fire and evacuation
- infection control
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment. Residents' accommodation is both single rooms with private ensuite facilities and some shared bathroom facilities. Residents are encouraged to bring in personal items and furniture for their rooms. Internal communal areas including dining areas, large and smaller sitting areas are available for residents throughout the home. The home maintains external courtyards, pathways and gardens for resident enjoyment. Residents are actively involved and encouraged to participate in maintaining external garden areas. Appropriate signage and security features are evident and furnishings are consistent with residents' care and safety needs. Management monitors the safety and satisfaction with the environment through surveys, audits and a preventative and reactive maintenance system. Residents and representatives are satisfied with the comfort and safety of the 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

The home's system and management with corporate support ensure the provision of a safe working environment. Management promote workplace health and safety through meeting processes, staff mandatory education and manual handling training. Processes in place to support the system include hazard and incident reporting mechanisms, maintenance requests, preventative maintenance, risk assessments and audits of the environment. Staff

access appropriate equipment and inventory to promote safe work practice. The home has an active committee with representation from all the home's departments. The home has five occupational health and safety representatives and annual refresher training occurs to ensure currency of knowledge and skills. Staff demonstrated an understanding of the home's processes for ensuring a safe work environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

There are systems to support the home is working actively to provide a safe environment and minimise the risk of fire and other emergencies. Policies, procedures and emergency manuals are available for staff. Evacuation maps are located throughout the home and emergency assembly points clearly indicated. Staff attend annual mandatory fire and evacuation training as part of the education program. External contractors monitor and maintain fire prevention equipment. Testing and tagging of electrical equipment occurs as part of managing risks and potential emergencies. Electronic key pads on egress doors provide secure entry to the home. Staff and residents demonstrated an appropriate knowledge of emergency and evacuation procedures and their responsibilities.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management supports an effective infection control program. Staff complete mandatory training in infection control and have access to personal protective equipment, hand washing facilities and gel dispensers. Management maintains an infection register and undertakes trending and analysis of data. Management tables and discusses infection control reports at various meetings. Kitchen, cleaning and laundry practices follow current infection control guidelines, the home has a food safety program and there are regular pest control inspections. Management encourages staff and residents to have vaccinations. Staff confirmed they receive education in infection control and demonstrated an awareness of appropriate infection control practices relevant to 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

Catering staff freshly cook meals daily following a four week rotating seasonal menu reviewed by a dietitian. Catering staff follow an approved food safety plan and the kitchen has current external certification, meeting industry guidelines. A system to alert residents to daily menu choice is in place and staff offer alternative meals, snacks and drinks throughout the day as required. Staff inform catering staff of changes to residents' dietary needs and preferences. Cleaning staff follow schedules to ensure regular cleaning of residents' rooms and common areas. The laundry collection and distribution processes ensure prompt return

of linen and clothing which follow appropriate infection control procedures. Processes are in place to label clothing and there is a system to monitor and manage lost or misplaced clothing. Management conduct regular audits of hospitality services in the home. Residents were complimentary of the hospitality services provided in the home.