



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Moyne Health Services - Moyneyana House**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Moyne Health Services - Moyneyana House in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Moyne Health Services - Moyneyana House is three years until 6 December 2012.

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

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

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

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

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

## Home and approved provider details

### Details of the home

Home's name:	Moyne Health Services - Moyneyana House				
RACS ID:	3355				
Number of beds:	52	Number of high care residents:	12		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• Dementia specific unit</li> </ul>				
Street/PO Box:	30 College Street				
City:	PORT FAIRY	State:	VIC	Postcode:	3284
Phone:	03 5568 0100		Facsimile:	03 5568 0158	
Email address:	kredford@moynehealth.vic.gov.au				

### Approved provider

Approved provider:	Moyne Health Services
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### Assessment team

Team leader:	Malcolm Taylor
Team member/s:	Tracy Findling
Date/s of audit:	15 September 2009 to 16 September 2009

**Executive summary of assessment team's report**

**Standard 1: Management systems, staffing and organisational development**

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

**Standard 2: Health and personal care**

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

**Accreditation decision**

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

## Accreditation decision

<b>Agency findings</b>
Does comply
Does comply
Does comply
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Does comply
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<b>Agency findings</b>
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Does comply

## **Assessment team's reasons for recommendations to the Agency**

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Moyne Health Services - Moyneyana House
RACS ID	3355

### **Executive summary**

This is the report of a site audit of Moyne Health Services - Moyneyana House 3355, 30 College Street, PORT FAIRY VIC 3284 from 15 September 2009 to 16 September 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

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

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Moyne Health Services - Moyneyana House.

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

### **Assessment team's recommendations regarding support contacts**

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 15 September 2009 to 16 September 2009.

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

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

## Assessment team

Team leader:	Malcolm Taylor
Team member:	Tracy Findling

## Approved provider details

Approved provider:	Moyne Health Services
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## Details of home

Name of home:	Moyne Health Services - Moyneyana House
RACS ID:	3355

Total number of allocated places:	52
Number of residents during site audit:	49
Number of high care residents during site audit:	12
Special needs catered for:	Dementia specific unit

Street/PO Box:	30 College Street	State:	Victoria
City/Town:	PORT FAIRY	Postcode:	3284
Phone number:	03 5568 0100	Facsimile:	03 5568 0158
E-mail address:	kredford@moynehealth.vic.gov.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Moyne Health Services - Moyneyana House.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Director of nursing	1	Residents/representatives	5
Education coordinator	2	Graduate nurse	1
Chief executive officer	1	Information, quality and risk manager.	1
Registered nurse division one	2	Nurse unit manager Aged care - Clinical	1
Cleaning staff	1	Nurse unit manager Aged care - Administration	1
Registered nurse division two	2	Infection control nurse	1
Chef	1	Laundry and cleaning staff	1
Food services manager	1	Activity staff	2
Occupational health and safety representative	1	HR and finance manager	1
Care staff	2		

#### Sampled documents

	Number		Number
Residents' files	12	Medication charts	10
Resident agreements	3	Personnel files	7



## Other documents reviewed

The team also reviewed:

- Activities plan
- Activity planner
- Annual report
- Audits and surveys
- Cleaning manual
- Complaint folder
- Confidentiality forms
- Electronic policies and procedures
- Electronic quality system
- Essential service log books and folders
- External food safety audit
- External service provider contracts
- Facility outbreak case list
- Facility outbreak cover sheet
- Fire and emergency manual
- Food safety program
- Food safety program and temperature control records
- Hazard reports
- Laundry cleaning schedules, check sheets and procedures
- Material safety data sheets
- Meeting minutes, agendas, terms of reference
- Menu
- Newsletters
- Nursing registrations
- Occupational health and safety information, planner
- Orientation checklist
- Performance appraisals
- Police check notification sheets
- Position descriptions
- Power of attorney documents
- Quality of care reports
- Quality plans
- Quality program policy manual
- Recruitment documentation
- Resident dietary requirements and preferences in the kitchen
- Resident individual activity participation record
- Resident right and responsibility pamphlets
- Residents' information package
- Roster
- Social and leisure profiles
- Staff and volunteer handbook
- Workplace safety inspection

## Observations

The team observed the following:

- Accreditation notices
- Appropriately tested fire equipment
- Availability of personal protective equipment
- Chemical storage
- Cleaners' rooms and trolleys
- Cleaning in progress
- Clinical, cleaning and catering supplies
- Compliance certificate for council and external food safety audits
- Conservatory specifically designed for residents living with dementia
- Equipment and supply storage areas
- Evacuation plans
- External complaint and advocacy brochures on display
- Fire panel
- Hand washing facilities
- Infection control posters
- Kitchen
- Laundry
- Lifting and mobility equipment
- Lounge and dining rooms
- Maintenance requests
- Meal service including morning and afternoon teas
- Medication administration
- Medication storage
- Menu monitor
- Noticeboards
- Occupational health and safety noticeboard
- Positive interactions between staff and residents
- Residents enjoying activities
- Residents' rights and responsibilities posters
- Residents' rooms
- Sign in/out folders
- Staff practices
- Tested electrical equipment
- Work underway to upgrade fire system
- Wound product storage

## **Standard 1 – Management systems, staffing and organisational development**

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Moyneyana House, a co-located home with Belfast House actively pursues continuous improvement across all four Accreditation Standards as part of the Moyne Health Services’ organisational wide quality program. The home’s quality program includes annual departmental improvement plans, risk management, complaints management, satisfaction surveys, internal and external audits, hazard alerts, feedback forms, incident reports, meetings and industry publications. Improvement opportunities are recorded electronically in the home’s electronic quality system, delegated to the appropriate area, actioned, followed up and evaluated. All stakeholders including residents, representatives, volunteers and staff are encouraged to contribute to the pursuit of continuous improvement. Staff are knowledgeable about the process and residents reported satisfaction with the care and service provided.

Recent improvements in relation to management systems, staffing and organisational development include:

- Restructure of the management of aged care from two individual unit managers to one aged care manager and one documentation manager resulting in standardised systems and processes across the two homes.
- Introduction of an electronic system for the management, planning and reporting of the home’s continuous improvement program resulting in a more user-friendly system, the ability to link activities to the corporate plan and better monitoring of actions through a range of reporting functions.
- Introduction of an electronic policy and procedure system resulting in improved document control and prompt access for staff.
- Review of the home’s committee structure, terms of reference and agendas including the introduction of a standard reporting format for committee members, tabling of relevant publications and risk registers resulting in more effective and efficiently run meetings.
- Introduction of a number of full day mandatory training sessions each year to cover all required education including quality, risk, no lift, documentation, cardiopulmonary resuscitation, fire and infection control resulting in a dramatic increase in attendance.

Review and improved staff personnel files including improved filing systems and labelled dividers resulting in easier access and faster retrieval of information.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home subscribes to a legislative update service and has access to information from industry peak bodies. Policies and procedures are developed, reviewed and updated

according to legislation, standards and codes of practice. Information regarding changes and updates to legislation are distributed to staff through memoranda, education and meetings. The home has a police check register for staff, contractors and volunteers and a system in place to ensure that this register is maintained.

### **1.3 Education and staff development**

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

#### **Team's recommendation**

Does comply

Staff at the home have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively. The education coordinators and management at the home analyse training needs using information gained from staff performance appraisals, incident reports, audits, staff meetings and surveys. Information on upcoming education sessions is available to all staff via the home's newly established email system, memoranda and on the yearly education calendar which is available to staff throughout the home. The home has a mandatory training program in place and staff attendance records are completed to ensure staff have attended these sessions throughout the year. Examples of recent and upcoming education provided for staff under Standard One include:

- E-mail – education on the use of the home's newly implemented email system.
- Know your awards – education for managers responsible for staff management.
- Budget management software education for management.
- Aged care funding instrument (ACFI) in practice.

### **1.4 Comments and complaints**

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

#### **Team's recommendation**

Does comply

Residents, their representatives and other interested parties have access to internal and external complaints mechanisms without fear of retribution. Residents are informed of both internal and external processes through an information pack on entering the home, information and brochures on display and it is discussed at resident meetings. A review of documentation confirmed that complaints are actioned appropriately and in a timely manner. Residents are aware of the complaints process.

### **1.5 Planning and leadership**

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

#### **Team's recommendation**

Does comply

The home's vision, mission and values are clearly documented in resident and staff information and displayed around the home. Management are actively working to achieve their mission through the development of six key result areas which are monitored through monthly reports to the boards and are used to develop departmental based annual improvement plans. The team observed and documentation confirmed the home's commitment to a high standard of quality care and service.

## **1.6 Human resource management**

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

### **Team's recommendation**

Does comply

The home has appropriately skilled and qualified staff to deliver clinical and non-clinical services. Health and personal care is provided mostly by personal care workers and registered nurses division two who have 24 hour access to a registered nurse division one either at the home or in the co-located hospital or nursing home. Management reported that they have a full compliment of permanent staff and access additional staff if required from their casual bank. Appropriately skilled and qualified lifestyle, hospitality and administrative staff complement clinical services. The home's recruitment processes ensure they employ appropriately skilled and qualified staff and they monitor skills and manage performance through education, performance appraisals, observation and supervision. Staff reported adequate numbers of staff to accommodate residents' needs and spoke highly of the teamwork during the recent gastroenteritis outbreak. Residents informed the team that staff are helpful, kind and responsive to their needs.

## **1.7 Inventory and equipment**

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

### **Team's recommendation**

Does comply

The home has systems in place to ensure adequate levels of appropriate goods and equipment are maintained for the delivery of quality service. The home's system includes policies and procedures, ordering systems, stock rotation and an asset register. Daily maintenance requests are attended to in a timely manner and electrical equipment is tested and tagged as required. New equipment is trialled prior to purchase and staff provide feedback on its suitability and are trained in its use. Residents, their representatives and staff reported satisfaction with the access and quality of goods and equipment at the home.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

The home has effective information management systems in place. The home utilises a number of electronic systems to manage their information. Staff are informed of new information through emails, memorandums, and noticeboards or at meetings. Personnel files, resident agreements and resident files are stored securely. Staff reported adequate access to information to help them perform their roles and residents reported that they are well informed through meetings, noticeboards and monthly activity planners.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

Externally sourced services are provided in a way that meets the home's needs and service quality goals. Formal contracts or memorandums of understanding are in place for larger and more frequent external service providers. Contractors are given a contractors handbook to ensure they are aware of the home's systems and processes and management monitor insurance and work-cover registrations. The home monitors the performance of external services informally and issues are dealt with by management. Staff confirmed they are satisfied with the current external services and suppliers at the home.

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

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

### **2.1 Continuous improvement**

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

#### **Team's recommendation**

Does comply

Moyneyana House actively pursues continuous improvement in relation to residents' health and personal care. The home has an annual improvement plan that includes a number of clinical projects, audits and reviews. Incident and infection data is reviewed, analysed and action is taken to improve, if required. Residents reported satisfaction with the way their health is maintained and managed.

Recent improvements in relation to residents' health and personal care include:

- Restructure of the management of aged care from two individual unit managers to one aged care manager and one documentation manager resulting in standardised systems and processes across the two homes.
- Review of medication management in collaboration with nursing, pharmacy and general practitioners including improvements in the management of alerts and allergies, enhanced processes to manage resident identification and photographs, and improved compliance with the appropriate completion of medication charts.
- Review of the transfer process and associated documentation in liaison with other regional health services resulting in an envelope which includes basic information about the home and important information about the resident to assist in the smooth transfer of residents.
- Improved 'focus day' review process by introducing prompts to support staff in the review and evaluation of care planning.
- Introduction of a documentation manager resulting in improved documentation ensuring that all required assessments and reviews are completed within a timely manner.

### **2.2 Regulatory compliance**

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

#### **Team's recommendation**

Does comply

The home has systems that ensure information related to legislation, regulatory compliance and other standards and guidelines are made available to staff. Registered nurses division one and two provide management with their annual registration information. Management advise staff of updates to guidelines and legislation affecting their work practices through memoranda, meetings and electronically via email.

See Expected outcome 1.2 regulatory compliance for more information.

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

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

#### **Team's recommendation**

Does comply

Staff at the home have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively. Recent and upcoming education provided for staff under Standard Two includes:

- Nutrition
- Continence product selection, fitting and types of incontinence
- Leading high quality care
- Using the diabetes management flow chart.

See Expected outcome 1.3 Education and staff development for more information.

### **2.4 Clinical care**

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

#### **Team's recommendation**

Does comply

The home demonstrates that residents receive care which is appropriate in meeting their needs. Residents are assessed upon entry to the home and a resident care plan is developed using the home's electronic care planning program. Formal care evaluations are attended during the home's resident focus day each month and a registered nurse division one is available 24 hours per day and is responsible for the overall management and monitoring of clinical care. The home has access to a range of allied health professionals and services and refers to them when required. Instructions or prescribed changes to care are documented in the homes progress notes and care plans and followed through accordingly. Incidents with a clinical focus are documented, reported and the initial treatment provided is appropriate and timely. Residents interviewed confirmed that they are satisfied with the standard of 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 recommendation**

Does comply

Residents specialised nursing care needs are identified upon entry to the home and a resident care plan is developed. Care is reviewed regularly throughout the residents stay or when changes in the residents' condition warrant re-assessment. Registered nurses monitor the initial assessment and ongoing review of residents with specialised nursing care needs and representatives are informed of changes to care or condition in a timely manner. Local doctors and allied health professionals visit the home regularly and are involved in the ongoing management and care of residents with specialised nursing needs. Residents and representatives confirmed that they are satisfied with the standard of specialised nursing care offered 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 recommendation**

Does comply

Residents are referred to appropriate health specialists in accordance with their needs and preferences. The home has access to a range of allied health services and calls on their expertise when needed. Services available to residents at the home include a physiotherapist who visits twice weekly, a dietician, diabetes educator, podiatrist and continence nurse, who each visit the home on a weekly basis. Instructions or prescribed changes to care are documented in the homes progress notes and care plans and are followed through accordingly by care staff. Residents and their representatives are informed of visiting health services in a timely manner and are referred individually as required.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

The home has policies and procedures in place that guide staff to administer medications according to legislative requirements. Registered nurses administer medications from the original packaging and schedule eight poisons are stored, managed and administered appropriately. Medication that requires refrigeration is stored in a refrigerator used specifically for this purpose, the temperature of which is monitored and adjusted. Medication such as eye drops, topical creams and oral suspensions are dated, labelled and stored appropriately ensuring individual use. Residents' medication requirements are assessed upon entry to the home, monitored by a registered nurse and a clinical pharmacist conducts an annual review of each resident's medication.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Files reviewed indicate that residents are assessed for pain on admission and on an ongoing basis. Care is evaluated during the homes resident focus day program or when a change in the resident's condition indicates that a review is necessary. A registered nurse division one is available 24 hours a day and is responsible for the overall management of resident care, including pain monitoring and management. Staff interviewed confirmed that they are able to identify residents who are at risk of experiencing pain and can recognise the various non verbal signs of pain in residents who are unable to speak. Residents and representatives confirmed that they are happy with pain management processes within the home.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

In consultation with the resident and their representative, preferences for end of life treatment are documented and a plan is devised upon entry to the home. The home has access to external services in order to seek assistance and advice when necessary. The home has

sufficient equipment and resources available to provide care to residents nearing the end of their life and provides a supportive environment for friends and relatives.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Nutritional requirements are assessed on entry to the home. Residents with specific dietary requirements are identified, their likes and dislikes recorded and these preferences communicated to the kitchen. Files reviewed indicated that residents are weighed routinely during the homes resident focus day program or more frequently depending on their diagnosis. Allied health professionals such as a speech pathologist and dietician are consulted when required and residents with swallowing difficulties are provided with texture modified food and fluids when indicated. The team observed that there were sufficient staff available to assist residents with their meals and those interviewed said that they are happy with the choices, quantity and quality of meals provided to them.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

The home has processes in place to ensure that residents’ skin integrity is maintained effectively. Residents are assessed upon entry to the home and care plans are devised consistent with their general health. Residents with skin breakdown are assessed by suitably qualified staff, referred to specialists if required and have individualised wound care plans devised to treat the wound. Staff interviewed stated that they receive education on effective wound management practices and the team observed that residents have access to sufficient supplies of appropriate dressing materials.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

The initial assessment of each resident’s continence needs is attended upon entry to the home. Individual needs are assessed and a care plan is developed and reviewed as part of the homes care planning process, or when the resident’s needs change. Staff receive education relating to continence management and the use of appropriate products. Toileting programs are developed for those residents that require them and the home refers to allied health staff when indicated. Staff stated that the home has sufficient supplies of equipment and aids to meet residents’ needs and residents stated that care staff assist them to manage their continence care in a timely and discreet manner.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

The home has systems in place to assist staff in effectively managing resident behaviours. After a settling in period all residents are assessed with input of representatives and a comprehensive care plan is devised with strategies to manage or prevent the incidence of complex or challenging behaviours. Staff complete incident reports relating to instances of challenging behaviour when appropriate and referrals are made to allied health services when required. Staff confirmed that they have received education on managing residents with challenging behaviours.

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

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

#### **Team’s recommendation**

Does comply

In consultation with residents and their representatives, the home assesses each resident’s capacity in relation to mobility and dexterity upon entry. Residents have access to allied health services such as a physiotherapist (who visits the home twice weekly) and an occupational therapist when required to enable optimum functioning. Staff monitor those residents most at risk of falling and with the assistance of a visiting physiotherapist offer a number of activity programs designed to promote continued mobility and dexterity. The home records falls, identifies specific causes and implements strategies to manage these.

### **2.15 Oral and dental care**

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

#### **Team’s recommendation**

Does comply

Residents are assisted by staff to maintain their oral and dental health. Oral health assessments are made following entry to the home to identify any specific assistance that the resident might require and the home uses a speech pathologist to identify residents who may have swallowing difficulties. Residents who are able are encouraged to maintain independence with their oral care and to maintain association with their existing community dental service. Visiting dental services are available to residents at the home if required.

### **2.16 Sensory loss**

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

#### **Team’s recommendation**

Does comply

A sensory assessment is completed on all residents upon entry to the home and any deficits identified are entered into the resident’s care plan. Care is reviewed on a monthly basis throughout the resident’s stay or when changes in the resident’s condition warrant re-assessment. The home has adequate facilities to safely store and manage any aides required by the resident. Staff confirmed that they assist residents to use aides prescribed for them and documentation illustrates that staff maintain these devices appropriately. The home has access to external specialists and refers to these services when indicated.

## **2.17 Sleep**

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

### **Team's recommendation**

Does comply

Upon entry to the home, an assessment is carried out and a care plan developed for each resident. Residents interviewed stated that they are encouraged to maintain previously effective sleep patterns and files reviewed indicated that residents are reassessed when staff notice there is a variation to usual sleep patterns. Medication charts reviewed indicated that residents who require assistance to sleep are monitored by their doctors and these medications are administered appropriately.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

Moyneyana House has a system in place for monitoring and improving outcomes relating to resident lifestyle. Ideas for improvement are sourced from surveys, networking with other homes, research, attendance records and meetings. Feedback on improvements is communicated to residents by noticeboards and resident meetings. Residents reported satisfaction with activities provided at the home.

Recent improvements in relation to resident lifestyle include:

- Introduction of a social inclusion project where activity staff and film makers interview a range of residents to capture their individual stories about their journey from the community to the home. Staff reported that residents have thoroughly enjoyed participating in the project and they plan to use the film to assist new residents adjust to their new home.
- Introduction of chooks and a chook house for residents, who have volunteered to assist with caring for them resulting in great satisfaction and meaningful activities for the residents.
- In response to resident feedback that they would like more weekend activities, the home purchased a cable television program and now hold regular movie sessions. Residents spoke highly of this initiative.
- Introduction of a volunteer recruitment project resulting in an increase in volunteers.
- Introduction of a new resident activity attendance sheet to capture more information about the level of resident participation to assist in evaluating residents needs.
- Introduction of a men’s group to accommodate the increasing number of men at the home.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

Management and staff have access to relevant legislation relating to standard three. Residents and representatives receive required information upon entry to the home and the resident agreement provides information relating to privacy, security of tenure and rights and responsibilities.

See expected outcome 1.2 Regulatory compliance for more information.

### **3.3 Education and staff development**

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

#### **Team's recommendation**

Does comply

Staff at the home have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively. Recent and upcoming education provided for staff under Standard Three includes:

- Overview of resident rights
- Diversional therapy two day conference
- Certificate four in leisure and lifestyle (two staff are currently completing).

See Expected outcome 1.3 Education and staff development for more information.

### **3.4 Emotional support**

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

#### **Team's recommendation**

Does comply

The home has systems in place to support residents' emotional needs in adjusting to their new home and on an ongoing basis. Management and staff offer new residents emotional support on admission through tours of the home, meetings with management, pre-entry lunch, comprehensive information packages, regular visits from activity and care staff, introductions to other residents and one-to-one time to establish trusting relationships. Residents' individual emotional needs are assessed regularly and are clearly documented in their care plan. Progress notes confirmed that staff provide residents with ongoing emotional support and are perceptive to residents' emotional needs. Residents informed the team that staff assisted them to settle into their new home.

### **3.5 Independence**

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

#### **Team's recommendation**

Does comply

The home demonstrates that residents are supported to achieve optimal independence, maintain friendships and community links. The home's assessment and care planning process identifies residents' ability and preference for social interaction and community participation. Community links are encouraged by offering outings, welcoming community visitors and supporting residents to continue to visit their local community groups. Residents reported that the home encourages them to be independent and residents spoke highly of the 'shooter program' that has helped them gain confidence to participate in the life of the community within and outside the home.

### **3.6 Privacy and dignity**

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

#### **Team's recommendation**

Does comply

Management ensure residents' privacy, dignity and confidentiality is recognised and respected at all times. The home's privacy policy ensures that all personal and health information pertaining to residents and staff remains confidential. On admission residents are asked about their preferences relating to publishing their name and images. All staff sign a confidentiality agreement annually. Staff were observed interacting with residents with dignity and respect at all times. Residents commented that they are very happy with the way their privacy and dignity is maintained.

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

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

#### **Team's recommendation**

Does comply

The home's activity program encourages and supports residents to participate in a range of activities. A social and leisure profile is completed on entry to the home and used to develop an activity care plan which covers residents' physical, cognitive, emotional, social, creative, cultural, sensory and spiritual needs and preferences. The home's activity planner offers a variety of activities including spiritual and religious services, outings, exercise and social activities such as happy hour and entertainment. Residents' attendance and participation is recorded and their care plans are evaluated regularly. The home evaluates the effectiveness of their program through feedback received at resident meetings and in surveys. Residents reported satisfaction with the activities provided 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 recommendation**

Does comply

The home identifies, fosters and respects residents' individual interests, spirituality, beliefs and culture. Residents are assessed on entry to the home and specific information on their individual cultural background and spirituality is reflected in their care plan. Spiritual and religious needs are met through offering multi-denominational church services, rosary, weekly communion and memorial displays. The home acknowledges significant events such as birthdays, Christmas, Anzac Day and the football finals as per residents' request. Staff have access to a recently updated cultural diversity kit if required. The home monitors the effectiveness through resident surveys and meetings. Residents confirmed that their cultural and spiritual needs are 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 recommendation**

Does comply

The home is committed to promoting and respecting resident choices and their decisions. Residents participate in decisions about the care and service they received including their participation in activities, routine for personal care and what meals they like. Residents presenting with reduced decision-making capacity are identified and their authorised representatives are involved with making decisions on their behalf. Staff stated that they are aware of residents' individual preferences and confirm these regularly by speaking directly to the resident or their representative. The home encourages residents to attend resident meetings to discuss their views and concerns. Residents confirmed they have input into the services they receive.

### **3.10 Resident security of tenure and responsibilities**

*This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".*

#### **Team's recommendation**

Does comply

The home has systems in place to ensure residents have secure tenure within the home and understand their rights and responsibilities. A welcome pack of information is provided for all residents and the resident agreement contains information about rights and responsibilities, complaint procedures, terms of tenure and the schedule of specified services. Management stated that they are always available to explain the information or suggest that they seek expert or independent advice. Residents' confirmed that they were provided with comprehensive information.



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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Moyneyana House pursues continuous improvement to ensure residents live in a safe and comfortable environment. Information from resident and staff feedback, hazard alerts, maintenance requests and incident data is used to identify areas for improvement in this area. Issues are addressed immediately where possible, or added to an annual improvement plan, if more time is required. Residents reported satisfaction with the living environment.

Recent improvements in relation to the environment include:

- Introduction of a major review of the menu by a recognised nutritional consultant including the introduction of information for residents and improved process to capture and measure residents’ satisfaction and input.
- Review of the food safety plan in consultation with an external consultant resulting in a new more comprehensive plan that fully complies with food safety standards and best practice guidelines.
- Review of the emergency services manual and the development of emergency response booklets in reference with Australian Standards resulting in clearer information for staff to minimise and manage fire and emergency risks.
- Introduction of a number of cleaning schedules, check sheets and procedures in the laundry to assist staff identify and manage potential issues and assist new or casual staff understand the requirements of the role.
- Introduction of an asset register and bar coding of all assets resulting in a more systematic maintenance and asset replacement program.
- Upgrade and increase of the rain water tank capacity by 60,000 litres to 380,000 litres.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Management identifies changes in legislation relating to standard four via information received from professional associations and legislative update services. Fire safety certification, food safety and food premises registration are current and demonstrate compliance with regulatory requirements. The home has a system to monitor staff attendance at mandatory training and has policies and procedures in place for occupational health and safety, infection control, fire and food safety. See Expected outcome 1.2 Regulatory compliance for more information.

#### **4.3 Education and staff development**

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

##### **Team's recommendation**

Does comply

Staff at the home have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively. Recent and upcoming education provided for staff under Standard Four include:

- Infection control
- Pandemic influenza training
- Manual handling
- Fire and safety training
- Manual handling.

See Expected outcome 1.3 Education and staff development for more information.

#### **4.4 Living environment**

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

##### **Team's recommendation**

Does comply

Management is working to provide a safe and comfortable environment for residents. Residents are accommodated in uncluttered single bedrooms with ensuites and have access to clean and well-maintained communal areas. Sufficient and appropriate furniture is provided for residents and a comfortable temperature and ambience maintained. Routine and some preventative maintenance are carried out. The home reviews its practices for providing a safe and comfortable environment through annual resident satisfaction surveys and regular workplace inspections. Residents reported satisfaction with the internal and external living environment and said that they feel comfortable at the home.

#### **4.5 Occupational health and safety**

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

##### **Team's recommendation**

Does comply

The home has a comprehensive occupational health and safety program overseen by an occupational health and safety manager. The home's active occupational health and safety committee with trained management and staff representatives report and analyses staff incidents, workplace inspection reports, audit results and hazard alerts to ensure a safe working environment for staff. The home also has current material safety data sheets, a 'no lift' program, staff training in lifting equipment, job safety analysis program for contractors, an electronic thermo-graphic imaging program and microwave radiation safety program. The effectiveness of the occupational health and safety program is measured through a range of performance indicators and an annual staff survey. Staff spoke highly of the program and demonstrated knowledge and understanding of safe work practices.

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

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

##### **Team's recommendation**

Does comply

Management and staff are working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Systems in place to minimise emergency risks include a recently updated emergency services manual, development of emergency response booklets, testing of fire detection and fire fighting equipment by qualified personnel, Unobstructed emergency exits, clear evacuation maps, workplace inspections, electrical equipment testing and tagging program, daily resident mobility and whereabouts list, smoking policy, fire warden training for all senior staff and mandatory training in fire and emergency response for all other staff at orientation and annually. The home is secure with key pad entry for external doors and staff have access to both internal and external duress alarms. Staff interviewed are confident in the home's emergency procedures and confirmed attendance at training. Residents stated that they feel safe and secure in the home.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

Management demonstrates its infection control program is effective in identifying and containing infection. Guidelines and kits for the management of outbreaks are accessible to staff who demonstrate appropriate knowledge to minimise the potential spread of infection. Staff confirm they have adequate supplies of personal protective equipment and access to contaminated waste disposal. Management recently reviewed the home's food safety plan in consultation with an external consultant and implemented appropriate responses. Staff have received education in relation to the food safety program and cleaning and laundry practices are inline with infection control requirements.

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

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

##### **Team's recommendation**

Does comply

Hospitality services are provided in a way that enhances residents' quality of life and staff's working environment. Residents receive freshly cooked food according to a four week rotating menu and are offered a choice at each meal. The home has recently undertaken a major review of the menu by a recognised nutritional consultant and introduced a new food safety plan. Cleaning services for residents' rooms and communal living areas are conducted according to duty statements and inline with the home's infection control procedures. Laundry services are provided for residents' personal laundry and meet health and safety and infection control requirements. Chemicals used are automatically dispensed into machines and current material safety data sheets are available. Residents' confirmed satisfaction with the catering, cleaning and laundry services provided.