



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Mercy Place-Montrose (Nursing Home)

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Mercy Place-Montrose (Nursing Home) in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Mercy Place-Montrose (Nursing Home) is three years until 23 November 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Mercy Place-Montrose (Nursing Home)				
RACS ID:	4477				
Number of beds:	56	Number of high care residents:	55		
Special needs group catered for:	• Secure dementia unit				
Street/PO Box:	991 Mount Dandenong Tourist Road				
City:	MONTROSE	State:	VIC	Postcode:	3765
Phone:	03 9728 3199		Facsimile:	03 9728 5645	
Email address:	chall@mercy.com.au				

Approved provider

Approved provider:	Mercy Health & Aged Care Inc.
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Assessment team

Team leader:	Ann De Pellegrin
Team member/s:	Jennifer Thomas
	Cassandra Van Gray
Date/s of audit:	1 September 2009 to 2 September 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply

Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
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Agency findings
Does comply
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Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Mercy Place-Montrose (Nursing Home)
RACS ID	4477

Executive summary

This is the report of a site audit of Mercy Place-Montrose (Nursing Home) 4477, 991 Mount Dandenong Tourist Road, MONTROSE VIC 3765 from 1 September 2009 to 2 September 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 7 September 2009.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Mercy Place-Montrose (Nursing Home).

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least two unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 1 September 2009 to 2 September 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Ann De Pellegrin
Team members:	Jennifer Thomas
	Cassandra Van Gray

Approved provider details

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

Name of home:	Mercy Place-Montrose (Nursing Home)
RACS ID:	4477

Total number of allocated places:	56
Number of residents during site audit:	55
Number of high care residents during site audit:	55
Special needs catered for:	Secure dementia unit

Street/PO Box:	991 Mount Dandenong Tourist Road	State:	Victoria
City/Town:	MONTROSE	Postcode:	3765
Phone number:	03 9728 3199	Facsimile:	03 9728 5645
E-mail address:	chall@mercy.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least two unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
General manager	1	Residents	10
Director of nursing/manager	1	Representatives	4
High care coordinator	1	Volunteers	1
Registered nurses division 1	2	Lifestyle Coordinator	1
Registered nurse division 2	1	Pastoral carer	1
Care staff	7	Property services manager	1
Quality officer	1	Catering staff	3
Occupational health and safety coordinator	1	Laundry staff	1
Dietician	1	Cleaning staff	3
Site information officer	1	-	-

Sampled documents

	Number		Number
Residents' files	15	Continuous improvement register	1
Summary/quick reference care plans	15	Action forms	3
Medication charts	34	Personnel files	2
Resident agreements	2	Service agreements	8
Allergy information tracked	2	-	-

Other documents reviewed

The team also reviewed:

- Action form log - 2009
- Activities of the day and week
- Aged care channel program guide - 2009
- Aged care services – infection prevention and control program
- Allied health communication folder
- Allied health information and communication folder
- Allied health referral forms
- Asset register
- Audits – internal and external
- Bowel management charts
- Care consultation documentation
- Care plans and progress notes
- Care staff rosters
- Catering, cleaning and laundry staff rosters
- Catheter care information
- Certificate of Renewal of Registration of Food Premises
- Cleaning schedules
- Clinical assessments
- Clinical observation charts
- Clinical referral forms
- Committees terms of reference
- Communication pathway for comments and issues flow chart
- Continuous quality improvement internal auditing program
- Diabetes management plans
- Diet analysis forms
- Doctor's communication folder
- Documentation relating to restraint
- Education calendar – 2008/2009
- Electronic documentation system
- Employee assistance brochure
- Enteral feed container and giving set replacement chart
- Enteral feeding regime
- Food brought to facility by families, residents and visitors folder
- Food safety audit – external auditor 3/12/2008
- Food safety plan
- Food temperature records
- 'Forum' meeting letter
- Gastroenteritis guidelines
- Guidelines for texture modified foods and fluids
- Hand washing procedures for staff
- Handover sheets
- High care staff meeting minutes
- Incident reports
- Infection control guidelines and procedure manual
- Infection prevention folder
- Infection summary record
- Infectious outbreak management information
- Internal auditing program – 2009
- Job descriptions
- Kitchen checklist on resident dietary information
- Learning questionnaire reportable assaults

- Lifestyle and therapy evaluation of new activity and participation of individuals records
- Managing suspected or alleged reportable assault flowchart
- Manual handling training pack
- Medication chart/medication packs audits
- Medication competencies folder
- Medication review committee folder
- Medication review committee structure chart
- Meeting minutes
- Meeting minutes – OH&S
- Missing resident protocol
- Newsletters
- Nurse registration records
- Nursing therapy chart
- Occupancy permit
- Occupational health and safety, return to work emergency procedure training pack
- OH&S resolution flow chart
- OHS housekeeping risk assessment reports
- Operations of chair lift
- Oral health for older people guidelines for staff
- Palliative care kit
- Pastoral care activity program planning documentation
- Personnel files
- Police check data base and records
- Policies and procedures
- Policy review schedule – 2009
- Preventative maintenance schedule and folder
- Quality committee meeting agenda
- Reportable assault register – 2008/2009
- Resident and representative ‘forum’ meeting minutes
- Resident assessments reports
- Resident dietary advice information, supplements and folders
- Resident newsletter
- Resident of the day care review guidelines
- Resident outing and wheelchair register book
- Resident spiritual participation and evaluation records
- Resident surveys
- Residents’ information handbook and package
- Restraint assessment, authorisation and review form
- Risk assessments
- Short term care issues register
- Staff allocation sheet
- Staff duty lists
- Staff information package and handbook
- Staff injury and incident reports 2006 to 2009
- Staff memoranda book
- Staff orientation package and induction questionnaire
- Staff survey
- Staff training attendance and evaluation records
- Standard two – quality activities folder
- Terminal care wishes forms
- Weight charts
- Wound assessments, charts and evaluations

- Wound reports

Observations

The team observed the following:

- Activities calendar displayed
- Activities in progress
- Activity photos
- Alarmed exit doors
- Alert and caution stickers
- Australian standards for texture modified foods and fluids poster
- Blood spill kit
- Chair lift
- Charter of resident rights and responsibilities
- Cleaning store room
- Covered linen baskets
- Emergency equipment and personal protective clothing
- Equipment and supply storage areas
- Evacuation packs
- Floor plans
- Food temperature probes in use
- Hairdressing salon
- Hand sanitisers around the home
- Heating and cooling devices
- Infection control stations
- Information on notice boards
- Interactions between staff and residents
- Lifting equipment
- Living environment
- Meals in progress
- Medical supply room
- Medication administration and rounds in progress
- Notice boards
- Nurses stations
- Outdoor barbecue area
- Oxygen storage and equipment
- Personal protective equipment for staff
- Pest baits
- Pets
- Resident comment box
- Resident mobility aids
- Resident rooms and bathrooms
- Resident's using mobility aids
- Sensory room
- Sharps containers
- Spa room
- Staff handover
- Staff work areas
- Staff mobile computers
- Staff practices
- Staff room
- Staff work areas
- Storage areas of equipment and supplies

- Storage of medications
- Suggestion box
- Tagging of electrical items
- Utility rooms
- Vegetable gardens
- Warning and hazard signage
- Wound care trolley and stock

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 recommendation

Does comply

The home has processes and procedures in place, to support continuous improvement as it relates to Standard one. The home's parent organisation operates a range of Board sub committees which includes a review of continuous improvement related matters. The home utilises an electronic continuous improvement register to record and track continuous improvement related matters to their satisfactory conclusion. Continuous improvement matters are also regularly reviewed by the home’s quality committee and leadership meetings. Inputs into the home’s continuous improvement plan are derived from action forms, staff meeting minutes, leadership meeting minutes, comments and complaints, audits and surveys. Staff are informed of quality initiatives by way of their attendance at the home's various meetings, reading meeting minutes, and reviewing the home’s ‘quality’ noticeboards. Continuous improvement was noted by the team as a standing agenda item at all meetings.

Examples of improvements under Standard one include:

- The appointment of a dedicated site information officer role one day per week, to coordinate continuous improvement related matters.
- The introduction of ‘quality’ noticeboards, positioned throughout the home to promote continuous improvement related matters.
- The reintroduction of the Aged Care Channel and the management of staff viewings and associated records, to promote enhance skills and knowledge.

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 recommendation

Does comply

The manager of the nursing home receives any changes to legislation through the home's organisation’ subscription to a range of legislative agencies and peak industry bodies and communicates any alterations to senior managers within the home by way of monthly leadership committee meetings. Potential impacts to the home are analysed and changes are made, where applicable. Staff are advised of any legislative changes through their attendance at training and meetings, one-to-one contact, memoranda and notices. There are systems in place to ensure all staff have current police checks. Resident accounts and finances are managed in line with the appropriate prudential arrangements. The team observed signed confidentiality statements contained within resident files.

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 recommendation

Does comply

The home has a staff education and development program in place. Input into the education calendar is a result of corporate identified training topics, changes to regulatory compliance and staff survey results. Topics are also identified as a result of education audits and annual staff performance reviews. Staff are advised of training sessions by way of emails, notices or the memoranda system. Attendance records are maintained and sessions are evaluated. The home has access to televised education sessions and certificate level qualifications through the Mercy Institute registered training organization registration. All new staff attend one day formal orientation program which includes an overview of mandatory topics, and a roster induction program. The home conducts two yearly, paid mandatory training for all staff.

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 recommendation

Does comply

The nursing home ensures that internal and external complaints mechanisms are accessible to all stakeholders. During the entry phase to the home, information regarding the internal and external complaints mechanisms is provided and included in the residents' information handbooks. There is an action/comments box located throughout the home providing the ability to post confidential complaints. Regular resident/relative meetings are held, and any issues that have been recently raised impacting on all residents are discussed with input sought. A register of complaints and corrective action forms is maintained to assist with tracking and referencing. Residents, representatives and staff stated their satisfaction with their opportunities to raise issues and with management's responses to any issues they had raised.

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 recommendation

Does comply

The home's parent organisation operates a Board of management, comprising three divisions and a range of sub committees. The Board has developed a strategic plan. Relevant matters are transposed into the home's continuous improvement register. The home has developed and documented its mission, vision and values, which also includes a number of sub statements such as compassion, respect and teamwork; which are prominently displayed throughout the home. These statements are also contained in the staff and resident handbooks. Staff are aware of the homes plans and commitment to quality is evident in the home' objectives.

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 recommendation

Does comply

The home has systems in place to ensure adequate staffing levels with the appropriate skills and knowledge to meet the care, lifestyle and service needs of residents. A registered nurse is rostered on 24 hours a day, seven days per week, as well as other suitably qualified staff. Flexibility exists to temporarily increase staff hours in times of increased resident acuity or emergency. There are adequate numbers of staff to cover absences. The home utilises the services of an employment agency, to fill care related staff vacancies, as required. Staff records include a contract of employment and position descriptions. Performance reviews are conducted on an annual basis. Staff have access to an employee assistance program to aid in times of grief and loss.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home can demonstrate that systems ensure there are appropriate goods and equipment to meet stakeholder needs. The home has an ordering and delivery system for goods such as food, medications and clinical supplies. When a need for equipment is identified through processes such as staff requests, audits or changes in resident needs, key staff or the organisation reviews potential products through the quality system to ensure the new products suitability. Where possible, equipment used by staff is trialled prior to purchase to assess suitability to resident needs, staff use and working environment. All electrical equipment is tested and tagged and a service is provided for any equipment that is brought into the home. An electrical register is updated annually. A staff member receives training in the use of new equipment and this is transferred to other staff. The home has corrective maintenance procedures to ensure equipment is in working order. Staff feedback indicated that they are satisfied the homes' supply of goods and equipments available for the delivery of services to meet resident needs.

1.8 Information systems

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

Team's recommendation

Does comply

There is a range of strategies in place to provide an effective information system at the home. This includes document and data control systems of scheduled updates to procedures and guidelines for staff. There is an established process for updating resident care information that is performed by key staff according to a set schedule of reviews. Confidential staff and resident information is stored in secure areas of the home; and archived documents are labeled and stored in a secure cupboard with access restricted. Staff have access to information by way of hardcopy resource manuals, diaries, charts and if they have access to the internet. Paper based information in resident care plans and assessment is communicated to all departments to support service goals. The home uses information guides, memoranda, newsletters, emails, noticeboards, newsletters, scheduled meetings, minutes and verbally one on one to communicate with all stakeholders. Staff stated they are

informed about changes and the home's activities. Residents and their representatives confirmed that they are advised of resident/relative meeting times and that they are kept informed about happenings at the home.

1.9 External services

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

Team's recommendation

Does comply

Management was able to demonstrate that processes in place to ensure external services meet the home's needs. External contractors are sourced and approved by corporate management according to the needs of residents, staff and the nursing home. The corporate office also manages service agreements including specified quality and service standards, police check requirements and assurance, and any issues that may arise. Management and staff monitor that quality service is provided and feedback sourced from residents and their representatives. Lists of approved service providers were observed for health, care, maintenance, fire and hospitality services. Contractor's record entry and exit by way of the hostels main entrance and are supervised in the home as appropriate. Management and staff report they are satisfied with the services provided by the home's 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 recommendation

Does comply

The home has processes and procedures in place, to support continuous improvement as it relates to Standard two. The home utilises a suite of internally developed clinical audit tools to aid in their compliance with expected outcomes. The outcomes of the clinical audits, in conjunction with feedback received from care staff meetings contribute to the home's continuous improvement register. The home routinely collects resident incident data including infections, skin tears and falls. Clinical key performance indicators have also been established. Staff demonstrated a thorough understanding of continuous improvement process and procedures.

Examples of improvements under Standard two include:

- The introduction of an electronic resident care planning system and associated documentation, with the view of enhancing resident care and well-being.
- The standardisation of resident insulin and catheter care protocols, processes and procedures across all care units within the home.
- The implementation of infectious outbreak kits positioned in key areas throughout the home.
- The purchase and implementation of resident continence aid holders positioned in each resident room, to aid in the identification and therefore correct fitting of aids, as required.

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 recommendation

Does comply

The home's manager is responsible for ensuring that any clinical practice regulatory changes are monitored, communicated and implemented as required. All care staff have current professional registrations in place. The home maintains a database of allied health police checks, which were observed by the team to be current. Care staff with a medication endorsement participate in an annual medication management competency assessment to determine their compliance with legislative requirements. All staff are provided with annual elder abuse mandatory training. The team noted medications are stored appropriately. Registered nurses with medication endorsement are aware of their responsibilities in relation to medication management and the team confirmed registered nurses carry out clinical care and care planning activities within their scope of practice.

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 recommendation

Does comply

A range of education is offered to staff across Standard two. Inputs into the education calendar are as a result of training needs identified in relation to observations of staff clinical practices, resident incidents and increased acuity. A number of care and registered nursing staff are participating in higher level education, relevant to their role. All medication endorsed staff are required to participate in an annual medication management competency. Agency staff participate in an orientation program. Staff confirmed their satisfaction with their opportunities in accessing continuing education and skills development. Residents and their representatives stated staff have sufficient the skills and knowledge to attend to their needs.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation

Does comply

Registered nurses divisions one and two assess, plan and carry out clinical care for residents well supported by personal care staff. The high care supervisor is currently undertaking additional studies and works with staff to ensure optimal clinical care is provided to residents. Information is collected from residents and representatives on entry to the home and following completion of clinical assessments, individual care plans are developed and implemented. Staff are aware of the individual care needs of each resident. Resident and representative feedback was overwhelmingly positive regarding the care received in 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 recommendation

Does comply

Registered nurses divisions one and two carry put specialised care and supervise all care being provided to residents requiring specialised procedures. Staff have access to external consultants and attend education on specialised care topics such as wound care and diabetes management. Attending doctors have written specific instructions for all diabetic residents including reportable blood glucose levels. Detailed care plans are available for staff and contain additional information on the current care required by residents. Residents and their representatives stated they are told about all the specialised care residents may require and feel involved in the 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 recommendation

Does comply

Residents have access to a number of health professionals via staff and doctor referrals as required. Podiatry and physiotherapy services are routinely scheduled for residents' onsite. Documentation reviewed and residents and staff confirm the availability of specialist external

health practitioners including optical, hearing and medical services. Communication folders are in place, and staff use these to inform visiting allied health practitioners of any concerns related to a resident's condition. The team received positive comments from residents regarding the quality of these services.

2.7 Medication management

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

Team's recommendation

Does comply

The home has processes and procedures in place to ensure resident's medications are ordered, stored, administered, documented and disposed of safely and correctly. These processes are audited and evaluated via the home's quality system. Registered nurses divisions one and two administer medication from single dose blister packs. The medication review committee meets regularly and a consultant pharmacist carries out medication reviews. Staff confirmed that medication competencies are undertaken and said they attend education on medication management. Residents stated they are satisfied with their medication management.

2.8 Pain management

This expected outcome requires that "all residents are as free as possible from pain".

Team's recommendation

Does comply

Resident's pain status is assessed on entry and if ongoing pain management is required a detailed care plan is documented. The plans reviewed contained comprehensive pain management information including the use of heat packs, gentle exercise and medication as strategies to relieve resident pain. Protective and assistive equipment is available and used to assist residents to be as pain free and comfortable as possible. Residents told the team they are assisted to be as pain free as they can be and said staff often identify their pain and offer assistance before they ask for it.

2.9 Palliative care

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

Team's recommendation

Does comply

Residents and their representatives are asked to complete a terminal care wishes form on entry to the home. If this is not completed the high care coordinator said that information is gathered as the resident enters the palliative stage of care. Specific palliative care plans are developed and frequently changed to meet the needs of the resident. Resident and representative wishes are respected and resident's and their families supported during this time. Staff can access a palliative care box for extra resources so an additional level of care can be given to the resident. Staff also said that the pastoral care worker is available for everyone. Palliative education is accessed via an external palliative care team and through the home's annual education calendar. Staff confirmed they attend this education and are aware of the special needs that are required at this time for residents and families, with staff commenting that it is a privilege for them to provide this care.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Resident food likes, dislikes, allergies and preferences are recorded on entry and sent to the kitchen. This information is recorded on the nutrition and hydration care plan. Resident’s are weighed regularly and if weight loss is identified a referral to the dietician and or speech pathologist is sent off and the doctor informed. Food and drink supplements are available. The team observed residents enjoying meals and staff sitting and assisting residents to eat and drink. Feedback from residents and representatives was positive regarding the meals, one resident stated they received ‘too much food’ but said they enjoyed every meal.

2.11 Skin care

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

Team’s recommendation

Does comply

Resident files reviewed contained skin integrity assessments and detailed care plans outlining the strategies for staff to use to maintain and protect resident’s skin using creams and protective devices. When impairment to the skin integrity occurs wound management interventions are implemented. Staff attend education on wound and skin care and said they always have adequate supplies to enable this care to be provided. The team observed residents to have clean skin with resident’s saying they are satisfied with the skin care they receive.

2.12 Continence management

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

Team’s recommendation

Does comply

All residents in the home are assessed to ascertain their urinary and bowel continence status. If continence management is required staff develop a care plan that includes times the resident must be assisted to the toilet and the most effective continence aids to be use. Staff attend education on continence management and offer support and advice to residents on the most suitable continence aids for them to wear. Residents and their representatives are satisfied with the continence care provided.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents who are identified with behavior management issues have comprehensive assessments completed and detailed care plans implemented. Education is provided to staff in relation to managing challenging behaviors and staff said it is beneficial to them when dealing with residents with behavior issues. Residents who require or request restraint have their needs assessed and restraint authorizations implemented, this is reviewed regularly and residents and representatives are consulted during the period restraint is used. Alternatives to restraint are documented and their use recorded in the residents file. The

home has a dementia specific unit and staff who work there are provided with additional support and education. An external psychiatric team is available for review and management advice. Residents and their representatives said that staff intervene promptly if another resident's behavior impacts on others.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents are assessed by the physiotherapist on entry and throughout their stay at the home. The physiotherapist is informed when a resident has a fall; a falls risk sticker is applied to the resident's notes and charts and documented in the resident's progress notes. Individual exercise plans that include recommendations regarding equipment to be used to minimize falls is also documented in the residents file. Nursing staff encourage and assist residents to exercise daily. Staff attend education sessions and are aware of the importance in encouraging residents to maintain as much functional mobility as possible. Resident feedback indicated residents enjoy attending exercises and appreciate the assistance given to them by staff to maintain their mobility.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents oral and dental needs are assessed on entry and their preferences recorded. An oral and dental care plan is implemented and staff refer to this when assisting residents with hygiene each day. Following consultation with residents and representatives' staff organise referrals to either a visiting dentist or dental technician or assist them to organise external appointments as required. Audits are undertaken and areas identified as requiring improvement logged into the continuous improvement system. Residents expressed satisfaction with how oral and dental care is provided.

2.16 Sensory loss

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

Team's recommendation

Does comply

Following assessment residents with identified sensory loss have a detailed sensory loss management plan developed including documented strategies to manage these losses. Consultation with the resident or representative occurs when deciding if residents will access services that provide aids. Staff said they encourage residents to wear sensory aids each day. Staff consult with residents requiring sensory loss review and can organise appointments if required. Residents and their representatives said staff are aware of each resident's sensory aid requirements and give assistance to fit and maintain the cleanliness of the aids.

2.17 Sleep

This expected outcome requires that "residents are able to achieve natural sleep patterns".

Team's recommendation

Does comply

Resident's sleep and settling routines and preferences are recorded on entry to the home. Residents are then assessed and a comprehensive sleep care plan, with strategies for assisting residents to achieve a natural sleep formulated. This plan includes the resident's preferences in regard to sleep wear, the number of pillows and blankets, evening routines and retiring preferences and strategies to enhance natural sleep. Staff said they use other therapies to assist residents to sleep and offer residents warm drinks and snacks if hungry. Residents confirmed to the team that staff provide a quiet environment at night and also told the team that staff are aware of each their retiring routines and said they sleep well because of the assistance given to them by staff.

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 recommendation

Does comply

The home has processes and procedures in place, to support continuous improvement as it relates to Standard three. Inputs into the home’s continuous improvement register are derived from, staff meetings, one-to-one contact, audits and surveys, and action forms. Feedback regarding resident satisfaction with leisure and lifestyle aspects is sought through the conduct of resident and relative meetings and ‘forums’. The team reviewed relative meeting minutes and noted initiatives are attended to in a timely. Residents and their representatives reported favourably about the home’s responses to their concerns raised as a result of one-to-one contact with staff and attendance at meetings.

Examples of improvements under Standard three include:

- The introduction of a pastoral care role to aid resident transition into the home and promote spiritual wellbeing.
- The appointment of a weekend activity staff member to facilitate seven days a week diversional therapy and related activities.
- The fitting of a resident ‘bus stop’ and ‘clothes hoist’ to replicate a home-like environment in the secure unit.
- The establishment of a dedicated ‘quiet room’ for the use of all stakeholders.
- The introduction of a ‘butterfly tree’ to be used as a memorial indicator for residents who have passed away.
- The introduction of a memorial book to be used for all stakeholders to express their thoughts and feelings regarding residents who have passed away.

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 recommendation

Does comply

The home’s manager discusses with leisure and lifestyle staff relevant information regarding changes to legislative requirements. In addition, one of the home’s leisure and lifestyle personnel is a member of the Diversional Therapist’s Association. The resident handbook includes information on residents’ rights and responsibilities and the charter was observed as being prominently displayed at various areas throughout the home. All volunteers have current police checks in place. Staff demonstrated an awareness of the required changes regarding ‘missing persons’ and indicated this has been communicated through notices and meetings. Residents and their representatives are provided with information regarding the privacy of their documentation on entry to the home.

3.3 Education and staff development

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

Team's recommendation

Does comply

Leisure and lifestyle staff are encouraged to participate in the Standard two related education program, as well as view televised training sessions. Training records demonstrate leisure and lifestyle staff participate in the range of education and staff development opportunities identified for general and care staff. Staff demonstrated an understanding of their role and responsibilities. Residents and their representatives stated leisure and lifestyle staff have sufficient skills and knowledge to attend to their lifestyle needs.

3.4 Emotional support

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

Team's recommendation

Does comply

A pastoral carer is available to support all stakeholders, although their primary role is to assist high care residents. The pastoral carer offers a range of spiritual support groups and one-to-one contact with residents. Participant records and routine evaluations are maintained. Referrals to the pastoral carer are received from the full range of the home's staff. Feedback, regarding a resident's wellbeing is specifically provided to the nurse on duty. In addition, the pastoral carer makes entries directly into the resident's progress notes. A catholic priest visits on a four monthly basis to administer mass and Holy Communion. Resident and their representatives are satisfied that their relative's individual emotional needs are identified and appropriately supported.

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 recommendation

Does comply

Residents are supported to be as independent as possible. They are encouraged to participate in decisions about their care and daily activities. The lifestyle program encourages residents' independence through lifestyle programs that promote physical, mental and social activities. Residents are encouraged to maintain friendships and links with the community by participating in outings and interacting with groups including school children that visit the home. Residents are also referred to allied health services that assist them to maintain their mobility and dexterity. All staff support residents in the use of devices and aids that assist with mobility and sensory needs. Each resident's level of independence is reviewed regularly with appropriate interventions applied. Residents reported that are supported and encouraged to be as independent as possible.

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 recommendation

Does comply

Management, staff and volunteers recognise and respect each resident's privacy, dignity and confidentiality, and this is encouraged and promoted through education provided at orientation and yearly sessions; and in signing of privacy and confidentiality statements.

Residents' privacy and dignity during care interventions is facilitated through the provision of ensuite facilities and their single rooms, and ensuring interconnecting bathroom doors are locked during care interventions for those bedrooms adjoining. Staff were observed assisting residents gently and respectfully when attending to activities of daily living and assisting with meals. Residents' information was observed to be stored securely and handover is conducted in a confidential manner. Residents stated that they are treated with respect and are satisfied with the level of privacy provided by staff. The team observed staff knocking prior to entering rooms and calling residents by their preferred name.

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 recommendation

Does comply

Leisure interests and activities are provided that meet resident' needs. Lifestyle staff develop, plan and provide programs in consultation with residents. The diversional therapist and other leisure and lifestyle staff are assisted by a team of volunteers to provide activities that meet residents' needs and requests. Care plans provide details of residents' leisure interests and, these are reviewed on a regular basis. Individual activities programs are designed to ensure that residents needs continue to be met. Residents are supported and encouraged to participate in a variety of individual, group and community activities that are of personal interest to them and ensure they promote social independence and enjoyment of life. Planned activities are recorded on a calendar that is available throughout the home. Residents reported that they enjoy the activities and lifestyle program provided by 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 recommendation

Does comply

Residents' cultural and spiritual needs are met through the celebration of events and practices that are of importance to residents as a group and individually. Various church groups visit the home and conduct services for residents. Residents' cultural interest and needs are also fostered with the celebration of special events and festivals, including days of national significance, sporting events, religious festivals and the celebration of birthdays if residents wish. Other cultural events include traditional cooking and visiting outside of the home to enjoy meals and social occasions. Residents reported that their cultural and spiritual needs are met and are supported by the home.

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 recommendation

Does comply

Upon entry to the home and on an ongoing basis, residents' personal choices and preferences are identified. Choices and decisions made by residents about personal preferences, including daily living routines, and at what level they wish to participate are respected and catered for. Residents are supported and encouraged to participate in decision making processes that effect their care and lifestyle, including participation at various meetings and groups. Residents also provide feedback regarding the services that are offered by home. Where residents are unable to choose or make decisions for themselves, authorised representatives are appointed. Residents reported that their personal choices and decisions are respected by staff and management.

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 recommendation

Does comply

Management at the home can demonstrate residents have security of tenure while at the home. Each new resident and their representative are provided with the charter of residents' rights and responsibilities and other service information. The resident information book details the accommodation, care, lifestyle and the services offered at the home. All residents are offered a residential care service agreement. The agreement includes information on fees and charges, specified care and services. Transfers to another facility or another room are only undertaken after consultation with the resident and/or their representative.

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 recommendation

Does comply

The home has processes and procedures in place, to support continuous improvement as it relates to Standard four. The home utilises a suite of internally developed audits, linked to expected outcomes, to aid in it’s compliance with the same. Inputs into the home’s continuous improvement register are also derived from incident and hazard reports and staff meeting minutes. The team noted quality and safety are standing agenda items at staff meetings. Staff receive feedback by way of email and minutes of meetings, as well as one-to-one follow up, as required. Residents and their representatives stated they are satisfied with the standard of hospitality services provided.

Examples of improvements under Standard four include:

- The appointment of a full time maintenance officer, resulting in an increase of 18 hours per week to the role.
- The purchase of new resident lifting equipment, full swing hoist and sensor mats.
- The appointment of a new flat linen contractor, resulting in improved service and overall quality of resident linen.
- The introduction of a preventative maintenance system, including standardisation of documentation.

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 recommendation

Does comply

The home has systems in place to meet their obligations and ensure compliance with legislation and guidelines for fire safety, occupational health and safety, infection control and food safety. The home has achieved certification within the building code, fire rating, as well as food service. There is a food safety plan in place and an independent audit has been conducted. All contractors are required to provide evidence of a current police check. Staff confirmed they are aware of the process to follow regarding an infectious outbreak and the home’s occupational health and safety procedures.

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 recommendation

Does comply

The home has an occupation health and safety staff education and development program in place. The home has a number of manual handling mentors, trained to support staff on the job. Infection control education is provided across all areas of operations. Catering staff have received training in food handling standards. Cleaning staff participate in on-line chemical

handling training. The home has a policy of mandatory two yearly occupational health and safety training for all staff and staff confirmed that they had attended the same. Staff interviewed are confident in their knowledge in the area of occupational health and safety, fire and evacuation systems and infection control.

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 recommendation

Does comply

The nursing home consists of one area with five centrally connected wings and another area for residents living in a secure unit. Both areas are interconnected and a covered walkway that connects the home to the hostel area. The home is clean, warm and comfortable, and furnished to accommodate the high care needs of residents. Residents are accommodated in single bedrooms with an ensuite or adjoining bedrooms with shared shower facilities. All bedrooms look out onto an internal garden or native bush. Residents supported by families, are encouraged to personalise their rooms with mementos, favourite bedcovers and small pieces of furniture. Within the five wings of the home, a main living room is used for activities and community celebrations; a separate dining and kitchenette area adjoins a large multi sensory room for residents with specific activities. Two additional lounge areas provide quiet reflection, private discussions or entertaining of visitors. An internal paved courtyard and external pathways around the nursing home provides short walks through tree and garden areas for residents and visitors. Hairdressing and therapy facilities are available and were in use on the days of the visit. The secure unit provides residents with their own dining and activities room with an attached kitchenette. A separate quiet room provides an area for calmness and tranquillity. An external secure outdoor area is furnished with an outdoor table and seating area shaded under a pergola; and a bus stop, rotary clothes line, a tactile pottery sitting area and sensory herb garden which provides stimulation for residents. The home has a corrective and preventive maintenance program in place with inspections of the internal living environments. A cleaning schedule has been created for staff to follow. Residents and their representatives are satisfied with the safety and comfort of their rooms and the living environment. The home was observed to be clean and warm with plenty of natural light.

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 recommendation

Does comply

The home has a trained occupational health and safety coordinator and management and staff are involved in identifying and resolving workplace safety issues. The occupational health and safety committee meets bimonthly and consists of representatives from all service areas. The committee discusses and reviews audit results, incidents and risk assessments and the appropriate actions taken to resolve identified issues. Results are communicated to all stakeholders as targeted. Staff are provided with personal protective equipment and safety information related to their work roles. Management maintain a staff injury register and the incidence of staff work related incidents. Occupational health and safety information is accessible to staff within the home and at meetings. The team observed staff practising safe manual handling techniques and safety signs in use. Staff are satisfied with the management of health and safety issues in the home.

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 recommendation

Does comply

Systems in place to minimize emergency risks include fire detection and fire fighting equipment, clear exit signs and egress areas, evacuation maps and emergency procedure guidelines. An external company tests all the fire alarm systems and fire fighting equipment on a scheduled basis, compliance is monitored and records are current. The home fire and evacuation program is overseen by the adjoining hostel main central communication and control point system. An evacuation kit is maintained and includes several emergency colour coded plans and procedures which include the threat of bush fire. A current residents' list is updated as changes occur, and a visitors and contractors are required to sign in and out at the hostel's main entrance. The buildings are secured late in the afternoon, staff have keypad access at the main entrance areas and a doorbell system is for visitors. Security checks of the site are undertaken by an external security organization, four times an evening. Staff confirm annual compulsory training in fire and emergency procedures, the use of fire and safety equipment and knowledge of fire and emergency responses. Residents express confidence in staff skills and knowledge in the event of an emergency.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program that includes education, provision of personal protective equipment to all staff, monitoring and analysis of infections and ongoing review of practice by the infection control liaison officer. Documentation reviewed by the team confirmed that the elements of the infection control program are in place and that audit results and feedback of monthly statistics are discussed at meetings. The team observed staff following infection control principles while attending to resident care. Staff are aware of the importance of infection control practices and understand standard precautions in relation to infection control and care provision.

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 recommendation

Does comply

The home provides hospitality services in a way that enhances residents' quality of life and the staff working environment through contracted providers. Resident dietary requirements and meal preferences are recorded at entry to the home with future assessments providing updates as changes occur. These include the resident's cultural and religious preferences, allergies, medical conditions and the level of dexterity in relation to eating and drinking. This information is also provided to the main kitchen. A dietician reviews the rotating menu; and all food is prepared daily on site in line with the home's food safety program, menu rotation and residents' needs or preferences. The kitchen also supplies the adjoining hostel. Meals are served in the two main dining rooms or individual rooms if requested. Menu options are available and snacks and drinks are provided at all times. Care staff assist residents with identified needs. Resident meetings and the annual survey results provide input into menu planning and feedback opportunities. Interviews with residents and their representatives confirm that the choice, quality and quantity of food meet their expectations.

All resident clothing is laundered on site with flat linen being outsourced to an external contractor. Some domestic laundry rooms are available for those residents who prefer to do their own washing activity if they choose. Clothes are distributed back to rooms by laundry staff in accordance with residents' specific requests. The home provides a labelling service if required. Lost property is available for residents and relatives to review weekly in allocated areas within the home.

Daily cleaning is provided in all communal areas; bathrooms are cleaned daily and residents' rooms are thoroughly cleaned weekly and as required. Cleaning staff perform their duties guided by documented schedules over seven days a week; use protective equipment when required and follow infection control guidelines. Staff confirm they have received the training required to perform their roles effectively and state that management are responsive to equipment requests and suggestions for improvement. Residents and their representatives staff confirm the home is clean and tidy.