



Aged Care
Standards and Accreditation Agency Ltd

Moran Roxburgh Park

RACS ID 3935

3 Wedgwood Road

ROXBURGH PARK VIC 3064

Approved provider: Moran Australia (Residential Aged Care) Pty
Limited

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 February 2015.

We made our decision on 3 January 2012.

The home does not meet expected outcome 3.8 Cultural and spiritual life. While the assessment team recommended the home also did not meet expected outcomes 2.5 Specialised nursing care needs, and 2.16 Sensory loss, after considering the submission from the home including actions taken by the home since the audit, we have decided that the home does now meet these expected outcomes..

The audit was conducted on 28 November 2011 to 29 November 2011. 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 6 March 2012 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

Site Audit Report

Moran Roxburgh Park 3935

3 Wedgwood Road

ROXBURGH PARK VIC

Approved provider: Moran Australia (Residential Aged Care) Pty Limited

Executive summary

This is the report of a site audit of Moran Roxburgh Park 3935 from 28 November 2011 to 29 November 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 41 expected outcomes

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

- 2.5 Specialised nursing care needs
- 2.16 Sensory loss
- 3.8 Cultural and spiritual life

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 28 November 2011 to 29 November 2011

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:	Mary Jo Nash
Team members:	Tamela Dray
	Stephen Koci

Approved provider details

Approved provider:	Moran Australia (Residential Aged Care) Pty Limited
--------------------	---

Details of home

Name of home:	Moran Roxburgh Park
RACS ID:	3935

Total number of allocated places:	132
Number of residents during site audit:	63
Number of high care residents during site audit:	47
Special needs catered for:	Dementia specific unit

Street:	3 Wedgwood Road	State:	Victoria
City:	Roxburgh Park	Postcode:	3064
Phone number:	03 9303 6333	Facsimile:	[Home Fax]
E-mail address:	roxburghpark@moranhealthcare.com.au		

Audit trail

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

Interviews

	Number		Number
Management	7	Residents and representatives	8
Clinical/care/lifestyle staff	15	Allied health	1
Hospitality, administration and environment/safety staff	6	Contractors	2

Sampled documents

	Number		Number
Residents' files	17	Medication charts	8
Supplier agreements	4	Personnel files	12
Resident agreements	4		

Other documents reviewed

The team also reviewed:

- agency orientation checklist – cleaners, laundry, care staff
- appraisal worksheet
- audits
- catheter care management document
- catheter competency education package
- cleaning schedules
- communication books
- complex health care record folders
- compliments and suggestions log
- confidential improvement log
- continuous improvement plan
- daily activity records
- education records and planner
- elder abuse consolidated register
- elder abuse report
- environmental safety audit
- fire serving records
- food safety plan
- handbooks – contractors, volunteers, staff and residents
- hazard identification forms
- hazardous chemical registers and safety information
- incident reports, log and analysis
- infection control information
- kitchen documentation and menu
- lifestyle and men's group calendars
- maintenance schedule and corrective maintenance log
- mandatory reporting folder
- medication fridge temperature check sheets
- meeting minutes
- memoranda
- missing person consolidated register

- mission, vision and values statements
- nurse registration register
- organisational chart
- orientation information
- police check register
- policies and procedures
- position descriptions
- preferred suppliers list
- restraint charts
- risk assessment forms
- roster and staff availability lists
- self medication assessment
- specialised nursing care folder
- stock control information
- test and tagging documentation
- wound care folder

Observations

The team observed the following:

- activities in progress
- aged care advocacy brochures
- archive room and shredder
- blood spill kits
- cleaners trolleys and cleansers and chemical storerooms
- clothes labelling system
- equipment and supply storage areas
- exit doors
- fire fighting equipment
- hand washing facilities
- indoor and outdoor living environment
- infection control bins and sharps containers
- interactions between staff and residents
- internal and external living environment
- kitchen, pantry and freezers
- kitchenettes
- laundry service in operation
- lifestyle photos
- maintenance room
- meal service
- medication administration
- memorial table
- mobility devices
- noticeboards
- occupation health and safety information on display
- oxygen storage
- personal protective equipment
- staff room
- storage of medications
- The Charter of Residents' Rights and Responsibilities (displayed).

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues continuous improvement with staff, residents and representatives supported and encouraged to participate. The continuous improvement system is informed by compliments and suggestions logs, audits, meetings and surveys. Improvement opportunities are logged on a continuous improvement plan. Actions with timeframes are established and resultant outcomes are captured. Incident and infection data are analysed for trends and strategies are implemented. Feedback is generally provided individually or through meetings, memoranda, noticeboards and letters. Staff, residents and representatives confirm their participation in the continuous improvement process and are satisfied ongoing improvements occur.

Examples of continuous improvements in Standard 1 include:

- Management identified that policy and procedures manuals were not easily accessible throughout the home. Six hard copy manuals were printed and placed in each wing of the home. The policy and procedures manuals are also available on the intranet.
- Review of a training matrix identified that not all staff had attended mandatory training. The home took the following actions:
 - Letters were sent to staff advising they were required to attend mandatory training.
 - A calendar was developed to advise staff of days the mandatory training sessions were being held.
 - A questionnaire was required to be completed by staff after each training session.
 - Weekly orientation is running for all staff at present and this incorporates mandatory training.

This has resulted in all new staff receiving mandatory training prior to commencing employment. All staff have completed most mandatory training, with some still requiring to attend manual handling training.

- Management identified that the lifestyle team needed leadership and guidance. A lifestyle coordinator has commenced employment and will be responsible for driving the lifestyle program and completing the administrative requirements for the lifestyle team.

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

Regulatory and legislative updates and information are made available to the home through a legal update system, membership of industry bodies and government and municipal correspondence. The director of nursing monitors these avenues for regulatory and legislative changes and assesses the changes for their potential impact on policies and procedures. Staff are made aware of all requirements through access to policies and procedures, memoranda, handover and education. Management seek staff, resident and representative input where relevant. A criminal record check and monitoring process is

maintained for all relevant personnel, volunteers and contractors. Stakeholders were informed of the accreditation audit and have access to a comments and complaints process.

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 ensures management and staff have the appropriate knowledge and skills to perform their roles effectively. Education requirements are identified through suggestions on the education evaluation forms and items of interest book, staff practice observation, staff meetings and through the appraisal process. The education planner is displayed to inform staff of upcoming education sessions. Staff undertake competency training, attend mandatory training and have access to a television based education system. The education program is flexible so it can address any changes in legislation or resident care needs. Staff attendance registers and feedback are completed and staff training records are maintained. Staff stated that they are satisfied with the education available at the home.

Education conducted relating to Standard 1 includes:

- mandatory reporting
- orientation training
- standards and outcomes.

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 displays internal and external complaint mechanisms and documents the complaints process in the resident handbook. Comment and complaints processes are reinforced at resident and staff meetings and residents and/or their representatives are consulted in case conferences regarding their satisfaction with the care and service they receive. Compliments and suggestion forms are reviewed by the quality officer while major complaints are managed by the director and deputy director of nursing. Residents and staff know about making comments or expressing concerns through appropriate means.

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 home's mission, vision and values statements reflect the homes goals and commitment to quality. The mission, vision and values statements are included in the resident and staff handbooks and displayed in the home. The Charter of Residents' Rights and Responsibilities is displayed throughout the home.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to residents. A formal recruitment process is followed by management. New staff complete an orientation program that includes a range of education topics to assist staff in adjusting to their new roles. All roles have position descriptions to guide staff. Rosters confirm that adequate staffing levels occur over all shifts and a registered nurse is generally in charge of all shifts. Roster vacancies are advertised and filled from an availability list or casual bank of staff. Residents, representatives and staff are satisfied with current staffing levels at the home.

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 suitable goods and equipment for quality service delivery. All meals are prepared on site and cleaning materials and clinical supplies are ordered through preferred suppliers. All supplies are stored in clean, secure areas around the home. Any new equipment required is trialled, evaluated and purchased through the organisational office. A register of equipment is maintained by the home. Corrective and preventative maintenance programs and electrical testing and tagging programs are in place. Staff and representatives state of goods and equipment are readily available and that maintenance is completed in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has information management systems which include meetings, minutes, resident handbooks, noticeboards and monthly lifestyle and activity calendars. The systems to inform staff include orientation, meetings and minutes, noticeboards, policy and procedures, information folders, memoranda, clinical files and emails. The clinical files are generally reflective of current residents care needs. Clinical notes, resident and staff files are generally securely stored. Old files are stored on site in a secure archive room and staff have weekday access to a shredder. Residents, representatives and staff confirm their satisfaction with access to information and with the communication mechanisms at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to ensure all external services are provided in a way that meets the residential care service's needs and service quality goals. External services at the home include physiotherapy, fire equipment servicing, hairdressing, garbage collection, dietetic services and speech pathology. Contracts entered into specify the required standards and timeframes. The home has a preferred suppliers list. External services are monitored through observations and feedback direct from stakeholders about the quality of service to the home. Residents and representatives confirmed that they are satisfied with the home's external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in residents' health and personal care. Staff state improvements occur in resident health and personal care and residents are satisfied their clinical care needs are being met. For further details on the home's continuous improvement system and processes refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvements in Standard 2 include:

- The home uses a packaged medication system and was using medication charts provided by the medication packaging company. The home's medical practitioners refused to use these medication charts so the home has replaced these with compact charts. Medical practitioners, staff and pharmacy staff are complimentary of the new system.
- To improve diabetic management the home set up hypoglycaemic kits for diabetic residents and registered all diabetics with the Diabetes Foundation of Australia. This has resulted in residents being entitled to free needles for blood sugar measurement pens and free testing strips.

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 to ensure compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing certification and systems for storage, checking and administration of medications in accordance with regulatory requirements. Staff receive information and education on residents who may abscond and mandatory reporting requirements. Staff state they are informed about the legislative and regulatory requirements.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has processes to ensure staff have appropriate knowledge and skills to perform their roles in relation to residents' health and personal care. For further details on the home's education and staff development system and processes refer to expected outcome 1.3 Education and staff development.

Recent training and education opportunities relating to Standard 2 include:

- skin tears
- wound management
- dementia and 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

The home has clinical policies and procedural manuals available to assist staff in completing clinical care. Clinical care is overseen by the clinical care coordinator and director of nursing. Residents are assessed on entry to the home, monthly as part of the resident of the day program and as changes in health status require. The home has a clinical handover to nursing staff and personal care workers receive handover from their peers on the previous shift. Residents and representatives stated that they are satisfied with the clinical care provided by 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 does not meet this expected outcome

Management does not demonstrate that residents’ specialised care needs are identified and met by appropriately qualified staff. The assessed needs for specialised nursing care are not met in the prescribed manner pertaining to the care plan requirements. The assessment, planning and review of specialised nursing care is not monitored consistently. Review of specialised nursing care does not consistently occur in line with care plans. Practices used to communicate residents’ specialised nursing care needs are inconsistent. Residents stated that their specialised nursing care was not met according to needs and preferences.

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 has systems in place for ensuring that residents are referred to allied health professionals. The allied health staff have input into the care needs of the residents. All new residents are seen by the physiotherapist within the entry period and as changes in their health status occur. The home stated they have access to podiatry, dietician and speech pathologist on an as needs basis. The home has regular visiting general practitioners and residents own doctors are also welcome to attend to their patients in the home. Residents and representatives state they have access to visiting allied health professionals and are assisted to attend outside appointments as the need arises.

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

Medication endorsed enrolled nurses administer medication safely and correctly from dose metered packaging. Residents’ medication charts identify residents by current named and dated photographs and residents who wish to administer their own medication are assessed as safe to do so. ‘Whenever necessary’ medications include a reason for administration on the medication charts. The team observed that general medications are stored in locked medication rooms and controlled drugs are stored with additional security. Residents and representatives state that medications are given in a safe and timely manner.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to ensure that residents’ pain is managed appropriately. Residents are assessed for any pain on entry to the home and reassessed as part of the resident of the day schedule and if any new pain occurs. Non-pharmacological pain management strategies are implemented including hot packs and transcutaneous electrical nerve stimulation machines. The physiotherapist runs a pain management program and the home employs a fulltime physiotherapy assistant to assist with pain management. Residents and representatives said they are satisfied with the home’s management of pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to ensure that palliative care is managed in a way that promotes the resident’s comfort and dignity. The home is reviewing all residents’ terminal care wishes to ensure that they have current information on file for each resident. The home accesses medical care for residents as necessary during the palliative care phase. Review of documentation indicates residents are monitored by 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

The home has systems and processes in place to ensure the adequate management of residents’ nutrition and hydration needs. Nutrition and hydration needs are assessed on entry to the home and care plans and kitchen whiteboard notes ensure the delivery of these needs. Allergies, preferences and clinical needs are considered when planning nutrition and hydration care and staff described the process for referring residents to the dietician and speech pathologist if the need arises. Meals are freshly prepared in the kitchen and served to residents in the dining room or their own rooms if preferred. Staff are aware of residents’

requirements for texture modified diets and ensure this is managed appropriately. Residents state 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

The home has systems in place that promote optimal skin integrity for residents. Skin integrity is assessed on entry to the home and when care plans are reviewed. Barrier cream is applied and residents are assisted to maintain their hair with the option to attend the visiting hairdresser. Staff state that a podiatrist is available to assist with maintenance of nails and described the process for referring residents for podiatry care. Skin tears and wounds are generally monitored, managed and documented on appropriate charts. The home has policies and procedures for wound assessment and management. Residents are generally 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 that residents’ continence needs are managed. The home assesses residents’ continence needs on entry to the home and as their needs change. The assessments take into consideration assistance levels required by the resident, continence aids needed and encourages promotion of resident independence and dignity. Staff state they have access to sufficient continence aids for residents’ needs and confirm their knowledge of each residents’ toileting requirements. Residents stated their continence needs are met and that mobility aids are provided to assist their independence in the bathroom.

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 provides care for residents with challenging behaviours. The home assesses physical and verbal behaviours upon entry to the home and care planning indicates ways to manage them. The home has a dementia specific unit and the general resident population includes a number of younger residents with varying illnesses and disabilities which may contribute to behavioural challenges. Staff state they are provided with education to manage behavioural challenges and know what to do when faced with residents who are exhibiting difficult behaviours. Residents generally state that challenging behaviours are managed well and that the challenging behaviours of other residents do not impact on their own wellbeing including sleep.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home provides care that promotes residents' mobility and dexterity. Each resident's mobility and dexterity needs are assessed on entry to the home by the physiotherapist who also assesses for and arranges supply of mobility aids if required. The physiotherapist visits four times per week and is aided by a physiotherapy assistant who is available five days per week. Observations by the team and confirmation by staff indicated adequate mobility aids to cater for residents' needs. Residents state that their mobility and dexterity is supported by staff when needed and encouragement given to maintain their independence.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has systems in place to assist residents to maintain optimal oral and dental health. The home has access to a visiting dental service. Assessments for oral and dental needs and preferences are generally conducted on entry and care plans are updated as part of the monthly resident of the day program. Specific strategies are formulated for residents with swallowing difficulties which include texture modified diets and staff assistance with meals. Residents state that 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 does not meet this expected outcome

The home has a system for assessing all five senses when a resident enters the home and a process for regular review. However, this system is not consistently implemented. The home does not consistently assess all five resident senses on entry or as part of the care planning process. Care plans do not record interventions to meet the needs of residents with sensory losses. Residents/representatives are not satisfied with the home's management of sensory loss.

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

The home assesses resident's normal sleep patterns on admission and reviews this as part of the monthly resident of the day cycle. Resident's sleep and wake time preferences are noted and staff state that they assist residents to achieve these times as much as practicable. Residents are referred for review by the doctor if their sleep pattern is compromised. Residents state that the home is quiet at night and that 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

The home pursues improvements in resident lifestyle, including maintaining residents’ independence and their rights to privacy, dignity and choice within the home. Lifestyle issues and improvements are discussed and implemented and residents participate in the decision making process through resident meetings, surveys and informally. Residents confirm their satisfaction with improvements in the area of resident lifestyle. For further details on the home’s continuous improvement system and processes refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvements in Standard 3 include:

- Male residents commented that there were not enough male activities in the home. Lifestyle staff discussed this issue with all the men in the home and gathered their ideas of what they wanted to do. A ‘getting to know you’ session has been held with male residents and male oriented activities have been added to the activities calendar including cards, building and running a model railway and dominoes. Male residents said they were pleased that the home offered some activities for men only.
- Following a staff member suggestion, happy hour has now been introduced at the home. Happy hour is held every Friday afternoon and includes drinks and afternoon tea. Residents said they enjoyed happy hour.
- To provide access to emergency procedures to residents who speak a language other than English, the home has provided emergency procedures in other languages such as Macedonian, Maltese, Portuguese, Italian and Greek.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. Residents and representatives are provided with a resident agreement and a resident handbook which details information relating to their security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff state they receive information related to privacy, elder abuse, mandatory reporting responsibilities and residents’ rights.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has processes to ensure staff have appropriate knowledge and skills to perform their roles in relation to resident lifestyle. For further details on the home's education and staff development system and processes refer to expected outcome 1.3 Education and staff development.

Recent training and education opportunities relating to Standard 3 include:

- privacy and dignity
- mandatory reporting.

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

The home has processes to ensure residents are supported in adjusting to their new home and on an ongoing basis. Prior to or on entry the resident and their family receive a resident handbook explaining the services offered and their rights and responsibilities. Residents and their families are oriented with a guided tour to familiarise them to the new environment and to introduce staff and fellow residents. In consultation with the resident and family lifestyle staff commence an assessment of the resident's lifestyle that generally captures social, cultural and spiritual histories and needs. Residents are encouraged to personalise their room and relatives and representatives are encouraged to maintain close contact. Residents and representatives state they are satisfied with the support provided and in particular expressed their gratitude to the staff who care for them.

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

Residents are encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. The lifestyle program offers a range of physical activities designed to maximise residents' physical strength and independence and includes exercise programs and outings. Residents' are assisted and encouraged to maintain friendships and participate in the life of the community within and outside the home. Residents are encouraged to use aids such as hearing aids and walking frames to maintain their independence. They are also encouraged to participate in decisions about their physical, intellectual, spiritual, financial and social care. Residents and representatives said they are satisfied with the support and encouragement given by staff to enable residents to remain as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' privacy and dignity wishes and preferences are identified and documented in care plans and residents' right to privacy is explained to residents and representatives during initial entry to the home. A resident's preferred name is documented and used by staff when addressing and interacting with residents. Orientation information and privacy and dignity education assists staff in ensuring residents' privacy and dignity is not compromised while assisting with hygiene routines or discussing residents' individual care needs. Resident files are generally kept in locked nurses stations and archived securely. Confidential resident agreements and financial files are kept in secure areas of the home. Staff members were noted by the team to handle residents with care and dignity when attending to activities of daily living and assisting with meals. Residents commented that staff members are respectful of their privacy and dignity when caring for them.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of interests and activities of interest to them. An assessment is completed on entry to the home in consultation with residents and representatives. A care plan is formulated for each resident and these and daily activity records are reviewed regularly by lifestyle staff. The program includes arts and crafts, exercise sessions, gardening, hand massage, a men's group and one to one time with residents. The effectiveness of the activity program in meeting individual residents' needs is evaluated and feedback on the program is obtained via direct feedback and at resident meetings. Care and lifestyle staff communicate effectively regarding residents' needs and individual programs. Residents and representatives are satisfied with the lifestyle program and confirm residents are supported to participate in a range of activities at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home does not meet this expected outcome

Management was unable to demonstrate that the home values and fosters individual interests, customs, beliefs and the cultural and ethnic backgrounds of the residents. Residents' cultural backgrounds are identified on entry to the home however this information is not used to meet residents' individual cultural needs. The home does not hold multi-cultural events or celebrate special or significant cultural or religious days throughout the year or support residents to do this. Staff do not have access to culturally specific services to assist in meeting individual cultural needs as required. Staff state residents' cultural needs are not being met by the home. Residents and representatives state that their cultural and spiritual needs are not being met.

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

Individual preferences in relation to activities of daily living, medications, treatments, medical practitioner, leisure activities, cultural and spiritual needs and after death arrangements are generally recorded in residents' care plans. The home encourages resident input into care and lifestyle decision making and assesses each individual's ability to do so. Information is available to residents about the path to take if the resident does not feel able to exercise choice and control. Resident choice and decision making is further supported through a system of resident meetings and surveys. Residents and representatives said that the home supports their involvement in making personal choices and decisions.

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

Prior to or on entry to the home residents and representatives are given information on fees and a resident handbook that details information relating to their rights and responsibilities, complaints mechanisms and privacy and confidentiality. Resident agreements are offered to all residents and include details regarding security of tenure and care and services provided. Prudential compliance statements are provided annually to all residents with bonds and the Charter of Residents' Rights and Responsibilities is displayed in the home. Residents and representatives state they are informed of any changes to care and services provided in resident meetings, by direct communication with management or by mail.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that supports ongoing improvements in the physical environment and safe systems. Incidents are recorded and information gathered is collated, reviewed and analysed for trends. An independent food safety audit is conducted and a food safety program is implemented at the home. Staff state ongoing improvements in the physical environment and safe systems occur and residents are satisfied with the safety and comfort of the home’s environment. For further details on the home’s continuous improvement system and processes refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvements in Standard 4 include:

- A compliments and suggestions log from a staff member identified there was no fire equipment in the resident and staff smoking areas. Fire blankets were purchased and placed in the smoking areas.
- A compliments and suggestions log from a staff member identified there were no infection control kits in cleaners rooms. Infection control equipment and clothing including gloves, aprons, booties and yellow infectious waste bags were purchased and kits were developed. These kits have been placed in all wings and in the cleaners’ rooms.
- An occupational health and safety meeting identified infectious waste management bins located outside were not locked. Chains and padlocks were purchased and placed on the bins.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. The home has an audited food safety plan, complies with occupational health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management has processes to ensure staff have appropriate knowledge and skills to perform their roles in relation to the home’s physical environment and safe systems. For further details on the home’s education and staff development system and processes refer to expected outcome 1.3 Education and staff development.

Recent training and education opportunities relating to Standard 4 include:

- chemical safety training
- fire training
- bullying and harassment
- walking evacuation route with a resident.

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

The home has systems and processes in place to assist in providing residents with a safe and comfortable environment consistent with the residents' care needs. Residents are accommodated in either single rooms with en suites or double rooms with en suites. Residents are encouraged to personalise their rooms. Internal and external areas are available for the use of residents and their representatives including kitchenettes and a variety of lounge areas and outside garden courtyards. The home's buildings, grounds and equipment are maintained through regular servicing and maintenance programs by the home's maintenance department or external contractors. Residents and representatives confirm that the living environment is safe, secure, clean and comfortable.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems in place to provide a safe working environment that meets regulatory requirements. There are systems to identify and evaluate incidents and hazards and take appropriate actions to resolve issues. Systems include hazard identification forms, risk assessments and incident reports. Staff receive occupational health and safety training at orientation and on an ongoing basis. Occupational health and safety is discussed in the home's handbooks. The occupational health and safety representatives at the home have completed formal occupational health and safety training. Management and staff demonstrate safe working practices and knowledge of occupational health and safety. Staff generally state that they work in a safe 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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Emergency and evacuation plans are displayed, emergency exits are clearly signed and generally free from obstructions and fire training occurs regularly at the home. The home is equipped with fire fighting equipment that includes sprinklers, thermal and smoke detectors, extinguishers, fire hose reels, exit lights, fire blankets, fire panels, break glass alarms and fire and smoke doors. The home's fire fighting equipment is regularly serviced by external contractors. Chemicals are stored safely and securely. The home is secured in the evenings and has backup lighting in case of a

blackout. The home has emergency procedures and a disaster plan. Staff state that emergency training occurs at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program in place. Infection control procedures are accessible to all staff. Staff receive infection control education at the orientation day and on an ongoing basis. Posters are displayed to educate staff to be aware of infection control. Staff including laundry and cleaning staff also have access to appropriate personal protective equipment. The home has current information to guide staff in managing infectious outbreaks. The director of nursing is the home's infection control officer and monitors infections via information in the infection data collection forms. This information is analysed and reported. The team observed hand washing facilities around the home. Staff including cleaning and laundry staff confirmed to the team that they were aware and had access to infection control information and could access personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has effective systems in place to enable the provision of catering, cleaning and laundry services that enhance residents' quality of life and the staff's working environment. All food is prepared in a central kitchen and is sent to the home's dining rooms to be served. Monitoring mechanisms in the kitchen include external audits and reports and temperature records. The home has a four week rotating menu that is reviewed by a dietitian. Residents' individual dietary needs and preferences are collected upon entry to the home and are provided to the kitchen as well as any changes. Schedules are in place to ensure that cleaning tasks are completed and the home was observed to be clean during the visit. All linen is laundered onsite. Adequate linen services were observed by the team and all residents clothing is labelled and staff have access to a labelling machine. The home has a system to manage lost property. Staff and residents confirm that they are satisfied with the home's catering, cleaning and laundry services.