



Aged Care
Standards and Accreditation Agency Ltd

Murroona Gardens

RACS ID 5192

West's Lane

BOWEN QLD 4805

Approved provider: Bowen Old Peoples Homes Society

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 8 December 2015.

We made our decision on 22 October 2012.

The audit was conducted on 11 September 2012 to 13 September 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Murroona Gardens 5192

Approved provider: Bowen Old Peoples Homes Society

Introduction

This is the report of a re-accreditation audit from 11 September 2012 to 13 September 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 11 September 2012 to 13 September 2012.

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

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

Assessment team

Team leader:	Lyntara Quirke
Team member:	Beverley Wellington

Approved provider details

Approved provider:	Bowen Old Peoples Homes Society
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Details of home

Name of home:	Murroona Gardens
RACS ID:	5192

Total number of allocated places:	30
Number of residents during audit:	28
Number of high care residents during audit:	15
Special needs catered for:	N/A

Street/PO Box:	West's Lane	State:	QLD
City/Town:	BOWEN	Postcode:	4805
Phone number:	07 4791 3311	Facsimile:	07 4785 1926
E-mail address:	don@murroona.com.au		

Audit trail

The assessment team spent 3 days on-site and gathered information from the following:

Interviews

	Number		Number
Chief Executive Officer	1	Residents/representatives	7
Business Manager	1	Physiotherapist	1
Director of Nursing	1	Occupational therapist	1
Registered and enrolled nurses	6	Diversional therapy staff	2
Care staff	2	Laundry staff	1
Management support staff	2	Cleaning staff	1
Catering staff	2	Maintenance staff and contractors	2

Sampled documents

	Number		Number
Residents' files	5	Medication charts	8
Summary/quick reference care plans	5	Personnel files	10

Other documents reviewed

The team also reviewed:

- Activities calendar
- Assessment tools
- Building certification
- Care consultation reports
- Cleaning services and cleaning specifications
- Communication book
- Compliments and complaints
- Continuous quality improvement plans
- Daily treatment lists
- Fire/security and other emergencies policy and evacuation plan
- Fire safety certificate
- Fire safety management plan
- Food licence certificate
- Food safety plan
- Handover notes
- Hazard register
- Infection log

- Material data sheets
- Medication ordering processes
- Medication refrigerator temperature log
- Meeting minutes
- Menu
- Minutes of staff and residents meetings
- Monthly clinical reports
- New resident admission forms
- Occupational Therapy documentation
- Pain assessment charts
- Physiotherapy documentation
- Police checks
- Resident agreement
- Residents' and staff information handbooks
- Restraint charts
- Service agreements and external contractor records
- Skin incident log
- Training schedules, records of training and staff competencies
- Wound management charts Audit schedules, audits and quality action plans

Observations

The team observed the following:

- Activities in progress
- Ant-bacterial hand gels
- Charter of residents' rights and responsibilities
- Cleaning in progress
- Coded entry and exit points
- Colour coded equipment
- Electronic documentation
- Equipment and supply storage areas
- Information storage areas
- Interactions between staff and residents
- Interactions between staff and residents
- Internal and external living environment
- Living environment
- Midday meal service and delivery
- Notice boards and brochures
- Personal protective equipment in use

- Sharps containers
- Spill kits
- Storage of medications

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Muroona Gardens (the home) has a continuous improvement system including processes for the identifying of improvement opportunities and implementing and monitoring improvement solutions. The home identifies improvement opportunities from suggestion forms, staff and resident meetings, verbal suggestions, risk reports, incident reports, comments and complaints and audits/surveys results. Improvements are discussed at staff and resident meetings and are actioned and monitored through action plans. Feedback is provided through staff and resident meetings and staff memoranda. Staff and residents demonstrated an understanding of these processes and stated they worked effectively and management encourage them to use forms to make suggestions for improvement.

Improvement initiatives implemented recently by the home in relation to Standard 1, Management systems, staffing and organisational development include:

- Following a review of all the homes meeting schedules and content of meetings, management have revised meeting schedules, arranged for standardised agenda items to be included in all meetings and advised staff and residents of updated procedures. Feedback from staff and residents is positive about the changes.
- The Director of Nursing has recently reviewed the home's electronic care management system and received additional training and support to implement additional features, such as streamlined reporting and payroll into the program. Feedback indicates these features are beneficial and time saving.
- Following difficulties in recruiting permanent qualified nursing staff to the area, the home has sponsored two overseas nursing recruits to permanent positions. Management stated these staff are providing good continuity of care to residents.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

There are systems to capture changes to relevant legislation, regulatory requirements, professional standards and guidelines. These systems include membership of the peak body representing aged care, subscriptions to organisations providing information on such changes, access to websites, attendance at professional seminars and education sessions, and subscriptions to professional journals. These changes are communicated to staff through

meetings, education sessions where required and memoranda, and can be accessed at any time via updated policies and procedures available through the homes' intranet and elsewhere. Staff police certificate checks are conducted and residents and relatives had been notified of the forthcoming re-accreditation audit. Staff indicated they are provided with adequate information on changes to legislation and regulatory requirements relevant to their work area and compliance with these changes is monitored via the audit process and supervisor observation.

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 has a range of strategies to ensure staff have appropriate knowledge and skills. The performance appraisal process identifies general educational needs, a review of incidents and accidents, special needs of new residents and observation of floor practice, and from this an education plan is developed. The home supplements the formal training plan with education sessions as they are identified in response to residents' changing care needs. Competency assessments also form part of staff skills and are commenced at orientation for new staff and conducted on an ongoing basis. The home offers a range of training opportunities via DVD sessions, using senior staff, product and service suppliers and off-site courses and conferences. Staff report management is responsive to their learning needs and all training is provided during hours suitable for them. Examples of education provided include support for staff to upgrade their qualifications, bullying and harassment and understanding accreditation.

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

Residents/representatives are informed of internal and external comments and complaints mechanisms on entry to the home, through the residential care agreement, the resident handbook and at resident meetings. Information leaflets and a secure suggestion box with information displayed and forms available are situated at the entry to the home. Staff are aware of the complaints process and how to assist residents to lodge a complaint when required. Management accepts the responsibility to log and action complaints through to resolution. Residents/representatives reported they felt comfortable bringing issues of concern to staff and management.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's philosophy, shared beliefs, mission, vision and values and goals are documented in the staff and resident handbooks and displayed on a poster in the home. These documents, as well as the continuous quality improvement policy, are the subject of discussion during the orientation of new staff and promoted through discussions at staff and resident meetings.

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 ensures appropriately skilled and qualified staff through its human resource procedures, which include selection criteria at recruitment, reference checks, position descriptions, performance reviews and training and education opportunities. Regular reviews of the roster takes resident acuity, staff changes and staff needs into account and ensures correct skills mix and staff sufficiency are maintained. Roster gaps on a daily basis are filled using existing staff. New staff have buddy shifts and supervisors to guide them through the probationary period. Staff are generally satisfied there are sufficient staff to enable them to complete their duties and attend to residents in a reasonable time. Residents are satisfied with staff responses to requests for assistance.

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 appropriate and sufficient supply of goods and equipment to ensure quality service for residents. Incoming goods are checked for quality and if applicable, for fitness of purpose. Food, chemicals, medications and equipment are safely stored and are rotated as required. Management researches new equipment based on identified need, trials it and ensures staff are trained in its use. Staff and residents confirm they have access to sufficient equipment and supplies in all areas of the home's service delivery.

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 established processes to identify and record key information and changes to resident care, quality improvement, administration, financial, human resource and maintenance needs. Residents/representatives, staff and other stakeholders have access to information on the processes and general activities and events of the home via internal email, memoranda and meetings for staff and residents/representatives. Electronic and paper based records are maintained by the home, information is securely stored, access to information is based on designation and computer based information is password protected and backed up daily. Monitoring of the information management system occurs through internal auditing processes and staff feedback. Communication processes between staff are effective in ensuring they receive information relevant to their role. Staff and management analyse a range of clinical and management data and this information is discussed at meetings. The home is guided by organisational policies and procedures to guide staff practice and information is archived, stored and destroyed according to organisational policy and legislative requirements. Residents and staff are satisfied information is communicated effectively either verbally or in writing.

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 written service agreements in place with external services to ensure all areas of residential care needs are met. These agreements detail the quality expectations of the home and the type and frequency of service provided by the contractors. Processes are in place to monitor and evaluate services provided. Contracts in existence are for varying periods and stakeholders have input to the renewal as appropriate. All contractors are required to sign in and out of the home when they visit. Management and staff are satisfied externally sourced services meets the service quality goals.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Improvement initiatives implemented recently by the home in relation to Standard 2, Health and personal care include:

- Following re-assessment of residents' continence needs and the appointment of a continence coordinator, the home has streamlined the use of continence aids to meet each resident's individual requirements. This has resulted in improved control over continence product supplies, improved cost effectiveness and improved continence management for residents.
- Following a review of the safety needs of residents, the home procured eight additional sensor mats for residents at risk of falling when mobilising unassisted. The sensor mats are for use by the nursing home and hostel and staff stated they alert staff when residents leave their bed and accelerate staff response time, thus reducing falls risks.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance processes.

In relation to expected outcome 2.2, management maintain and monitor the systems to manage residents' care planning in accordance with the *Quality of Care Principles 1997*, protocols for medication management, and the reporting of unexplained absences as set out in *The Accountability Principles 1998*. Staff demonstrated knowledge of their legislative responsibilities under Standard 2 outcomes.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples of education provided include (but are not limited to): dementia care, skin integrity management, mental health and the elderly and medication management. Staff demonstrated their clinical and care knowledge and responsibilities under Standard 2 outcomes.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Registered nurses perform assessments of residents care needs when they first enter the home and at regular intervals. The assessments form the individual care plans guiding staff practice. Registered nurses review care plans regularly, in consultation with resident/representatives, medical officers and other health professionals to ensure care provided to residents is relevant to their changing needs. The home uses the electronic and paper care documentation system, handover processes and sheets and communication books and diaries to ensure staff are informed of residents’ care needs. The home uses audit processes and trending of clinical indicators and incidents to monitor and evaluate the quality of care provided to residents. Residents/representatives are satisfied the care residents receive is appropriate to their needs and they are consulted when necessary.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Registered nurses are on site at the co-located nursing home 24 hours each day to identify residents with specialised nursing care and to develop and review care plans as residents’ needs change. Complex and specialised nursing care is delivered by qualified nurses who demonstrate appropriate skills and who work within their level of expertise. Referrals to allied health professionals occur as necessary and changes are documented in progress notes and care plans and communicated to relevant staff in a timely manner. Staff receive education and have access to resources and equipment to enable residents’ specialised nursing care needs to be met. Residents/representatives indicate satisfaction with the specialised nursing care provided.

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 established processes for referral to medical and allied health professionals including physiotherapy, podiatry, dietician and dental and optical services. The home utilises the local hospital for speech pathology and has access to telephone assistance with mental health issues. Outcomes of referrals, including instructions for ongoing care, are implemented and documented as required. Staff demonstrate an understanding of circumstances prompting referral and are aware of referral processes. Residents are satisfied they are referred to a range of health specialists as required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home’s medication management system includes the supply of multipacked medications, individually packed medication, controlled drugs and an emergency imprest system. Enrolled nurses and medication endorsed assistants in nursing administer residents’ medications. General practitioners review the medication charts, which include information identifying the resident, their allergies and administration orders. Residents’ medications are stored securely according to recommended storage advice and legislative/regulatory requirements. Registered nurses oversee the administration of all ‘as required’ (PRN) medications and ensure the administration, dose use and effectiveness is recorded as required. The home monitors the medication system through the recording of medication incidents and regular audits conducted by the pharmacist and the clinical nurses. Residents/representatives report satisfaction with the management of medications and the assistance provided by staff.

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

Registered nurses develop pain management care plans in consultation with the resident, general practitioner and other health professionals including the physiotherapist if required. Residents’ pain is reassessed and all residents with ongoing pain management strategies have at monthly three day pain assessments of the effectiveness of pain relieving strategies. Pain management strategies include gentle massage, positional change, use of pressure relieving devices, distraction, administration of analgesics, including topical analgesic patches and application of liniments/creams. Residents are satisfied their pain is managed effectively and staff are responsive to their changing needs.

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

Residents’ terminal care needs and wishes are identified on entry if appropriate and as residents’ needs change. Copies of advanced health directives and enduring power of attorney documents are located within the residents’ files for staff reference. Residents’ care plans are altered according to their needs and emotional support is provided to residents and their families by nursing staff, diversional therapists and religious representatives and consideration is given to cultural and religious values. Alternative care options are discussed with the resident and their family as care needs increase. Staff utilise external resources and specialty equipment to ensure terminally ill residents’ comfort and dignity.

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

Registered nurses identify residents’ nutrition and hydration needs through the initial and ongoing assessment and review processes and develop care plans reflecting residents’ dietary needs and preferences. Residents’ body weight is monitored and unplanned weight loss or gain is recorded with referrals made to the medical officer and dietician. Strategies recommended are implemented and include assistance with meals, provision of texture modified diets, dietary supplements and increased food/fluid intake and weight monitoring. The menus utilised at the home are reviewed by the dietician, provide choice and variety and accommodate residents’ needs and preferences. Staff ensure residents receive adequate nourishment and hydration, assisting residents as required. Residents report satisfaction with the quantity and quality of food and fluid received.

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

Registered nurses identify residents’ skin care needs during assessment and reassessment processes and record interventions used to maintain skin integrity in the care plan. Consultation occurs with other health professionals and skin tears and wounds are documented on the wound management plan. Skin and wound care products are utilised and equipment such as emollient creams, pressure relieving mattresses, sheepskins, heel and limb protective devices are available to maintain, protect or improve residents’ skin. Manual handling equipment is provided to support residents’ safe transfer and mobility and staff receive education in manual handling. The incidence of skin integrity impairment and its cause is recorded and monitored and wound care is attended by registered or enrolled nurses. Residents are satisfied with the care received in relation to 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

Residents’ continence needs and preferences are identified through assessment and reassessment processes using specific assessment tools that consider each resident’s bowel and bladder patterns. Interventions are identified for residents and information is transferred to the care plan. Strategies such as programmed toileting, bowel management regimes, dietary modification, hygiene assistance and use of continence aids are recorded, implemented and evaluated for effectiveness by registered nurses. Staff demonstrated an awareness of individual residents’ specified requirements. Residents report staff respect their privacy and dignity when providing continence care and confirm their continence needs are met.

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 has processes for managing the needs of residents with challenging behaviours which include collaboration with the medical officer. The home is able to access specialist mental health services to assist in developing behaviour management strategies through telephone contact. Residents who have a tendency to wander/abscond are accommodated in a secure dementia unit. Care plans outline preventive and management strategies for residents with challenging behaviours. Staff assist residents to maintain their abilities/interests according to their capacity and provide distraction and support during periods of anxiety or agitation. The home has restraint policies to ensure residents safety, freedom and dignity is maintained, however restraint was not in use at the time of our visit. Staff are knowledgeable about interactions with residents with challenging behaviours that support their dignity and individuality.

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

Registered nurses, in association with the physiotherapist and occupational therapist, assess residents’ mobility needs and falls risk and document residents’ requirements in the care plan. Residents’ mobility is monitored regularly and resident falls are monitored and recorded. The home provides mobility aids and equipment to minimise the risk of falls to residents and group exercise programs are provided. Staff receive annual manual handling education to guide and enable them to safely assist residents to mobilise and transfer using appropriate mobility aids as instructed. Residents report satisfaction with the support provided by staff to achieve their optimal mobility and dexterity within and around the home.

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

Care staff assist residents to meet their oral and dental needs and referrals to external oral and dental care providers are available as necessary. Special dietary considerations and palliative care needs are included in the management of residents’ oral and dental care, including the provision of soft and vitamised diets and mouth care where appropriate. Staff have access to appropriate equipment and supplies for the management of residents’ oral and dental care needs. Residents and representatives report satisfaction with the assistance provided by staff in maintaining oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Information about each resident’s sensory losses and the use of assistive devices is assessed and documented in residents’ care plans. Staff assess residents’ ability to participate in programs and adapt activities to the needs of residents with sensory impairments using assistive devices and equipment. Staff demonstrate an awareness of these strategies and processes are in place to ensure the correct use and maintenance of sensory aids. Residents with sensory loss indicate satisfaction with the assistance and support they receive from staff to maintain their optimal sensory function.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Staff collect information about residents’ usual sleep patterns, settling routines and personal preferences. Strategies to promote adequate sleep and rest are used to develop the care plan. Residents identified as having disturbed sleep patterns are referred to medical practitioners. Staff offer residents a range of interventions to assist with sleep, such as supper, repositioning, pain relief and sedatives if prescribed. Residents are satisfied with the home’s approach to maintaining their natural sleep and rest patterns and with the assistance received from staff during times of sleep disturbances.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Improvement initiatives implemented recently by the home in relation to Standard 3, Resident lifestyle include:

- A review of the likes and dislikes of residents identified several residents who like to sing. As a result, the “Murroona Crooners” choir has been established with the assistance of a local choir group. Residents from all areas of the home meet weekly and report positively on the experience.
- Following suggestions from residents, chickens and a chicken run has been acquired. Residents stated they enjoy caring for the chickens.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance processes.

In relation to expected outcome 3.2, management maintain and monitor the mandatory reporting register and residents’ privacy and ensure residents’ security of tenure in line with legislative requirements. Staff demonstrated knowledge of their legislative responsibilities under Standard 3 outcomes.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents’ lifestyle requirements. Examples of education provided include mandatory reporting of

assault and advocacy training. Staff demonstrated their knowledge and responsibilities under Standard 3 outcomes.

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

Following entry to the home residents are given a resident handbook and are orientated to the environment, services, staff and other residents. Regular review processes identify changes or concerns experienced by residents, current strategies used to support residents are discussed during nursing handover and families are consulted about care needs. Management, staff, volunteers and religious representatives provide social and emotional support for residents. Residents confirm satisfaction with the emotional support provided on entry and on an ongoing basis, enabling them to adjust to life within the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents and representatives are consulted to identify residents' preferences for all aspects of life within the home when they enter it. Staff are aware of individual resident's preferences and limitations and provide additional support to residents with special needs to assist them to maintain their independence. The home provides avenues for residents to enjoy the wider community, such as collaborating with the local organisations and churches within the town. Staff assist residents to pursue activities of preference and encourage residents to maintain friendships and cultural/spiritual connections within the home and wider community. Residents state they are able to maintain their independence to their satisfaction and to maintain their relationships with family and friends.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home provides residents with information about their rights on admission to the home and strategies are implemented to ensure residents' privacy and dignity are maintained during all aspects of resident care. Staff sign confidentiality agreements and receive information relating to confidentiality and respect for residents at orientation and education sessions. Residents' personal information is stored securely. Staff demonstrated strategies to maintain residents' privacy and dignity and interact with residents respectfully. Residents and representatives confirm staff are courteous, respect residents' privacy and treat them with 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

Lifestyle staff identify residents' past and current interests, social history, likes and dislikes, beliefs, customs and abilities and develop individualised activity plans. The activities program consists of one-to-one and group activities evaluated through resident feedback, review of participation rates and observations by the lifestyle team. The home has volunteers to assist with activities such as the men's shed and individual sessions and residents are encouraged to attend the community care day centre program, which is held four days each week. The monthly schedule is placed throughout the home and residents are encouraged and assisted by diversional therapists and care staff to attend. Residents are satisfied the home provides interests and activities they enjoy.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home identifies residents' cultural and spiritual needs through discussion with residents and families. Provision is made for the celebration of significant cultural and religious days and residents are able to have family celebrations if they wish. Spiritual support is provided by religious representatives who visit residents according to their requests, as well as regular church services and additional counsel to residents if required. Staff demonstrate an awareness of residents' individual beliefs and backgrounds and have access to cultural resources should they require additional guidance or support. Residents are satisfied with their cultural and spiritual life.

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

Staff identify residents' individual care and lifestyle preferences and information regarding residents' alternative decision-makers is documented and accessed if required. Residents are given information about internal and external complaints mechanisms, advocacy services and their rights and are able to participate in decisions and exercise choices through direct discussions, resident meetings and the comments/complaints process. Staff interactions with residents support residents' choice and decision making in the planning and provision of care. Residents confirm they are able to exercise choice and are satisfied with their involvement in decision making.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and representatives are given written and verbal information regarding service provision prior to entering the home. The documents provided contain information about security of tenure, internal and external complaint mechanisms, orientation processes as well as information regarding each resident's rights and responsibilities. The home ensures all parties understand the terms of the agreement and prospective residents are encouraged to seek independent advice on the terms of the agreement prior to accepting the contract. The organisation ensures there is current information about specified care and service obligations, accommodation fees and charges. Residents stated they feel safe and secure in their home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems include:

- Following a review of outdoor living areas, the home received a grant to provide four external fixed shade areas for residents’ and families’ use. Feedback from residents, staff and families is positive.
- Requests from residents’ has resulted in the home establishing an Internet Kiosk inside the hostel foyer for use by residents. This has enabled residents to learn new skills and establish internet connections with remote families. Residents reported positively on the initiative.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance processes.

In relation to expected outcome 4.2, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and safety, infection control best practice and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 outcomes.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure residents have a safe and comfortable living environment supporting the quality of life and welfare of residents, staff and visitors. Examples of education provided

include (but are not limited to): fire and emergency training, manual handling, infection control and chemical safety. Staff feedback demonstrated their knowledge and responsibilities under Standard 4 outcomes.

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

Processes are in place at the home to provide the residents with a safe and comfortable living environment consistent with their care needs. Communal areas provide residents who are able to access them, places to socialise with visitors and other residents. Routine programmed and preventative maintenance, daily corrective maintenance and cleaning schedules and audits, hazard identification and risk assessment ensures a safe environment both internally and in the outdoor areas. Authorisation is obtained for those residents who may require protective assistance. Security procedures including a nightly lockdown process to optimise the safety of residents and staff after daylight hours. Residents/representatives report satisfaction with the safety and comfort of the internal and external living areas of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's management is actively working to provide a safe environment for staff that meets regulatory requirements through its monitoring systems and its education programs. Audits of the internal and external environment and of the use of chemicals are carried out. Staff are introduced to safe working practices through the initial orientation program, during their buddy shifts, during normal working times by observation of supervisory staff and by annual mandatory training programs. There are daily corrective, as well as preventative, maintenance programs to ensure equipment and infrastructures are kept in a safe working condition. Personal protective equipment is provided for use in appropriate situations and staff were observed to be using it in those situations.

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

Procedures have been established and staff are trained in the processes to follow in the event of fire or other emergency. Training sessions are conducted monthly and training records indicate staff have completed their annual statutory fire training requirement. Fire drills are carried out annually. Fire detection and fighting equipment such as smoke and heat detectors, fire blankets, smoke and fire doors, exit lights and fire extinguishers are maintained on a regular basis. Evacuation plans are displayed throughout the building and

the assembly areas are signed and easily accessible. A certificate of maintenance regarding fire is current. A lock down procedure is followed each evening. Residents are notified of the safety procedures to follow when they enter the home and through resident meetings and all stated they feel safe and believe staff are competent to handle any emergency that might arise.

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 established infection control program, managed by the clinical nurse, based on the reporting of all infections, gathering data on the nature of infections, data analysis, staff education in cross-infection minimisation practices and monitoring performance. Staff have training in infection control during their orientation and an infection control manual is available to guide staff practice. Infection control data is reported to management and actions and practices are implemented to minimise infections. Staff demonstrated understanding of infection control practices. Infection data from the surveillance program indicates an effective response to infections when they have occurred.

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

Catering services are provided to meet residents' dietary needs and preferences identified on admission and an ongoing basis. Meals are prepared in the main kitchen and transported and served in the dining areas. Residents have input into the menu through feedback to staff, resident meetings and surveys. The menu is a four-weekly rotating menu and allows daily meal choices. The kitchen has monitoring systems to ensure food is stored at the correct temperature, stock is dated and rotated and food is served within safe temperature ranges. Cleaning schedules are used to ensure residents' rooms, common areas and service areas are cleaned. All laundry is contracted to an outside laundry service and monitored through the home's service agreement. Staff demonstrated knowledge of the importance of infection control principles to their roles, knowledge of chemicals used and the needs of individual residents. The home monitors the overall effectiveness of hospitality services through resident/relative feedback and environmental and infection control audits and identified deficiencies are actioned in a timely manner. Residents are satisfied with the catering, cleaning and laundry services provided by the home.