



Aged Care
Standards and Accreditation Agency Ltd

Mercy Place-Wyndham

RACS ID 4342

Cnr Greaves and Deutgam Streets

WERRIBEE VIC 3030

Approved provider: Mercy Health & Aged Care Inc

Following an audit we decided that this home met 42 of the 44 expected outcomes of the Accreditation Standards and would be accredited for two years until 30 October 2015.

We made our decision on 25 September 2013.

The audit was conducted on 20 August 2013 to 21 August 2013. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Actions Following Decision

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 26 November 2013 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest 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	
Expected outcome	Accreditation Agency's latest decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Mercy Place-Wyndham 4342

Approved provider: Mercy Health & Aged Care Inc

Introduction

This is the report of a re-accreditation audit from 20 August 2013 to 21 August 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:

- 42 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 2.7 Medication management
- 2.8 Pain management

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 20 August 2013 to 21 August 2013.

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

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

Assessment team

Team leader:	Tamela Dray
Team members:	Dawn de Lorenzo
	Helen Fitzpatrick

Approved provider details

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

Name of home:	Mercy Place-Wyndham
RACS ID:	4342

Total number of allocated places:	110
Number of residents during audit:	98
Number of high care residents during audit:	94
Special needs catered for:	12 bed dementia specific unit.
Email address for submission of audit assessment information:	krollinson@mercy.com.au

Street/PO Box:	Cnr Greaves and Deutgam Streets	State:	VIC
City/Town:	WERRIBEE	Postcode:	3030
Phone number:	03 8734 6500	Facsimile:	03 8742 6728
E-mail address:	krollinson@mercy.com.au		

Audit trail

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

Interviews

	Number		Number
Management	2	Residents/representatives	16
Corporate Management	5	Lifestyle and pastoral staff	3
Nursing staff	5	Administration and maintenance staff	2
Care staff	6	Occupational health and safety representative	1
Catering, cleaning and laundry staff	8		

Sampled documents

	Number		Number
Residents' files	17	Medication charts	12
External supplier contracts	7	Personnel files	10
Leisure and lifestyle care plans	9	Resident agreements	9

Other documents reviewed

The team also reviewed:

- Activity attendance records and evaluations
- Audits
- Call bell report
- Cleaning and laundry manuals and schedules
- Clinical documents including wound charts, medical directives and referrals
- Complaints folder
- Compulsory reporting register
- Consent forms
- Continuous improvement plan
- Contractor sign in log
- Education program, attendance records and evaluations
- Emergency policies and procedures
- Essential services documentation
- Food safety plan, registration and external audit report
- Handover sheets
- Incident reports
- Material safety data sheets

- Medication competency assessments
- Meeting terms of reference, agendas and minutes
- Memoranda and newsletters
- Nursing registrations documentation
- Occupational health and safety documentation
- Pest control records
- Police certificates and statutory declaration registers
- Policies and procedures
- Position descriptions
- Preventative maintenance schedule and documentation
- Reactive maintenance online system with documentation
- Regulatory compliance folder
- Resident equipment maintenance documentation
- Residents' information handbook and surveys
- Risk assessments, management documentation and risk review register
- Rosters
- Self- assessment
- Staff handbook.
- Staff incident reporting documentation and analysis
- Staff orientation package and handbook.

Observations

The team observed the following:

- Accreditation assessment signage
- Activities in progress
- Archives and confidential files destruction processes
- Charter of residents' rights and responsibilities displayed
- Cleaners' storerooms and trolleys
- Cleaning in progress
- Clinical supplies
- Complaints and compliments with opportunity for improvement forms with boxes
- Equipment and supply storage areas including chemical storage
- External complaints information in English and languages other than English
- Fire fighting equipment, fire panel, alarms, evacuation maps, evacuation packs, fire safety signage and resident lists
- Flow charts for compulsory reporting and management of residents with unexplained absences
- Guiding values statement displayed

- Hand hygiene facilities, outbreak kits and personal protective equipment
- Hard copy file storage
- Interactions between staff, residents and representatives
- Internal and external living environment
- Intranet
- Key pad security and secure exit doors
- Kitchen, cleaning and laundry processes
- Meal services
- Medication administration and storage
- Mobility aids and transfer equipment in use
- Noticeboards
- Nurses' stations
- Sharps and infectious waste disposal
- Staff room.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement and monitors performance against the Accreditation Standards. The home uses a framework with various mechanisms such as feedback from stakeholders, audits, infection control information and incident reports to identify areas for improvement. Residents, their representatives and staff contribute to the continuous improvement system through verbal and written feedback including attending meetings, completing forms, electronic mail and through the home's open door policy. In addition, residents and their representatives complete regular surveys. Management introduces changes in a careful manner and monitors their impact through evaluation. The home uses processes such as internal and external audits to review its performance. Management provides feedback to residents, their representatives, staff and other stakeholders through a variety of means including verbally and through documentation such as letters, electronic mail and newsletters.

Examples of improvement initiatives implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified the suggestion box required improvement. The previous one was easily moved and clear resulting in forms sometimes being placed under the manager's door and possibly getting lost. Management purchased two metal boxes for two different areas of the home and organised for them to be permanently mounted. Management said they noted increased usage of the forms and there has been positive feedback from staff regarding the improved ease of submitting forms.
- Management identified the need to improve the dietary preference tool. This form was paper based and the home uses computer based documents. Following education to staff, management introduced the new tool to the home's electronic care system. Management said there has been positive feedback from staff.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation's management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. The home's central management subscribes to various legislative

services to ensure they receive notification of changes in legislation and information from various government agencies and industry bodies with access to legal counsel to provide advice. The central organisation then disseminates relevant information to local management who notifies staff and others of any regulatory changes through such avenues as meetings. The organisation's management develop or modify policies and procedures and education processes to ensure alignment with any changes and participates in legal compliance audits. Management notifies residents and their representatives of accreditation audits through meetings and signage. The home has processes to ensure all relevant staff comply with police certificate and overseas statutory declaration requirements. Management monitors the professional registrations of staff.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

Management develops the education program to ensure staff are provided with a range of learning opportunities appropriate to their role. The recruitment and orientation process includes identification of skills and education in key areas to ensure appropriate skills and knowledge upon commencement of employment. The annual education calendar includes specific compulsory education with additional items included in response to staff feedback and evaluation of education sessions. Management systems include a new computerised process to identify individual staff education needs and monitoring of required attendance levels. The home offers education such as recorded sessions from an external provider, in house sessions, guest speakers, fact sheets, competencies and knowledge tests. Evaluation of education occurs through feedback forms, and monitoring staff practice. Staff generally said they have opportunities to attend education and management supports their learning and development needs.

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

- continuous improvement
- intranet and use
- documentation for hospitality staff
- online education and use
- analysis and use of key performance indicators.

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

Each resident and other interested parties have access to internal and external complaints mechanisms. Management informs residents, their representatives and others about internal and external complaints through brochures, posters, information handbooks and meetings. The home has forms available for the use of residents and others to lodge comments, suggestions and complaints with boxes for these forms to ensure confidentiality.

Management also encourages stakeholders to verbalise complaints either directly to them,

through electronic mail or letters or in meetings. The home logs comments and complaints into various registers as required to assist in the continuous improvement process and conducts regular resident surveys. Management said they investigate any suggestions promptly and provide feedback to residents, their representatives, staff or others as appropriate through meetings, consultations, letters or electronic mail. Residents, their representatives and staff said they are aware of how to make a complaint and are happy to do so if required.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

Management has documented its guiding values of compassion, hospitality, respect, innovation, stewardship and teamwork. We noted this statement prominently displayed in the home and in resident and staff handbooks. The home's mission and vision statements were also documented in the resident and staff handbooks.

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 organisation has a system to ensure sufficient appropriately skilled and qualified staff deliver services in accordance with these Standards and the residential care service's philosophy and objectives. Management recruit staff primarily through online advertisement. The recruitment process includes interviews, reference and qualification checks with continued monitoring of qualifications once employed. There is a system to ensure staff complete overseas statutory declarations and possess current police certificates. The home's orientation process includes education and supernumerary shifts with documented position descriptions. Management monitor and maintain the skills of staff through education, competency assessments, observation of practice and regular performance reviews. Management ensure roster coverage through the use of casual, part time or agency staff to fill any vacancies. Staff said they were satisfied with the number of staff and adequacy of skills. Residents and their representatives said they were generally satisfied with the adequacy of resident care and the responsiveness of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system to ensure stocks of appropriate goods and equipment for quality service delivery are available. The home's central management has a register of approved suppliers through their procurement service. Management ensure staff receive education on any new equipment purchased for the home. The home has a preventative maintenance

program for equipment with specific staff designated to order any required goods and to clean equipment. The home has sufficient storage for goods and equipment including suitable locked storage areas. Residents, their representatives and staff said they were satisfied with the goods and equipment in the home.

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 and staff have access to information appropriate to their role. Information provided to the residents and their representatives on entry to the home includes an information booklet and resident's agreement. Newsletters, care consultations, meetings and informal discussions provide ongoing information. Policies and procedures, education, meetings, handover, communication books, daily diaries and position descriptions inform staff. Key data is routinely collected, analysed and is available for relevant staff to review. Confidential records and information are securely stored and access to electronic records is password protected. Daily off-site back up occurs for all computerised information and there are archiving processes in place. We observed noticeboards, memoranda, display boards and meeting minutes available to staff, residents and representatives. Staff, residents and representatives confirmed they feel well informed about and included in decisions concerning the home and themselves.

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

There is a system to provide externally sourced services to meet the home's needs and service quality goals. Management has a current register of contracted providers and reviews the contracts as required ensuring the provision of optimum service. There is a system to ensure contractors have an overseas statutory declaration and a current police certificate. Contractors also complete documentation to ensure familiarity with the home's processes. Residents, their representatives and staff said they are satisfied with the services provided by contractors in 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

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

Examples of improvement initiatives implemented by the home in relation to Standard 2 Health and personal care include:

- Staff identified the need to improve the home's wound management products system. Management engaged an external consultant to improve the home's wound management guidelines. The home also organised for a review of wound care products and provided education for staff on both wound management and products. Management said they implemented the new system and have received positive feedback from staff regarding increased knowledge resulting in improved wound care for residents.
- Through audits and staff feedback, management identified the need to decrease resident risk of falling from bed. The home trialled a new sensor mat which detects any major change in weight distribution rather than the previous mat which detected the resident being out of bed. This new mat provided the opportunity for staff to come to the aid of residents in a timelier manner. Management said there has been positive feedback from staff and resident falls from bed have decreased.
- Management identified the need to improve palliative care documentation and reviewed this. The home introduced new palliative care documentation and provided instructions for staff. Management said there has been positive feedback from staff who state the new documentation will result in improved palliative care for residents.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system and processes. Registered nurses oversee specific care planning activities and care tasks. Management demonstrates the organisation follows legislation in relation to medication management. The home has procedures to ensure compliance with legislation in the event of a resident's unexplained absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Staff confirmed management provides education opportunities to support their knowledge and skills to perform their roles in relation to residents’ health and personal care.

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

- diabetic management
- medication management
- dementia management
- behaviour management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management and staff ensure residents receive appropriate clinical care. Residents’ clinical care assessments occur upon entry to the home and development of plans of care occurs around these assessed needs. Consultation occurs between clinical care staff and residents/representatives about the care needs of residents. The general practitioners and visiting allied health professionals contribute to an overall holistic approach to care. Review of resident care occurs regularly through the resident of the day program and as changes in health status require. Documentation ensures the monitoring of clinical care through charts, assessments, care plans and progress notes. Registered nurses provide and supervise clinical care to residents according to their assessed needs and preferences. Residents and representatives confirm their satisfaction with clinical care provision. Staff confirm they are aware of residents’ needs and state appropriately qualified staff provide care.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Registered nurses assess, plan, manage and review specialised nursing care needs. Specialised nursing care occurs in a number of areas including diabetic care, wound management, catheter care and stoma care. Specialised nursing care needs occur with consultation from specialised nurses from local outreach services if required. Monitoring of specialised nursing care needs is through care plan reviews, the formal audit schedule and feedback from residents and representatives. Residents and representatives are satisfied with specialised nursing care

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 ensure the referral of residents to specialists and other health services as required and as preferred. Medical practitioners visit the home at regular intervals and residents can choose to retain their own doctor if they desire. The physiotherapist assesses residents when they enter the home, provides an exercise program and reviews residents on a three monthly basis, following a fall or if their health status changes. A podiatrist and dietitian visit regularly and referral to the speech pathologist occur as needed. A dental technician is available and audiometry services are also accessed inside the home. Residents confirm they are referred to specialists and are assisted 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 does not meet this expected outcome

Management cannot demonstrate consistently safe and correct management of residents’ medication. There are systems to monitor the safety of the medication system but it is not always effective in rectifying identified issues. Medication is not always given as prescribed. Staff practice is not always in accordance with the homes policies and procedures. Not all residents are satisfied with the management of their medication needs.

2.8 Pain management

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

Team’s findings

The home does not meet this expected outcome

Management could not demonstrate all residents are as free from pain as possible. Prescribed pain relief strategies are not always implemented. Staff do not always evaluate pain management strategies. Some residents said their pain was not managed as effectively as they would like.

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 access medical care for residents as necessary during the palliative care phase and seek outreach support from local hospitals and services as needed. Additional nursing care, spiritual and complementary care is available to residents and support is accessible to families at this time. Palliative care needs are available in conjunction with the residents’ and families’ own wishes and staff offers them the opportunity to establish their advanced care desires upon entry to the home. Families are supported to stay by their loved one’s side for extended hours or overnight during the final phase of a resident’s life. The pastoral care and

lifestyle staff ensure a holistic approach to managing palliative care. Review of documentation indicates palliative care delivery occurs through appropriately qualified staff in consultation with the resident's medical practitioner and family.

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

Staff generally ensures the adequate management of residents' nutrition and hydration needs. On entry to the home staff assess the residents' nutrition and hydration needs and care plans and catering information ensure the delivery of these needs. When assessing nutrition and hydration needs, staff consider allergies, preferences, clinical, religious and cultural needs. Consultation with the dietitian ensures the optimal management of these needs. Weighing of residents occurs regularly in line with their particular weight management plan and losses and gains managed by individual weight management programs which may include the use of supplementation. Staff are generally aware of residents' requirements for texture-modified diets and residents say they are happy with the food provided.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Staff assess and care for residents in a way that promotes optimal skin integrity. Skin integrity assessments occur on entry to the home, with care plan reviews and as health needs change. Barrier cream is applied and pressure area care ensures promotion of good skin integrity. Supply of furniture devised for optimal pressure area care, including mattresses and cushions, occurs. Assistance for residents to maintain their skin in a healthy state occurs and the podiatrist and hairdresser help them maintain their nails and hair. Monitoring of skin tears and wounds occurs and charts document this care. The home has policies and procedures for wound assessment and management and specialised consultation is available. Residents are satisfied with the home's approach to maintaining their 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

The home has processes to ensure residents' continence needs are managed effectively and with dignity. Staff assess residents' continence needs on entry to the home and as their needs change. Assessments take into consideration the staff assistance levels required by the resident and any continence aids needed. The home's approach to continence management encourages promotion of resident independence and dignity. Staff state they have access to sufficient continence aids for residents' needs. The home has a dedicated nurse responsible for the continence portfolio to help manage residents' continence

requirements and provide education and advice. Residents generally confirm their continence needs are met and that independence is promoted where safely possible.

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 ensure the effective management of residents’ challenging behaviours. The resident population includes some residents with dementia related illness, cognitive decline and psychiatric illness. Staff state they receive adequate education to assist them manage residents with challenging behaviours and keep disturbances to other residents to a minimum. The home has a secure dementia wing containing twelve residents and lifestyle staff runs programs specifically for residents in this wing to help with behaviour management. Residents report the management of challenging behaviours is good and the behaviour of other residents generally does not disturb their sleep or impact on their own wellbeing.

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. Assessment of each resident’s mobility and dexterity needs occurs upon entry to the home and the provision of mobility aids is available if needed. Physiotherapy services are utilised to assess all residents’ mobility and dexterity and reviews occur regularly. Assistive devices such as those for eating are available and their use promoted. Observations by the team and confirmation by staff indicate adequate mobility and dexterity aids to cater for residents’ needs. The physiotherapist assesses and reviews the safety and appropriateness of mobility aids for each one used. Residents report that staff support their mobility and dexterity if needed and help them to maintain their independence in this area with the assistance of aids if required.

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

Staff assistance ensures the maintenance of optimal oral and dental health for residents. Assessments for oral and dental needs and preferences occur on entry and development of plans of care occur around these assessed needs. Staff consider the assistance required for daily care of teeth, mouth and dentures as appropriate. Referral to attend dentists and dental technicians occurs as required and staff assistance to attend outside appointments is available for residents if needed. Staff assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. During the palliative phase, the home ensures the provision of extra oral and dental assistance. Formulation of specific management strategies for residents with swallowing difficulties occurs and may include the provision of texture modified diets and staff assistance with meals. All residents have their

toothbrush changed seasonally. Residents confirm staff provide assistance with their swallowing, oral and dental hygiene.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Staff ensure the effective assessment and management of residents’ sensory losses across all five senses. Assessment for sensory deficits occur upon entry to the home and as changes in care needs require. Staff access specialist providers for such things as hearing and vision assessments. Staff assist residents with their sensory aids including hearing aids and glasses. The home is uncluttered, has good lighting, adequate handrails, large print books and accessible signage. Staff are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices. Residents’ state staff assist with their sensory loss needs.

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

Staff ensure residents’ sleep management occurs in a natural and non-invasive way. Staff assess normal sleep and wake patterns for the individual residents on entry to the home and supports these as much as practically possible through the care planning process. The home use a variety of methods to promote sleep and consults with medical practitioners if medication is required. Review of documentation confirms staff respect residents’ wishes regarding sleep. Residents state the home is quiet at night, staff respect their preferred wake and sleep times where practical and they generally sleep well.

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

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

Examples of improvement initiatives implemented by the home in relation to Standard 3 Resident lifestyle include:

- Staff suggested the home purchase an electronic tablet for residents. Following a survey of residents indicating interest in this technology, management purchased an electronic tablet. The home also provided training for staff and residents as required. Management said there has been positive feedback from residents and staff.
- Staff suggested the purchase of a bread maker machine for the memory care unit may stimulate memories and appetites of residents. Management purchased the machine and residents assist staff in making the bread. Staff said the aroma of the freshly baked bread stimulates residents’ sense of smell, memories and promotes conversation. Management also said the residents’ enjoyment of this experience has extended to a resident bread making and friendship group.
- Staff identified the need for a pet for the memory care unit. Management obtained a cat and said there has been positive feedback from residents and staff. Management also said residents previously unwilling to communicate to staff will now talk about the cat.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes. Management give residents and their representatives information on resident rights and responsibilities, services provided and the complaints scheme prior to entry to the home. The home’s policies and procedures comply with privacy legislation to ensure the security and privacy of confidential information. The home’s management maintains a compulsory reporting register and there are policies and procedures regarding compulsory reporting.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Staff confirmed management provides education opportunities support their knowledge and skills in relation to residents' lifestyle.

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

- dementia care
- elder abuse and reportable incidents
- lifestyle choices for residents living with dementia.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Management and staff provide support for residents to adjust to their new environment when moving into the home and on an ongoing basis. On entry to the home, assessments and a social profile capture the resident's emotional status and needs. Lifestyle and care plans are developed in consultation with residents and/or representatives. Residents' emotional needs are monitored through daily observation and reporting by care and lifestyle staff. Evaluations and review of plans occurs regularly or as needed. Referrals to mental health services and social workers are available if required. Residents and representatives said the home supported and met the residents' individual needs and preferences in an appropriate and compassionate manner.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff support residents to achieve and maintain their independence. Assessment and care planning processes identify and plan for maintaining the residents' individual level of physical, social, cognitive and emotional independence. Care plans include strategies to maximise independence, which are appropriate for each resident's individual needs and preferences. Staff support residents to maintain friendships within the home and visitors are encouraged and made welcome. We observed residents using mobility aids and where appropriate, moving independently around the home. Interviews and satisfaction survey results confirmed residents and representatives were satisfied staff supported and respected residents' 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 demonstrated a commitment to ensuring residents' right to privacy, confidentiality and dignity. Residents and/or their representative sign consent forms in relation to sharing personal information and the use of photographs. Access to residents' files and other confidential information is restricted to authorised staff and computers are password protected. Interviews with staff and observations of staff practice confirmed staff respect and support residents' privacy and dignity. Residents and representatives said staff are polite and conscious of the residents' privacy and dignity needs. Representatives said residents generally appeared appropriately groomed and their dignity supported and maintained.

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

There are processes to identify, plan and respond to residents' preferred leisure and lifestyle interests. Residents and/or their representative provide information about the resident's social history, religious and cultural needs, leisure preferences and independence level when the resident enters the home. This information is utilised to develop lifestyle care plans. Separate activity programs based on the collective residents' needs and interests developed for the general area the memory support unit occur five days per week, and a modified program occurs on the weekends. Review and evaluation of the programs occur, and changes made according to residents' feedback and participation levels. Lifestyle and leisure staff and care staff provide group activities such as newspaper reading, discussions, movies and bus outings. Lifestyle and leisure and care staff also provide one to one contact for residents who prefer not to participate in group activities. Interviews with residents and representatives confirmed they are generally satisfied with the quantity and variety of leisure activities 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 findings

The home meets this expected outcome

Pastoral carers consult with the resident and/or their representatives on the resident's entry to the home to establish the resident's cultural and spiritual needs. The pastoral carers offer in-house worship, devotions and communion. Clergy from various denominations visit regularly for those residents who wish to follow their own faith. The pastoral carers demonstrated that they have developed strong networks with other community churches and volunteers can be arranged to assist residents attend churches in the community. Cultural care resources are available to staff and the activity and pastoral care programs provide cultural diversity celebrations. Resident said that staff respected and supported their spiritual and cultural needs at all times.

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

Management and staff demonstrate they are committed to recognising and respecting resident choices and their decisions. The resident agreement and information handbook include information about residents' rights and management explains these at the time of entry. Consultation about residents' individual preferences takes place on entry to the home and reviewed regularly. An authorised representative provides decision making support to residents presenting with reduced decision-making capacity. There are systems to support residents to provide feedback either as a group or on an individual basis. Interviews with staff verified staff endeavour to empower and support residents to make their own decisions and choices. Residents and their representatives confirm residents have input into the care and services residents receive including personal care, meals and level of participation in activities.

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

The organisation ensures new residents and their representatives understand the resident's security of tenure, rights and responsibilities, financial obligations and services to be offered. A detailed information handbook and formal agreement include policies on termination of occupancy and strategies to deal with harassment and victimisation. Management said consultation occurs in the event of the need to move a resident to another room or to a more suitable home. We observed the Charter of residents' rights and responsibilities displayed in the home. Residents and their representatives said they feel secure in the residents' tenancy and understand residents' rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

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

- Through an audit and resident feedback, management identified the need to improve menus and the dining experience. Management reviewed and organised for improved menus. Management also reviewed the dining rooms and organised for new placement of tables, new tablecloths and flower arrangements on each table. Although not fully evaluated, management said there has been positive feedback from residents, their representatives and staff regarding the improved dining rooms. Residents interviewed said they are satisfied with improved meals in the home.
- Residents and staff suggested the laundry system required improvement. Residents’ clothing is laundered on site with flat linen sent off site for processing. However residents’ clothing could be lost due to the inadvertent placement of their clothing in the incorrect skips. Management introduced a new colour coded linen skip system for resident clothing with white skips for linen sent off site. Management said there has been positive feedback from residents and staff.
- Staff suggested the continent pad trolley was large and difficult to manoeuvre. Management purchased four easy to use trolleys similar to clothing trolleys with hangers and garment-like bags for the storage of each resident’s continence products. Although not fully evaluated management said there has been positive feedback from staff who find the new trolleys easy to use and manoeuvre.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes. The home ensures independent auditing of compliance with food safety regulations. There are infection control guidelines in the event of an outbreak. Management has processes to provide a safe working environment to meet regulatory requirements. The organisation demonstrates compliance with fire safety regulations.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Staff confirmed management provides education opportunities to support their knowledge and skills to perform their roles effectively in relation to physical environment and safe systems.

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

- food safety.
- emergency procedures
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management at the home is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents have individual or shared rooms with private or shared bathrooms with individually controlled heating and cooling. There is safe access to clean, comfortable and well-maintained communal, private, dining and outdoor areas with sufficient and appropriate furniture. Management and relevant staff monitor the safety of the facility including preventative and routine building and equipment maintenance. Management monitors comfort and safety in the home through regular audits. Staff help to make the residents safe and comfortable through ensuring access to items such as call bells and mobility aids. Residents and their representatives said residents feel safe and comfortable in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Regular audits and risk assessments monitor potential hazards. There is information regarding follow up of required actions identified during audits, risk assessments and daily work with outcomes of actions discussed at the regular quality and risk meetings. A nominated representative ensures staff have a point of contact if needed. Staff confirmed they attend mandatory education pertaining to occupational health and safety including manual handling techniques and bullying and harassment. Staff said they consider the home

well maintained with a safe work environment and confirmed appropriate equipment, policies, and procedures are available to guide safe practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe environment to minimise fire, security and emergency risks. The evacuation maps and resident lists are current. There are documented emergency policies and procedures with regular education for staff in fire, security and other emergencies. Appropriately credentialed service providers carry out testing and maintenance on emergency alarms and equipment. Exit doors are free from obstruction with clear egress routes. Staff said they have received fire and other emergency training and know what to do in such an event. Residents and their representatives said residents feel safe and secure in 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

There is an effective infection control program to identify and manage infection risks. The program includes an infection surveillance program, data collection, review and actioning of identified trends, internal and external audits, staff orientation and ongoing staff education and competency programs. Policies and procedures including procedures for gastroenteritis and influenza are available to all staff. A staff and resident vaccination program is in place. There are supplies of protective clothing and equipment for the disposal of sharps and infectious waste. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. The home reviews infection rates and implements improvement plans to ensure infection control practices in the home remain current and effective. Benchmarking of infection control data occurs with other homes within the organisation. Residents and representatives spoke positively of the home's management of a recent respiratory outbreak.

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

Hospitality services are consistent with the needs of the residents and staff working environment. Meals are prepared on site in the main kitchen and served in the kitchenettes located in the units in accordance with food safety standards. Staff plate the meals in the kitchenettes referring to resident information regarding meal size, nutrition and hydration requirements, food allergies, food preferences and choices. Alternate meals and snacks are readily available to all residents as required. Residents and representatives have input into choice of meals via resident meetings and satisfaction surveys. Cleaning staff follow established schedules for cleaning residents' rooms, service and communal areas. We

observed the home to be clean. An external linen service is utilised for the supply of bed linen, towels and kitchen requirements. Laundering of personal clothes occurs at the home and effective clean/dirty separation is in place. Staff described procedures relevant to their role and confirmed completion of appropriate training. Residents and representatives confirmed their satisfaction with the quality of the hospitality services provided.