



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit South Morang Mews**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit South Morang Mews in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of South Morang Mews is three years until 12 May 2013.

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:	South Morang Mews				
RACS ID:	3648				
Number of beds:	68	Number of high care residents:	32		
Special needs group catered for:	Nil				
Street:	806 Plenty Road				
City:	South Morang	State:	Victoria	Postcode:	3752
Phone:	03 9404 8000		Facsimile:	03 9404 8001	
Email address:	liz@southmorangmews.com.au or roger@musettagedcare.com.au				

### Approved provider

Approved provider:	HDR Aged Care Services Pty Ltd
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### Assessment team

Team leader:	Gillian Walster
Team member:	Val Dudok
Dates of audit:	15 February 2010 to 16 February 2010

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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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
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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	South Morang Mews
RACS ID	3648

### **Executive summary**

This is the report of a site audit of South Morang Mews 3648 806 Plenty Road SOUTH MORANG VIC from 15 February 2010 to 16 February 2010 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 South Morang Mews.

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 February 2010 to 16 February 2010

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:	Val Dudok
Team member:	Gillian Walster

## Approved provider details

Approved provider:	HDR Aged Care Services Pty Ltd
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## Details of home

Name of home:	South Morang Mews
RACS ID:	3648

Total number of allocated places:	68
Number of residents during site audit:	64
Number of high care residents during site audit:	32
Special needs catered for:	Nil

Street:	806 Plenty Road	State:	Victoria
City:	South Morang	Postcode:	3752
Phone number:	03 9404 8000	Facsimile:	03 9404 8001
E-mail address:	liz@southmorangmews.com.au or roger@musettagedcare.com.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit South Morang Mews.

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	5
Registered nurses	2	Representatives	3
Care staff	5	Laundry staff	2
Administration assistant	1	Cleaning staff	2
Catering staff	2	Maintenance staff	1
Activities coordinator	1		

#### Sampled documents

	Number		Number
Residents' files	7	Medication charts	10
Palliative care files and care plans	2	Personnel files	5
Care plans	7	Prudential arrangement files	4

#### Other documents reviewed

- Action plan - Palliative care
- Advocacy brochure
- Alert-special care required
- Assessments
- Assets register
- Audit and quality reports
- Audits
- Average daily participation per month
- Blood sugar monitoring
- Care alerts
- Care plan evaluation record
- Catering forms
- Certification assessment instrument report



- Charter of rights and responsibilities
- Chemical register
- Cleaning manual
- Cleaning procedures
- Cleaning schedules
- Clinical protocols
- Comments and complaints folder
- Communication book
- Competencies and education certificates
- Confidential improvement logs
- Continence aid allocation
- Continuous improvement logs
- Continuous improvement work plan
- Council food audits
- Cultural calendar
- Daily handover cover sheet/communication
- Diabetic management chart
- Dietician report
- Duty lists
- Education needs analysis
- Emergency equipment audit
- Emergency evacuation procedures posters
- Emergency plan
- Emergency preparedness manual
- Equipment test and tagging register
- Essential services log books
- External auditors reports
- External complaints brochure
- Food audit certificates
- Food modification charts
- Food safety program
- Frequency of blood glucose monitoring
- Handover sheet
- Hygiene record
- Identification record for residents with the potential to abscond
- Incident register
- Incoming goods register
- Infection control analysis 2009
- Infections 2009
- Infectious data collection tool
- Injection patch change dates
- Interim care plan
- Job descriptions
- Lifestyle program review
- Lift service registration and servicing report
- Maintenance logs
- Mandatory reporting register
- Material safety data sheets
- Medication register – schedule eight drugs
- Meeting minutes
- Memoranda
- Menu
- Nurse registrations

- Nutrition supplement list
- Orientation package
- Palliative care assessment
- Palliative care flowchart
- Palliative care management
- Palliative care protocol
- Pest control report
- Police reference register
- Policies and procedures
- Preferred supplier list
- Preventative maintenance schedule
- Public health inspection reports
- Quality review report 2009
- Resident dietary preferences records
- Resident incident
- Resident information handbook
- Resident newsletter – English and Italian
- Resident nutritional supplement list
- Resident social profile
- Resident survey
- Residents advanced treatment plan
- Residents dietary requirements
- Risk register
- Self medication assessment
- Service provider contracts and service level agreements
- Service provider information
- Service provider survey
- Sign in and out registers
- Staff appraisals
- Staff availability list
- Staff education spreadsheet
- Staff handbook
- Staff roster
- Staff training and education program review
- Temperature record sheets
- Terminal wishes assessment
- Thermometer calibration records
- Thicken fluids charts
- Training attendance and evaluation forms
- Training calendar
- Valuables and belongings register
- Wound assessment
- Wound management notes

## **Observations**

- Accreditation Site Audit notices on display
- Activities in progress
- Archive room
- Blood glucose kit
- Blood pressure equipment
- Call bells and duress alarms
- Charter of resident rights and responsibilities displayed
- Clean and dirty laundry procedures

- Clean and well maintained living environment
- Clean in progress
- Cleaning in progress
- Clinical waste bin
- Dressing trolley with open dressings, ointments
- Egress route
- Elevator and stair case
- Equipment and supply storage areas
- Evacuation kit
- Exit signs and doors
- External scooter parking area
- Fire blankets
- First aid kit
- Hand washing facilities
- Hot/cold packs
- Identification tags
- Interactions between staff and residents
- Laundry being delivered
- Lifestyle room
- Living environment – internal/external
- Meal service
- Medications administered
- Mobility aids
- Notice boards and white boards
- Paper shredder
- Personal call bell pendants and wrist bands
- Personal protective clothing
- Pets
- Representative visiting
- Residents interacting with residents
- Security gates and fences
- Service room
- Spill kit
- Staff assisting residents with meals
- Staff knocking on residents' doors
- Staff noticeboard
- Staff thickening fluids
- Storage of medications
- Suggestion box
- Weigh chair
- Wide corridors with hand rails
- You are here maps

## **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

The home has systems in place to identify, plan and evaluate continuous improvement activities across the Accreditation Standards. Opportunities for improvement are identified through the home’s comments and complaints system, observations, audits, surveys, incidents and improvement logs. Information is logged and recorded in the home’s continuous improvement work plan to ensure all activities are completed within appropriate timeframes. Continuous improvement activities are a set agenda item at all meetings. Progress is communicated to key stakeholders through meetings, minutes of meetings, memoranda and one to one communication. Staff, residents and representatives confirm knowledge of recent continuous improvement activities and how to participate in the home’s continuous improvement process.

Recent continuous improvement activities in relation to management systems, staffing and organisational development include:

- Management have revised and updated their mission, philosophy and objectives statements to ensure they reflect the quality of care and services to be provided at the home.
- New communication strategies have been implemented including, new handover sheet and taping hand over to ensure staggered shifts receive appropriate information. New format for care planning with links to assessments. Introduced daily team meetings and clinical protocols which staff reported were very good in keeping all staff informed with current and relevant 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 has processes in place to ensure that relevant changes in legislation, regulations, guidelines and codes of practice are captured and implemented in the management of the home. Management receives legislative updates through subscription and membership services. Policies and procedures are updated as appropriate and changes communicated to staff through education sessions, memoranda and meetings. Compliance is monitored through the home’s auditing processes. Staff, volunteers and contractors have current police checks and renewals are monitored regularly. Information regarding regulatory compliance is located on site and is readily accessible to staff.

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

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

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

Does comply

The home has processes in place to ensure appropriately qualified staff are employed with the required qualification and skills based on their position description and resident needs. Staff feedback, skills needs analysis, audit results, mandatory training, incident reporting, resident needs and observations contribute to the educational calendar. Records show that education sessions are offered internally and externally and are generally well attended. Staff feedback of these sessions is sought and informs the ongoing program. Staff have access to approved study leave and said they are satisfied with the training opportunities available to them.

Recent education completed relevant to management systems, staffing and organisational development include:

- Accreditation update
- Aged care conference
- Continuous improvement
- Regulatory compliance –compulsory reporting

### **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

Information regarding external and internal complaints mechanisms is included in resident agreements, resident and staff handbooks provided on entry to the home and available in languages other than English. Comment and complaints forms and brochures are available and on display in the foyer of the building. A suggestion box is available to provide anonymity to lodged complaints. The home has an open door policy and welcomes comments and complaints and all issues raised are responded to appropriately. Residents and representatives said that staff are approachable and they are comfortable raising any issues directly. Residents and staff confirm their knowledge and satisfaction of the complaints processes and with the response to issues raised.

### **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 mission, philosophy and objectives statements include a commitment to quality and continuous improvement. The statements are captured in the resident, staff, volunteers and contractor hand books and are consistent throughout documentation. Staff are informed about planning and leadership, including the home continuous improvement processes. Staff said they are aware of the home's commitment to the mission, philosophy and objectives of the home.

## **1.6 Human resource management**

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

### **Team's recommendation**

Does comply

The home has processes in place for the recruitment and ongoing monitoring of staff practices to meet residents' care needs and services. Recruitment processes include formal interviews, reference checks and police checks. Position descriptions, duty lists and policies and procedures inform and guide staff in areas of resident care and professional development. All new staff attend the orientation program and annual appraisals are conducted. Staff feedback, audits, incidents and observations assist management in identifying ongoing staff training and skills requirements. Residents and representative said they are satisfied with the responsiveness of staff and adequacy of care.

## **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 processes and adequate facilities in place to ensure that supplies of appropriate goods and equipment are available to provide quality service delivery. Equipment is trialled before purchase and preferred suppliers provide stock and education. The home maintains a list of approved suppliers and an equipment asset register. Preventative equipment maintenance is planned and corrective maintenance records show that requests are handled promptly. Stock is stored and rotated as appropriate in clean and secure areas. The team observed appropriate stocks of goods and equipment located throughout the home. Staff, residents and representatives said the home supplies and maintains goods and equipment to meet their needs.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Information management systems are in place to provide appropriate methods of communication including organisation wide policies, procedures and protocols, resident and staff handbooks, noticeboards, memoranda, newsletters, minutes of meetings and informal discussions. Care plan documentation is current and handovers between shifts is used by staff to keep each other informed of each resident's current needs. Personnel and resident files are securely stored, archived and destroyed as required and computer systems are password protected and backed up. Staff said they have access to information and policies and procedures to guide work practices. Residents and representatives said they are satisfied with the feedback mechanisms and information provided to assist them make decisions about their care and lifestyle.

## **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

External service providers are sourced to ensure services are provided at a standard that meets the home's quality goals and residents needs. The organisation maintain a preferred supplies list, service level agreements and contracts with external service providers. Service providers working in the home are required to have a current police check and sign in and out procedures are practiced. Feedback is sought and provided from all stakeholders in regards to the performance of external service providers. Staff, residents and representatives said they are satisfied with the services provided by external contractors.

## **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

The home has effective systems in place to identify, plan and evaluate continuous improvement activities. For details of the home's systems and processes for continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The following continuous improvements have been achieved in relation to health and personal care:

- A range of equipment has been purchased to ensure residents have the equipment required for their changing needs. Purchases include, high/low beds, shower commode chairs, raised toilet seats, air mattresses and other pressure relieving devices, fall out mats, large recliner chairs, line skips and work trolleys.
- A palliative car kit has been packaged and includes aromatherapy, hand creams, music and is supplemented with items as per each resident's end of life wishes.
- The introduction of clinical protocols to guide staff practice and includes; weight, constipation, pain, swallow, diabetes management.

### **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 processes in place to ensure that relevant changes in legislation, regulations, guidelines and codes of practice are captured and implemented in the management of the home. Management receives updates through subscription and membership services. Policies and procedures are updated as appropriate and changes communicated to staff. The home ensures, staff have their current nursing registrations on file and medication is managed appropriately. Staff are aware of their responsibilities in regards to compulsory reporting of missing residents. Information regarding regulatory compliance is located on site and is accessible to staff.

### **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

The home has processes that enable staff to acquire the knowledge and skills to provide health and personal care to residents. Staff participate with on-the-job training and internal education sessions to improve their clinical skills and knowledge. External training is encouraged and supported for the continuing of professional development. Staff said they



are satisfied with the opportunities provided to them to participate in on-going education and development.

Education recently completed in relation to health and personal care includes:

- Vision and hearing loss
- Textured and modified diets and fluids
- Continence
- Pain management
- Falls and balance

## **2.4 Clinical care**

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure that residents receive appropriate clinical care. When new residents enter the home an interim care plan is utilised to guide care, assessments are commenced and a formal care plan is generated when the assessments are completed. Care plans are reviewed on a monthly basis using a resident of the day process. Records of care are maintained in clinical charts and progress notes. Care staff who spoke with the team said that they have sufficient rostered time to provide the planned care for residents. Residents were complimentary of the care provided to them and said that any episodes of ill health or accident are responded to quickly and properly.

## **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

The specialised nursing care needs are identified and met by appropriately qualified staff. The home has policies and procedures, clinical protocols and other resources are available to guide care staff in the provision of specialised care to residents. Residents with specialised care needs include those with diabetes, catheter care, wound management, pain management, palliative care and dementia care. Residents with diabetes have their individual reportable blood sugar levels identified and condition monitored. Residents said they are satisfied with the specialised care received.

## **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

The home refers residents to appropriate health care professionals for review and management of residents’ health care needs. Assessments are performed of residents’ needs and preferences and referrals are made in a timely manner when required. Progress notes are reflective of the reviews of health care professionals. Review of documentation indicates that health care professionals are accessed in a timely manner and that routine care provided to the residents includes instruction from these health professionals. Staff confirm they have systems in place to refer residents at risk of poor health, to health care professionals, and residents confirm that they have access to the appropriate specialists 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 systems in place to ensure that residents’ medication is managed safely and effectively. The home has policies and procedures available to guide staff in the administration of medication; staff responsible for medication administration undergo competency testing. The home has regular auditing processes to monitor staff practices. Medication management is provided using a packaged sachet system and the home has processes in place to ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Medications administered on an as needs basis are recorded in the progress notes and include a reason for administration and an evaluation of the medication intervention. Residents who manage their own medications have an assessment process to monitor their ability to safely manage those medications. Residents indicated their satisfaction with the home’s approach to managing their medication requirements.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

There are systems in place to ensure residents at the home are as free from pain as possible. Pain needs are assessed on entry to the home and documented for all residents and regularly reviewed. The home uses assessment tools to ascertain the pain levels of residents who may not be able to express pain verbally. Care plans detail interventions used to assist residents and include repositioning, analgesia, rest, massage and heat packs. The effectiveness of the interventions is monitored and recorded in the progress notes. Residents said they were satisfied and that staff respond appropriately whenever they have pain.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

The home’s practice provides care to residents who are terminally ill and promotes their comfort and dignity needs. The home accesses medical care for residents as necessary, and this occurs in a timely manner. Additional nursing care provided to residents during palliative care includes additional pain assessment and management, oral care, skin care or nutritional support. Review of documentation indicates the home considers cultural and emotional support at this time, and family involvement is facilitated and encouraged.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The nutritional requirements of residents are assessed following entry to the home, communicated to the kitchen and recorded in the residents’ care plan. Residents with special needs, medical requirements and likes and dislikes are updated in the kitchen and in the care plans. Residents receive adequate nourishment and hydration and residents’ weights are monitored regularly. Nutritional supplements are provided when required and individual preferences are accommodated. Personal assistance is provided and residents are referred to a dietician and/or speech pathologist for further management if needed. Staff are aware of residents’ requirements for texture modified diets and there are posters in the kitchen and on tea trolleys explaining types of texture modification. Residents who spoke with the team said they are happy with the 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 promote residents’ skin integrity consistent with their overall health. The home uses skin assessment tools to identify residents at risk of skin breakdown and care plans identify strategies to reduce this risk. Strategies used to promote skin integrity include the use of emollient creams and repositioning. Residents at particular risk for skin breakdown are assessed and additional strategies employed. Skin tears are monitored and wounds are managed by the registered nurse division one and records of care are reflected on appropriate charts. Residents are satisfied with the home’s approach to maintaining their skin integrity.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

The home has processes in place to ensure residents’ continence and toileting requirements are managed effectively. The home assesses residents’ continence needs and the assistance required when attending the bathroom. Care plans outline strategies to promote continence levels as well as those to promote independence when using the bathroom. The home refers residents for additional assessment for their continence management when required. Appropriate aids are provided to high care residents and low care residents are assisted to access aids to maintain dignity. Residents confirmed that their continence needs are met and that mobility aids are provided to assist their independence in the bathroom.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

The home provides care for residents with challenging behaviours. Residents’ behaviours are assessed on entry to the home and again on a regular basis thereafter as necessary. Residents who may display challenging behaviours undergo additional monitoring and review. Care plans contain strategies to manage behaviour that are individual to residents’ particular requirements. The home is able to access health professionals in a timely manner for residents who require additional review and management of challenging behaviours. The home has recently commenced a mobility program which runs in the late afternoon and is aimed at providing a group exercise program, massage and one on one time with residents suffering dementia. Staff receive education in managing challenging behaviours and were seen to be providing assistance to residents in a respectful manner.

### **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

The home provides care that promotes residents’ mobility and dexterity. The home assesses residents’ mobility capacity in consultation with a physiotherapist and exercises are devised to promote optimum mobility and dexterity. The new mobility program provides an exercise program on a daily basis for ambulant residents to encourage and promote mobility and balance. Residents at risk of falling undergo additional assessments and strategies are employed to prevent the occurrence of falling. Appropriate mechanical transfer equipment is provided and staff are trained in safe transfer techniques. Incidences where residents have falls are managed according to the homes’ protocols and a review of residents’ mobility levels occur as required. Staff were seen to be assisting residents with their mobility and residents and representatives confirm their mobility and dexterity is encouraged.

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

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

#### **Team’s recommendation**

Does comply

Residents’ oral and dental health is maintained and assessments for oral and dental needs and preferences are conducted on entry to the home. Care plans are developed and reviewed regularly. Care plans include details about daily care of teeth, mouth and dentures as appropriate. Residents are able to identify their preferred provider of dental care and are assisted to attend the practitioner of their choice. Residents confirm they are assisted to maintain their preferred dental care regimes and to attend the dentist of their choice.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents’ sensory deficits are assessed following entry to the home and managed effectively by care staff. Residents are assisted to attend appointments either to their preferred provider or specialist providers are accessed by the home when required. Visiting specialist services attend the home regularly. Care staff assist residents with their sensory aids including hearing aids and glasses. The home is well lit, clutter free, has adequate handrails, wide corridors, and accessible signage and provides a quiet environment for residents. Staff are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

The home provides care to residents to assist them in achieving natural sleep. Assessments of residents’ typical sleep patterns occur and these are used in care planning documentation to indicate residents’ sleep needs and preferences. Strategies noted in care plans include settling and waking times, bedding and environmental preferences for sleep. Both pharmacological and non pharmacological methods are used to promote sleep. Residents who spoke with the team and review of documentation confirm that staff respect resident wishes. Residents said that the home is quiet at night and that they generally sleep well.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

The home has effective systems in place to identify, plan and evaluate continuous improvement activities. For details of the home’s systems and processes for continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Recent improvements relating to resident lifestyle include:

- The home has provided staff education on ‘resident lifestyle’. The home has developed an information booklet on resident lifestyle when considering how best to support residents in pursuing their lifestyle needs and interests.
- The home has re-configured communal areas of the home to provide residents quiet private areas to entertain representatives or to participate in individual interests and activities.

#### **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

The home has processes in place to ensure that relevant changes in legislation, regulations, guidelines and codes of practice are captured and implemented in the management of the home. Management receives updates through subscription and membership services. Policies and procedures are updated as appropriate and changes communicated to staff. The charter of residents’ rights and responsibilities is displayed and is provided to residents. Residents’ rights to privacy and confidentiality are respected and staff information and education are provided to ensure this occurs. The home has a process for mandatory reporting of elder abuse. Information regarding regulatory compliance is located on site and is accessible to staff.

#### **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

The home enables and encourages staff to participate in learning and development opportunities to improve their lifestyle skills and knowledge. The home provides staff with education and development opportunities that enable them to develop and improve the skills and knowledge staff need to perform their roles effectively. Staff confirmed they are satisfied with the home’s commitment to staff education and learning.

Education completed to enhance resident lifestyle includes:

- Privacy and dignity
- Mandatory reporting – elder abuse
- Assessment module 13

### **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

Management demonstrate residents are supported in adjusting to their new environment. Residents are assisted to settle into life at the home through regular staff contact, introduction to other residents and encouragement to participate in activities to increase social interaction. Staff prepare a personal profile and lifestyle assessments are used to identify residents' specific emotional needs and support requirements. A lifestyle care plan is then generated with strategies to offer support. Residents are encouraged to personalise their rooms to add comfort and to maintain old interests. Representatives are welcomed to the home and invited to participate in functions and occasions. Residents and representatives confirm that they are satisfied their individual emotional needs are identified and appropriately supported.

### **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 has effective systems in place to assist and encourage residents to achieve maximum independence, maintain friendships and participate in community life as appropriate. When residents enter the home the level of independence is assessed in relation to sensory, vision, hearing and emotional support. Staff assist residents with hobbies, shopping and visits to family and friends, clubs, church, and restaurants. Staff support residents by facilitating community groups and volunteers to attend the home to provide support and friendship and transport for appointments is arranged. Several residents have scooters they regularly use to go to the nearby shops. There are aids and equipment to promote independence in the areas of mobility and transfer, meals and drinks, and leisure activities. Residents confirm they are satisfied with the assistance the home provides in promoting their independence and continuing participation in community lifestyle.

### **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

The home has processes to ensure respect for residents' privacy, dignity and confidentiality is maintained. Lifestyle plans document resident's individual privacy and dignity needs and preferences and are reviewed regularly; an interpreter service is available. Residents are provided with single rooms with ensuite bathrooms and staff attend to residents with dignity and discretion. There are small lounge and sitting areas to enable residents' private quiet times with representatives. Staff orientation and signs in the facility includes information

regarding privacy and dignity and confidentiality. Resident information is stored securely and permission is sought to display resident photographs. Residents and representatives report they are satisfied with the manner in which the home supports their privacy and dignity.

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

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

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

Does comply

Management demonstrate effective systems that encourage and support residents' leisure interests and activity needs. The resident social profile records spiritual and cultural details, emotional support and activity preferences which are used to form the lifestyle care plan. The monthly program is posted on noticeboards, published in the newsletter and announced over the public address system. The program is responsive to feedback, requests and consultation, resident likes and dislikes, cultural and social occasions. There is a wide range of activities conducted within and outside the home including bus trips, cooking, armchair travel, bingo, art and craft, word search, shopping trips and entertainers. Residents and representatives confirmed they are satisfied with the activities available to them 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

Processes, systems and external relations are effective in valuing and fostering each individual resident's interests, customs, beliefs and cultural and ethnic backgrounds. Preferences and needs are identified when the residents enter the home. Individual special celebrations and events and cultural days are identified and celebrated with activities, food and ceremonies. International events are emphasised and celebrated with the home decorated and interest keenly sought. Residents have access to community visitors and religious personnel who regularly visit the home. The home has a number of residents with an Italian background and a new initiative is to translate the resident newsletter to Italian. Residents and representatives are satisfied their cultural and spiritual needs and preferences are being met.

### **3.9 Choice and decision-making**

*This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".*

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

Does comply

The rights of residents to make decisions and exercise choice and control over their lifestyle is recognised and respected. Resident's individual preferences are identified through assessments and individualised care plans that are reviewed on a regular basis. Appropriate information is provided about the kinds of services residents can receive, different modes of communication is used. Advocacy services and interpreter services are used as required. Residents are not compelled to attend activities and said they make their own decisions and are encouraged to express their opinions and comments at meetings or directly.



### **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

Management demonstrates that residents and representatives are provided with information about security of tenure and residents' rights and responsibilities. Residents are offered a residency agreement, which includes information regarding fees and charges and their security of tenure. Information about the internal and external complaints mechanisms, resident rights and responsibilities are provided in a resident's handbook and are on display in the home. A family consultation takes place when residents change from low to high care. Management document the consultation and review the charter of resident rights and responsibilities, accommodation and services provided by the home with the residents and representatives. All residents' financial files and agreements are securely stored to maintain privacy and confidentiality. Residents and representatives said they are satisfied with the information the home provides regarding security of tenure, and they feel secure with regards to their tenure at the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has effective systems in place to identify, plan and evaluate continuous improvement activities. For details of the home’s systems and processes for continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Recent continuous improvement activities in relation to the environment and safety systems include:

- The home has reviewed the meal seating arrangements in the dining room to ensure residents requiring assistance and close supervision are effectively monitored and assisted whilst maintaining their dignity and independence.
- A review of corridor lighting identified the need to improve the lighting to ensure resident safety. The home has installed new lighting that minimises shadows to assist in safety of residents with sensory loss.

### **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

The home has processes in place to ensure that relevant changes in legislation, regulations, guidelines and codes of practice are captured and implemented in the management of the home. Management receives updates through subscription and membership services. Policies and procedures are updated as appropriate and changes communicated to staff. The charter of residents’ rights and responsibilities is displayed and is provided to residents. The home manages a food safety program, emergency preparedness, occupational health and safety and infection control processes. A chemical register is in place and chemicals are stored and used as instructed by the material safety data sheets. Staff said they are kept up to date with information and training in relation safety procedures.

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

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

#### **Team’s recommendation**

Does comply

The home identifies training requirements through legislation in regards to occupational health and safety. All staff complete compulsory manual handling, fire and evacuation training and infection control as part of the annual mandatory training program of the home. Staff education and training records are maintained and evaluation of training occurs after each session. Staff confirm they regularly participate in mandatory training and contribute to maintaining a safe and comfortable environment for staff, residents and representatives.

Recent education completed by staff in regards to the physical environment and safe systems include:

- Occupational health and safety workshop
- Mandatory training – fire, evacuation, manual handling
- Bullying and violence workshop
- Food safety
- Fire warden training

#### **4.4 Living environment**

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

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

Does comply

Management is actively working towards providing a safe and comfortable environment for residents. The home provides accommodation on two levels and residents reside in private rooms or double suites, all with private ensuites. Rooms were observed to be decorated with resident preferences and personal belongings. There is a large communal area as well as private areas and secure external areas where residents can entertain their representatives. Security at the home is provided with external doors accessed through a security code keypad. The home is well maintained through planned and reactive maintenance programs and residents and staff confirmed that maintenance issues are addressed promptly. Residents and representatives said they are very comfortable and feel safe in the living environment provided 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 processes in place to provide a safe working and living environment for residents and staff. Environmental audits, workplace inspections, and incidents are identified and reported with appropriate remedial action taken. Staff receive training in occupational health and safety, manual handling and in the safe use of equipment. Occupational health and safety meetings are held every month where issues from audits, routine maintenance and staff feedback are discussed. Information collected from these processes are incorporated onto the home's continuous improvement plan. Staff were observed using appropriate manual handling techniques and protective clothing and said they were satisfied with their working environment.

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

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

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

Does comply

The home has systems in place for detecting and acting upon fire, security and other emergency risks. The home is equipped with fire fighting equipment including alarms, automatic sprinklers, fire doors, hoses and extinguishers. Fire plans and emergency procedures are displayed throughout the building. An evacuation list is maintained and updated regularly. Mandatory fire safety training for staff occurs regularly. External

contractors test and maintain fire and security detection systems. Emergency exits are clearly illuminated and free from obstructions. There is security systems located throughout the home and these are maintained and checked appropriately. Staff are aware of the home's fire and emergency procedures and expressed confidence with the home's emergency systems and processes.

#### **4.7 Infection control**

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

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

Does comply

The infection control program at the home includes policies, education, and monitoring of infection rates. The incidence of resident infections is monitored and discussed at meetings and regular clinical and environmental audits occur including temperature control checks. Mandatory training includes infection control and residents' immunisations are organised by their doctor and staff are offered flu vaccinations. Guidelines on the management of outbreaks such as gastroenteritis and influenza are accessible to staff, who demonstrate they have the appropriate levels of knowledge to minimise the risk of infection spread. Personal protective clothing and equipment, hand hygiene facilities are available throughout the home and processes in place for the disposal of contaminated waste. Catering staff comply with food safety guidelines and cleaning staff use a coloured coded system of cloths and mops to ensure infection prevention.

#### **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

The home has a system and processes in place to enable the provision of hospitality services that enhances residents' quality of life. Meals are freshly prepared in the kitchen and served to residents in accordance with their individual nutritional and hydration requirements. The home has a rotating seasonal menu in place which has recently been reviewed by a dietician. Cleaning is provided by an external service provider and is undertaken according to a schedule; the team observed the home to be clean and well maintained. All laundry is laundered on the premises and offers ironing and clothes labelling services. The home maintains a food safety program and infection control procedures are in place. Residents and representatives said they are satisfied with the home's catering, cleaning and laundry services.