



Aged Care  
Standards and Accreditation Agency Ltd

## **Mercy Place Parkville**

RACS ID 3867

1 William Street

PARKVILLE VIC 3052

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 two years until 08 September 2015.

We made our decision on 15 July 2013. The audit was conducted on 11 June 2013 to 12 June 2013.

In determining the period of accreditation, the Accreditation Agency decision-maker considered the home's record of performance against the Accreditation Standards and additional information submitted by the approved provider.

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



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# Audit Report

**Mercy Place Parkville 3867**

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

## Introduction

This is the report of a re-accreditation audit from 11 June 2013 to 12 June 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 11 June 2013 to 12 June 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of 3 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:	Gillian Walster
Team members:	Ann De Pellegrin
	Cheryl Conder

## Approved provider details

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

Name of home:	Mercy Place Parkville
RACS ID:	3867

Total number of allocated places:	140
Number of residents during audit:	126
Number of high care residents during audit:	124
Special needs catered for:	Dementia area

Street:	1 William Street	State:	Victoria
City:	Parkville	Postcode:	3052
Phone number:	03 9385 9222	Facsimile:	03 9380 5165
E-mail address:	gwebster@mercy.com.au		

## Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

### Interviews

	Number		Number
Management	5	Residents/representatives	22
Registered and enrolled nurses	6	Diversional therapist	2
Care staff	9	Hospitality staff	11
Administration assistant	1	Maintenance staff	2

### Sampled documents

	Number		Number
Residents' files and care plans	22	Medication charts	22
Resident agreements	10	Personnel files	9

### Other documents reviewed

The team also reviewed:

- Annual essential safety measures report
- Audits and audit schedule
- Building certification inspection report
- Cleaning schedules and sign off sheets
- Clinical charts and forms
- Comments and complaints register and records
- Communication books
- Confidential complaints records
- Continuous improvement registers
- Dangerous goods manifest
- Data and summary records
- Electronic communication mechanisms
- Equipment purchased register
- External contractor summary report and external service provider lists
- Fire safety plan, evacuation procedures, manual, equipment and fire inspection records
- Food safety plan and kitchen documentation
- Handover sheets
- Incident reports and related summary records and register
- Information handbooks and packages – resident and staff
- Job descriptions
- Lifestyle program and associated resource material

- Maintenance preventative and reactive schedules and records
- Material safety data sheets
- Meeting minutes and schedule
- Memoranda
- Menu
- Missing residents' register
- Newsletters
- Opportunity for improvement records
- Police certificate records
- Policies and procedures and related flowcharts
- Preferred supplier and agency contractors lists
- Professional registrations
- Quality monitoring data/graphs
- Reportable assaults register
- Reportable infection register
- Resident and staff handbook
- Residents' surveys and results
- Rosters – master and amended working

### **Observations**

The team observed the following:

- Activities in progress
- Archive and paper disposal systems
- Chemical storage area and cleaning equipment
- Cleaning in progress
- Contaminated waste management practices
- Cultural care kits, prompt and word list in specific languages
- Equipment and supply storage areas
- Evacuation packs and essential service equipment
- Feedback forms, complaints management information and suggestion box
- Fire and safety equipment, signage and fire panel
- Interactions between staff and residents
- Keypad and swipe card security
- Lifestyle resource material and programs
- Living environment
- Meal and refreshment service
- Medication storage and administration
- Mission, vision and values displayed

- Notices and information displayed throughout the home
- Outbreak, chemical and blood spills kits
- Resident transfer equipment and mobility aids
- Staff assisting residents with meals
- Suggestion and other confidential information letter boxes
- The Charter of Residents' Rights and Responsibilities displayed



## 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.

#### Team's findings

The home meets this expected outcome

Mercy Place Parkville has established systems to actively pursue continuous improvement supported and linked to the organisation improvement system. Management and stakeholders identify improvements using a consultative approach from a variety of opportunities including stakeholder comments, meetings, quality activities, satisfaction surveys, incidents, observations and the changing needs of residents. Improvements identified are actioned and recorded on the home's continuous improvement register or a short term improvement register with time frames and actions recorded. Key personnel drive and evaluate the system in an ongoing manner and regular reporting of results are made available to stakeholders and corporate management. Management seek formal or informal satisfaction from stakeholders or individuals, discuss trends and areas for improvement and generally records outcomes and satisfaction. Staff, residents and representatives said they are encouraged to participate in improvement activities and confirm ongoing improvement activities occur at the home.

Examples of improvement initiatives in relation to Standard 1 Management systems, staffing and organisational development includes:

- Feedback from residents and representatives resulted in a review of rosters, staffing and replacement of staff vacancies. Management consulted staff regarding their skills and preferences with a master roster developed of permanent staff rostered to the same floor level. A recruitment drive resulted in 78 casual staff employed and management developed a new orientation program which is now in place. Key staff now send requests to fill vacant shifts via text message which has reduced time waiting for staff response. Management said and stakeholders confirmed verbal feedback has been positive particularly with improved staffing levels and minimal use of agency staff.
- In response to comments regarding communication within the home, management introduced various newsletters. Key staff created and amended the resident newsletter following resident input which results in a colourful, easy to read and large font newsletter with photo graphs, regular articles, reminders and upcoming events. Initially, the newsletter commenced as two pages and over time has expanded to four pages with featured education topics including fire and emergencies and advocacy services. Lifestyle staff now deliver the newsletter to each resident with emailed versions sent to family members and/or representatives. Several residents commented they enjoy reading the newsletter and have regular input into upcoming editions.

## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

There is a system to ensure management receive information and monitor compliance with relevant legislation, regulations and guidelines. Management receive information regarding legislative changes from the organisational office, legislative update services, government and professional bodies. Management disseminate relevant changes and information to stakeholders through letters, memorandum, meetings and consultation. Management monitor and analyse data from incident reports, audits, competency testing and observation of staff practice. Staff said they are aware of their obligations in relation to regulatory compliance and confirmed management inform them when changes occur.

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

- Processes to ensure the currency of police certificates and statutory declarations as appropriate.
- Processes for the secure storage of resident information and destroying of confidential information.
- Management informed stakeholders of the re-accreditation audit.
- Policies and procedures reflect professional and regulatory guidelines.

## **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

The home actively encourages staff to develop knowledge and skills appropriate to the needs of the home. Management have planned education by addressing the four Accreditation Standards and by gaps identified by various processes such as audits and performance reviews and mandatory training which includes hand washing, manual handling and fire training. Facilitation of sessions is by organisational leaders and by external providers with administration staff maintaining attendance records and evaluations. The service manager oversees the program. Evaluation comments confirm the effectiveness of the training.

Examples of recent education relating to Standard 1 Management systems, staffing and organisational development includes:

- computer skilling and information management
- teamwork and staff management
- QUEST session on overview of accreditation
- bullying and harassment.

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

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

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

The home meets this expected outcome

There are comment and complaint mechanisms accessible to all stakeholders. The system includes feedback forms, stakeholder meetings, satisfaction surveys, informal interactions with staff and an 'open door' policy of access to management. Information about internal and external complaint services and advocacy services is accessible and available in languages other than English. Comments and complaints are actioned and documentation indicates stakeholders raise concerns and receive feedback in a timely manner. Regular audits and data analysis assist management evaluating the effectiveness of actions taken and to identify any trends associated for further response. Staff said they are comfortable to raise matters and expressed their responsibility in assisting residents with concerns or complaints. Residents and representatives said they are comfortable in approaching staff and management with any issues. Several representatives said when concerns were raised these were followed up and actioned to their satisfaction.

#### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

Management display the organisation's mission, vision and values statement in the main foyer and this information is included in the resident and staff information handbooks, orientation programs, resident agreements and reflected in policy and procedures. Management and staff demonstrate commitment to planning, quality and person centred care according to the organisation key philosophy and principles.

#### **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

The home has systems for recruitment and ongoing monitoring of staff. The organisation and the on-site service manager share recruitment responsibility. Performance appraisals occur on staff anniversary dates. There is a procedure for disciplinary action with assistance from the organisation should the need arise subsequent to this. There has recently been the development of a casual staff bank to support staff absences and reduce the need for agency use. There are registered nurses on site at all times. Duty lists are available for all positions. Call bell response times are audited regularly and are within acceptable limits. Management records contain completed training and registrations and staff records contain qualifications, signed agreements and position descriptions. Staff sign they have read the staff handbook. Residents and representatives are complimentary of the staff practices, knowledge and skills.

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

There are established systems to ensure there are sufficient stocks of appropriate goods and equipment available for quality service delivery. The organisation supports the maintenance, replacement and supplementation of inventory and equipment through budget allocations, ordering systems and the provision of corporate resources. Management authorise the purchase of capital equipment following trial and evaluation and provide staff training where required. Key staff monitor and order clinical and non-clinical supplies through organisation preferred suppliers. Staff rotate stock where required and goods are stored in clean, tidy and secure storage areas. There are adequate stock levels and back up supplies of more regular items to ensure supply delays have no impact on services. Preventative and reactive maintenance programs ensure equipment is maintained and in good working order. Staff, residents and representatives expressed satisfaction with the quality, quantity and availability of goods and equipment as required.

## **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

Management demonstrate they have effective information management systems which include the recording, reporting, analysis and storage of information pertaining to all components of clinical and non-clinical residential care. Scheduled quality activities and reviews ensure information is current, generally accurate, relevant and readily available to stakeholders where appropriate. Staff have access to policies, procedures, guidelines and resource material with confidential information maintained and stored in secure areas with authorised access only. We observed appropriate archiving, disposal and document destruction systems. Management update staff through communication processes such as emails, memoranda, notice boards, meeting and meeting minutes. Residents and representatives have access to information including newsletter, notice boards, consultation, resident or relative meetings and informal interaction. Staff said they are kept well informed and routinely updated regarding resident clinical and care information. Residents and representatives said they are satisfied with the level of information provided by management and 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 findings**

The home meets this expected outcome

Management demonstrate they source external services to meet residents' requirements and service goals. Organisational management have procedures for establishing contracted services, selection criteria and negotiation. Product suppliers and service contractors sign service agreements which include standards of service, regulatory and license requirements, qualifications and insurance. Scheduled reviews and feedback from stakeholders provide

input and assist with monitoring the performance of individual contractors'. Management work closely with the organisation to evaluate service delivery and central office manages resolution of disputes. We observed a preferred supplier and service contact list accessible to key staff. Staff, residents and representatives said they are satisfied with the services provided by the current external contractors and suppliers at the home.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home has an established continuous improvement system that shows ongoing improvement in resident health and personal care. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement. Staff and management document incidents such as falls, skin tears, behaviours, medication administration or supply issues. Management regularly collate incident and clinical data which is analysed for trends, discussed with appropriate staff and actioned. Staff, residents and representatives are satisfied the home is actively working to improve residents' health and personal care.

Examples of improvement initiatives in relation to Standard 2 Health and personal care include:

- In response to a medication audit management actioned further education and increased monitoring of staff practices. A staff development day included care modules and medication competencies which all registered and enrolled nurses attended. Staff identified as repeatedly not signing medications as given were counselled and agencies were contacted where omissions were identified from nursing agency staff. Key clinical staff monitored staff practices over three months and continue to do so. Monthly audits identified significant improvements with a 60 percent reduction in signature omissions since March 2013. Nursing staff said changes in shift hours and medication rounds has also enabled them to ensure residents take their medications and document this correctly in response.
- Following discussion with the physiotherapists and in providing more effective pain relief, clinical staff re-assessed 71 residents to provide additional relief and pain management strategies. Management contracted a specialised physiotherapist to undertake a weekly group exercise program, provide massage and the use of a transcutaneous electrical nerve stimulation unit (TENS) where appropriate. Clinical staff said the use of 'as required' analgesia has reduced. For six residents, the additional strategies have given more flexibility and/or an increased range in joint movement, reduced cramping and reduced ongoing pain to intermittent pain.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

There is a system to identify and monitor relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care. For a description of the overarching system refer to expected outcome 1.2 Health and personal care.

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

- Appropriately qualified and trained staff plan, supervise and undertake specialised nursing care.
- Procedures for reporting unexplained resident absences.
- Processes to ensure compliance with legislative and policy requirements in relation to medication storage and administration.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

The home gives staff the opportunity to develop knowledge and skills appropriate to the needs of the home. Refer to expected outcome 1.3 Education and staff development for information about the home’s education systems and processes.

Examples of recent education relating to Standard 2 Health and personal care include:

- diabetes management
- pressure area care
- nutrition and hydration
- continence management
- wound management
- safe feeding techniques for dysphagia.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

There are processes to ensure residents receive appropriate clinical care. Staff conduct assessments according to a schedule and determine each resident’s needs and preferences. Assessments, care plans and verbal handovers generally inform staff of individual resident care needs. Appropriately qualified and experienced staff provide care to residents. There is a review process to evaluate residents and staff maintain records of care. Regular medical reviews and increased monitoring occurs when needed. Staff said they have sufficient time to provide the planned care for residents. Residents and representatives are complimentary of the care provided to residents.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

Appropriately qualified staff identify and meet specialised nursing care needs of residents. Referral and consultation with health professionals occur. Policies, procedures guide staff in the provision of specialised care. Management use audits and clinical reports to monitor and analyse specialised care and provide education in areas of complex care specific to the residents’ needs. Residents with specialised care needs include those with diabetes, catheter care, wound management, enteral nutrition and pain management. Staff said they have sufficient time and resources available to provide specialised care. Residents and representatives said they are satisfied with the specialised care residents receive.

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

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

### **Team’s findings**

The home meets this expected outcome

Staff refer residents to specialists as required and as preferred. Medical practitioners visit the home at regular intervals. The physiotherapist assesses residents’ mobility, dexterity and transfer requirements when they enter the home, provide programs and review residents regularly and when requested due to incidents or declining health or condition. When needed, staff refer residents to a pain management physiotherapist for massage and transcutaneous electrical nerve stimulation. The podiatrist visits the home weekly and optometry and audiology review residents regularly. Speech pathology, dietetics, wound specialists, dental services, palliative care and external mental health services review residents when referred by the home. Residents said staff refer them to specialists as needed and assist them in visiting outside specialists as required.

## **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

There are processes to safely and effectively manage residents’ medication. Staff administer medication using a packaged system. There are audits to monitor the system and an external pharmacist reviews residents’ medications. Policies, procedures and documentation usually guide staff in the administration of medication. Processes ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Staff generally document the administration of ‘as necessary’ medication including evaluation of its effectiveness. Staff administering medications said they have a thorough understanding of the medication management system. Residents and representatives said they are satisfied with medication management for residents.



## **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

There are processes to ensure residents are as free as possible from pain. Staff usually conduct a pain assessment when residents enter the home and formulate a care plan to provide strategies to manage pain. Staff generally use documentation including pain charts and assessments to assess and monitor residents' pain. Staff use verbal, non-verbal and behavioural indications of pain, implement strategies and record the strategies used. Strategies include repositioning, massage, medication and heat packs. Staff said they monitor residents' pain and provide interventions as needed. Residents said staff respond appropriately whenever they have pain.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

Staff provide care to residents who are terminally ill and promote their comfort and dignity. Residents' terminal care wishes are discussed when residents enter the home. Staff access medical care for residents as necessary and make referrals to external palliative care services if required. Care plans are adjusted to include symptom management, comfort measures and psychosocial needs for residents. Management generally communicate procedures to staff and usually evaluate the effectiveness of the processes used. Consultation with representatives occurs regarding the care environment and their role in the residents' care. Care for residents includes nursing care and complementary care and staff help support families at this time. Staff said they maintain the comfort and dignity of terminally ill residents.

## **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

Identification of residents' likes, dislikes, allergies, meal size and textures, breakfast, fluid preference and nutritional supplements occur on entry to the home. Information is entered into the computerised assessment and care plan system and a copy is delivered to the kitchen. Referrals to a speech pathologist or dietitian occur when necessary for ongoing reviews. Weight loss is monitored monthly and any weight loss is flagged for investigation and referral to health professionals if required. Kitchen documentation shows updated nutrition and hydration requirements following reviews. Assistive devices such as lipped plates are available to assist in independence. Residents and representatives are invited to assist in the development of the menu and well used feedback books are available in each dining room which kitchen staff check daily and respond to. Residents and representatives said they are happy with the meals offered.

## **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

There are processes to promote residents’ skin integrity consistent with their overall health. Residents have an assessment of skin integrity on entry to the home to identify risks and specific needs and preferences. Care plans outline strategies to prevent skin breakdown including application of emollients, use of protective devices and position changes. Staff assist residents with ambulation and position changes when needed and maintain records of care. Management monitor, trend and report skin tears and wounds to the organisation regional office. Staff said they are familiar with the skin care needs of residents. Residents and representatives are satisfied with the home’s approach to maintaining resident’s skin integrity.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to manage residents’ continence requirements. Continence assessments are a component of the initial assessment and ongoing review processes. Staff develop continence plans taking into account residents’ mobility, dexterity, sleep and cognitive abilities. Care plans usually identify assistance required, continence aids, toileting times and nutrition and hydration requirements. Management audit and monitor infection rates. Staff are provided with education to assist residents discreetly and help maintain residents’ dignity. Staff said they have access to sufficient continence aids for residents’ needs and are aware of residents’ toileting requirements. Residents said their continence needs are met and aids are provided as necessary.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

Staff provide care for residents with challenging behaviours. Staff assess residents’ behaviours on entry to the home and additional monitoring and review is undertaken as required. Care plans generally outline behaviours and interventions for staff to use. Staff access medical practitioners, gerontologists and advisory services for residents who require additional review and management of challenging behaviours. Staff have access to education and resources and provide assistance to residents in a calm, respectful manner and said they are supported in managing residents’ behaviours. Residents and representatives said they are satisfied that behavioural issues are managed effectively within the home.

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

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

### **Team's findings**

The home meets this expected outcome

Staff provide care that promotes residents' mobility and dexterity. The physiotherapist and staff assess residents' mobility capacity and falls risk and devise individual exercises to promote optimum mobility and dexterity. Staff follow policies and procedures when incidents occur where residents have fallen. Residents are provided with mobility aids appropriate to their needs which allow them to maintain safe mobility. Staff assist residents during meal times and provide dexterity aids such as adaptive cutlery and crockery. Appropriate mechanical transfer equipment is available and staff said they have manual handling training which includes safe transfer techniques. Residents said their mobility and dexterity is encouraged.

## **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

Residents' oral and dental health is maintained and assessments for oral and dental needs and preferences are conducted on entry to the home. Care plans are developed and reviewed regularly. Care plans include details about daily care of teeth, mouth and dentures as appropriate. Residents are able to identify their preferred provider of dental care and are assisted to attend the practitioner of their choice and there are visiting services available for those residents unable to attend external appointments. Residents with swallowing difficulties are assessed by the speech pathologist and specific strategies are formulated which include texture modified diets and staff assistance with meals. Residents said staff assist them to maintain their preferred oral and dental care regimes.

## **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

After entry to the home staff assess residents' sensory needs to identify a decline or loss, to coordinate management strategies and to identify the need for referrals to specialist service providers if required. Following the development of a care plan, regular evaluation of the effectiveness of strategies and interventions occurs with changes made to the care plan as required. A health specialist company visits on an annual basis to conduct more formal assessments for those who require it. The activities program provides for the needs of residents with sensory deficits and residents spoke of enjoying the company of other residents, their family and staff.

## **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

A sleep assessment occurs for each resident when they arrive at the home which includes the resident’s preferred settling and rising routines and other rituals. Observation flow charts occur to identify naps taken and any sleep disturbances. The formulation of an individualised care plan provide specific strategies and interventions to encourage a natural sleep. Staff evaluate the effectiveness of these measures each two months during a resident of the day program and poor sleep records trigger further investigations and changes made to the care plan as required. Residents have their own bedrooms and calming routines are encouraged to enhance the feeling of relaxation toward evening to achieve normal circadian rhythms. Residents and representatives said staff are helpful in assisting the residents to achieve natural sleep patterns.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home actively pursues improvements in the area of Standard 3 Resident lifestyle. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement. Documentation shows staff consult residents about their lifestyle and encourage their feedback and suggestions. Staff, residents and representatives are satisfied the home is actively working to improve resident lifestyle.

Examples of improvement initiatives in relation to Standard 3 Resident lifestyle includes:

- A discussion between management and lifestyle staff resulted in the special event ‘St Valentines’ day for residents and/or representatives couples. Following input at meeting discussions the home advertised the event through newsletters, notices and discussions. Volunteers from the organisation ‘connections program’ and staff assisted in decorations, playing cupid, taking photographs and provided residents with a special afternoon tea which included champagne. Up to six couples participated with resident and visitors enjoying the fun and atmosphere. Management said as a result of the positive feedback and the community interaction with residents, they plan to run similar special days throughout the year. Residents said they enjoyed the St Valentine’s Day and spoke enthusiastically of past and upcoming events planned.
- As a result of a volunteer’s suggestion and initiative, an Italian cultural group was formed in response to the number of Italian residents at the home. Management contacted the relevant residents and their families for input and suggestions into the program. An Italian speaking volunteer now assists the ‘Italia Viva’ group with activities, twice a week. This includes playing music, the piano accordion and singing traditional Italian folk songs. Community visits from the nearby Italian club occur with an Italian choir organised at Christmas in singing carols at the home. Religious and saints day are celebrated as special theme days. Informal feedback from residents and representatives highlighted the enjoyment of residents’ participating in past activities once enjoyed. Staff said a resident who previously never participated in activities and who now engaging passively when the group sing folk songs.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- The home maintains a reporting register and staff are aware of their obligations in regard to elder abuse.
- There are processes to ensure privacy of residents' personal information.
- A resident agreement is provided to residents and representatives specifying residents' rights and responsibilities, care and services to be provided, fees and charges, complaints mechanisms and security of tenure.

### **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

The home gives staff the opportunity to develop knowledge and skills appropriate to the needs of the home. Refer to expected outcome 1.3 Education and staff development for information about the home's education systems and processes.

Examples of recent education relating to Resident lifestyle include:

- privacy and dignity
- elder abuse
- training in the delivery of new activity programs.

### **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

Residents' receive support in adjusting to life in the new environment and on an ongoing basis. Before or on entry all residents and their representatives are orientated to the facility and introduced to staff and other residents to facilitate adjustment. Staff complete assessments and care plans which include information relating to residents' emotional needs and care plans are regularly reviewed. Referrals to medical officers and relevant health specialists occur if concerns about residents' emotional health arise. Pastoral care visits regularly for several residents with areas of solace available such as the quiet areas or the chapel. Staff give additional support to residents who are grieving or have difficulty adjusting to the home and assist residents in maintaining and building friendships both within and outside the home. Staff said and documentation showed the lifestyle program allows for individual time with residents if needed. Residents and representatives said residents were satisfied with the support for residents' emotional needs in the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

Staff provide assistance for residents to maintain their independence and to participate in the community. Achievement of this is through the lifestyle program, health assessments, mobility assistance and dietary planning. Residents and families are involved in care plan reviews on an annual basis or when required. The home provides information on voting, mailing, making phone calls, and community services available locally. The visitors' sign in book confirms large numbers of incoming and outgoing visitors. A significant number of residents have taken the opportunity to have their own phone in their room. Residents and representatives confirm staff support residents to maintain 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 and staff recognise and respect each resident's privacy, dignity and confidentiality. Staff sign privacy statements and attend privacy and dignity education at orientation with concepts highlighted within other education topics and discussions. Residents are provided with information on privacy matters and sign authorisation for the display of their photographs and other privacy matters. All residents have single rooms with a lockable drawer for personal information and items. The home has quiet sitting areas available for residents to meet privately with visitors. We observed staff knocking on doors prior to entering rooms, calling residents by their preferred names, closing doors when assisting residents with care needs and interacting with residents in a caring and respectful manner. Management and staff store confidential information appropriately with handover conducted in a confidential manner. Residents said they are treated with respect and dignity and are satisfied with the level of privacy provided by staff.

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

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

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

The home meets this expected outcome

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

with a copy provided to each resident. Management and key staff regularly evaluate the program in consideration to resident comments and attendance, meeting discussions and satisfaction surveys. Residents and representatives said residents are encouraged and supported to participate in activities and generally satisfied with activities provided.

### **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

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

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

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

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

The home meets this expected outcome

All residents have the opportunity to contribute to the decision making process relating to the care and services they receive. Residents meetings and representatives meetings occur at various times to encourage attendance and minutes recorded. Alternately, the service manager spends time talking to residents and representatives and has an open door policy. Information relating to internal and external complaints mechanisms is in the resident admission pack, and advocacy services and interpreter services are available. Residents can choose their own doctor, final wishes, medical and enduring power of attorney and whether to refuse medical treatment. Residents have input into the seasonally changing menu. All residents and representatives interviewed agreed the choices and decisions of other residents do not infringe on their rights and choices and said they felt well informed by 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

There is a system to ensure residents have secure tenure within the home and understand their rights and responsibilities. Residents and representatives receive an information pack



when they enter the home. Staff ensure residents have a thorough understanding of residential care and provide an orientation on the home. The handbook and information pack includes details of care and services provided, fees and charges, privacy and confidentiality and the complaint and advocacy mechanisms. Management offer a residential agreement to each resident that specifies tenure information. We observed the 'Charter of residents' rights and responsibilities' prominently displayed, resident information stored securely and advocacy and complaint information accessible. Management inform residents and representatives of any changes to fees and other arrangements through processes such as resident meetings, newsletters and personal letters. Staff said they are aware of the rights of residents which are highlighted during orientation. Residents and representative said they know about their rights and responsibilities and feel secure in their tenure at the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home pursues continuous improvement related to the physical environment and safe systems, with the overall system described in expected outcome 1.1 Continuous improvement. Management undertake regular workplace inspections and environmental audits. Together with staff training, equipment, resource information and safety representatives, these strategies promote and ensure safe work practices and a safe and secure environment for all. Staff outlined procedures for hazard and incident reporting and state they are actioned promptly with results fed back to staff. Residents confirm they are satisfied with the comfort and safety of the home.

Examples of improvement initiatives in relation to Standard 4 Physical environment and safe systems include:

- Management observations of resident dining areas resulted in the introduction of dressed tables with linen tablecloths and a small floral centre piece. Discussion occurred on preferred fabrics and colours with safety risks discussed regarding tablecloths in the memory support unit. Multiple trials occurred in the particular unit with brightly coloured placements finally preferred with a clear tablecloth over the top. Management said the red placements are based on research in stimulating appetite. Staff confirmed residents are attracted to the tables and stay seated with residents eating and not wandering off as before. Following an observation, staff identified finger food as the preferred eating method for one resident who showed an interest in the table setting, which they now provide. Management said the resident’s family is very happy about the improvement for their resident. Residents and representatives said they very happy with the table presentation and complimentary of the dining experience.
- In response to various comments and complaints regarding meals, management distributed a food survey to residents and representatives. Management discussed survey results at the resident and relative meetings and with the contracted food service manager. This resulted in a new menu introduced in line with resident feedback and the dietitian with additional salad choices offered. The menu trial occurred over several months with adjustments made. Additional taste testing occurred with the Italian residents to improve the flavour of meals resulting in the menu incorporating two Italian meals weekly. Documentation viewed shows increased resident and representative satisfaction with the quality, variety and taste of meals. Management said they continue to monitor food services and resident satisfaction.

## 4.2 Regulatory compliance

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

### Team's findings

The home meets this expected outcome

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

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

- There is a food safety plan and appropriate auditing of kitchen systems.
- Qualified contractors regularly check and maintain essential services.
- There is a process to actively promote and manage workplace health and safety.
- The home has outbreak and reporting 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 findings

The home meets this expected outcome

The home gives staff the opportunity to develop knowledge and skills appropriate to the needs of the home. Refer to expected outcome 1.3 Education and staff development for information about the home's education systems and processes.

Examples of recent education relating to Standard 4 Physical environment and safe systems include:

- fire and emergencies
- infection control
- chemical 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

There are systems to demonstrate management are actively working to provide a safe and comfortable environment. Accommodation is provided in single rooms with en suite bathrooms and residents are encouraged to personalise their own rooms. The home has well rooms and living areas including corridors, courtyard areas and appropriate signage. Keypad and card swipe systems ensure security. Furnishings and equipment are consistent with

residents' care and safety needs. Management monitor the safety and satisfaction with the environment through surveys, audits and a preventative and corrective maintenance program. Appropriate policies and procedures guide staff practices and meet regulatory requirements. Residents and representatives are complimentary of 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

Management support and provide a safe working environment meeting regulatory requirements through their systems and processes. There are policies and procedures, staff education, and incident reports supporting a safe workplace. The home's program including hazard identification, incident analysis, workplace audits and maintenance schedules ensures the environment/equipment is safe. The home has safe and secure chemical storage, appropriate safety signs and personal protective equipment in use. Documentation shows management discuss safety at meetings and takes actions through the improvement system to correct hazards. Staff said they can approach management with issues relating to occupational health and safety.

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

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

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

The home meets this expected outcome

Management ensure legislative requirements regarding essential services are met by using an external contractor to maintain and perform system checks on the home's fire safety system. The home maintains clearly marked and unobstructed fire exits. There is a preventive maintenance program which includes the testing and tagging of all electrical equipment, the checking of mobility aids and the maintenance of plant and equipment. Key pad locks and staff card swipe systems control external doors for resident security, these doors automatically release in the event of an emergency. Staff are able to detail their actions in the event of an emergency evacuation and residents and representatives are satisfied with fire and security measures at the home.

#### **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

Collation of infections occurs and is discussed at the monthly team leader meetings to analyse and identify any trends with actions implemented as required. All staff are educated in infection control during their orientation and on an ongoing basis. Infection prevention strategies are in place and include a food safety program, anti-bacterial gel, pest control measures, vaccination programs for residents and staff, protective equipment, safe sharps and contaminated waste disposal. There are well stocked supplies for use in the implementation of standard and additional precautions as well as policies in place in the

event of an outbreak. Management has access to a local hospital advisory group for infection control in addition to assistance from organisational level. There are regular audits and competencies conducted in staff practices and staff are able to demonstrate their knowledge of outbreaks, containment of sharps and contaminated waste and blood spills.

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

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

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

The home meets this expected outcome

The organisation invests in hospitality services that enhance the standard of living for its residents. There is a commercial size kitchen and laundry on site. External contractors provide catering services. The external kitchen audits are current and recommendations actioned. Kitchen staff encourage residents to record comments and feedback in communication books at each dining room and both residents and staff report these comments are acted upon. A current food safety program is in place and there are consistent monitoring of temperatures. The dietitian has input into the seasonally changing menu and there are quality standards for presentation and special diets. Effective strategies are in place to inform the kitchen of dietary changes. The cleaning program is monitored by team leaders and includes daily, weekly and monthly scheduled cleaning of residents' rooms, living environment and staff work areas. Cleaning staff said their work loads are achievable and were able to demonstrate knowledge in additional precautions. The laundry has duty lists for each shift and a laundry manual to guide staff in laundering residents clothing with flat linen laundered off site. Labelling is the responsibility of the resident and any unidentifiable clothing noted in the newsletter. Residents were satisfied with the hospitality services offered at the home.