



Aged Care
Standards and Accreditation Agency Ltd

Monda Lodge Hostel

RACS ID 3216

32-36 McGregor Avenue

HEALESVILLE VIC 3777

Approved provider: Eastern Health

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 July 2015.

We made our decision on 25 May 2012.

The audit was conducted on 16 April 2012 to 17 April 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems**Principle:**

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Monda Lodge Hostel 3216

Approved provider: Eastern Health

Introduction

This is the report of a re-accreditation audit from 16 April 2012 to 17 April 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 16 April 2012 to 17 April 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two 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:	Marian (Sandra) Lacey
Team member:	Beverley Clinch

Approved provider details

Approved provider:	Eastern Health
--------------------	----------------

Details of home

Name of home:	Monda Lodge Hostel
RACS ID:	3216

Total number of allocated places:	30
Number of residents during audit:	30
Number of high care residents during audit:	0
Special needs catered for:	Low care only

Street::	32-36 McGregor Avenue	State:	Victoria
City:	Healesville	Postcode:	3777
Phone number:	03 5962 1506	Facsimile:	03 5962 1527
E-mail address:	Monda.Lodge@easternhealth.org.au		

Audit trail

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

Interviews

	Number		Number
Manager (Registered nurse)	1	Residents	7
Endorsed enrolled nurse	1	Care coordinator	1
Care staff	6	Contract manager	1
Clinical nurse consultants (infection control)	2	Director, Infrastructure and Supervisor	2
Clinical nurse educator	1	Maintenance staff	1
Administrative assistant	1	Catering staff	1
Human resources team	1	Occupational Health and Safety officer	1
Quality team	1	Allied health professional	1
Activities staff	1		

Sampled documents

	Number		Number
Residents' files/care plans	10	Medication charts	6
Resident agreements	3	Personnel files	6

Other documents reviewed

The team also reviewed:

- Absconding register
- Activities calendar
- Aged care certification instrument
- Audit folder
- Audit results, analysis and schedule
- Audits and outcomes
- Bench marking data and associated schedule
- Blood glucose charting
- Blood glucose charts
- Building surveyor statement of compliance (February 2011)
- Bushfire plan
- Catering records
- Chemical register
- Communication diary
- Communication diary

- Compulsory reporting policy folder
- Continuing professional nurse registration
- Continuous improvement folder
- Contract folder and register
- Controlled substance registers
- Corrective maintenance folder
- Deceased resident file
- Dietary requirement forms
- Education records
- Electronic care planning system
- Emergency information
- Emergency procedures and records of inspection
- Emergency procedures information
- Essential services manual
- Essential services schedule and checking records
- External providers service contracts
- Fire doors records
- Food safety folder
- Gastroenteritis information
- Handover sheets
- Hazard register
- Incident reports
- Incident reports and data analysis
- Infection control monthly checks
- Infection control surveillance records
- Laminated surveillance flow charts for infectious outbreaks
- Mandatory education records
- Medication advisory committee meeting minutes
- Medication competencies
- Medication refrigerator temperature records
- Meeting minutes
- Menu
- MSD folders
- Newsletters
- Opportunity for improvement register and forms
- Oral and dental assessments
- Orientation manual

- Police certificate information
- Policies and procedures, selected
- Position descriptions
- Preferred suppliers list
- Preventative maintenance folder
- Quality activity reports
- Quality improvement plan
- Record of Advance care plans
- Refrigerator/meals temperature records
- Resident of the day system for reviewing care plans
- Resident surveys
- Residential quality meeting minutes
- Residents' information package and handbook
- Selected policies and procedures
- Self-medication competencies and authorisations
- Staff handbook
- Staff induction checklists
- Staff information and handbook
- Staff meeting minutes
- Staff rosters
- Staff signature identification list
- Statement of choices
- Statutory declaration list
- Summary care plans
- Thermal fire protection records
- Wound charts

Observations

The team observed the following:

- Activities in progress
- Advocacy and complaints brochures
- Archive files
- Charter of Residents' rights and Responsibilities displayed
- Chemical/oxygen storage
- Cleaning supplies
- Colour coded cloth management list
- Dining rooms
- Emergency assembly area

- Emergency box
- Equipment and supply storage areas
- External environment
- Fire fighting equipment
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Kitchen
- Kitchen white board
- Meal service and delivery
- Medication administration
- Medication storage
- Notice boards
- Noticeboards
- OH & S notice board
- Opportunity to improve noticeboard
- Outbreak kit
- Reception area
- Resident laundry
- Sign in/out register
- Single rooms with en suite
- Sitting rooms
- Staff assisting residents
- Staff interacting with residents
- Staff room
- Storage areas
- Suggestion box

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement framework that is supported by organisational processes at Eastern Health. Opportunities to improve are identified through formal and informal feedback mechanisms such as verbal and written feedback, incident and hazard reporting and completion of audits across the 44 Expected Outcomes. Regular resident and staff surveys and meetings provide further improvement opportunities. The organisation's method of reporting, tracking and monitoring of improvement opportunities is structured and sustainable. Residents and staff confirm that they are involved in, and satisfied with the improvement activities that occur at the home.

Examples of improvements in Standard One include:

- Introduction of a compulsory 10 level incident reporting competency program for staff. Levels to be completed are linked to roles in organisational structure
- Introduction of a designated Quality Manager to provide increased support to facility managers
- Introduction of a care coordinator role at the home
- Comprehensive review and change to auditing processes
- Implementation of formal processes for file archiving, storage and destruction.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home is alerted to changes in regulatory and legislative requirements through an external electronic automated alert system and participation and communication with other government and industry organisations. The organisation has the ongoing support of legal services to ensure the home's compliance with legislative changes and associated changes are incorporated in policies and procedures when indicated. Regulatory compliance is a standing agenda item at staff meetings and regulatory compliance information is readily accessible through online intranet access. There is a system in place to ensure that staff, relevant contractors and volunteers have current criminal record checks and that residents, representatives and staff are suitably informed of accreditation audits.

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 demonstrates management and staff have the knowledge and skills required for effective performance in relation to the Accreditation standards and in particular to management systems, staffing and organisation development. The education program is developed through a needs analysis that is informed by performance reviews, staff surveys and stakeholder input. Management develop a yearly calendar of education/training and a range of delivery methods is employed, such as in-house sessions, e-learning and video based training. External consultants, seminars/conferences, competency evaluations and on-line learning are all used to ensure staff are able to access training opportunities and evaluations of training are sought. The home ensures attendance records are kept, along with course evaluations with a database used to monitor staff training. Recent training includes:

- Resident comments and complaints
- Electronic incident reporting system

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home provides a variety of mechanisms to promote effective complaints management such as an 'open door' policy, comments and complaints forms, resident meetings and surveys. Residents said they are informed of formal internal and external complaints processes but they would use informal methods if they ever had a complaint as they have open communication with staff and management. Residents confirm that they are satisfied with the complaints process and management is informed and responsive to their comments. The facility manager maintains a comments and complaints register at the home and the organisation captures, monitors and evaluates complaints information.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has developed, and documented, a five year strategic plan incorporating its vision, values, philosophy and objectives and commitment to 'Great' care. The home suitably displays this information, and the Charter of Resident Rights and Responsibilities in communal areas. Information about the organisation's values is included in resident admission documentation and in staff orientation processes and position descriptions. Auditing processes capture staff knowledge regarding the organisation's values and where the associated information is located.

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 employs suitably qualified staff to meet the care needs and preferences of residents; and residents confirm they are very satisfied with the responsiveness of staff and the care and services provided at the home. The facility manager and the organisation's senior management and human resources services review staffing numbers, skill mixing and staff recruitment. Local and organisational orientation processes ensure staff have suitable competency and support in their roles. The home has a formal appraisal, education and competency monitoring program in place. Management reviews staff rosters whenever indicated and staffing numbers allows regular or casual staff to be rostered for all shifts; the use of external agency staff is not required. Position descriptions and a 'buddy' programme assist new staff in their role.

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 systems and processes in place to ensure suitable goods and equipment appropriate for the delivery of services. There is an established maintenance program to ensure equipment is kept operational. Through the organisational purchase system, equipment is trialled prior to purchase. Facility and organisational wide audits of inventory and equipment monitor the safety, working order and usability of equipment. Staff confirm they have sufficient equipment on hand to complete their duties and that training takes place in the use of new equipment.

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

Residents, staff and stakeholders state that the communication of relevant information is satisfactory and they are suitably provided with pertinent information. Management ensure staff are kept informed by using a variety of communication methods such as display boards, meeting minutes, newsletters and on-line alert messages. Information is managed in accordance with legislative requirements including online information being password protected and hard copy information being stored and/or discarded securely. The organisation's quality processes monitor compliance with information management policies and procedures. Senior management and staff at the home are educated regarding effective communication, documentation and the organisation's information management systems.

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

External service contractors provide multiple services at the home including catering, cleaning and grounds maintenance. External services and contractor appointments are based on competency to provided services in a manner consistent with the organisation's philosophy and mission statement. The organisation has designated staff to manage and monitor contracts and provision of services. Contract performance is formally assessed and evaluated and recommendations regarding contract renewal (or otherwise) is considered at an organisational level. Residents confirm that they are satisfied with the externally sourced services 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

Eastern Health and the home have systems and processes in place (refer to Expected Outcome 1.1) that actively pursue continuous improvement in relation to residents' health and personal care. Residents and staff state they are able to identify and contribute to improvements opportunities at the home. Management demonstrates responsiveness to residents' needs, preferences and feedback from other stakeholders.

Recent examples of Standard 2 improvements include:

- Introduction of a care coordinator position to enhance management of residents' clinical needs and preferences
- Introduction of a program for volunteers at other Eastern Health acute facilities to meet residents from the home when attending outpatient appointments
- Introduction of a points envelope system to ensure residents take relevant information to clinical appointments.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems in place (refer to Expected Outcome 1.2) to identify and ensure compliance with relevant legislation, regulatory compliance and professional guidelines and standards in relation to residents' health and personal care. A system for verifying nursing registration and compliance with medication management and storage is evident. Staff are informed regarding regulatory compliance and reporting responsibilities. The organisation's quality systems assist staff in compliance with relevant policies and procedures. The organisation reviews policies and procedures in accordance with changes with legislation, regulatory requirements and professional standards. Regulatory compliance is a standing agenda item on the home's staff and quality meetings.

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 the overall system of the home. Education in relation to Standard two includes:

- Behaviour management
- Blood glucose competencies
- Dementia
- Medication competencies
- Oxygen administration with competencies
- Pain management
- Parkinson’s disease
- Vital sign competencies
- Wound management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home demonstrates residents receive care that is appropriate to their needs and preferences. The home uses industry standard assessments, observation charts and risk assessment tools. All residents are assessed when entering the home. A care plan is developed in consultation with residents/representatives using an evidence-based care approach. Staff confirm care plans are easy to understand with specific needs and preferences documented. Residents confirm they are happy with the care they receive at the home.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home demonstrates residents’ specialised nursing care needs are identified and met by appropriately qualified staff. All residents are assessed on entry to the home for their specialised nursing requirements and their needs are generally met in the prescribed manner pertaining to clinical requirements. A care plan is developed in consultation with residents and/or representatives and medical officers, including allied health professionals and reviewed on a regular basis, as required. Residents confirm they are satisfied with the care they receive at the home.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home ensures referrals are arranged for appropriate health specialists in accordance with assessed needs and preference. All residents are assessed for their health and related requirements on entry to the home. Staff develop a comprehensive care plan in consultation with residents and/or representatives and reviewed regularly. Through the organisation, the home has access to physiotherapy services, dietetics, social work, occupational therapy, speech pathology, podiatry, eye care, dental and exercise physiology. Residents confirm they are satisfied with the care they receive at the home.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

The home demonstrates residents’ medication is managed safely and correctly and staff comply with the home’s medication management system. Only registered or endorsed enrolled nurses manage resident’s medication according to legislation, regulatory requirements and professional standards and general guidelines. Care staff have current medication administration competencies that are administered annually. There are systems in place to manage residents who wish to self-administer medications. All residents are assessed for their medication needs on entry to the home and care plans developed in consultation with residents/representatives. Registered nurses regularly review care plans. Residents confirm they are satisfied with the way in which medications are managed at the home.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Management demonstrates its pain management approach ensures all residents are as free as possible from pain. All residents are assessed for pain on entry to the home and thereafter as required. A comprehensive care plan is developed and regularly reviewed by staff and input from residents and/or their representatives. Staff demonstrate knowledge of the variety of pain management approaches taken to ensure residents are as free as possible from pain. Administration of pain relieving medication is monitored, reviewed and evaluated and staff consult with residents’ medical practitioners. Residents confirm they are satisfied with how residents’ pain is managed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill residents. Assessment of all residents takes place on entry to the home and opportunity is given to inform staff of their end of life wishes. The development of a palliative care plan takes place at the time of requirement and the home uses a multidisciplinary approach that includes complementary therapies as appropriate. The home has access to an external palliative care service, utilised as required. There is emotional and spiritual support provided to residents and representatives. Management and staff confirm extensive support is provided to residents, families and staff during this important stage of a resident’s life.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home’s approach to assessing residents’ nutrition and hydration needs includes clinical and multidisciplinary tools. On entry to the home, all residents are assessed for their needs, cultural, religious and personal preferences. The home’s menu has been reviewed by a dietitian, who oversees care of residents at risk of malnutrition. Identification of swallowing difficulties results in appropriate referrals and the registered nurse reviews residents’ weights on a regular basis. The team observed residents who required assistance during meal times, supported in a dignified manner and assistive devices in use. Residents report satisfaction with the quality and quantity of food and fluids offered by the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home ensures its practices maintain residents’ skin integrity and are consistent with residents’ general health. Using the home’s admission process, staff identify residents at risk of impairment to skin through industry standard risk assessment tools. Staff identify specific needs and document in care plans that are developed and reviewed by nurses. There is regular consultation with residents and/or representatives and allied health professionals, as required. The home monitors assessment tools for their effectiveness. Residents confirm they are satisfied with the way in which the home manages skin integrity for residents.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Upon entry to the home, residents are assessed for their continence needs through the home’s assessment program and a care plan is produced in consultation with residents and/or representatives. A central staff member coordinates orders and manages continence products. Appropriate referrals to external allied health professionals are made as required and infection rates monitored. Staff are supported in the provision of care and services by nurses and specialist services are available should the need arise. The home monitors its performance in this area through a quality system and opportunities for improvement are identified and actioned.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home ensures its approach to behavioural management is effective in meeting residents’ needs. All residents are assessed for challenging behaviours on entry to the home and a comprehensive care plan is developed in consultation with residents/representatives and health professionals, if required. Triggers and environmental factors are identified and strategies put in place for behavioural management. Staff evaluate care plans on a monthly basis or more frequently, if required. The home monitors its performance in this area through the quality system and opportunities for further improvement are identified. Residents confirm they are satisfied with the care they receive at 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

On entry to the home, residents are assessed for their mobility and dexterity needs. A comprehensive care plan is developed in consultation with residents and/or representatives and health specialists as required and regularly reviewed. There are strategies in place to minimise falls risks to the resident, including review of each fall that occurs. Staff confirm recent education in manual handling and equipment is evaluated prior to purchase. The team observed residents using mobility aids. Staff encourage residents to attend exercise programs and residents were observed receiving pain relief. Residents confirm they are satisfied with the mobility assistance they receive.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

The home assesses residents’ oral and dental care on entry to the home through a comprehensive assessment system. Staff develop a care plan in consultation with residents and/or representatives. Residents are given the option of continuing to visit their regular dentist with support to attend external appointments or to utilise a visiting dental service. Specific care plans detail the assistance residents require in order to ensure good oral care is attended with identification of risks and difficulties documented. Residents confirm they are satisfied with the home’s approach to managing residents’ oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home’s approach to sensory losses is effective in identifying and managing residents’ needs in relation to all five senses. All residents are assessed on entry to the home for any sensory losses and a comprehensive care plan is developed in consultation with residents and/or representatives. Staff confirm they are aware of residents’ individual needs and how to care for any assistive devices. Management confirm staff practices are monitored through the home’s quality system and improvements are identified and documented. Residents confirm they are satisfied with the home’s approach to managing residents’ sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

All residents are assessed on entry to the home for their sleep requirements and patterns are identified. A comprehensive care plan is developed in consultation with residents and/or representatives. Natural sleep is promoted to meet individual resident needs and the care plan documents the use of sleep aids, pharmacological strategies for sleep promotion as appropriate and any non-pharmacological strategies for sleep promotion. There is regular review of the care plan by staff. Residents confirm they feel safe at the home and report they are generally able to get a good night’s sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Eastern Health and the home have systems and processes in place (refer to Expected Outcome 1.1) that actively pursue continuous improvement in relation to residents’ lifestyle. Residents and staff state they are able to identify and contribute to improvements opportunities at the home. Management demonstrates responsiveness to the residents’ needs and preferences and feedback from other stakeholders.

Recent examples of Standard 3 improvements include:

- Introduction of weekly professional counselling services providing improved emotional support to residents
- Completion of an activities hall, enhancing facility and capacity for activities
- Change to doctor/resident consultation practises resulting in greater privacy for residents.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place (refer to Expected Outcome 1.2) to identify and ensure compliance with relevant legislation, regulatory compliance and professional guidelines and standards in relation to residents’ lifestyle. Staff are informed regarding regulatory compliance and reporting responsibilities regarding the reporting and recording of suspected assaults to the police and Department of Health and Ageing. The organisation’s quality systems assist staff in compliance with relevant policies and procedures. The organisation reviews policies and procedures in accordance with changes with legislation, regulatory requirements and professional standards. Regulatory compliance is a standing agenda item on the home’s staff and quality meetings.

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 the overall system of the home. Education in relation to Standard three includes:

- Cultural and spiritual life

- Elder abuse

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

Staff provide emotional support to residents through pre-admission, admission and orientation procedures. Residents are appropriately assessed to determine their emotional support needs and preferences and assessment and care plans are generated accordingly. The home has secured the services of a counsellor to visit with residents at the home for eight hours per week. Scheduled auditing monitors the effectiveness of emotional support provided by staff in a new environment and on an ongoing basis. Residents confirm they are very satisfied with the emotional support provided by staff at the home. Residents, staff and allied health professionals state that they consider the emotional support at the home to be exceptional.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home actively promotes independence through identifying residents' physical, intellectual, social and cultural needs and preferences and developing strategies to assist residents to participate in community life. Staff assess and document care strategies promoting independence accordingly. Staff facilitate residents to maintain independence through a variety of means such as driving residents to the shops and encouraging existing friends and community services to visit the home. Residents have access to community based resources, news and events. Residents state they are satisfied with the home's approach to promoting and maintaining 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

The organisation's policies and procedures guide staff in methods to recognise and maintain residents' privacy, dignity and confidentiality. Staff practises demonstrate awareness of, and compliance with, these policies and procedures. Staff are required to sign confidentiality agreements before working at the home and residents sign a privacy consent form when they enter the home. The home's structure and design allows residents adequate personal space and areas to entertain guests privately. Residents confirm they are satisfied with the home's approach to recognising and maintaining their privacy and dignity.

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 state they are very satisfied with the home's approach to promoting participation in activities that they enjoy. Residents are consulted regarding activities that may interest them and the home accommodates these interests when possible. A leisure centre has been recently built at the home and the centre is popular with residents, families, friends and community groups. A leisure programme has been developed by qualified Diversional therapy staff and the programme is enthusiastically implemented by staff and volunteers. Group and/or one-to-one activities are offered and are tailored to residents' current care needs and preferences. Resident participation in activities and feedback about the activities offered is monitored and evaluated; change is implemented accordingly.

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 discuss their cultural and spiritual wishes when they enter the home. Individual needs and preferences are accommodated according to the resident's expressed wishes and care planning incorporates this information. Significant cultural days are celebrated at the home and religious leaders visit the home. Residents state they are satisfied with the home's approach to promoting and maintaining their cultural and spiritual life. The organisation actively supports staff in cultural and spiritual awareness; staff have attended cultural diversity education and on-line education augments this education.

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

Choice and decision-making is discussed on entry to the home and residents are actively involved in care planning decisions. Staff are educated regarding respecting residents' rights to choose whether or not to participate in activities and/or other activities of daily living. Residents have choice regarding a broad range of care and services provided by the home and service providers and/or organisations outside the home. Residents can choose to be involved in forums, such as resident meeting and surveys, which facilitate control over lifestyle decisions. Residents state they are satisfied with the home's ongoing approach to promoting choice and decision-making.

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 home cares for low care residents only and management states this is clearly explained to prospective residents. Residents are provided with verbal and non-verbal information regarding their security of tenure and rights and responsibilities and financial obligations before they enter the home. Resident agreements are provided and include information regarding the care and services provided by the home. Management consults with residents and representatives if a situation arises where no longer possible to provide the services needed by the resident and management assists with transferring the resident accordingly. Residents state that they are comfortable with the admission information and communication processes 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

Eastern Health and the home have systems and processes in place (refer to Expected Outcome 1.1) that actively pursue continuous improvement in relation to the physical environment and safe systems. Residents and staff state they are able to identify and contribute to improvements opportunities at the home. Management demonstrates responsiveness to the residents’ needs and preferences and feedback from other stakeholders.

Recent examples of Standard 4 improvements include:

- Changing the cleaning product supplier to potentially improve cleaning services
- Introduction of a staff incident reporting competency program
- Installation of improved area for residents who smoke

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place (refer to Expected Outcome 1.2) to identify and ensure compliance with relevant legislation, regulatory compliance and professional guidelines and standards in relation to physical environment and safe systems. Staff are informed regarding regulatory compliance and guidelines regarding food handling, food safety planning and food safety auditing by accredited auditors. The organisation’s quality systems assist staff in compliance with relevant policies and procedures. The organisation reviews policies and procedures in accordance with changes with legislation, regulatory requirements and professional standards. Regulatory compliance is a standing agenda item on the home’s staff and quality meetings.

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 the overall system of the home. Education in relation to Standard four includes:

- Bullying and harassment training

- Bushfire preparedness
- Fire panel and evacuation training
- First aid
- Food safety
- Infection control
- Manual handling
- Occupational, health and safety training

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 demonstrates its practices and actions provide a safe and comfortable living environment including effective resident safety procedures and storage of data. Staff demonstrate they observe practices that ensure the safety and comfort of residents. There are regular audits undertaken to prevent clutter; mobilising equipment is maintained and access to outdoor areas is safe. The home has a preventative, corrective and essential services maintenance program in place and there are regular reviews of staff practices to ensure the provision of a safe and comfortable environment that is consistent with resident needs. Residents confirm they feel safe in their 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 demonstrates that it is actively working to provide a safe working environment. The organisation's Occupational Health and Safety consultant works with management and staff on a regular basis at the home to ensure compliance with relevant policies, procedures and legislation. Staff are educated regarding identification, reporting and management of safety hazards. Regular meetings include occupational health and safety as a standing agenda item. Equipment is subject to routine and preventative maintenance. Staff confirm they are satisfied with management's approach to providing a safe work environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome.

The home is required to adhere to the organisation's fire and emergencies policies and procedures and compliance with policies and procedures is audited. Qualified senior staff assist staff at the home to understand their roles and responsibilities during an emergency.

All emergency plans are reviewed annually, including the bushfire contingency plan. An emergency evacuation box contains relevant equipment and information including improved resident identification bands that display the resident's photograph and pertinent information. Approved professionals carry out independent fire inspections and identified issues are acted upon. Residents and staff are informed regarding where they should go and what they should do on hearing an alarm.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home demonstrates its infection control program is effective in identifying and containing infection. Staff practice is consistent with industry standards and guidelines, there is a food safety program in place, and pest control measures are undertaken. There is monthly data collection regarding infections reported at a number of organisation-wide meetings with risk assessments completed to ensure an effective infection control program. Information is available to staff on the prevention strategies to minimise incidents of infection in all areas of the home. Staff confirm they attend education and are encouraged to undergo vaccination; and records are kept of resident vaccinations.

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

Residents state they are very satisfied with the hospitality services provided by the home. Residents' individual needs and preferences are accommodated and actively promoted by staff, particularly in relation to the meals provided. Meals are prepared and cooked on-site in the newly built kitchen and meals and drinks are nutritious and appetising. Residents' personal laundry is managed in a satisfactory manner that minimises the likelihood of lost clothing. The home is generally clean throughout. Some cleaning services are provided by external services and some cleaning is included in carer duties; management is currently reviewing this situation.